

# MEDAIR Mid-Term Audit-Summary Report MEDAIR 2021/04/23

#### 1. General information

#### 1.1 Organisation

Туре	Mandates		Verified	
<ul> <li>☑ International</li> <li>☐ National</li> <li>☐ Membership/Network</li> <li>☑ Direct Assistance</li> <li>☐ Federated</li> <li>☒ With partners</li> </ul>			□ Humanitarian     □ Development     □ Advocacy	
Head office location	Ecublens, Vaud, Switzerland			
Total number of country programmes	11 (Aug 2020) Total number of staff		1641	

#### 1.2 Audit team

Lead auditor	Marie GRASMUCK
Second auditor	
Third auditor	
Observer	
Expert	
Witness / other	

# 1.3 Scope of the audit

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

# 1.4 Sampling\*

Randomly sampled country programme/project sites	Included in final sample	Replaced by	Rationale for sampling and selection of sites	Onsite or remote
Bangladesh	Yes	NA	Country programme representing medium financial size and a range of activities for Medair, which contributes to the diversity of the sample. Initially chosen for an onsite visit, it has transformed into a remote visit due to the travel restrictions related to the Covid-19 pandemic.	Remote
Sampled project in Bangladesh: Nutrition Services, Cox's Bazaar	Yes	NA	Project with a bigger scale compared to the others. It focuses on nutrition activities. To be noted that all projects in Bangladesh are in the same area (Cox's Bazaar)	Remote
Sampled project in Bangladesh: Primary	Yes	NA	Small project that focuses on primary health care and outreach (such as sexual	Remote

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Health Care Services, Cox's Bazaar area.			and reproductive health). Together, both sampled projects contribute to the diversity of the sample.	
Madagascar	Yes	NA	Country site of a relatively modest financial size compared to other Medair countries, and where some activities are operated with partners, thus contributing to the diversity of the sample.	Remote
Sampled project for Madagascar: Saving lives and alleviating suffering due to extreme weather: piloting innovative early warning systems in Madagascar, Ambanja district.	Yes	NA	Mid-size project, which includes external partnerships (governmental and NGO in the DRR sector). Contributes to the diversity of the sample.	Remote
Syria	Yes	NA	Country site of a relatively important financial size compared to other countries, and where it operates in close collaboration with a national partner, contributing to the diversity of the sample.	Remote
Sampled project for Syria: Amal Project (rehabilitation), Dara and Qunaitra areas.	Yes	NA	Mid-size project in the construction/ rehabilitation sector, contributes to diversity of the sample, as other projects focus on other sectors.	Remote

Any other sampling performed for this audit: NA

#### Sampling risk:

No sampling risk has been identified.

#### 2. Activities undertaken by the audit team

#### 2.1 Locations Assessed

Locations	Dates	Onsite or remote
Head Office, Ecublens, Switzerland	11 & 12 February 2021	Remote
Bangladesh programme site, Cox's Bazaar	16, 17, 18, 22, 23 February 2021	Remote
Syria programme site, Dara, Qunaitra	25 February 2021	Remote
Madagascar programme site, Ambanja and Antananarivo	25 February 2021	Remote

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<sup>\*</sup>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.



#### 2.2 Interviews

Position / level of interviewees	Number of interviewees		Onsite or
	Female	Male	remote
Head Office	6	10	
Management	3	2	
Staff	3	8	
Country Programme Office(s)	10	11	Remote
Management	4	4	
Staff	5	6	
Partner staff	0	1	
Others (Donor)	1	0	
Total number of interviewees	16	21	

#### 2.3 Consultations with communities

Type of group and location	Number of participants		Onsite or
	Female	Male	remote
Health communities' individual interviews (Cox's Bazaar)	1	2	
Nutrition communities' individual interviews (Cox's Bazaar) (project aimed at women only)	7	0	Remote
Total number of participants	8	2	

# 2.4 Opening meeting

Date	2021/02/11
Location	Remote
Number of participants	18
Any substantive issues arising	No

# 2.5 Closing meeting

Date	2021/03/08
Location	Remote
Number of participants	20
Any substantive issues arising	No

# 2.6 Programme Sites

#### Briefing

Date	2021/02/16
Location	Remote
Number of participants	12

#### **De-briefing**

Date	2021/03/08
Location	Remote
Number of participants	Same meeting as above

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Any substantive issues arising	No		Any substantive issues arising	
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#### 3. Background information on the organisation

# 3.1 General information

Medair is a faith-based humanitarian organisation founded in 1989 in Switzerland. The organisation is active in the sectors of health and nutrition, shelter and infrastructure, and water, sanitation and hygiene. In 2021, Medair is operational in 11 countries, and apart from its Global Support Office (GSO) in Ecublens (Switzerland), it has 5 affiliate offices in United Kingdom, Germany, France, the United States of America and the Netherlands. These affiliates are not part of the present audit.

The aim of Medair, as per the organisations' statutes, is to '[pursue] a charitable and humanitarian aim, with a mission to respond to human suffering in emergency and disaster situations by implementing multisectoral relief and rehabilitation projects, in a compassionate and serving attitude inspired by its Christian ethos'.

Medair preliminary numbers for 2020 report 3,282,885 direct beneficiaries, 1641 staff members and 6408 volunteers. Preliminary 2020 operating expenses amount to 89,100,000 USD, an increase of 24% compared to 2017.

Strategy-wise Medair 2020–2023 Strategy builds on the previous one (2017–2019), with the aim of expanding its reach, with a focus on 'Consolidating Quality, Growth and Stability'.

#### 3.2 Governance and management structure

Medair's governing bodies are as follows:

- The International Board of Trustees (IBoT) composed of a minimum of 5 members (8 members in 2021). This IBoT is advised by a governance committee of 3 active members of the IBoT. There is also an Audit/Compliance/Finance committee with 3 members. Board members are appointed for 3 years by the Annual General Meeting. The IBoT meets at least once a year (currently 4 times per year). The IBoT has the ultimate responsibility for the affairs of Medair, for ensuring it is solvent, well managed and delivers the outcomes for which it has been established.
- The Annual General Meeting (AGM) elects IBoT members, approves annual reports and appoints auditors.
- The Chief Executive Officer (CEO) is appointed by and responsible to the board for the management and operation of organisation. The CEO is responsible for maintaining Medair's strategic direction as established by the IBoT. They are responsible for keeping the organisation solvent, providing public representation at the highest levels, and overseeing organisational growth.
- The Executive Leadership Team (ELT) assists the CEO in their duties. Since the Initial Audit (IA, 2019), and as noted in the Maintenance Audit (MA, 2020), the position of Quality and Innovation Director doesn't sit in the ELT anymore. The organisational chart of the ELT is presented below.

As described in its 2020–2023 Strategy, Medair's ambition is to be as flat as possible in terms of management structure: 'We are working to create a flatter operating structure, with fewer layers of management and more freedom, while still having clarity in expectations, lines of authority and responsibility.'

Medair's ELT organigram:

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3.3 Internal quality assurance mechanisms and risk management

Medair has several systems and processes in place to ensure institutional quality:

- Medair work is guided by key policies, such as its Code of Ethics, Policy on Preventing Harassment, Policy on Preventing Sexual Exploitation, Child Protection Policy, Data Protection Policy, etc.
- Medair work is also guided by operational guidelines and SOP to frame and support teams in implementing its policies and ensure the quality of its programmes and projects. For instance, Medair has Monitoring and Evaluation Guidelines, a Project Management Guide, Feedback Guidelines and Procedures, as well as sectoral guidelines according to their sector of expertise (WASH, Health and Nutrition, etc.)
- Medair regularly updates its policies, procedures and guidelines according to the existing law, the need to clarify or to correct practices, or according to lessons learned from implementing those guidelines on the field. For instance, following the IA, Medair revised the Accountability to Affected Population (AAP) Guideline, transformed its Environmental Position Paper into an Environmental Policy, and developed a Data Protection Guideline.
- In order to ensure the understanding and implementation of the policy, guidelines and procedures, Medair provides training through its week-long recruitment course (Relief Orientation Course ROC), which is used as part of the recruitment process for internationally recruited staff, and serves both goals of staff selection and staff education. Medair also provides training on its ethics annual training cycle, mandatory for all staff, in the online learning gateway, and ad hoc trainings. Focal Points are appointed in each programme or project site in order to ensure that the policy/guideline is understood and implemented.
- Medair has put in place a number of organisational activities (indicator tracking, annual staff and external stakeholders' surveys) in order to track its progress and performance globally, on topics linked to the quality of its projects, the perception of its work by external actors, the actual performance of the activities implemented, and the progress towards its global strategy.
- Medair has internal and external audit policies and activities, risk identification activities, and monitoring and evaluation activities implemented at all levels of the implementation (community surveys for instance) and management (technical support visit for instance), and tracks the findings and recommendations resulting from the said activities.

# 3.4 Work with partner organisations

At the time of the IA, Medair dedicated 6% of its expenses to direct partner implementation. Medair works with partner organisations through working with the communities, local and internal NGO, and public and private structures. Since the IA, Medair has further developed its approach towards localisation, and how it intends to include national and local partners in this approach, as explained in the draft Position Paper on Localization and its 2020–2023 Strategy.

Medair's Partnership Framework and Operational Partnership Policy describe how it collaborates with partners according to the type of actor and purpose of the partnership. The policy lays out the conditions

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for operational partnerships, and the mandatory due diligence and contents of the agreement in case Medair establishes a partnership. Since the IA, Medair has reviewed the Partnership Toolkit to better reflect its policy. The expected due diligence before entering into an agreement includes criteria related to code of conduct, safeguarding, capacity of partner, HR policies, financial policies, etc. While the staff interviewed could explain how they consider, organize and decide on partnership, the projects sampled for this MTA did not enable for a sufficient analysis of Medair's practices regarding partnership with local NGOs, which constitutes a limitation of this audit.

Medair's partnering expenses for 2020 are shown below. To be noted that the calculation method has changed compared to the number given at the IA (which focused on implementing partners), and that the partnering expenses now include local and national NGO, local and national governmental entities (such as clinics), and local volunteers. The number of country programmes has changed since the sampling in August 2020.

			Percent to, for		Percent
		Expense to, for or	or through	Total Medair	Medair
Total Expense	Country	through Partners	Partners	Direct	Direct
\$160 726	G-ERT Honduras	\$0	0%	\$160 726	100%
\$5 529 795	Afghanistan	\$154 942	3%	\$5 374 853	97%
\$2 877 510	Bangladesh	\$700 959	24%	\$2 176 551	76%
\$18 640 833	DR Congo	\$5 854 229	31%	\$12 786 604	69%
\$7 300 317	Iraq	\$1 533 000	21%	\$5 767 317	79%
\$4 819 870	Jordan	\$481 987	10%	\$4 337 883	90%
\$7 685 200	Lebanon	\$2 012 806	26%	\$5 672 394	74%
\$1 171 853	Madagascar	\$264 754	23%	\$907 099	77%
\$4 884 780	Somalia	\$2 611 181	53%	\$2 273 599	47%
\$16 879 472	South Sudan	\$2 726 848	16%	\$14 152 624	84%
\$251 662	Sudan	\$17 876	7%	\$233 786	93%
\$6 046 897	Syria	\$2 505 555	41%	\$3 541 342	59%
\$3 603 562	Yemen	\$883 366	25%	\$2 720 196	75%
\$79 691 752	Total	\$19 747 504	25%	\$60 104 974	75%

#### 4. Overall performance of the organisation

4.1 Effectiveness of the governance, internal quality assurance and risk management of the organisation

Medair refers to the CHS in its policies and monitor some of the indicators through internal KPI monitoring. Medair's ELT is committed to the CHS audit process and regularly communicates about it.

Following the IA, and up to the MTA, Medair has set up and followed an action plan in order to implement corrective actions for both the issued CAR, and the observations. Each CAR or observation was attributed to an identified action owner. Working groups have been created in order to analyse root causes of the CAR, discuss and decide on appropriate actions, and implement those actions. The working groups met regularly throughout the audit cycle.

When possible, Medair's corrective actions focused on building systems and processes to benefit the organisation's strategy and which could address several findings of the audit at the same time. An illustration of this methodology is that Medair has put in place an annual training cycle on ethics: Countries have mandatory trainings for all staff, focusing each month on one topic such as: code of ethics, data protection policy, accountability, etc. The cycle is repeated every year.

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At the MA, Medair had started addressing – or had started devising the strategy to address – all Minor CAR identified at the IA. During the last year, implementation of some corrective actions has been slowed down by the Covid-19 pandemic.

# 4.2 How the organisation applies the CHS across its work

Medair's good performance in the areas of context analysis and programme design has been maintained since the IA. Medair analyses programme capabilities and defines exit strategies and criteria from the planning stage, notably through its country strategic plans. Medair's commitment and practice of impartiality has been a positive element throughout the audit. Medair's willingness to collaborate and coordinate with external stakeholders is also a strong point. Since the IA, it is noteworthy that Medair has developed a Protection Guideline, which further provides general and technical guidance on how to consider the diversity of the communities and their needs.

In terms of policy and process building, Medair dedicates time, thinking and resources in order to build solutions that are relevant and adapted to its values, strategies, existing and anticipated structure and capabilities. This organisational way of working has been applied to several areas that have improved since the IA: timely decision-making, programme capabilities, efficient use of resources, and knowledge on Medair ethics. Since the IA, Medair has developed its internal and external audit teams, reorganised its HR team, developed the annual ethics training cycle, and prepared the implementation of HR, finances, and logistics software.

In some areas, the actions taken since the IA did not yet bear fruit or are still in the process of being implemented. This is especially the case for data protection and environmental safeguarding, for which policies and processes have been developed and clarified, but not yet deployed consistently. Accountability to affected populations (AAP) and more precisely, what and how Medair communicate to the communities it works with, including on its complaint mechanism, is an area that has improved in terms of policy and guideline, but that hasn't yet reached programme sites.

Overall, and since the IA, this MTA records:

- 4 Minor CAR closed (2018-3.6; 2018-3.8; 2018-5.1; 2018-8.7);
- 2 Minor CAR extended (2018-5.6; 2018-9.4);
- 12 observations sufficiently addressed;
- 14 observations maintained or slightly modified;
- 5 new observations raised.

#### **4.3 PSEA**

Score: 2.3

Medair designs projects based on an impartial assessment of needs and an ongoing analysis of context. Medair communicates on its commitment towards PSEA at different stages of the project cycle and through different means, such as posters and oral communication. Medair has processes in place to identify unintended negative effects of its assistance, including in the area of PSEA. While not all countries have rolled out the data protection tools, the staff interviewed were able to explain how they protect the personal data they collect from the communities.

The communities interviewed explained that the obligation of staff not to exploit and abuse individuals was common knowledge and that they trusted that Medair would handle any complaints related to SEA. However, the communities interviewed were not aware of the process to file a complaint.

#### 4.4 Localisation

Score: 2.6

Medair ensures that programmes are built on local capacities and that communities are consulted on the design of projects. Communities often participate to the implementation of the projects by contributing materials or manpower or acting as volunteers. Some of Medair's projects are directly focused on increasing resilience and first response to crisis. Medair works with local authorities or structures in different capacities in its projects and integrate national guidelines and standards in its work.

Medair commits to collaboration and coordination with the humanitarian sector, and partners interviewed confirmed that the organisation participates in international, national and local

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coordination groups and networks. While Medair has processes in place to identify unintended negative effects of its activities, processes are not in place in the area of environmental safeguarding.

# 4.5 Gender and diversity

Score: 2.7

Medair's mandate is to provide assistance based on needs and numerous operational guidelines provide guidance on how to integrate gender and diversity at all stages of the project cycles, and in the different sectors Medair operates in. Medair disaggregates data and has processes to ensure that unintended negative effects in the area of gender and culture are acted upon.

The communities interviewed stated that Medair's assistance is impartial, and that the assistance is based on needs. The staff interviewed stated that HR policies are fair, transparent and non-discriminatory.

#### 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	Medair provides assistance based on needs and both policies and practice commit to providing impartial assistance.  Medair conducts an ongoing analysis of the context and of stakeholders by gathering and triangulating information from different channels: relationships with partners, participation to coordination meetings, collecting and analysing primary and secondary data.  Medair takes into account the diversity of communities and disaggregates data. When needed, Medair adapts projects to changing needs, capacities and context. For instance, during the Covid-19 pandemic, Medair changed some assistance delivery modalities while ensuring continuity of services.	The communities interviewed explained that Medair's assistance is impartial, and that the projects are adapted to their needs.	3
Commitment 2: Humanitarian response is effective and timely	Medair's programme commitments are in line with its organisational capacities. Capability analysis are performed at different levels of the organisation: through country strategic planning, budget and finance reviews, or performance evaluations.  Medair has reviewed its processes for decision-making. It reorganised part of its structure at GSO, and clarified the expectations for standing meetings, enabling for timely decision-making and resource allocation.  Medair implements monitoring and evaluation activities regularly and at different levels of the organisation, such as by monitoring organisational KPI at GSO level, reviewing country strategic plans at country-level, or organising post distribution monitoring at project levels. Risks are analysed at GSO (strategic	The communities explained that they were satisfied with the design of the projects and activities, and that they had participated in monitoring activities such as exit interviews.	2.9

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	plan), country (country strategic plans) and project (project proposals) levels, along with prevention and mitigation measures.		
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	Medair ensures that projects build on local capacities and enable communities and local authorities to act as first responders in case of a future crisis. For instance, Medair has projects related to the implementation of an early warning system; or projects in which it trains and incentivises volunteers from the communities. When possible, Medair builds sustainable infrastructure instead of short-term installations.	The communities interviewed raised a concern linked to an unintended negative effect of the activities of Medair linked to culture, gender and political relationships. Medair was able to provide evidence that they had been aware of the concern and were acting upon it.	2.6
	Medair plans exit strategies from the onset, during country strategic planning, and defines exit criteria at country and sector levels.  Medair identifies and act upon potential and	The communities interviewed explained that they felt confident in raising concerns to Medair.	
	actual unintended negative effects of its activities by raising the awareness of its staff around the different areas of concern, developing guidelines on how to identify, prevent and act upon unintended negative effects, and implementing feedback mechanisms and monitoring and evaluation activities. Thus, Minor CAR 2018-3.6 is closed.		
	In terms of data protection, Medair has developed a Data Protection Guideline, appointed data stewards in all countries, and integrated data protection in staff training. The staff interviewed could explain how they protect personal data of communities in their daily work. Medair has also rolled out personal data inventories and data protection assessments in the countries sampled for the MTA. Thus, Minor CAR 2018-3.8 is closed. However, the data protection tools have not been rolled out in all of Medair's countries yet.		
Commitment 4: Humanitarian response is based on communication, participation and feedback	Medair has policies, guidelines and tools to frame communication with communities. However, some of those guidelines and tools are recent and not yet known by Medair's staff. While Medair has integrated accountability as an area of focus in its annual training cycle on ethics (see commitment 8), a few employees interviewed were unable to recollect the broad contents of the training.	The communities interviewed explained that they participate to the project through different means (by being community volunteers, by sharing feedback, by participating to awareness activities), and that Medair regularly asked for feedback.	2.4
	Medair communicates information to the communities at different stages of the project cycle (during needs assessments, project initiatio, outreach home visits, in clinic waiting rooms, etc.) and through different means (orally by staff and community members, through posters, through one pagers, etc.).	The communities interviewed were aware of the expected behaviour of staff, and what assistance Medair intends to deliver. However, the communities interviewed were not aware of the purpose of Medair, and the	
	Medair encourages participation and feedback by involving communities and local structures in the design of the projects, and by regularly prompting them for feedback, during field visits and during monitoring and evaluation activities.	principles it adheres to.	

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	Medair keeps feedback logs and regularly analyse the findings.		
Commitment 5: Complaints are welcomed and addressed	Medair documents the complaints handling mechanism (CHM) through numerous documents, such as the Feedback Guidelines, the Ethical Violations Investigation Guideline, and the different policies related to the Code of Ethics.  Medair communicates on the CHM through direct and visual communication, at different stages of the project cycle, and the staff in charge of delivering the information are knowledgeable about the CHM. Medair's ELT communicates at regular intervals on its commitment towards PSEA, Medair's values and Medair's ethics. The staff interviewed, when in a position to do so, could explain how recent complaints had been handled and closed according to existing policies.  Medair conducts focus groups in order to	The communities interviewed explained that they had been asked for feedback by Medair's staff or volunteers, but that they were not aware of an existing process to complain. They stated that they would feel confident complaining to Medair.	2.4
	consult communities on the design of the CHM. Thus, Minor CAR 2018-5.1 is closed.  Medair has taken several corrective actions regarding Minor CAR 2018-5.6; However, some of the actions are recent and have not yet produced the expected positive effects, and the communities interviewed were not aware of the existence of the CHM. Thus, Minor CAR 2018-5.6 is extended until the recertification audit		
Commitment 6: Humanitarian response is coordinated and complementary	(RA)  Medair identifies roles, responsibilities and interests of different stakeholders during the country strategic planning phase and ensure an ongoing analysis through monthly situation report.  Medair participates in relevant coordination	The communities interviewed stated that they had not encountered duplication of Medair's assistance.	3
	bodies according to their activities in countries and the sector they deliver assistance in. Medair participates in joint needs assessments, joint response planning activities, and uses secondary data when possible, in order to minimise demands on the communities and maximise coverage and service provision.  The partners interviewed explained that they		
	were satisfied with the type of information shared by Medair and by the contents of the information shared.		
	Medair frames its partnerships with legal agreements such as MoU and contracts, which are defined in its Operational Partnership Policy and Partnership Framework document.		
Commitment 7: Humanitarian actors continuously learn and improve	Medair has developed an Organisational Learning Guideline, which lays out how Medair learns as an organisation. Medair has a Learning and Development Policy, which focuses on how Medair's individual staff learn.	The communities interviewed were not aware of any instances where results of learning and innovation had been shared with them.	2.5

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	Medair has guidelines on when and how to undertake internal and external evaluations: however, those guidelines are not well known and Medair performs a minimal number external evaluation.  Medair's Strategic Plan 2020–2023 includes the development of innovations as a strategic goal. Medair regularly shares the results of its learning and innovations with the humanitarian sector.  There were numerous examples of how Medair learns, innovates and implements changes on the basis of monitoring and evaluation, and feedback and complaints.		
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	Medair has reorganised its HR teams in order to organize them along technical lines, including with positions dedicated to talent development, learning and staff well-being. Medair is also implementing an HR software that will facilitate the analysis of capacity gaps and of retention rates.  Medair has developed and implemented an	The communities interviewed perceived Medair's staff as competent. They explained that Medair staff treat them with dignity and respect.	2.6
	annual cycle of training, which focuses on one topic related to ethics (accountability, code of ethics, data protection, PSEA, etc.) each month. The training is mandatory for all staff, and available as a low-literacy version if needed. However, a few staff were not able to recollect the contents of the training. Medair has issued posters, one pager and two pagers on its code of ethics and the expected behaviour of staff, and Medair's ELT regularly communicates on its importance. Thus, Minor CAR 2018-8.7 is closed.  The staff interviewed explained that they were satisfied with Medair HR policies and that they		
Commitment 9:	found them fair.  Medair has several policies and guidelines in	The communities found that	2.5
Resources are managed and used responsibly for their intended	place to govern the use and management of its resources, such as the Fraud and Misconduct Reporting Guideline, the Policy to Prevent Fraud, the External Audit Policy, Stock Management Guidelines, etc.	the services they receive are of quality.	
purpose	Medair has processes in place to analyse budget consumption and verify the respect of procurement guidelines. Medair has recruited an internal auditor that reports directly to the CEO and has increased its external audit team in order to systematise audit-related processes and better document final service delivery, an area that has been identified for improvement.		
	Medair has developed its guidelines on environmental safeguarding and has identified the tools to consider the impact of its assistance on the environment (such as NEAT+). However, the tools are not yet in place in all of Medair's countries of operations. Thus, Minor CAR 2018-9.4 is extended until the RA.		



<sup>\* &</sup>lt;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 non-conformities

Corrective Action Requests (CAR)*	Туре	Resolution due date	Date closed out
2018-3.6: Medair does not formally analyse the full range of potential or actual unintended negative effects of programmes	Minor	2021/03/12	2021/03/08
2018-3.8: Medair has not sufficiently operationalised its data protection policy	Minor	2021/03/12	2021/03/08
2018-5.1: Medair does not systematically consult communities on the design, implementation and monitoring of complaints mechanisms.	Minor	2021/03/12	2021/03/08
2018- 5.6: Communities and people affected by crisis, including particularly vulnerable groups are not aware of the expected behaviour of staff, and of the policies that govern their behaviour.	Minor	2023/03/12	-
2018-8.7: Medair does not systematically provide ongoing training to staff on its code of conduct, which has resulted in a number of staff lacking awareness of the contents of the code.	Minor	2021/03/12	2021/03/08
2018- 9.4 Medair does not systematically consider the impacts of the use of local and natural resources on the environment.	Minor	2023/03/12	-
Total Number	2		

<sup>\* &</sup>lt;u>Note</u>: The CARs are completed by the audit team based on the findings. The audited partner is expected to respond with a Management Response for each CAR to HQAI before a certificate is issued (reference: HQAI Procedure 114).

# 6. Sampling recommendation for next audit

Sampling rate	According to number of programmes sites.
Specific recommendation for selection of sites	At the recertification audit, it is recommended to sample at least some projects that are implemented by or in partnership with one or several local NGO, and to include all of their representatives in the sampling for the interviews.

#### 7. Lead auditor recommendation

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In our opinion, MEDAIR has demonstrated that it continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability. Based on the evidence obtained, we confirm that we have received reasonable assurance that the organisation continues to meet the requirements of the Core Humanitarian Standard on Quality and Accountability. We recommend certification. Name and signature of lead auditor: Date and place: Metz (FR), March 8th, 2021 Marie Grasmuck 8. HQAI decision Certificate:  $\boxtimes$ Certification maintained Certificate reinstated Certificate suspended Certificate withdrawn Next audit: Surveillance audit before 2022/03/12 Name and signature of HQAI Executive Director: Date and place: 23rd April 2021, Geneva Pierre Ha 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: ☐ Yes If yes, please give details: Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit □ No I accept the findings of the audit X Yes □ No Name and signature of the organisation's representative: Date and 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.

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# 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.

<sup>\*</sup> Scoring Scale from the CHSA Verification Scheme 2020