

Medair

Maintenance Audit 1 – Report - 2024/02/26

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Sarah Kambarami	
Audit cycle	Second Cycle	
Opening Meeting	Date / number of participants	Any substantive issues raised
	29-01-2024 / 17 participants (5F/12M)	No
Closing Meeting	08-02-2024 / 11 participants (3F/8M)	No
Sampling from country programme sites	Location	
	Ukraine	Jordan
	Somalia	Syria
Interviews	Position / level of interviewees	Number
	Global Support Office – Senior Staff	6 (3F/3M)
	Country Programme – Senior Staff	7 (1F/6M)

2. Actions and progress of organisation

2.1 Significant change or improvement since previous audit

Since the Renewal Audit (RA) in 2023, Medair has developed an action plan to address the identified gaps. Owners for each action have been assigned and progress is being tracked. The Executive Leadership Team is well informed about the findings of CHS Audits and about progress being made on the action plan. The CEO, in turn, briefs the International Board of Trustees (IBOT) on the key findings from the audit, shares with them the audit report, and briefs them on the progress made with the action plan. Medair's approach is to integrate the actions into ongoing organisational change processes and improvement plans as much as possible.

Since the last audit, there have been some significant changes in Medair's senior leadership team. The CEO vacancy was filled by the previous International Programmes Director, and a new International Programmes Director has been appointed. Currently, there is an interim Human Resources Director in place, while the recruitment for a new HR Director is underway.

Medair has taken significant steps towards addressing the issues raised in the RA related to complaints management. Two new 'Ethical and Compliance Investigator' positions were created and filled to provide additional in-house capacity on managing investigations, and work has started to put in place a new IT system for managing complaints. The Diversity and Inclusion Initiative has continued to help Medair tackle and prevent discrimination, to better embrace diversity, and to ensure a culture of inclusion. The Medair Diversity & Inclusion Annual Report (Sept 2023) entitled 'Continuing the Journey' documents the key activities undertaken during the year, acknowledges progress made and reflects on what still needs to be done. Medair also continues to conduct internal audits of country programmes with an annual risk-based schedule in place. An annual cycle of mandatory awareness training for staff on ethics policies takes place, supporting staff's understanding of how to apply key Medair policies in their context. Two new MEAL (Monitoring, Evaluation, Accountability and Learning) Advisors at the Global Support Office (GSO) have also increased Medair's capacity to ensure learnings from the previous audit are being acted on at the programme level.

Medair also continues to develop new policies and guidelines, strengthening their application of the CHS across different commitments at both a policy and practice level. In 2023, new Teleworking Guidelines were published for Medair Employees in Switzerland with the purpose of offering staff more flexibility in their working, enabling better synergy in their professional and private life and therefore contributing to improved motivation and well-being. In addition, a new Standard Operating Procedure (SOP) "Supplier selection environmental checklist" has been put in

place, to ensure that Medair's procurement team is systematically taking into consideration the impact on the environment when selecting suppliers.

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)
2023-5.2: Medair does not systematically welcome and accept complaints or communicate effectively how the mechanism can be accessed.	Minor by the Renewal Audit 2026	<p>The findings of this indicator at the RA (2023) highlighted that a number of community members were not aware of the existence of a complaints mechanism or the scope of issues it could address. Since then, Medair has hired two additional MEAL (Monitoring, Evaluation, Accountability and Learning) Advisors at the Global Support Office (GSO) and divided the portfolio of Country Programmes (CPs) between the team. Each advisor spent time in the past year with the MEAL teams at Country level, reviewing the importance of following the guidance in the AAP (Accountability to Affected Populations) Communication Guidelines. The guidelines include a checklist, linked to CHS requirements, detailing what to communicate to affected communities. AAP Focal Points in CPs are also responsible for ensuring that any local partners are trained on how and what to communicate to affected communities about complaints mechanisms and expected staff behaviour.</p> <p>MEAL staff at CP level confirm that guidance is provided by the GSO, which is then contextualised at the local level. They explained that regular training on AAP and community engagement takes place and examples from different CPs were provided of how information is shared with communities on how to provide feedback or make complaints. For example, staff confirmed that information was shared using leaflets, business cards, verbally by staff working at the community level, at inception meetings, through established community committees, as well as disseminating information through key actors such as Community Health Workers, depending on the different types of projects being implemented.</p> <p>MEAL teams are also responsible for monitoring that relevant information has been shared with affected communities, that there are visibility materials in place and that communities know how to give feedback and make complaints. Monitoring processes (e.g. Post-Distribution Monitoring) consistently monitor awareness at the community level of how to access feedback and complaints channels.</p> <p>In addition, the RA found that existing complaints mechanisms (e.g. helplines or email addresses) were unresponsive. Since then, staff across the organisation have taken efforts to ensure that any publicised mechanism for contacting Medair with feedback or complaints is functioning and responsive. This has included removing any posters or communication material with out-of-date information to ensure that mechanisms that are no longer active are not contacted. In addition, staff at the country level are increasingly monitoring the responsiveness of their own systems, for example by making random calls to monitor the responsiveness of the helplines. Standard Operating Procedures (SOPs) have also been developed at the CP level</p>	<p>Documents: 4, SOM, SYR, UKR</p> <p>Interviews with staff</p>

		<p>to ensure a consistent approach to handling calls on the Helplines.</p> <p>Medair also plans to use the development of its community engagement policies and guidelines as an opportunity to further strengthen guidance for staff on AAP activities, including regularly sharing information with affected communities on how to access feedback and complaints mechanisms. The development of these is in progress.</p>	
2023-5.3: Complaints are not systematically managed in a timely and appropriate manner.	Minor by the Renewal Audit 2026	<p>The findings of this indicator at the RA (2023) highlighted that the lack of responsiveness to complaints (emails and phone calls) challenged Medair's capacity to manage complaints appropriately. As demonstrated in 5.2, Medair has taken action to ensure that across all the CPs, the responsiveness of complaints channels is being tested and monitored and any out-of-date information is being removed (e.g. posters in Health Clinics with old helpline numbers).</p> <p>In addition, the RA found that the analytical capabilities of the current incident reporting system were limited (so timeliness was difficult to measure) and closing sensitive complaints took too long due to limited investigation capacity. Since then, Medair has created two new "Ethical and Compliance Investigator" positions to strengthen in-house capacity on investigations (from 1 person to 3) and to improve the timeliness of managing complaints. Both recruitments have been successfully completed, with the two new staff (one male, one female) both working for the GSO based in Kenya and reporting to the Internal Audit and Controls Manager. Responsibilities include conducting investigations into alleged misconduct (80%) as well as delivering training (10%) and monitoring and evaluating the process and outcomes of investigations (10%). The Executive Leadership Team (ELT) have set targets for time taken to resolve serious complaints and are tracking this.</p> <p>In addition, it is recognised that the current complaints management system (Portfolio) is limited and Medair plans to develop a new IT system for complaints management, or to subscribe to a third-party system (e.g. EthicsPoint). Currently, the recruitment is underway for an IT Project Manager/ Business Analyst to manage this process (as well as other strategic IT projects). Requirements for the new system are being gathered, but it is still in the early stages.</p> <p>TORs for internal audits include offering relevant trainings/awareness on Complaints Reporting Mechanism and a review of ongoing investigations where applicable.</p> <p>At the CP level, SOPs and detailed descriptions of contextualised feedback and complaints handling processes are in place and relevant staff from sampled programmes are knowledgeable about these processes.</p>	<p>Documents: 5, HO, SOM, SYR, UKR</p> <p>Interviews with staff</p>
2023-5.5: Medair has not established a culture in which all staff perceive that	Minor by the Renewal Audit 2026	<p>The findings of this indicator at the RA (2023) highlighted that some staff had a lack of confidence in Medair's internal complaints handling mechanism due to a perception of bias and a fear of potential retaliation.</p>	<p>Documents : 5, 6, HO</p> <p>Interviews with staff</p>

complaints are taken seriously		<p>Since then, Medair has recruited two new Ethical and Compliance Investigators with strong background and experience in conducting investigations, as outlined in the Job Description.</p> <p>Medair ELT continues to report to the IBOT (Board) to provide assurance in relation to safeguarding issues and monthly mandatory training on ethics related policies for all staff takes place across the organisation.</p> <p>All staff interviewed at this audit confirm that, from their perspective, Medair takes complaints seriously. Staff gave examples of the processes and procedures in place that gives them assurance that Medair takes complaints seriously and also highlighted improvements that Medair has made over the past year (e.g. in hiring new staff to undertake investigations more quickly).</p> <p>Many staff also noted that the mandatory trainings on ethics related policies contributes to the perception that Medair takes the issue of complaints (and more broadly values, behaviour, and ethics in general) very seriously. In particular, there is appreciation for the way that the trainings are conducted, enabling rich discussions at country level focused on relevant application of the policies in specific contexts.</p> <p>In addition, the RA noted that the Diversity & Inclusion (D&I) Group played a role in listening to informal complaints, but did not have the linkages to the formal complaints and investigation system, or the capacity, in terms of time and resources, to give the informal complaints the attention they deserved.</p> <p>While it is noted that the separation between the D&I Group and the formal investigations team is deliberate and will remain like this, the issue of limited capacity remains an issue. Due to some recent staff changes, the D&I Group no longer has a sponsor at the level of the ELT and participation in the activities of the D&I Group is on top of existing responsibilities for the staff involved. In general, staff have appreciated the initiatives that the D&I group have undertaken and believe it has contributed to establishing a culture where complaints are taken seriously. However, given the current limitations on staff capacity and management support, there is a risk that the D&I Initiative may not be able to sustain its tasks in the future.</p> <p>In addition, it is noted that the Employee Values Survey (EVS) was not conducted in 2023, so there is no new evidence at this audit to see if the EVS scores have improved or not across the organisation. The next EVS is due to take place in 2024.</p>	
2023- 8.5: A significant number of staff do not consider policies, procedures and practice fair, transparent and non-discriminatory	Minor by the Renewal Audit 2026	<p>The findings of this indicator at the RA (2023) highlighted that a number of staff did not find that Medair policies and processes were fair, transparent and non-discriminatory, particularly in relation to differences between IRS (Internationally Recruited Staff) and NRS (Nationally Recruited Staff). Concerns were specifically raised by staff in Jordan, both through the 2022 EVS and during the onsite audit visit.</p> <p>Since then, Medair has addressed these issues in two ways.</p>	<p>Documents : 6, HO, JOR</p> <p>Interviews with staff</p>

		<p>At a global level, the Diversity & Inclusion (D&I) Group have continued to pro-actively address issues of discrimination through a range of strategic initiatives. D&I month was held in July 2023, with a series of sessions and resources available to raise awareness across the staff team on D&I issues. In addition, a specific sub-group focused on Policy and Culture, reviewing key policies through a D&I lens, and advising on relevant changes. D&I is now a mandatory part of global induction processes and changes have been made to Medair's orientation training course (ROC) based on advice from the D&I Group. The Medair Diversity & Inclusion Annual Report (Sept 2023) entitled 'Continuing the Journey' documents the key activities undertaken during the year, acknowledges progress made, and reflects on what still needs to be done.</p> <p>In addition, a separate action plan was put in place to address the specific issues identified in the Jordan CP. A thorough process was put in place towards the end of 2022 to understand the issues raised by Jordan staff in the EVS. In February 2023, a D&I Taskforce was established in Jordan to make recommendations, review the management response, and monitor the implementation of agreed actions. Issues were addressed transparently and in detail by the Jordan management team, and progress has been made on implementing agreed actions. This continues to be a priority area for the Jordan CP, as demonstrated in its 2024 Country Strategic Plan which includes a Strategic Objective on People & Culture. This SO commits to maintain a timely and strategic response to the 2022 Employee Value Survey feedback, including Diversity & Inclusion initiatives, in addition to other measures planned to demonstrate value and dignity to all of Medair Jordan's employees and volunteers.</p> <p>Medair plans to conduct the EVS again in 2024 which will help Medair to monitor the impact on staff perception in relation to diversity and inclusion issues and assess the impact of the actions undertaken to address this area to date.</p>	
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3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Resolution timeframe	Status	New resolution timeframe (if applicable)
2023-5.2: Medair does not systematically welcome and accept complaints or communicate effectively how the mechanism can be accessed.	Minor	By the 2026 Renewal Audit	Open	
2023-5.3: Complaints are not systematically managed in a timely and appropriate manner.	Minor	By the 2026 Renewal Audit	Open	
2023-5.5: Medair has not established a culture in which all staff perceive that complaints are taken seriously	Minor	By the 2026 Renewal Audit	Open	
2023- 8.5: A significant number of staff do not consider policies, procedures and practice fair, transparent and non-discriminatory	Minor	By the 2026 Renewal Audit	Open	
Total Number of open CARs	4			

4. Lead auditor recommendation

In my opinion, Medair has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit 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:



Sarah Kambarami

Date and place:

13th February 2024

Bonn, Germany

5. HQAI decision

☒ Certificate maintained
☐ Certificate suspended

☐ Certificate reinstated
☐ Certificate withdrawn

Surveillance audit before: 2025/02/26

Name and signature of HQAI Executive Director:

Désirée Walter 

Date and place:

Geneva, 26 February 2024

6. 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

☒ Yes ☐ No

I accept the findings of the audit

☒ Yes ☐ No

Name and signature of the organisation's representative:



Date and place:

Ecublens
27 February

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.	<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"> <input type="checkbox"/> Independent verification: major weakness. <input type="checkbox"/> 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"> <input type="checkbox"/> Independent verification: minor weakness. <input type="checkbox"/> 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"> <input type="checkbox"/> 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"> <input type="checkbox"/> 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