Benposta Regional Llanos (Benposta)
Maintenance Audit 1– Report - 2026/05/18

1. General information and audit activities

Role / name of auditor(s)	Jorge Menéndez Martínez	
Audit cycle	First cycle (CHS:2014)	
	Date / number of participants	**Any substantive issues arising**
Opening Meeting	06/04/2026 - 6	None
Closing Meeting	22/04/2026 - 4	None
Interviews	**Position / level of interviewees**	**Number**
	Management	1
	Staff	5

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Initial Audit (IA), Benposta Regional Llanos (Benposta) has been strengthening its institutional capacities to address the weaknesses identified in the IA. The main goal has been to consolidate its internal systems, strengthen accountability, and improve the quality and consistency of its programme work.

Benposta has developed and updated a significant set of key policies, procedures, tools and manuals, including:

- The Policy on Protection against Sexual Exploitation and Abuse (PSEA).
- The Accountability Policy, which outlines the procedure for handling complaints and suggestions. It also defines responsibilities, response times, and feedback mechanisms.
- Institutional Monitoring, Evaluation, Accountability and Learning (MEAL) Policy.
- Transparency, Anti-Corruption, Anti-Bribery, Anti-Fraud and Organisational Ethics Policy.
- Code of Ethics.
- Human Resources Policy.
- Communication Equipment User Manual.

Benposta has developed an IT tool for monitoring, evaluation and information management. The tool integrates modules for quantitative monitoring, qualitative analysis and administrative management. At the time of the audit, the tool is in a pilot phase and had not yet been fully implemented across all programmes.

Benposta has expanded and diversified the methods available to communities for raising complaints and providing feedback, including through community meetings, direct contact with Benposta staff, suggestion boxes and a mobile application. In addition, the organisation has developed specific forms for submitting complaints and feedback, tailored to different age groups.

Benposta has decided to have its financial statements audited annually by an external auditor as a standard practice.

Benposta has demonstrated a high level of commitment in addressing the issues raised in the IA and has made significant progress in addressing the non-conformities.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the Corrective Action Request (CAR) and in response to the findings of the requirement	Evidence (document no., Key Informant Interview etc)
2025- 2.3: Benposta does not systematically refer all the unmet needs to those organisations with the relevant technical expertise and mandate.	Minor By Renewal Audit 2028	Since the IA, Benposta has strengthened the identification and mapping of humanitarian, governmental and non-governmental actors operating in its areas of intervention. The organisation currently plays an active role in the Local Coordination Forums and the departmental roundtable on international cooperation, which enable it to identify organisations present in the area, along with their respective mandates and thematic areas of work. The mapping of actors is incorporated into project design and updated during implementation. Staff stated that the organisation refers the community's unmet needs to other actors, both during coordination meetings and via email or WhatsApp. However, Benposta does not have a procedure that clearly establishes when, how and to whom such unmet needs should be referred.	MA11-13
2025- 2.7: Benposta's policies do not ensure the integration of a systematic, objective and ongoing monitoring and evaluation mechanism to inform and influence its programming.	Minor By Renewal Audit 2028	Benposta has strengthened its monitoring, evaluation and information management framework by developing a specific policy and software designed for project monitoring and management. This software has different modules, including a quantitative monitoring module focused on indicators and outcomes, and a qualitative monitoring module linked to the logical framework and programme analysis. Staff stated that this software will provide them with the relevant information needed to adapt and improve programmes. At the time of this audit, the tool is in a pilot phase and has not yet been fully implemented across all programmes.	MA2, MA4
2025- 3.4: Benposta does not develop a transition plan or exit strategy for its programmes.	Minor By Renewal Audit 2028	Since the IA, Benposta has developed and incorporated an exit and/or transition strategy into its new projects. The staff stated that communities are now informed, from the early stages of projects, about their duration, funding constraints and the anticipated exit dates. The Project Closure Procedure stipulates that the completion of the project must be clearly communicated to the participating communities.	MA10.
2025- 3.6: Benposta does not systematically identify potential or	Minor By Renewal Audit 2028	Since the IA, Benposta has updated and developed various policies and manuals to ensure its actions do not cause harm, including the PSEA Policy and the Code of Ethics.	MA2, MA3, MA4

actual unintended negative effects.		The organisation demonstrates a clear commitment to the 'do no harm' principle, which is reflected in both its new MEAL Policy and its Code of Ethics. Staff stated that Benposta has conducted awareness-raising activities for staff, aimed at strengthening institutional sensitivity to this principle and the importance of implementing practical risk mitigation measures during project implementation. Staff state that they systematically analyse the context and risks associated with armed conflict, territorial access, and the security of activities. These analyses are integrated into both project formulation and field operational planning. However, the projects do not conduct specific safeguard risk assessments at the community level, nor systematic analyses of the livelihoods, or environmental impacts.	
2025- 4.4: Benposta's feedback mechanisms do not ensure accessibility for all groups.	Minor By Renewal Audit 2028	Since the IA, Benposta has implemented several measures to ensure that communities can provide feedback and submit complaints in an accessible manner. These measures include adopting a new Accountability Policy. This policy incorporates specific forms for receiving suggestions and complaints, tailored to different age groups: children aged 0 to 7, adolescents aged 8 to 17, and adults. Furthermore, Benposta has expanded its feedback mechanisms beyond written formats to include verbal and face-to-face channels, such as focus groups, contact points, physical suggestion boxes, telephone contact and a mobile app.	MA2, MA3
2025- 5.1: Benposta does not consult communities on the design and monitoring of complaints-handling processes.	Minor By Renewal Audit 2028	As stated in CAR 2025 4.4, Benposta has developed various mechanisms to enable communities to submit complaints and provide feedback. However, as this audit does not include direct consultations with the communities, it was not possible to assess the level of their involvement in the design and monitoring of the complaints management processes. Furthermore, the organisation did not provide evidence demonstrating the communities' participation in the design or review of these mechanisms.	MA3
2025- 5.4: The complaints-handling process for communities and people affected by crisis is not consistently documented and in place.	Minor By Renewal Audit 2028	Since the IA, Benposta has strengthened its complaints handling process. The organisation has developed an Accountability Policy and expanded the channels available for receiving feedback and complaints, incorporating both traditional mechanisms and a recently developed mobile app. Benposta has developed internal procedures for reviewing complaints, assigning responsibilities and providing feedback to communities. However, at the time of this audit, the complaints management process is not yet fully in place.	MA3
2025-7.3: Benposta does not	Minor By Renewal	Since the IA, Benposta has developed and implemented a specific procedure for project closure, including identifying	MA10

systematically share learning and innovation with communities and people affected by crisis.	Audit 2028	lessons learned and providing feedback to communities. Interviews with staff confirm that lessons learned are now systematically identified at the end of projects and shared with communities for discussion. Benposta is developing communication tools (e.g., infographics, newsletters, and facilitated discussions) to share project lessons learned and results with other stakeholders in an accessible way; however, these have not yet been finalised.	
2025- 8.2: Benposta does not ensure that staff understand the consequences of not adhering to the main policies.	Minor By Renewal Audit 2028	Benposta has adopted a new Human Resources Policy. This policy sets out the consequences and sanctions applicable in the event of non-compliance with Benposta's key institutional policies. According to the interviews conducted, induction processes are well-structured and include the dissemination of key organisational policies, such as the PSEA policy, accountability mechanisms, codes of ethics and internal procedures. Furthermore, new staff must sign the PSEA policy, the code of conduct, and the code of ethics and confirm that they understand the consequences of non-compliance with these policies.	MA8 - 9
2025- 8.5: Benposta does not have human resource policies or procedures in place.	Minor By Renewal Audit 2028	Benposta has approved a new Human Resources Policy that sets out the framework for human resources management, including recruitment, induction, and staff monitoring processes. According to staff, the new policy provides clear, comprehensive information on Benposta's human resources management process, thereby enhancing transparency and clarity.	MA9
2025-9.6: Benposta does not have all the relevant policies and processes in place governing the use and management of resources.	Minor By Maintenance Audit 2026	Since the previous audit, Benposta has made significant progress in strengthening its financial, administrative and governance management systems. The main progress includes: • Benposta has developed a new Policy on Transparency, Anti-Corruption, Anti-Bribery, Anti-Fraud and Organisational Ethics. • The organisation has updated its Code of Ethics. • A specific module has been incorporated into the monitoring software to ensure the proper management of advances and expenditure. • Benposta is in the process of establishing an Ethics Committee, with the aim of reinforcing institutional integrity and mitigating the risks associated with the concentration of functions between the governing and management bodies. • The organisation is currently auditing the annual accounts for the 2025 financial year and has established the practice of conducting annual audits of	MA4, MA6, MA7, MA14, MA15

		its financial statements. Although not all actions required for the closure of the CAR had been fully implemented at the time of this audit, the progress achieved is considered significant. Therefore, the CAR has been extended until the 2028 renewal audit, allowing adequate time for the consolidation and full implementation of the measures.	

3. Summary of non-conformities

Corrective Action Requests (CAR)	**Type**	**Status**	**Resolution timeframe**
2025- 2.3: Benposta does not systematically refer all the unmet needs to those organisations with the relevant technical expertise and mandate.	Minor	New	By Renewal Audit 2028
2025- 2.7: Benposta's policies do not ensure the integration of a systematic, objective and ongoing monitoring and evaluation mechanism to inform and influence its programming.	Minor	New	By Renewal Audit 2028
2025- 3.4: Benposta does not develop a transition plan or exit strategy for its programmes.	Minor	New	By Renewal Audit 2028
2025- 3.6: Benposta does not systematically identify potential or actual unintended negative effects.	Minor	New	By Renewal Audit 2028
2025-4.4: Benposta's feedback mechanisms do not ensure accessibility for all groups.	Minor	New	By Renewal Audit 2028
2025- 5.1: Benposta does not consult communities on the design and monitoring of complaints-handling processes.	Minor	New	By Renewal Audit 2028
2025-5.4: The complaints-handling process for communities and people affected by crisis is not consistently documented and in place.	Minor	New	By Renewal Audit 2028
2025- 7.3: Benposta does not systematically share learning and innovation with communities and people affected by crisis.	Minor	New	By Renewal Audit 2028
2025- 8.2: Benposta does not ensure that staff understand the consequences of not adhering to the main policies.	Minor	New	By Renewal Audit 2028
2025- 8.5: Benposta does not have human resource policies or procedures in place.	Minor	New	By Renewal Audit 2028
2025- 9.6: Benposta does not have all the relevant policies and processes in place governing the use and management of resources.	Minor	Extend	By Renewal Audit 2028
Total Number of open CARs	11		

4. Claims Review

Claims Review conducted	☒ Yes	☐ No	**Follow-up required**	☒ Yes	☐ No

5. Lead auditor recommendation

In my opinion, Benposta has demonstrated that it is taking the necessary steps to address the CAR(s) identified in the previous audit(s) and continues to demonstrate no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability. I recommend maintenance of certification.

Name and signature of lead auditor:	**Date and place:**
 Jorge Menéndez Martínez	Buenos Aires, 14 May 2026

6. HQAI decision

☒ Certificate maintained ☐ Certificate suspended	☐ Certificate reinstated ☐ Certificate withdrawn
Surveillance audit before: 2027/05/11	
Name and signature of HQAI Executive Director: Désirée Walter 	**Date and place:** Geneva, 18 May 2026

7. 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: If yes, please give details:	☐ Yes ☐ No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	☐ Yes ☐ No ☐ Yes ☐ No
Name and signature of the organisation's representative: María Elena Barajas Arias 	**Date and place:** Colombia, 14 agosto 2026

Appeal

In case of disagreement with the quality assurance decision, the organisation can appeal to HQAI within 14 workdays after being informed of the decision.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will confirm that the basis for the appeal meets the appeals process requirements. The Chair will then constitute an appeal panel made of at least two experts who have no conflict of interest in the case in question. The panel will strive to come to a decision within 45 workdays.

The details of the Appeals Procedure can be found in document PRO049 – Appeals 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