

British Red Cross Mid-Term Audit – Summary Report 2021/06/30

1. General information

1.1 Organisation

Туре	Mandates		Verified	I
 International National Membership/Network Direct Assistance Federated With partners 	⊠ Humanitaria ⊠ Developme □ Advocacy			anitarian Iopment Icacy
Head office location	London			
Total number of country programmes	29	Tot nui sta	mber of	2500

1.2 Audit team

	1
Lead auditor	Johnny O'Regan
Second auditor	Nik Rilkoff
Third auditor	
Observer	
Expert	
Witness / other	

1.3 Scope of the audit

CHS Verification Scheme	Independent Verification
Audit cycle	First
Phase of the audit	Mid Term Audit
Extraordinary or other type of audit	

1.4 Sampling*

Randomly sampled country programme sites	Included in final sample	Replaced by	Rationale for sampling and selection of sites	Onsite or remote
Namibia	Yes			Remote
Sahel Livelihoods	Yes			Remote
Montserrat	No	Syria	Not selected, too small ; Syria was random sampled, representative of emergency programming.	Remote
Eswatini	No	UK	Not selected, very recently started; UK represents a significant aspect of BRCs programming and is distinct from overseas.	Remote

Any other sampling performed for this audit:

As the auditors were unable to conduct sites visit due to COVID-19 disruptions and remote interviews were mostly confined to BRC staff, sufficient evidence from partners and communities could not be included in many findings for this audit. No community consultations were carried out given the current impacts of overlapping humanitarian crises putting communities and staff under pressure. Country-level movement restrictions, logistical and linguistic



challenges meant that arranging and facilitating community consultations using remote technology was not considered safe or feasible.

It is recommended that further evidence is collected and reviewed in the next audit through onsite visits if possible.

Sampling risk:

*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.

2. Activities undertaken by the audit team

2.1 Locations Assessed

Locations	Dates	Onsite or remote
Head Office	23/11/20 – 3/12/20	Remote
Namibia	18/2/21 – 3/3/21	Remote
Sahel Livelihoods	2/2/21 – 3/2/21	Remote
Syria	3/2/21 – 5/2/21	Remote
UK Services	20/1/21 – 3/3/21	Remote

2.2 Interviews

Position / level of interviewees	Number of in	Number of interviewees	
	Female	Male	remote
Head Office			
Management	4	6	Remote
Staff	9	1	Remote
Country Programme Office(s)			
Management	2	2	Remote
Staff	4	4	Remote
Partner staff	2	1	Remote
Others			
Total number of interviewees	23	14	

2.3 Consultations with communities - N/A

Type of group and location	Number of participants		Onsite or
	Female	Male	remote
N/A			
Total number of participants			



2.4 Opening meeting

Date	2020/11/12
Location	Remote
Number of participants	24
Any substantive issues arising	None

2.6 Programme site(s) = N/A

Briefing	
Date	
Location	
Number of participants	
Any substantive issues arising	

2.5 Closing meeting

Date	2020/03/31
Location	Remote
Number of participants	3
Any substantive issues arising	None

De-briefing

Date	
Location	
Number of participants	
Any substantive issues arising	

3. Background information on the organisation

3.1 General information The British Red Cross (BRC), founded in 1870 and granted a Royal Charter in 1908, is a member of the International Red Cross Red Crescent (RCRC) Movement, the world's largest humanitarian network with 17 million volunteers in 192 countries.

The Movement has three main components:

- The International Committee of the Red Cross (ICRC) helps people affected by conflict and armed violence and promotes the laws that protect victims of war.
- The International Federation of Red Cross and Red Crescent Societies (IFRC) works with National Societies in responding to disasters around the world coordinating and directing international assistance following natural and man-made disasters in nonconflict situations.
- 191 individual and autonomous National Societies dedicated to the fundamental principles of humanity, neutrality, impartiality, independence, voluntary service, unity and universality.

The RCRC statutes explain that "The components of the Movement, while maintaining their independence within the limits of the present Statutes, act at all times in accordance with the Fundamental Principles and cooperate with each other in carrying out their respective tasks in pursuance of their common mission."

In the UK, more than 4,000 staff and 19,600 volunteers support the BRC in its role as a crisis preparedness, response and recovery organisation supporting first response, and a range of other services including ambulance, independent living and asylum support services. Internationally, the BRC partner bilaterally with Host National Societies (HNS) and multilaterally with the IFRC and ICRC. In addition to HNS, the BRC also supports Red Cross organisations in British Overseas Territories- Overseas Branches (OSBs).



	The Covid-19 pandemic response resulted in the organisation quickly adapting ways of working for staff in the UK and overseas. Virtual communications and regular check-ins with staff, training and frontline safety revisions to risk management and adjustments to physical work locations were enacted to maintain staff wellbeing. Service and programme adaptations followed, with teams innovating to meet community needs in safe ways.
	 BRC's new Strategy 2030 sets out goals under three priority issues: Disasters and emergencies: People are safe and able to survive and recover whenever disaster strikes Health inequalities in the UK: People in the UK receive the care and support they need without falling through gaps in the health system Displacement and migration: People experiencing displacement feel safe, live with dignity and have choice and opportunity on their journey.
	Within each of the priority issues, Strategy 2030 applies three thematic priorities to both domestic and international interventions: service and programme delivery; advocating for change; and strengthening partnerships. A commitment to carbon neutrality and themes of social connectedness and kindness run through the strategy: "BRC will work with people, communities and different organisations involved to strengthen these connections, so that, together, they can better prepare for, respond to and recover from a crisis."
	Strategy 2030 also raises the profile of the Community Engagement and Accountability (CEA) Approach as a specific focus area with learning questions and targets to meet. The "Better and Better in UK Services" quality improvement initiative and the Safe and Inclusive Programming Framework provide avenues for achieving this commitment.
3.2 Governance and management structure	The British Red Cross is governed by a Board of Trustees, some of whom are elected by a national electoral college comprised of senior volunteers from across the UK; others are co-opted through a competitive selection process. The Board has up to 13 members- 7 elected members and up to 6 co-opted members selected for their skills and experience from sectors such as business, the diplomatic service and the health sector. The Board, which meets at least four times annually, is responsible for oversight of the BRC's strategic direction, progress towards meeting its goals and financial probity.
	The Chief Executive oversees seven heads of directorates (comprising the Executive Leadership Team) (ELT): International, Fundraising, UK Operations, Finance, People and Learning, Communications and Advocacy, and Information and Digital Technology.
	To fulfil its Strategy 2030, BRC is undergoing an organisational redesign process, "Fit For the Future", with change-goals in strategy; organisational design; governance, performance and management; leadership, people and culture; data, insight and technology; processes and locations; products and services and income and expenditure. The process seeks to improve decision-making, internal coordination and learning through structural changes towards fewer, larger and more coordinated teams able to meet community needs more efficiently.
3.3 Internal quality assurance mechanisms and	BRC's risk management culture includes visibility and ownership of risks; compliance with external legislation, regulations, contracts and standards; health, safety and security; and flexible and adequate responses.
risk management	The Board of Trustees holds principal responsibility for risk management arrangements, and for identification and mitigation of major risks. The Board ensures on-going oversight of the critical risks through its committees, with day-to-day management of risks delegated to the Head of Internal Audit; Chief Finance Officer; Finance and Audit Committee; Head of Planning and Performance; ELT; Executive Directors and Directors, risk champions and all staff.



	An integrated risk management directorate has been established, including a dedicated risk manager, and a Risk & Assurance Committee currently dedicates significant focus to risk management under Covid-19. Processes for risk management, templates, risk indicators, dashboards and register are good practice tools that staff are oriented on. Serious incidents are reported to the Board of Trustees through relevant committees.
	The IMT considers the top sixteen risks in detail, drawing from an integrated register that also monitors partnership risks. Risk in international programmes and services is managed through performance reporting and quality management.
	The International Quality Methodology (IQM) supports quality and accountable programming in all contexts that the International Directorate works in. Internal quality assurance includes the use of a new Programme Information Management System (PIMS), streamlining the performance and accountability expectations for staff, as well as tools to use.
	Risk and incident minimisation is a priority focus of the "Better and Better in UK Services" initiative, and risk in new activities in the UK is considered along multiple lines: strategic insight, business development, practical systems support requirements (i.e. IT) and quality and safety.
	Risk-based internal audits feed identified risks into the directorate management processes by the head of internal audit. Audits assess compliance against an internal set of quality standards that must be met in order for British Red Cross to be compliant with the internal audit policy (one of which is a complaint management process). Audits look at existence of systems, awareness and implementation of systems and learning within and from systems. Any risks identified during internal audit assessments of the quality of programmes and services will be flagged through relevant directorate risk registers and committees of the Board of Trustees.
3.4 Work with partner organisations	BRC works through multilateral arrangements with the IFRC and ICRC, and through National Societies (and in some instances Overseas Branches – OSBs - which are semi-autonomous) of the RCRC movement and so only has one partner in each country. In 2020, BRC had 12 of these long-term bilateral relationships with these Host National Societies (HNS) in Asia, Africa and the Middle East. BRC is increasingly working through consortia and also supported 36 emergency responses (generally Covid-19 related) in 2020, primarily through the IFRC but also through the ICRC. While this constrains choice of partners, BRC only engages in areas where its strategic plans align with those of the HNS.
	HNS frequently have many partners – Partner National Societies (PNS) from across the RCRC movement. The Code for Good Partnership, in force throughout the Movement, enables PNS and HNS to strengthen their partnerships, and work together more efficiently and effectively. BRC is increasingly using due diligence exercises and partner capacity and risk assessments to identify gaps and opportunities for improvement, many aspects of which are relevant to the CHS.

4. Overall performance of the organisation

4.1 Effectiveness of the governance, **internal quality assurance and risk BRC's overall internal quality assurance and risk management score, based on average** weighted findings across select CHS indicators, is 2.7 – approaching full conformity with the relevant CHS requirements relating to internal quality assurance systems and risk management. Risk appetite and management are clearly defined, regularly reviewed to adapt



management of the organisation	to changing context and comprehensively monitored. Covid-19 required, and was met with, intensified focus on risk and risk management.
	BRC supports HNS to improve the quality and accountability of humanitarian initiatives, recognising the need to meet those partners 'where they are' and overcome barriers to institutionalising a consistent approach to community engagement in all responses. BRC and other PNS invest in advocacy at the leadership level, recognising the necessity of integrating accountability into organisational culture and strategies in order to achieve systemic improvements. This process takes time, particularly recognising that HNS are autonomous and that BRC's influence can be limited.
	BRC's domestic quality assurance approach is person-centred and evidence-based in the "Better and Better in UK Services" that establishes a framework for quality improvement and systematic change.
	BRC's international targets for CEA as part of Strategy 2030, alongside Minimum Actions for Safe and Inclusive Projects and Programmes define the ambition that the IQM and PIMS help establish through practical tools.
4.2 How the organisation applies the CHS across its work	 BRC's commitment to the systematic application of the CHS is evident through its comprehensive range of policies and procedures that speak to the standard and many examples of documents that specifically reference the standard. It has strengthened its work on: Supporting HNS to develop needs assessments and context analyses; Referring unmet needs to organisations with relevant expertise; Using relevant technical standards to plan and assess work; Learning through reflective practice in domestic programmes; Bringing together safety, safeguarding, inclusion and community engagemengt in strong International Minimum Actions for Safe and Inclusive Programming; Nonetheless, some weaknesses remain in specific areas, such as: Complaints management; Informing service users and communities on the behaviour they can expect from staff and volunteers; Environmental impact. BRC has mapped CEA to the CHS, to clarify where achievement of CEA commitments meets CHS requirements, and where gaps remain. CEA is an approach to RCRC programming and operations supported by a set of activities that help to put communities 'at the centre', integrating communication and participation throughout the programme cycle or operation. BRC's commitment for QEA, adopted by RCRC partners, IFRC and ICRC in December 2019 to next be reported on in 2023, should become a motivating factor for uptake of CEA at the HNS level, and BRC's technical support is in place for further plans to be developed with all partners. The gaps in the CEA-CHS mapping exist primarily at the organisational responsibility level of the CHS, as the CEA approach is focussed on activities within implementation. Many are met in existing policies and guidance, for example the Overarching HR Policy Framework, or through the Disaster Management Standard Operating Procedures (DMSOPs). BRC states
	a commitment to continuous improvement and the CHS, demonstrated tangibly by representation on the CHSA Board, and an intention to bring the CHS into the redesign of the UK crisis strategy.



 BRC's average weighted score on this set of indicators is 1.8, which (when rounded to 2) indicates the issue needs attention but does not currently compromise the conformity with the requirements, being policies, procedures, practices in place to prevent SEAH, and to respond (safely, securely and appropriately) to cases of SEAH by its staff, partners and any other representative, as defined by the CHS. PSEA is a focus of the Movement, and BRC has an international Advisor to work to the standards defined in a recent manual produced with the Canadian Red Cross and the IFRC. BRC has recently reframed CEA, protection, SGBV, inclusion and anti-trafficking into a Safe and Inclusive Programming Tramework, defining minimum actions in BRC-supported programmes internationally. The international Safeguarding and PSEA Procedure provides clear guidance, and plans for systematic monitoring of the minimum actions are to be established in the coming period. BRC has two senior safeguarding leads: one for international programmes and one for the UK. The professional-boundaries procedure and code of conduct set out expectations for the behaviour of our staff and volumeters. An organisation-wide safeguarding policy is in place. Safe reporting channels are one significant factor in mainstreaming PSEA, and BRC falls short of this requirement. BRC also dees not have sufficiently robust systems to identify potential negative effects regarding SEA by staff and systematically considering community safety in risk analyses. Participation in the interagency misconduct scheme is a PSEA factor that BRC is achieving. The BRC sice has a strong postion against Modern Slavery and fulfils mandatory reporting requirements on that issue. 4.4 Localisation BRC scores highly on localisation (2.8), particularly because of its operational model of subcidiarity. This approach also ensures that its programmes are delivered through national staff and volumeters and it sovers to	4.3 PSEA	As one of the cross-cutting themes represented by a number of indicators across different commitments, the Prevention of Sexual Exploitation and Abuse is a dominant theme in BRC's performance and accountability initiatives.
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Programme design demonstrates an understanding of vulnerabilities of different types of groups that experience marginalisation.

Internationally, BRC's Safe and Inclusive Programming Framework defines minimum actions in CEA, protection, SGBV, inclusion and anti-trafficking. Organisational data capture on gender and diversity disaggregation is not consistent.

4.6 Organisational performance against each CHS Commitment

Commitment	Strong points and areas for improvement	Feedback from communities	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	Humanitarian assistance is appropriate and domestically has developed useful and stakeholder analysis processes are well impartial assistance based on needs seriously the perspectives of affect people due to the COVID- restrictions.		2.8
Commitment 2: Humanitarian response is effective and timely	BRC designs realistic programmes although community-safety of communities is still not always included in the design of international programmes. However, it is improving at planning programmes using relevant technical standards and it remains timely in its delivery of humanitarian assistance. Programme monitoring continues to require attention.	It was not possible to verify the perspectives of affected people due to the COVID-19 restrictions.	2.6
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	BRC continues to emphasise (particularly by working through community-based volunteers) resilience and the strengthening of local capacities and its focus on cash and localisation promote early recovery and support the local economy. BRC' identification of potential or actual unintended negative effects is improving although the identification of SEA and environmental negative effects continue to require attention. It continues to struggle to support HNS to ensure that they safeguard personal information collected from communities.	It was not possible to verify the perspectives of affected people due to the COVID-19 restrictions.	2.6
Commitment 4: Humanitarian response is based on communication, participation and feedback	BRC's commitment to CEA, that has guidance and tools for community participation and feedback, applies to both international and domestic programming and there are strong examples of participation, inclusion and information sharing, although there are gaps in sharing the Red Cross principles and expected behaviour to communities or service users.	It was not possible to verify the perspectives of affected people due to the COVID-19 restrictions.	2.3



Commitment 5: Complaints are welcomed and addressed	Complaints are and appropriate complaint mechanism that addresses programming and SEA and other addresses programming and SEA and other restrictions.		1.1
Commitment 6: Humanitarian response is coordinated and complementary	BRC continues to coordinate most effectively with other member of the RCRC Movement and works to reduce demands on local communities by working through consortia and coordinating with other members of the movement. It also appears to be improving at providing support to HNS to engage in coordination mechanisms. BRC continues to coordinate with statutory and other voluntary services in its domestic programme.	It was not possible to verify the perspectives of affected people due to the COVID-19 restrictions.	3
Commitment 7: Humanitarian actors continuously learn and improve	BRC has evaluation and learning policies in place, as well as mechanisms to record knowledge and make it accessible. Staff are expected to draw on lessons both when designing programmes, and through the course of monitoring. Learning from complaints and sharing learning back to communities are areas for improvement.	It was not possible to verify the perspectives of affected people due to the COVID-19 restrictions.	2.7
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	BRC generally has the management and staff capacity to deliver its programmes, and staff function within a strong HR policy environment: job descriptions, performance management and access to training. The organisational response to the Black Lives Matter movement is commendable, and its support for staff during COVID-19 has been exceptional.	It was not possible to verify the perspectives of affected people due to the COVID-19 restrictions.	3.1
Commitment 9: Resources are managed and used responsibly for their intended purpose * Note: Average scores	BRC continues to design programmes efficiently and appears to be improving at reacting where misuse of funds is suspected or discovered. BRC's commitment to the environment is evident through its commitment to be carbon neutral by 2030 although it continues to struggle to ensure that the impact of programmes on the environment is mitigated. <i>are a sum of the scores per commitment divided b</i>	It was not possible to verify the perspectives of affected people due to the COVID-19 restrictions.	2.8

* <u>Note</u>: Average scores are a sum of the scores per commitment divided by the number of indicators in each commitment.



5. Summary of weaknesses

Weaknesses	Туре	Recommended resolution date	Date closed out
2018- 3.6: BRC has limited formal procedures for identifying the full range of unintended negative effects.	Weakness	13/4/2023	
2018-4.1 BRC does not systematically provide information on the Red Cross principles or expected behaviour to service users, domestically, nor do its HNS partners provide this information to communities in BRC-supported programmes	Weakness	13/4/2023	
2019 – 5.1: BRC does not consult with communities regarding the design, implementation and monitoring of complaints-handling processes and, internationally, does not support partners to undertake consultation processes.	Weakness	13/4/2023	
2019-5.3: BRC does not manage complaints systematically.	Weakness	13/4/2023	
2019-5.4: BRC does not systematically work with partners to develop complaints mechanisms and does not have a global analysis of the extent to which partners have documented complaints mechanisms.	Weakness		13/4/2021
2021-5.4a: A complaints-handling process is neither systematically documented nor in place in BRC-funded programmes.	Weakness	13/4/2023	
2021-5.4b The current complaint policy does not cover programming and other abuses of power.	Weakness	13/4/2023	
2021 – 5.5: An accessible system that supports and tracks complaints, investigations and timely responses is not in place.	Weakness	13/4/2023	
2019 – 5.6: BRC does not ensure that service users are aware of the expected behaviour of staff nor does the organisation work systematically with partners to develop information sharing plans that describe expected staff behaviour.	Weakness	13/4/2023	
2021-5.7: BRC's complaint policy does not refer out-of- scope complaints to a relevant party in a manner consistent with good practice.	Weakness	13/4/2023	
Total Number	9		



6. Sampling recommendation for next audit

Sampling rate	As per HQAI procedures
Specific recommendation for selection of sites	As per HQAI procedures

7. Lead auditor recommendation

In our opinion, BRC continues to demonstrate a satisfactory 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: Date and place:		
John o' Rega	4/13/21	

8. HQAI decision

Registration in the Independent Verification Scheme:			
☑ Maintained☑ Suspended	Reinstated Withdrawn		
Next audit: TBD			
Name and signature of HQAI Executive Director: Date and place:			
Pierre Hauselmann 30 June 2021, Geneva			

9. 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:		🔀 No	
If yes, please give details:			
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit			
I accept the findings of the audit		🗌 No	
		🗌 No	
Name and signature of the organisation's representative:		place:	



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*

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.	 Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to: Independent verification: major weakness; Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	 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: 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.	 Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to: 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.	 Score 3: indicates full conformity with the requirement. This leads to: 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.	Score 4: indicates an exemplary performance in the application of the requirement.

* Scoring Scale from the CHSA Verification Scheme 2020