HUMANITARIAN QUALITY ASSURANCE INITIATIVE

INTERNATIONAL BLUE CRESCENT (IBC)

CHS Certification

Maintenance Audit Report

IBC-MA-2019

Date: 2019-09-10

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1. General information

1.2 Organisation

Organisation	International Blue Crescent Relief and Development Foundation (IBC)		
Type	☒ National ☐ International ☐ Membership/Network ☐ Federated ☒ Direct assistance ☐ Through partners		
Mandate	☒ Humanitarian ☒ Development ☐ Advocacy		
Verified Mandate(s)	☒ Humanitarian ☒ Development ☐ Advocacy		
Verified indicators: 1.6, 2.6, 3.4, 3.6, 3.7, 4.5, 5.1, 5.4, 5.6, 7.4, 7.5, 8.6, 8.8, 8.9			
Size (Total number of country programmes/ members/partners – Number of staff at HO level)	5 project sites in Turkey 36 staff at HO level		
Lead auditor	Catherine Blunt	Auditor	-
		Others	None
	Interviews		
Locations	HO Istanbul, Beirut, Kilis (remote)		
Dates	August 20 and 21, 2019		

1.2 Indicators verified at the Maintenance Audit

CHS Commitment	Corrective Actions
1	1.6
2	2.6
3	3.4 3.6 3.7
4	4.5
5	5.1 5.4 5.6
7	7.4 7.5
8	8.6 8.8 8.9

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	20th August 2019	21st August 2019
Location	Virtual interview	Virtual interview
Number of participants	12	14
Any substantive issue arising	No	No

2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	
Board member	1
Director	2
Co-ordinator	2
Officer	3

Expert	2
Field Office (Kilis)	
Co-ordinator	2
Expert	1
Total number of interviews	13

3. Recommendation

In my opinion, IBC 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. I 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:
Canberra 28/8/2019

Catherine Blunt

4. Quality Control

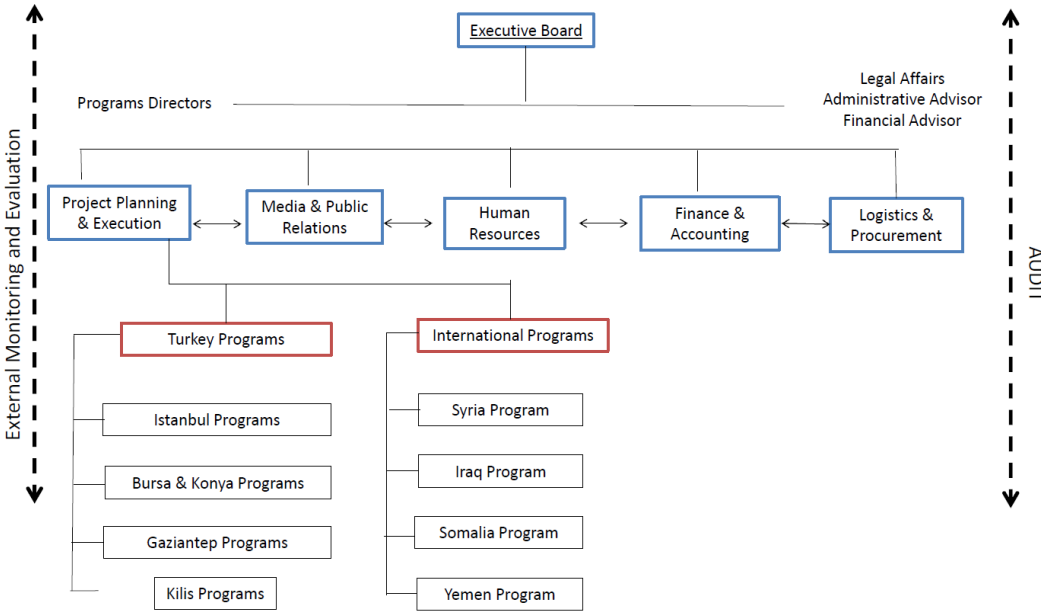
First Draft	2019-08-29
Final Draft	Date

5. Background information on the organisation

5.1 Organisational structure and management system

International Blue Crescent Relief and Development Foundation (IBC) is a Turkish organisation established in 1999. No changes have been made to the core areas of its work (emergency relief, rehabilitation, development and risk mitigation) nor its organisational governance since the Initial Audit (IA). The Board is committed to the CHS certification process and the resolution of corrective actions. The Board supports senior staff by accepting policy changes requested and by personally attending organisation wide training to emphasise the importance of new policy and practice initiatives to the wider staff.

IBC Head Office Organogram



5.2 Organisational quality assurance

IBC acknowledged at the IA that it relied on donors' quality standards and programme templates, the longevity of employment with IBC of the two Program Directors and the large amount of time they spent in the field as key quality assurance mechanisms. Since the IA, IBC has revised its monitoring and evaluation policies and employed specialist staff to lead and implement reforms in this area. It has developed its own policies and tools with the result that staff can speak a common language (e.g. Risk management, complaints) across the organisation.

5.3 Work with Partners

At the IA IBC was only working with one partner, in Somalia, and was expecting them to apply the standards of international donors as this was the IBC practice at the time. IBC is currently only working in Turkey but will directly implement programs in Syria, Iraq, and Yemen later in 2019. As such, IBC is not currently, nor has any plans to, work with partners.

6. Report

6.1 Overall organisational performance

IBC has adopted a coherent and focussed approach to resolving the issues raised at the IA. A high level of board commitment and support has been provided to senior staff who have led the process. It has involved staff from across the organisation in a 'CHS working team' that has met regularly, agreed on milestones for success and provided input and guidance on policies and processes. IBC has used a variety of sources to address weaknesses identified in its Organisational Responsibilities. These include internal (IBC lawyers, psychologists) and external experts (Universities within Turkey) as well as adapting policies from INGOs and CHS tools and resources. It has developed and conducted staff training in its new Complaints and Protection policies across program sites and has shared its new approaches with external stakeholders. Support has been sought and received from donors to assist in the significant organisational capacity building that has been undertaken and which is planned to continue. The non-conformities which have been addressed and closed at this audit include processes undertaken to systematise contextual analysis and ensuring programme commitments are in line with capacities, reducing negative effects; policies on complaints, protection, skill development, evaluation and learning, as well as on security and wellbeing. Some non-conformities remain open in the areas of exit planning, provision of information, involvement of communities in complaints processes and their awareness of organisational commitments on sexual exploitation and abuse, and staff work feedback processes. The CARs in these areas remain open to allow time for new processes and policies to be implemented and checked with communities and a broad range of staff at the Mid Term Audit (MTA).

6.2 Status of the Corrective Action Requests

CORRECTIVE ACTION REQUESTS	TYPE (MINOR/MAJOR)	ORIGINAL DEADLINE FOR RESOLUTION	STATUS OF CAR AT MA	TIME FOR RESOLUTION
2018 - 1.6. IBC does not have processes in place to ensure an appropriate ongoing analysis of context.	Minor	24.08.2020	Closed	

2018 - 2.6. IBC has no systematic process for ensuring that programme commitments are in line with organisational capacities.	Minor	24.08.2020	Closed	
2018 - 3.4. IBC does not plan its transition or exit strategy at the early stages of its humanitarian programming.	Minor	24.08.2020	Open	24.08.2020
2018 - 3.6 IBC has no systematic process to identify and act upon potential or actual unintended effects in a timely and systematic manner in the areas of safety and security, SEA by staff, gender and the environment.	Minor	24.08.2019	Closed	
2018 - 3.7 IBC does not have its own policies, strategies or guidance designed to prevent programs having negative effects such as exploitation and abuse by staff against communities.	Minor	24.08.2019	Closed	
2018 - 4.5 IBC does not have policies for information-sharing in place	Minor	24.08.2020	Open	24.08.2020

and does not promote a culture of open communication.				
2018 - 5.1 Communities and people affected by crisis have not been consulted on the design, implementation and monitoring of the complaints handling process.	Minor	24.08.2020	Open	24.08.2020
2018 - 5.4 IBC does not have a complaint handling process which is documented and in place for communities affected by crisis and which covers programming, sexual exploitation and abuse of people, or other abuses of power.	Minor	24.02.2019	Closed	
2018 - 5.6 People affected by crisis are not fully aware of the expected behaviour of staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	Minor	24.08.2020	Open	24.08.2020
2018 - 7.4 IBC does not have policies and procedures that describe how the organisation	Minor	24.08.2020	Closed	

evaluates and learns from its practice and experience				
2018 - 7.5 IBC does not have mechanisms to record knowledge and experience and make it accessible throughout the organisation.	Minor	24.08.2020	Closed	
2018 - 8.6 IBC does not have work objectives and feedback processes in place that clearly state what is required of staff.	Minor	24.08.2020	Open	24.08.2020
2018 - 8.8 IBC does not have policies in place to support staff to improve their skills and competencies.	Minor	24.08.2019	Closed	
2018 - 8.9 IBC does not have policies in place for the well-being of staff.	Minor	24.08.2019	Closed	

6.3 Updated average scores per commitment

CHS Commitment	Score
Commitment 1: Humanitarian assistance is appropriate and relevant	2.5
Commitment 2: Humanitarian response is effective and timely	2.7
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.8
Commitment 4: Humanitarian response is based on communication, participation and feedback	2
Commitment 5: Complaints are welcomed and addressed	1.9
Commitment 6: Humanitarian response is coordinated and complementary	2.8
Commitment 7: Humanitarian actors continuously learn and improve	2.5
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	2.3
Commitment 9: Resources are managed and used responsibly for their intended purpose	2.5

N/A

6.5 Recommendations for sampling at next audit

Check if IBC is working in any countries other than Turkey (planned from end of 2019). One of these should be included at least in remote site assessment.

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
A.Alkan Taybars	16/09/2019, Istanbul

2019-09-10

8. HQAI's decision

Certification Decision

Certificate:

☒ Certificate maintained ☐ Certificate reinstated

☐ Certificate suspended ☐ Certificate withdrawn

Next audits

MTA

Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2019-09-10

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 in writing HQAI 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	**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.**
	EXAMPLES: Operational activities and actions contradict the intent of a CHS commitment. Policies and procedures contradict the intent of the CHS commitment. Absence of processes or policies necessary to ensure compliance at the level of the commitment. 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. Failure to implement corrective actions to resolve minor non-conformities in the adequate timeframes (for certification only) 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. (for independent verification or certification only)
1	**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.**
	EXAMPLES: 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. Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment. 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 monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.
2	**A score of 2 denotes an issue that deserve attention but does not currently compromise the conformity with the requirement.. This is worth an observation and, if not addressed may turn into a significant weakness (score 1).**
	EXAMPLES: 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. Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.
3	**The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.**
	EXAMPLES: 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, projects and programmes. The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.

	Policy and practice are aligned.
4	**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.**
	EXAMPLES: Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed. 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. Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement. Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.