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HUMANITARIAN QUALITY
ASSURANCE INITIATIVE

Tearfund UK
Mid-Term Audit – Summary Report MTA 2022/06/02

1. General information

1.1 Organisation

Type	Mandates	Verified
☒ International ☐ National ☐ Membership/Network ☐ Direct Assistance ☐ Federated ☒ With partners	☒ Humanitarian ☒ Development ☐ Advocacy	☒ Humanitarian ☒ Development ☐ Advocacy

Head office location	Teddington, London, United Kingdom	
Total number of country programmes	40	**Total number of staff**	1,237

1.2 Audit team

Lead auditor	Jorge Menéndez Martínez
Second auditor	Catherine Blunt
Third auditor	
Observer	
Expert	
Witness / other	

1.3 Scope of the audit

CHS Verification Scheme	Certification
Audit cycle	Second cycle
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
Nigeria	No	Colombia	Colombia was included instead of Nigeria, because Nigeria was included as part of the Maintenance Audit 2021, and Colombia is the headquarters of the Latin American & Caribbean cluster and represents a good example of how Tearfund works through partners in Latin America.	Onsite
Iraq	No	Mozambique	Mozambique was included instead of Iraq to include humanitarian programmes from the Southern and East Africa cluster.	Initial plan was onsite, but due to COVID-19 disruptions, it was remotely assessed.
Pakistan	No	Indonesia	Indonesia was included instead of Pakistan, because Pakistan was included as part of the Recertification Audit in 2020, and to	Remote

			include a programme from the Asia cluster, giving geographical coverage.	
Syria	Yes		Syria represents a programme from the Eurasia and North Africa cluster, giving geographical coverage.	Remote
Kenya	Yes		Kenya represents a development programme implemented through partners from the Southern and East Africa cluster.	Remote

Any other sampling performed for this audit:
This audit includes interviews with staff from Latin American & Caribbean cluster in addition to the rest of the interviews.

Sampling risk:
The programme site visits to Mozambique were cancelled, due to COVID-19 travel restrictions; as a result consultations with staff, stakeholders, partners and communities took place remotely instead. As a result, the auditors were not able to directly observe activities in Mozambique or hold face-to-face meetings, nonetheless, the team has confidence in the sample and the findings from the available evidence that was generated.

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	2022/02/7 – 2022/02/22	Remote
Colombia	2022/02/15 – 2022/02/25	Remote & Onsite
Latin American & Caribbean Cluster	2022/02/15 – 2022/02/25	Remote & Onsite
Mozambique	2022/02/28 – 2022/03/11	Remote
Indonesia	20022/03/17	Remote
Kenya	20022/03/17	Remote
Syria	20022/03/17	Remote

2.2 Interviews

Position / level of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office			
Management	8	2	Remote
Staff	8	3	Remote
Cluster			
Management	1	0	On Site

Staff	6	1	Remote & Onsite
Country Programme Office(s)			
Management	3	1	Remote
Staff	6	4	Remote & Onsite
Partner staff	9	7	Remote
External Consultant	1		Remote
Stakeholders (NGOs)	2		Remote
Total number of interviewees	**45**	**18**	

2.3 Consultations with communities

Type of group and location	Number of participants		Onsite or remote
	Female	Male	
Group discussion # 1 - Community Kitchen (Cartagena - Colombia)	3		Onsite
Group discussion # 2 - Community Kitchen (Cartagena - Colombia)	4		Onsite
Group discussion # 3 - Community Kitchen (Cartagena - Colombia)	2		Onsite
Group discussion # 4 - Community Kitchen Children (Cartagena - Colombia)	2	4	Onsite
Group discussion # 5 - Community Kitchen (Barranquilla - Colombia)	3		Onsite
Group discussion # 6 - Community Kitchen Children (Barranquilla - Colombia)	3	5	Onsite
Group discussion # 7 - Community Kitchen (Barranquilla - Colombia)	6		Onsite
Group discussion # 8 - Community Kitchen (Barranquilla - Colombia)	3		Onsite
Group discussion # 9 - Community Kitchen Children (Barranquilla - Colombia)	1	2	Onsite
Group discussion # 10 - Community Kitchen (Barranquilla - Colombia)			Onsite
Group discussion # 11 - Saving Group (Barranquilla - Colombia)	5		Onsite
Group discussion # 12 - Saving Group (Barranquilla - Colombia)	5		Onsite
Group discussion # 13 - Saving Group (Barranquilla - Colombia)	5		Onsite
Group discussion # 14- Seed Capital & Saving Group (Barranquilla - Colombia)	3		Onsite
Group discussion # 15 - Seed Capital & Saving Group (Barranquilla - Colombia)	4		Onsite
Group discussion # 16 - Seed Capital & Saving Group (Barranquilla - Colombia)	5		Onsite
Group discussion # 17 - Dignity for IDPs group (Chiure - Mozambique)	9		Remote
Group discussion # 18 - Dignity for IDPs group (Chiure - Mozambique)		7	Remote
Group discussion # 19 - Dignity for IDPs group (Chiure - Mozambique)	14		Remote
Group discussion # 20 - Dignity for IDPs group (Chiure - Mozambique)		15	Remote

Group discussion # 21 - Support for IDPs (Nampula - Mozambique)	10		Remote
Group discussion # 22 - Support for IDPs (Nampula - Mozambique)		6	Remote
Total number of participants	**87**	**39**	

2.4 Opening meeting

Date	2022/01/18
Location	Remote
Number of participants	21
Any substantive issues arising	No

2.5 Closing meeting

Date	2022/03/31
Location	Remote
Number of participants	24
Any substantive issues arising	No

2.6 Programme site(s)

Briefing

Date	2022/02/18
Location	Remote (Colombia)
Number of participants	8
Any substantive issues arising	No

De-briefing

Date	2022/02/24
Location	Barranquilla (Colombia)
Number of participants	7
Any substantive issues arising	No

Date	2022/02/28
Location	Remote (Mozambique)
Number of participants	5
Any substantive issues arising	No

Date	**2022/03/16**
Location	Remote (Mozambique)
Number of participants	4
Any substantive issues arising	No

3. Background information on the organisation

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3.1 General information	Tearfund UK is a faith-based organisation created in 1968 by the Evangelical Alliance as a response to the Biafran civil war in Nigeria. Tearfund undertakes long-term development work to address the causes of poverty; disaster response activities to reduce death and suffering caused by disasters and conflict; and advocacy to address the underlying causes of poverty

and influence those who can change policies and actions affecting the poor. Tearfund´s mission is to follow Jesus where the need is greatest, responding to crises and partnering with local churches to help people lift themselves out of poverty; its vision is to see people freed from poverty, living transformed lives and reaching their God-given potential.

Tearfund UK is a member of the Tearfund family, a network of independent Tearfund organisations with a common set of values - Christ-centred, compassionate, courageous, truthful and servant-hearted - working to reduce poverty and injustice in the world. Today, the Tearfund family brings together independent Tearfund organisations in the UK, US, Canada, Netherlands, Belgium, Germany, France, Switzerland, New Zealand, Ireland and Australia. Tearfund is a member of various alliances and networks, such as the Disaster Emergency Committee (DEC), BOND, Micah Network, the Integral Alliance, the Start Network and Joint Learning Initiative.

In 2022, Tearfund is operational in 40 countries in the Americas, Africa and Asia, with headquarters in the UK and more than 1,200 staff.

Tearfund in the World
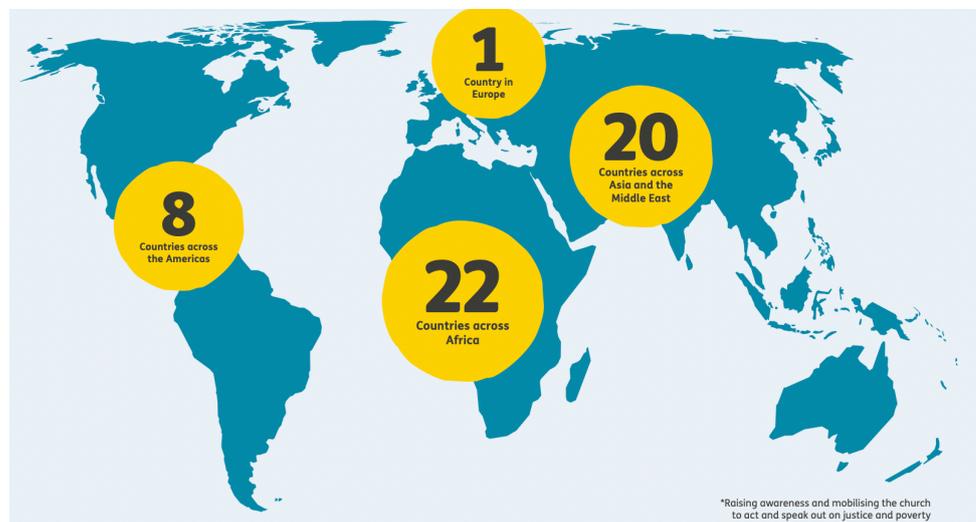
During 2020-21, Tearfund reached more than 2.4 million people through its response to disasters; 1.4 million people through community development work; and mobilised 20,000 local churches. According to the 2020-21 financial statements (year end 31 March 2021), total income reached 81.4 million GBP, total expenditure was 77.8 million GBP, and the net result for the year was a surplus of 3.6 million GBP. The senior statutory auditor's opinion is that the financial statements give a true and fair view of the state of the group's, and of the parent charitable company's, affairs.

3.2 Governance and management structure

The Board of Trustees is Tearfund´s highest authority; appointed by members at the Annual General Meeting, it is responsible for Tearfund's strategic direction and formally meets quarterly. The Board of Trustees is updated by quarterly scorecards which, among other things, provide information on the progress of each country programme with regard to Tearfund's eight quality standards, which embrace the CHS. Completing the quarterly scorecard is mandatory for all country programmes. Tearfund has seven committees to ensure the quality of its work: theology; global fundraising and communications; international impact; audit, risk and finance; safeguarding; 'The Well' advisory; and diversity and inclusion. These committees are primarily composed of Board members and executive team members.

Tearfund´s structure has six clusters covering the six regions where Tearfund works: East and Central Africa; West Africa; Southern and East Africa; Eurasia and North Africa; Asia; and Latin America and the Caribbean. Each cluster supports and guides Tearfund's actions in those countries where it works.

At the global level, Tearfund's Executive Team comprises the Chief Executive and six Heads of Departments: 1. International Group (IG), 2. Advocacy & Influencing Group (AIG), 3. Global Fundraising Group (GFG), 4. Finance and Information Technology (FIT), 5. People & Talent Group (P&T), 6. Strategy & Impact Group (S&I). The International Group (IG) is organised around the six geographical clusters. Within those clusters, strategy formulation, decision-making, and delegation of authority are decentralised to Country Representatives with defined financial limits and in line with Tearfund policies and procedures. In addition, the IG includes the Humanitarian Support Team which provides coordination, facilitation, advisory and surge support for emergency and disaster responses. Support to the IG is also provided by the International Safety & Security, Operations & Assurance, and Thematic Support teams (see organogram below).
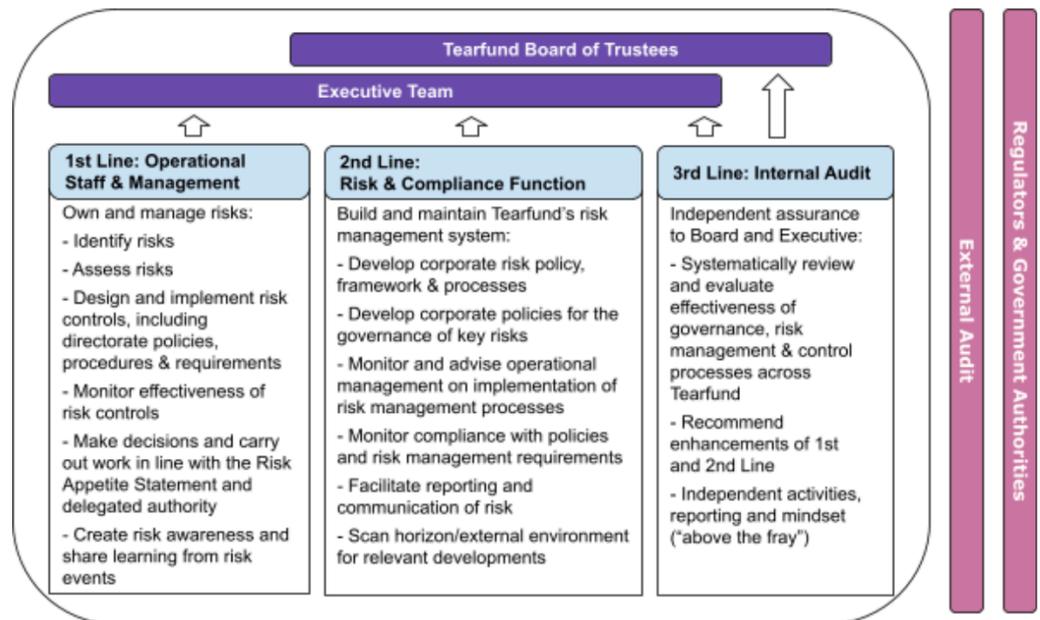
Tearfund Organogram
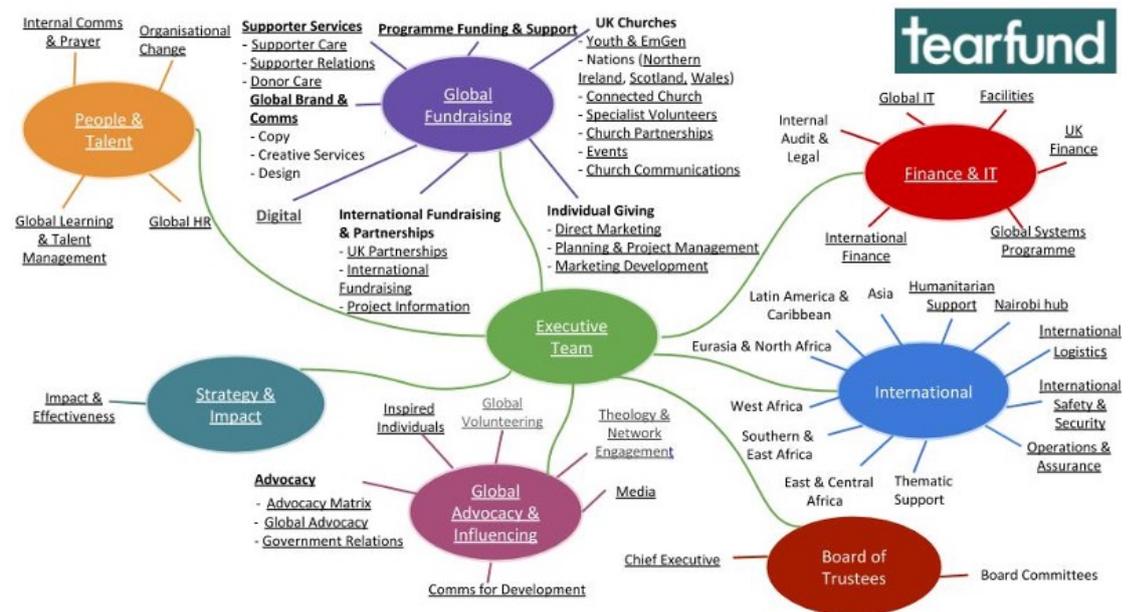
| 3.3 Internal quality assurance mechanisms and risk management | Tearfund's Quality Standards (QS) are aligned with the CHS. Tearfund has several mechanisms in place to monitor how quality standards are implemented. The Country Office Scorecard system reports quarterly on the level of implementation of quality standards at country office level. Tearfund has an online project cycle management system in place, TRACK, which provides a consistent approach to capturing and assessing data across its programmes. In 2021, Tearfund included a new section, Beneficiary Accountability in the TRACK system, where Country Programmes must record all the feedback received from beneficiaries. In addition, to ensure that all country offices implement QS, they must perform the QS Assessment every year, which shows the level of implementation of each QS and identifies the main weaknesses. The country office team prepares an action plan based on the QS Assessment results.

The Design, Monitoring & Evaluation (DME) procedure is structured around the project cycle and includes relevant tools and guidelines. Assigned 'approvers' ensure that the information entered into the TRACK system meets the required quality standards. Tearfund has increased its internal audit capacity with more resources, with a plan to audit each country office every three years. Tearfund's Operations & Assurance Team and its Compliance Officers in all clusters ensure that Country Programme follow all relevant organisational processes and policies.

Since 2019, Tearfund has been performing an Annual Staff Engagement Survey that measures best practices for understanding staff engagement, its features, and broader organisational health indicators. |
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Tearfund's Risk Management Policy and Risk Management Procedures describe Tearfund's processes and methods to manage risks. Tearfund assigns accountabilities for risk management using a conceptual 'Three Lines Model', as shown below.

1st Line: Operational Staff & Management	**2nd Line: Risk & Compliance Function**	**3rd Line: Internal Audit**	
Own and manage risks: - Identify risks - Assess risks - Design and implement risk controls, including directorate policies, procedures & requirements - Monitor effectiveness of risk controls - Make decisions and carry out work in line with the Risk Appetite Statement and delegated authority - Create risk awareness and share learning from risk events	Build and maintain Tearfund's risk management system: - Develop corporate risk policy, framework & processes - Develop corporate policies for the governance of key risks - Monitor and advise operational management on implementation of risk management processes - Monitor compliance with policies and risk management requirements - Facilitate reporting and communication of risk - Scan horizon/external environment for relevant developments	Independent assurance to Board and Executive: - Systematically review and evaluate effectiveness of governance, risk management & control processes across Tearfund - Recommend enhancements of 1st and 2nd Line - Independent activities, reporting and mindset ("above the fray")	

3.4 Work with partner organisations

Tearfund normally works with local partners, who must adhere to Tearfund's values and principles. As a faith-based agency, Tearfund gives priority to local faith-based agencies and local churches. Tearfund's Country Representatives (or Country Directors) are primarily responsible for relations with partner organisations and capacity building among partners. Various processes, policies and tools facilitate capacity assessment and preparation of capacity building plans for Tearfund's partners. In addition, Tearfund identifies potential partner organisations through assessments. In 2021, Tearfund overhauled its process for partner assessment (POCA) and renamed it Partner Assessment which commenced rollout to country offices from September 2021. This assessment process is simpler and clearer with regard to mandatory partner requirements, which are related to capacity building, risk levels and receipt of funding. Also, it includes the QS as part of the assessment (see 4.2). Based on these results, annual capacity building plans are implemented to increase the partners' capacities and mitigate their main risks. As part of capacity building, Tearfund invites partner staff to attend Tearfund internal training sessions or online trainings, where appropriate.

Tearfund requires its partners to fulfil Tearfund's QS and beneficiary accountability requirements. This requirement is embedded in Partnership Agreements and on TRACK. Tearfund staff, as well as staff from partner organisations, have access to TRACK. In addition to TRACK, Tearfund monitors partner performance through the quarterly Country Office Scorecards.

When Tearfund UK works with an international partner, it is generally with another member of the Tearfund family or an international non-governmental organisation (INGO) within one of Tearfund's networks (see also 3.1), primarily the Integral Alliance, through which Tearfund has pre-agreements with other INGOs.

4. Overall performance of the organisation

4.1 Effectiveness of the governance, internal quality assurance and risk management of the organisation	Tearfund's overall internal quality assurance and risk management score, based on average weighted findings across key CHS indicators, is 2.9 out of 4, which shows an improvement since the Recertification Audit (RA) in 2020 when Tearfund scored 2.8. Tearfund continues to focus on strengthening its approach to quality assurance. Tearfund has strong management and quality assurance systems in place. The Quality Accountability and Learning unit is responsible for oversight of the application of the QS across the organisation. This unit also supports country offices and partners in implementing the QS and in performing QS Assessments. Country Directors are responsible for producing quarterly progress reports on QS implementation through Country Office Scorecards. These reports are reviewed by the International Operations Group (IOG) at the monthly meeting and allow the IOG to identify the areas in which the Country Offices require support. In addition, these reports are shared with the Executive Team. Tearfund has started an accreditation process for Country Offices. Country offices, through a self-assessment tool, analyses its development in the following areas: office set up; staff arrangements, policies and implementation; financial management; partners; financial planning and reporting; logistics; programme management; programme practice; and information technology & security. The results obtained are reviewed by the cluster complaints officer and approved by the cluster leader. Based on their score, the Country Office receives accreditation, and this accreditation determines its level of autonomy. With regard to the current CARs, Tearfund shows a high level of commitment to addressing the issues raised at the Recertification Audit (RA) and Maintenance Audit (MA). The International Group Operations developed an ongoing action plan after receiving the audit report; the action plan is a live document that is reviewed at the IOG meetings.
4.2 Overall performance of how the organisation applies the CHS across its work	Tearfund performs well in its application of the CHS. Tearfund demonstrates that its programmes and projects are appropriate, relevant, coordinated and complementary. Resources are directed to ensure local capacities are strengthened, and that assistance is based on community communication, participation, and feedback. While there are improvements that could yet be made to ensure practice that aligns with the CHS is consistent across all country programmes, in general, the CHS is applied across Tearfund's work. Improvements identified since the previous audit are:

- Tearfund has made good progress on safeguarding since the last audit. All country offices now have trained focal points. They are responsible for supporting and approving country safeguarding context mapping and project safeguarding risk assessment. The safeguarding assessment requires the identification of mitigation activities to minimise the risks.

- Beneficiary accountability has been included in the TRACK system to ensure that all country offices record all feedback and complaints.

- The Project Cycle Management (PCM), DME procedures toolkit and the QS checklist have been updated to support the country programmes to implement the QS in their work.

- The new Partnership Assessment includes the QS as part of their assessment processes. (see 3.4)

- Tearfund has rolled out and is developing trainings that will support staff to fulfil their responsibilities with the regard to the CHS, such as e-training on beneficiary accountability, project cycle management and training for complaints investigators, among other modules.

Some weaknesses remain in specific areas, such as:

- Not all country offices have a feedback and complaints mechanism in place that covers programmatic complaints and communities are not always involved in the design of complaint mechanisms;

- All partners do not systematically record and share the feedback and complaints they receive with Tearfund;

- Tearfund does not always take account of learning from feedback and complaints to adapt programmes and identify poor performance;

- The organisational policy commitment to disaggregated data is not systematically implemented.

4.3 PSEA	Tearfund's coordinated and complementary humanitarian response and its fair and equitable support provided to staff to do their job effectively are the main strengths for the organisation in relation to PSEAH. Areas that negatively affect performance are mainly in relation to organisational responsibilities with regard to the prevention of negative effects and ensuring that programmes are based on communication, participation and feedback. The main weakness on PSEAH is that Tearfund does not have a systematic approach to implementing a programmatic complaints process in every country office.
4.4 Localisation	Tearfund scores well on localisation (2.7 out of 4) as it routinely works to enable the development of local leadership and organisations in their capacity as first responders. The organisation builds on local capacities, and complements that of national and local authorities and other organisations. Tearfund's work is governed by clear agreements, and it uses the results of existing risk assessments and preparedness plans to guide activities.
4.5 Gender and diversity	The main strengths of Tearfund in relation to gender and diversity is that it makes deliberate efforts to ensure that marginalised and disadvantaged groups are appropriately included in representative village committees. Areas that negatively affect performance include the limited collection of disaggregated data on ability; communicating using a variety of appropriate formats and media; and a lack of sufficient attention to gathering feedback from diverse groups. 54% of UK staff in the upper quartile of the Tearfund pay range are women and 31% of Board members in 2020 – 2021 were women. Tearfund's main weakness on gender and diversity is that it does not have a policy commitment to the collection of data on ability.

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	Tearfund's programmes continue to be appropriate and relevant. Updates to Tearfund's own quality standards, project management training, and programme design, monitoring and evaluation procedures have created improved alignment between policy and practice. Tearfund has a robust data capture system that integrates with the stages of the programme management cycle, ensuring the capture of context analysis, assessment of	Communities state that Tearfund programmes meet their needs. This includes provision of food items, training and resources. Programmes are culturally relevant and change if required (e.g., during the pandemic, if resources provided are not appropriate).	2.3

	needs and risks, vulnerabilities and capacities. Tearfund ongoing context analysis via regularly updated country strategies has been addressed via internal compliance mechanisms. Areas that continue to deserve attention by Tearfund include ensuring that relevant programme proposals include and systematically capture data on disability; that stakeholder analysis always occurs in country strategic plans; and that all programmes are implemented and promoted by partners impartially to different faith groups. Tearfund has a weakness in its policy commitment to capturing disaggregated data on ability.	Representative committees choose those who benefit from the project, select food items, and act as a communication channel to partners. Not all communities said that there was equal promotion of programmes to people from different faiths.	
Commitment 2: Humanitarian response is effective and timely	Tearfund continues to have an effective and timely humanitarian response. Roving emergency managers assist in providing technical support to countries as required and a new capacity building process seeks to build the capacity of partners prior to the onset of an emergency. Revised monitoring and evaluation procedures have provided clarity on what is recommended versus required in Tearfund programmes. The safeguarding focal point must approve programmes prior to acceptance by Tearfund's data base. Staff are well supported regionally and via technical clusters to enable the provision of skilful support to implementing partners. Areas that deserve attention include the quality and objectivity of partner's monitoring activities. Those areas that also deserve attention include a systematic process for referral or advocacy of unmet needs; adapting programmes and identifying poor performance from feedback and complaints.	Communities state that the programmes are safe to access and that Tearfund partners respond quickly. They have ready access to their committee or the programme staff, who often ask for their views on the activities undertaken or resources provided.	2.7
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	Tearfund continues to strengthen local capacities and avoid negative effects. This includes establishing a safeguarding committee that reports to the board and advises on policy and practice updates; the adoption of safer recruitment practices; and guidance for partners on what is required in mandated policies such as whistleblowing, code of conduct and safeguarding. Partner assessment processes have been simplified and a risk profile used to gauge capacity. Local communities are strengthened via education, livelihood and participatory processes. Areas needing attention include the monitoring report template which does not adequately monitor PSEAH risk. In addition, despite global tracking by Tearfund, not all partner staff understand their own safeguarding policies, nor have they always	Communities state that they benefit from the programme through the provision of food and skills to improve their livelihoods and the health of the community. The local economy is assisted through the communities improved ability to save. All communities said they felt safe accessing the programme. In some but not all programmes, representative bodies are established with equal participation of males and females and people with different abilities. All	2.5

	undertaken Tearfund safeguarding training. Most, but not all, Tearfund programmes have an exit strategy.	communities say they know when the programme is finishing, and most, but not all, say that they will benefit on an ongoing basis.	
Commitment 4: Humanitarian response is based on communication, participation and feedback	Tearfund promotes a culture of open communication and has policies, protocols and tools for information sharing. Communities are involved in all phases of the work, and Tearfund and its partners ensure the active participation of all community members in all phases of the project and allow them to provide feedback through various means, such as face-to-face, at community meetings, phone calls, suggestion box, among others. Tearfund and its partners provide information to the community that is easily understood, respectful and culturally appropriate. Tearfund ensures that all external communications are correct, ethical and respectful towards community members, and the community consent is always required. Also, the partnership agreement requests partners to ask for community consent; however, not all the partners' staff are aware of it. Areas needing attention include the participation of the people with disabilities that Tearfund and its partner do not systematically ensure in all the projects. Visual information in the communities to raise their awareness of the expected behaviour of staff and PSEAH commitments are not systematically place in all the communities.	Communities consider that they are well informed about Tearfund or its partner organisation, their principles, the expected behaviour of their staff, and the programmes. Furthermore, the communities state that Tearfund and its partners encourage the participation of all members of the communities and always provide them with various means to give their feedback. Communities consider that Tearfund and its partner communicate to them in easy-to-understand and culturally appropriate language. However, some community members stated that the online communication platforms are not appropriate for training.	2.3
Commitment 5: Complaints are welcomed and addressed	Tearfund has a strong commitment to welcoming and addressing community complaints. Its commitments to complaint handling are made public, and all information is available on Tearfund's website and in partnership agreements. Tearfund Board members and the senior management team are made aware of sensitive complaints. In addition, Tearfund reports all the complaints received by type in its annual report. The Complaints Mechanism covers complaints or concerns about safeguarding, child protection, the conduct or behaviour of staff, and fraud or corruption. Country offices have a complaints mechanism in place, and Tearfund has trained staff to investigate sensitive complaints.	Community members feel safe to complain to or about Tearfund and partners without fear of repercussions. Also, they are aware of Tearfund's expected behaviour of staff, how to make complaints and, for the most part on what they can complain about. However, some of the communities say that they are not aware of the scope of issues the complaint mechanism can address and how their complaints will be handled and addressed Communities state that they are involved in implementing the complaints mechanism	1.9

	The main weaknesses are that Tearfund does not have complaints mechanisms in place in all the country offices that covers programming complaints. Also, the Partnership Agreement does not request to have complaints mechanisms that cover programming complaints. In addition, Tearfund is implementing several actions to involve the community in the design of complaints mechanisms, however, due to COVID-19 restrictions, not all are in place yet, so this remains an area that requires improvement.	and monitoring the complaints. However, they do not recall being consulted on the design of the complaint's mechanism.	
Commitment 6: Humanitarian response is coordinated and complementary	Tearfund continues to demonstrate a coordinated and complementary humanitarian response. The organisation is well connected globally, regionally and locally. Programme templates require evidence of coordination with others. Partner networking is reviewed during regular partner assessments. Evaluation templates include the requirement to report on coherence with national and local bodies. Stakeholder analysis is included throughout the Tearfund project management cycle training. Information is shared with partners. An overview of safeguarding investigations are shared with all stakeholders via the annual report.	Communities say there is no overlap of services and those existing work well together. They report that clear information is provided to them by partners or via their committees.	3
Commitment 7: Humanitarian actors continuously learn and improve	Tearfund continuously learns and improves. It is still exemplary in sharing its resources and training materials with the sector globally. It now conducts an annual meta synthesis of evaluations conducted, identifying areas of most impact and how these can be improved. Evaluations and learning reviews are conducted as per its procedures. Recommendations from evaluations are tracked and implications for different levels of and sharing learning with communities. However, Tearfund has a weakness in how it learns and improves on the basis of feedback and complaints.	Communities say that staff are well trained and respond positively to recommendations for improvements. Those communities in which Tearfund worked previously say that the programme had improved over time. No communities had learning shared with them by Tearfund partners.	2.7
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	Tearfund staff continue working according to the mandate and values of the organisation and to agreed objectives and performance standards. Staff policies and procedures are fair, transparent, non-discriminatory and compliant with local employment law. Tearfund staff are aware of the Code of Conduct, safety and security plans and the main policies and procedures. Tearfund has an appropriate induction process that ensures that new staff know the main policies and	Communities state that Tearfund and its partners' staff are competent and skilled to implement the activities. They are satisfied with the behaviour of the staff and express that the staff treat them with respect and dignity.	2.9

	procedures. In addition, the staff have up-to-date job descriptions, receive performances appraisals two times per year and receive training to improve their skills and competencies. Tearfund only signs NDAs in very exceptional circumstances when the information needs to remain confidential to protect other individuals. Tearfund assesses the capacity of its partners and ensures that they have relevant policies in place through the partner assessment from which a capacity development plan is developed for each partner based on the main gaps identified. The Partnership Agreement requires the partner to ensure that its staff are aware of and follow its code of conduct and work in line with Tearfund's core policies. Although the selected partners have safety and security plans, some of their staff are not aware of them.		
Commitment 9: Resources are managed and used responsibly for their intended purpose	Tearfund continues to have policies and processes governing the use and management of resources in place, including monitoring and reporting on expenditures. Tearfund manages the risk of corruption and fraud through various methods such as procurement procedures, policies, guidelines, training, internal audit, and lowering thresholds at national level if necessary. The partnership assessment verifies that partners have mechanisms in place to manage the risk of corruption and fraud; if partners do not have these in place, Tearfund supports them in developing and implementing them. Before accepting a donation, Tearfund carries out due diligence on the donor to ensure that it does not compromise Tearfund's principles and values. The environmental policy ensures that Tearfund complies with all relevant regulatory requirements and incorporates environmental considerations into strategic and day to day business decisions. An area needing attention is the projects' environmental considerations, which are not included in all the Tearfund projects.	From their understanding and observations, communities state that the resources for the activities are used wisely by Tearfund and its partners. They had no specific complaints regarding misuse of resources. They all say that they are aware of Tearfund's commitment to anti-fraud and anti-corruption and that they know how to report if a case is detected.	3.0

Note: Average scores are a sum of the scores per commitment divided by the number of indicators in each Commitment, except when one of the indicators of a commitment scores 0 or if several scores 1 on the indicators of a Commitment lead to the issuance of a major non-conformity/ weakness at the level of the Commitment. In these two cases the overall score for the Commitment is 0.

5. Summary of non-conformities

Corrective Action Requests (CAR)*	Type	Resolution due date	Date closed out
2022-1.5: Tearfund does not have a policy commitment to the collection of disaggregated data by ability.	Minor	2020-04-28	New
2020-5.1: Communities and people affected by crisis are not systematically consulted on the design of complaints handling processes.	Minor	2024-04-28	Extended
2022-5.4. A complaint handling process for communities and people affected by the crisis that covers programmatic complaints is not in place in all Country Offices.	Minor	2024-04-28	New
2020-5.6: Communities are not always aware of the expected behaviour of Tearfund staff, and that of its partners.	Minor	2022-07-24	Closed
2022-7.2: Tearfund does not learn, innovate and implement changes on the basis of feedback and complaints.	Minor	2024-04-28	New
Total Number	**4**		

6. Sampling recommendation for next audit

Sampling rate	Based on the standard sampling rate, it is recommended that 5 country programmes are included in the Maintenance Audit (MA) for remote assessment.
Specific recommendation for selection of sites	None

7. Lead auditor recommendation

In our opinion, Tearfund 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 maintenance of certification.

Name and signature of lead auditor:	Date and place:
Jorge Menéndez Martínez	Buenos Aires, 2022-04-28

8. HQAI decision

Certificate:		-15-
☒ Certification maintained ☐ Certificate suspended	☐ Certificate reinstated ☐ Certificate withdrawn	
Next audit: Surveillance audit before 2023-06-02		
Name and signature of HQAI Executive Director: Pierre Hauselmann		**Date and place:** 2022-06-02

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: *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: Amal Shakeel	**Date and place:** 15/06/2022

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