



TEARFUND

CHS Maintenance Audit  
Maintenance Audit Report

TEAFD-MA-2019

Date: 2019-05-05

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## 1. General information

Organisation	Tearfund		
Type	<input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Membership/Network <input type="checkbox"/> Federated <input type="checkbox"/> Direct assistance <input checked="" type="checkbox"/> Through partners		
Mandate	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Size			
Lead auditor	Belinda Lucas	Auditor	none
		Others	none
	Head Office	Programme Site(s)	
Location	Remote	Remote	
Dates	4 - 7 March 2019	4 – 7 March 2019	

## 2. Schedule summary

### 2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	4 March 2019	8 March 2019
Location	Remote	Remote
Number of participants	4	6
Any substantive issue arising	None	None

### 2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	8
India	2
Afghanistan	2
DRC	2
Indonesia	2
<b>Total number of interviews</b>	<b>16</b>

## 3. Recommendation

In our opinion, Tearfund is implementing the necessary actions to close the minor CARs identified in the Mid-Term Audit. Three of the six CARs identified at the Mid-Term Audit in 2018 remain open with a scheduled timeframe for these to be closed within 1 year.

Tearfund 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  
Belinda Lucas

Date and Place:  
5 May 2019  
Sydney Australia

## 4. Quality Control

Quality Control by	EG
Follow up	
First Draft	2019-05-06
Final Draft	2019-05-28

## 5. Background information on the organisation

### 5.1 General

Tearfund is a faith-based organisation which envisions and empowers local churches in more than 50 countries to work with communities and governments to address the causes of poverty. It has a demonstrated commitment to fully meet and maintain its certification with the CHS.

### 5.2 Organisational structure and management system

There are no major changes to Tearfund's organizational structure since the Mid-Term Audit in 2018, which described its global decentralization to a regional cluster-based approach. The evolution of this re-structure was evident in the maintenance audit, with evidence of Tearfund's commitment to invest in capacity development and support for country office teams.

### 5.3 Organisational quality assurance

Tearfund have further embedded corporate Quality Standards through a Country Office Scorecard system, which reports on the implementation of the Quality Standards on a quarterly basis. It has also developed a new on-line project cycle management system, Tearfund Track, which provides a consistent approach to capturing and assessing data across its programmes. It is expected that this will lead to improved programme management and quality. New Field Emergency Response Procedures and revised Project Cycle Management Guidelines have also been developed to further reflect the CHS and Tearfund's own Quality Standards.

### 5.4 Work with Partners

Tearfund has a commitment to working with local partners and as a faith-based agency, priority is given to strengthening local church capacity. It assesses partner capacity using a Partner Organisation Capacity Assessment Tool, and documents Capacity Development Plans with all of its partners. Since the MTA, Tearfund has introduced a new system to track performance of its partners through partner metrics included in the quarterly Country Office Scorecard.

## 6. Report

### 6.1 Overall organisational performance

Tearfund remains committed to fully meet the CHS and has continued to promote the standard throughout the organisation through its corporate Quality Standards, project cycle management and emergency procedures guidelines, internal quality management system, staff trainings and partner capacity assessment and support.

### 6.2 Status of the Corrective Action Requests

Tearfund has resolved three of the Corrective Action Requests identified in the 2018 MTA. The remaining three Corrective Action Requests require in-country assessment and therefore remain open until 2020. A global CHS action plan is in place and continues to be monitored by Tearfund.

Corrective Action Requests	Type (Minor/Major)	Original deadline for resolution	Status of CAR at MA	Time for resolution
2018 - CAR 1.3 Projects are not timely adapted to changes in contexts and needs.	Minor	2 years	Closed	
2018 - CAR 2.2 Tearfund does not ensure that the delivery of its humanitarian response is timely.	Minor	2 years	Closed	
2018 - CAR 5.1 Communities and people affected by crisis are not systematically consulted on the design and the monitoring of complaints handling processes.	Minor	1 year	Extended	2020-05-05
2018 - CAR 5.3 Tearfund does not ensure that complaints are systematically managed in an appropriate manner that prioritises the safety of the complainants and those affected at all stages.	Minor	1 year	Extended	2020-05-04
2018 - CAR 8.4 Tearfund does not ensure a systematic assessment and follow up of its staff and partners' management capacities and capability to adequately deliver programmes.	Minor	2 years	Closed	
2018 - CAR 8.9 Tearfund and partner staff do not systematically implement basic security rules nor apply agreed sanctions over breaches.	Minor	2 years	Open	2020-05-04

### 6.5 Recommendations for sampling at next audit

Given Tearfund’s model of working with and through partners, the next audit should include an assessment of how Tearfund systematically shares its commitment to the CHS Nine Commitments with its partners; how it obtains information regarding the way its partners implement the CHS; and seek evidence of what Tearfund does in collaboration with its partners when it identifies gaps in the implementation of the CHS. The audit should also assess the relation of Tearfund UK with the regional offices of Tearfund Netherlands, Tearfund Northern Ireland and Tearfund Scotland.

## 7. 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



Name and Signature

Date and Place

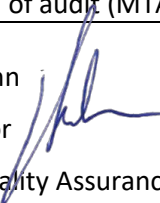
28<sup>TH</sup> MAY 2019

MATTHEW BRIMBLE  
INTERNAL ACCOUNTABILITY MANAGER  
TEARFUND

LONDON, UK

Date of document: 5 May 2019

## 8. HQAI's decision

<b>Certification Decision</b>	
Certificate:	
<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn
<b>Next audits</b>	
Before date: type of audit (MTA, MA or re-certification, as relevant)	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative 	Date: 2019-05-28

**Appeal**

*In case of disagreement with the conclusions of the report 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

0	<p><b>A score of 0 denotes a weakness that is so significant that it indicates that the organisation is unable to meet the required commitment. This is a major weakness to be corrected immediately.</b></p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>Operational activities and actions contradict the intent of a CHS commitment.</li> <li>Policies and procedures contradict the intent of the CHS commitment.</li> <li>Absence of processes or policies necessary to ensure compliance at the level of the commitment.</li> <li>Recurrent failure to implement the necessary actions at operational level make it impossible for the organisation to ensure compliance at the level of the commitment.</li> <li>Failure to implement to resolve minor non-conformities in the adequate timeframes</li> <li>More than half of the indicators of one commitment receive a score of 1 (minor non-conformity), making it impossible for the organisation to ensure compliance at the level of the commitment.</li> </ul>
1	<p><b>A score of 1 denotes 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 the commitment.</b></p>
	<p>EXAMPLES:</p> <p>There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement.</p> <p>Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p> <p>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.</p> <p>Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.</p>
2	<p><b>A score of 2 denotes an issue that deserve attention but does not <u>currently</u> compromise the conformity with the requirement.. This is worth an observation and, if not addressed may turn into a significant weakness (score 1).</b></p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.</li> <li>There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.</li> <li>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</li> </ul>
3	<p><b>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</b></p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.</li> <li>Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.</li> <li>The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.</li> <li>Policy and practice are aligned.</li> </ul>

4	<p>The organisation demonstrates innovation in the application of this requirement/commitment. 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>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>• Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</li> <li>• 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 projects and their deliveries.</li> <li>• Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</li> <li>• Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</li> </ul>
5	<p>On top of demonstrating conformity and innovation, the organisation receives outstanding feedback from communities and people. This is an exceptional strength and a score of 5 should only be attributed in exceptional circumstances</p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures.</li> </ul>