

Finn Church Aid

Maintenance Audit 2 – Report – 2025/06/25

1. General information and audit activities

Role / name of auditor(s)	Ivan Kent	
Audit cycle	Third	
Opening Meeting	Date / number of participants	Any substantive issues arising
	12 May 2025 / 14 participants	-
Closing Meeting	28 May 2025 / 8 participants	-
Interviews	Position / level of interviewees	Number
	Management	2
	Staff	2

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Finn Church Aid (FCA) developed an Improvement Plan to address the CARs and observations following the 2023 Renewal Audit. The process has been initiated and monitored by the Quality and Accountability Unit, with biannual progress reports to the Service and Accountability Centre (SAC) Management Team. This MA2 Audit finds good evidence of action to address the CARs identified in the Renewal Audit, largely via updates to organisational policies, through training sessions and dialogue with country-teams.

Minor CAR 2023-6.6: The 2023 Renewal Audit found that FCA did ‘not ensure that its partner organisations always receive the support needed to understand and apply FCA policies, including those highlighted in project agreements’. FCA began responding to this CAR through the activities of an Operational Partnership Advisor to update the Partner Assessment Guideline and Tool and to strengthen dialogue with country offices on the development of partner capacity plans.

The Partner Assessment Guideline and Tool have now been revised (December 2024) although some ambiguity remains about the process for new partners operating in rapid onset emergency contexts. Since the MA2, the Operational Partnership Advisor post has been relocated to Nepal but remains part of the Impact Team in the Service and Accountability Centre. The emphasis of the role has evolved from the initial task of developing systems and tools, towards a focus on supporting localisation and capacity strengthening.

Partner Assessments have been uploaded by Country Offices onto the SAMPO programme management system. Currently this system does not track the implementation of support to partners to address gaps. A mapping of partner capacity-building processes across country programmes is planned for this year.

The new Safeguarding Policy (which replaced the previous PSEA Policy and Child Safeguarding Policy) and the Complaints Policy include paragraphs which commit FCA to providing support to partners to ensure that appropriate mechanisms are in place. Trainings with country offices on the new Safeguarding Policy (see below), plus a regional partnership workshop in Nairobi and sessions with the MEAL Community of Practice have also included reference to actions to support partners.

In sum, significant progress has been made to address CAR 2023-6.6 by developing improved tools and engaging country offices in the topic of partner support. Gaps remain in defining the process for rapid onset emergencies, and in tracking support provided at the country level.

Minor CAR 2023-8.7: The 2023 Renewal Audit found that FCA did ‘not ensure that a Code of Conduct is always used by partners, consultants or service providers’. Following the audit, FCA sought to address this gap by promoting the Partner Assessment Guideline and Tool (2024) – see above, and by rolling out the Safeguarding Policy (2024) and updated Standard Cooperation Agreement (2025), each of which refer to FCA’s Code of Conduct.

Trainings on the Safeguarding Policy with country programmes took place throughout 2024-2025. The Code of Conduct for Contractors and Service Providers was revised in May 2025, and made available on the intranet. Roll out sessions are planned for June 2025. Oversight of the Code of Conduct has been led by the Ethics and Accountability Manager, recruited in August 2024. This position is located within the Administration Department, with links to the Safeguarding Manager in the Quality and Accountability Unit in the Strategy and Programme Impact Department. FCA’s Code of Conduct Policy commits FCA to make their Code of Conduct to be available in relevant local languages. FCA is currently reviewing the extent to which this is met.

In sum, FCA has made progress to address for CAR 2023-8.7 by raising the profile of the Code of Conduct, and integrating this with the promotion of other policies, especially through the roll-out of the Safeguarding Policy.

FCA’s Country Office Quality and Accountability Self-Assessment process and resulting Accountability Improvement Plan (AIP) is the internal mechanism for checking and improving conformity with the CHS at country programme level. The Self-Assessment Tool is currently being revised to align it with the 2024 CHS Standard. By the time of the audit, a Self-Assessment (SA) had been conducted by each country office, except for Ethiopia, and this process is now mandatory for country offices every three years. This process can be used to verify the effectiveness of actions taken to address the CARs above.

Update on the general application of the CHS:

Since the Renewal Audit (RA) in 2023, a number of changes in policies, staffing and systems at FCA indicate the potential for improved capacity to implement the CHS, and to maintain oversight of corrective actions:

Policies: FCA demonstrates an active organisational policy environment making several revisions that have relevance to the CHS. Since the 2023 RA, these include the Safeguarding Policy, the Complaints Policy, the Country Office Guideline on Complaints Handling, the Global HR Manual, the Guideline on Ethical Communications, the Data Protection Policy and Guideline, the Country Office Quality and Accountability Self-Assessment and Partner Assessment Guidelines and Tools; and the Knowledge Management Guideline and Checklist.

The FCA Localisation Framework was approved in 2023. A Climate Tool and Green Office Checklist is currently under revision. The roll out of a Quality Management Framework, introduced in 2024 was completed by April 2025. FCA has developed an improved policy roll-out mechanism, including an intranet page for guiding documents, simplified roll-out instructions, and a guideline for organisational documents.

Systems: Several digital systems have been introduced or enhanced, with the potential to improve transparency and real-time monitoring capabilities. These include the roll out of the Sympa human resources management system and the SAMPO project management system. A new electronic whistle-blowing and complaints handling system was procured in March 2025.

Structures and staffing: In 2024, FCA’s Quality and Accountability Unit (QAU) was transferred from the Administration Department to the Strategic Development Department (SDD) with the potential for closer integration with programme activities and strategic objectives. A staff member based in the Nepal Country Office was recruited to the global Operational Partnership Advisor position (part of the SAC Impact Team) at the end of 2024. An additional internal auditor was recruited in late 2023 and an Ethics & Accountability Manager was also recruited in August 2024. The organisation increased its engagement with the CHS Alliance by appointing staff representatives to both the CHS Alliance Board and the CHS Alliance Donor Recognition Working Group. In response to the changing funding environment and localisation agenda, a Change Negotiation process was introduced in 2024 and concluded in 2025, leading to termination of some contracts.

Safeguarding Measures: The Standard Operating Procedures (SOPs) for Handling of Sensitive Complaints and Misconduct Incidents within the SAC were adjusted and approved in late 2024. FCA also joined the CHS SEAH Harmonised Reporting Scheme in 2024 and began participating in the Misconduct Disclosure Scheme (MDS) from January 2025. The MDS is being introduced to Country offices via the HR Community of Practice. The Board has nominated a safeguarding focal person and the ToR of the Board Audit Committee has been revised to include a closer oversight on risk management, including safeguarding risks.

The impact of these actions at the country programme and community level will be assessed at FCA’s next Certification Renewal Audit scheduled for 2026.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2023-6.6: FCA does not ensure partner organisations always receive the support needed to understand and apply the full range or applicable FCA policies.	Minor 2026/08/29	<p>This Maintenance Audit found that FCA is taking action to address this Minor CAR. Notable steps since the 2023 Renewal Audit include:</p> <ul style="list-style-type: none"> Revision of the Partner Assessment Guideline and Tool Clarification of expectations of partners and role of FCA in providing support - e.g. in Safeguarding Policy and Complaints Policy Increased engagement with country teams on support to partners, via trainings, workshops, and the work of the Operational Partnership Advisor 	<p>ORG004 Safeguarding Policy</p> <p>ORG006 Complaints Policy</p> <p>ORG011 Partner Assessment Guideline</p> <p>ORG12 Partner Assessment tool</p> <p>Staff Interviews</p>
2023-8.7: FCA does not ensure that their Code of Conduct is always used by partners, consultants or service providers.	Minor 2026/08/29	<p>This Maintenance Audit found that FCA is taking action to address this Minor CAR. Notable steps since the 2023 Renewal Audit include:</p> <ul style="list-style-type: none"> Revision of Code of Conduct for Contractors and Service Providers. Promotion of the Safeguarding Policy, Partner Assessment Guideline and Tool and partner support implementation plans with country teams. 	<p>ORG004 Safeguarding Policy</p> <p>ORG011 Partner Assessment Guideline</p> <p>ORG012 Partner Assessment Tool</p> <p>ORG017 Code of Conduct for Contractors and Service Providers</p> <p>Staff Interviews</p>


3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2023-6.6: FCA does not ensure partner organisations always receive the support needed to understand and apply the full range or applicable FCA policies.	Minor	Open	2026/06/26
2023-8.7: FCA does not ensure that their Code of Conduct is always used by partners, consultants or service providers.	Minor	Open	2026/06/26
Total Number of open CARs		2	

4. Claims Review

Claims Review conducted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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5. Lead auditor recommendation


In my opinion, Finn Church Aid has demonstrated that it is taking necessary steps to address the CARs identified in the previous audits and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability. I recommend maintenance of certification.	
Name and signature of lead auditor: Ivan Kent 	Date and place: 23 June 2025, Canterbury, UK

6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
Surveillance audit before: 2026/06/26	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 25 June 2025

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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: Tomi Järvinen, Executive Director 	Date and place: 27 June 2025 in Helsinki, Finland

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.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> Independent verification: major weakness. Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p>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:</p> <ul style="list-style-type: none"> 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.	<p>Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> 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.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> 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.	<p>Score 4: indicates an exemplary performance in the application of the requirement.</p>

* Scoring Scale from the CHSA Verification Scheme 2020