Christian Aid

CHS Certification

Maintenance Audit Report

CHA-MA-2019

Date: 2019-03-04

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1. General information

Organisation	Christian Aid		
Type	☐ National ⊠ International ☐ Membership/Network ☐ Federated ⊠ Direct assistance ⊠ Through partners		
Mandate	⊠ Humanitarian	⊠ Development	⊠ Advocacy
Verified Mandate(s)	⊠ Humanitarian	⊠ Development	⊠ Advocacy
Verified indicators:			
Size	30 countries		
Lead auditor	Johnny O'Regan	Auditor	
		Others	
	Interviews		
Locations	Skype/phone		
Dates	8/2/19- 18/2/19		

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	11 February, 2019	15/2/19
Location	Skype	Skype
Number of participants	3	3
Any substantive issue arising	No	No

2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	
Management and staff	5
Country programmes	
Management and staff	4
Total number of interviews	9

3. Recommendation

In our opinion, (0rg.) 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:

Johny o'Rega

Dublin, March 4, 2019

4. Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2019-03-01
Final Draft	2019-03-04

5. Background information on the organisation

5.1 Organisational structure and management system

CA has appointed three members of the Board of Trustees to focus on safeguarding: the vice chair, a member of the HR Strategy and Governance Committee (primarily responsible for safeguarding culture) and a member of the Audit and Risk Committee, which is responsible for operational aspects of safeguarding, including case management. The new Safeguarding Governance Group (SGG) is responsible for overseeing the implementation of safeguarding initiatives. The safeguarding manager writes safeguarding reports (primarily how CA is performing against safeguarding objectives and updates on safeguarding incidents) for the board and the two above mentioned board sub committees. The safeguarding trustees attend the SGG annually to review the annual report for the board. The safeguarding manager (new position) is secretary to the SGG and is part of the internal audit function, which is line managed by the chief operations officer and has an independent reporting line to the Audit and Risk Committee.

5.2 Organisational quality assurance

Christian Aid's humanitarian quality standards have recently been aligned to the CHS commitments. From June/July 2019, managers will review humanitarian programmes through the lens of the CHS to inform CAs annual humanitarian performance report and programmes. Alongside this, the Programme Quality Action Plan (PQAP) is intended to strengthen programme quality across all areas of CA programming including international programmes by addressing a range of international programme responsibilities from programme design and development, strategy, M&E, learning, accountability and the systems that deliver them. The task force for implementation of the PQAP reports to the International Director in the executive.

CA has developed a safeguarding risk assessment tool, which examines (by country programme) the level of inherent safeguarding risk and the safeguarding manager is working with country programmes to determine what safeguarding measures are in place and what is required to meet standards. The acting international director is responsible for undertaking a review of CAs complaints mechanisms in 2019/20.

5.3 Work with Partners

Christian Aid has been investing most heavily in improving partner's approaches and mechanisms for safeguarding and encouraging partners (through partnership agreements, funding and reporting agreements and assurance processes) to put codes of conduct in place. Christian Aid has approached all partners to establish whether they have codes of conduct and safeguarding policies in place. The cut-off date for responding is the end of March 2019. Christian Aid analyses the results to prioritise working with country programmes to focus efforts where compliance is poorest and risk is highest (in tandem with the work of the safeguarding manager described under indicator 5.2). Country teams are responsible for following up to ensure that codes are in place as described. CA has communicated to partners that they will not be eligible for funding after April 2019 if they do not have codes of conduct in place. The partner organisational risk capacity assessment (PORCA), which was traditionally finance oriented, has been broadened to consider accountability to communities, protection, power and inclusion.

6. Report

6.1 Overall organisational performance

Christian Aid has proactively addressed those CARs raised during the MTA that had the most immediate timelines. CAs approach to supporting partners to develop codes of conduct is appropriate as it analyses the extent to which partners have developed codes of conduct and has communicated a firm timeline for partners to develop such codes and consequences where partners do not comply. CA has not yet undertaken a similarly comprehensive analysis of the extent to which partners have addressed other aspects of the CHS, such as the extent to which partners have information sharing plans or complaints mechanisms. The next audit will have a strong focus on the extent to which CA is undertaking robust analyses of partners' compliance with the CHS.

6.2 Status of the Corrective Action Requests

CORRECTIVE ACTION REQUESTS	TYPE (MINOR/MA JOR)	ORIGINAL DEADLINE FOR RESOLUTION	STATUS OF CAR AT MA	TIME FOR RESOLUTION
2018-3.6: At the Partner level, CA is not systematic in identifying the potential or actual unintended negative effects of people's safety and of sexual exploitation and abuse	Minor	2020-03-21	Open	2020-03-21
2018-4.1: CA does not ensure information is systematically provided to communities and people affected by crisis about the organisation's principles and expected behaviours of staff	Minor	2020-03-21	Open	2020-03-21
2018-5.1 Communities are not always consulted on the implementation and monitoring of complaints.	Minor	2020-03-21	Open	2020-03-21
2018-5.6: Communities are not always aware of the expected behaviour of its staff, and that of its partners, nor of its specific commitments to PSEA.	Minor	2020-03-21	Open	2020-03-21
2018-8.7: CA does not ensure that all its partners have a code of conduct in place for their staff.	Minor	2019-03-21	Closed	
2018-8.9 Security policies do not reference health and well-being of staff	Minor	2019-03-21	Closed	
Total				**4**

6.3 Updated average scores per commitment

CHS Commitment	Score
Commitment 1: Humanitarian assistance is appropriate and relevant	3
Commitment 2: Humanitarian response is effective and timely	3
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.9
Commitment 4: Humanitarian response is based on communication, participation and feedback	2.7
Commitment 5: Complaints are welcomed and addressed	2.1
Commitment 6: Humanitarian response is coordinated and complementary	2.8
Commitment 7: Humanitarian actors continuously learn and improve	3
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	2.8
Commitment 9: Resources are managed and used responsibly for their intended purpose	3.2

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

ROBIN GREENWOOD   16/05/19

Name and Signature   Date and Place

2019-03-04

8. HQAI's decision

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

Next audits	
Before date: type of audit (MTA, MA or re-certification, as relevant)	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 14-05-2019

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.