

Tearfund UK

Maintenance Audit 2 (MA2) – Report – 2025/07/09

1. General information and audit activities

Role / name of auditor(s)	Joanne O’Flannagan	
Audit cycle	Third cycle	
Opening Meeting	Date / number of participants	Any substantive issues arising
	10 June 2025 / 9	None
Closing Meeting	24 June 2025 / 8	None
Interviews	Position / level of interviewees	Number
	Senior Management	3
	Management	5
	Staff	1

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Renewal Audit (RA) in 2024, Tearfund (TF) UK continues to make progress against the identified areas of weakness and take action to address the open CARs. A Corrective Action Plan was developed after the RA (2024) setting out planned corrective measures to address the four open CARs.

A Quality Standards (QS) and CHS Specialist sits within the Operational Quality Team and is responsible for leading the process of sharing audit findings and developing corrective actions: the function is supported by a Quality Standards and CHS Steering Group which provides a forum for strategic oversight and guidance. The QS and CHS Steering Group is exploring the idea of training more in country and regional staff on QS/CHS to advance capacity strengthening in this area and to find innovative ways of embedding QS/CHS in different roles across Tearfund.

TF UK identified Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) as a common area for focus in addressing the open CARs and a number of key steps have been taken to strengthen policy, procedures and practice in relation to PSEAH (see details below). Furthermore, corrective actions have been shared with the Internal Audit (IA) Team to provide additional assurance of associated controls and processes through the inclusion of specific questions into IA visits to country offices.

TF UK underwent an RA in 2024 and is not due to undertake its next RA until 2027. However, with a view to achieving greater efficiency and cost effectiveness in the audit process, TF UK has decided to align its audit cycle with Tearfund Netherlands (TF NL). For this reason, the organisation has not undertaken a Maintenance Audit 1 and has moved directly to a Maintenance Audit 2 (MA2) in 2025, in preparation for the RA in 2026. TF UK and TF NL are both members of the Tearfund Family, a broader group of agencies that hold a common set of values and ways of working, and while each organisation is a fully independent and separate entity, they intentionally work in close collaboration, sharing a common portfolio of partners at around 70-80% indicating a high degree of overlap in their programmatic work. TF UK is a major partner of TF NL and the organisations share a common strategy in a number of countries where they operate. The organisations coordinate closely across a range of strategic areas including in relation to assurance of the CHS.

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)
2024-3.6: Tearfund's processes to identify potential and actual unintended negative effects are not applied systematically across all programmes and at all stages of the work.	Minor / by 2026 (RA)	<p>Tearfund UK demonstrates progress to address this CAR:</p> <ol style="list-style-type: none"> 1. TF UK has updated its Quarterly Scorecards to include additional questions in relation to safeguarding and PSEAH risks; the scorecards document the progress of each country programme in meeting the organisation's eight quality standards and are used to inform reporting to the executive leadership and the board. Follow up actions, if required, are identified at review stage by country and global teams and can be tracked at the subsequent quarter to monitor progress. 2. TF UK had previously updated its Project Design and Approval (PDA) Toolkit to include the requirement for the completion of a project safeguarding/PSEAH risk assessment, this is now included as a requirement in TRACK (TF UK's Project Management System) for project approval. 3. The PDA Toolkit now includes a question on the management and mitigation of potential environmental risk and associated adverse impacts. 4. TF UK is in the process of updating its Risk Assessment Templates for Events and Gatherings to better reflect safeguarding and PSEAH risks including for both in-person and online events. 5. Job advertisement templates have been updated to include TF UK's commitment to conduct safeguarding checks. 	<p>ORG1 ORG3 ORG6 ORG14 ORG17-8 ORG21</p> <p>TF UK website</p>
2024-5.2: Tearfund does not ensure that communities are aware of the scope of issues the complaint mechanism can address and how complaints will be handled.	Minor / by 2026 (RA)	<p>Given the close relationship between CARs 2027-5.2 and 2027-5.4 TF UK demonstrates progress through the same corrective actions.</p> <ol style="list-style-type: none"> 1. Approval of projects in TRACK has been amended to ensure feedback mechanisms are in place prior to approval. The system requires staff to confirm that a mechanism is in place and that communities and project participants have been informed about the scope and different categories of feedback before approval can be granted. Guidance is outlined in the Standardised Feedback Form (and available through an embedded link in TRACK) that establishes categories of feedback for recording. Among a range of categories are specific categories relating to: sexual exploitation and abuse, child abuse, sexual misconduct and human trafficking; minor dissatisfaction with program activities with no safety risk; major dissatisfaction with program activities or the behaviour of TF staff; 	<p>ORG7 ORG8 ORG9 ORG10 ORG11 ORG42</p>
2022-5.4: Tearfund does not systematically ensure that complaints handling processes for communities and people affected by crisis are in place and that they	Minor / by 2026 (RA)		

systematically cover programming, sexual exploitation and abuse, and other abuses of power.		<p>programmatic complaints in general; and fraud or corruption.</p> <ol style="list-style-type: none"> TF UK has collaborated with TF NL who have developed posters (visual information materials) to share information with communities and project participants about expected standards of staff behaviour including the prohibition of acts of sexual exploitation, abuse and harassment and encouraging the reporting of such acts. TF UK has adopted these materials for display in local project sites and in public areas where it is working. This action is designed to address CARs 2027-5.2 and 2027-5.6. Over the coming period TF UK is planning to develop an Accountability to Affected Populations Policy. 	
2024-5.6: Communities are not fully aware of the expected behaviour of Tearfund and partner staff, including organisational commitments on PSEAH.	Minor / by 2026 (RA)	<p>Tearfund UK demonstrates progress to address this CAR.</p> <ol style="list-style-type: none"> TF UK has updated its Safeguarding Policy to include PSEAH more explicitly. The policy now includes PSEAH in its title and stipulates TF UK's adherence to the core principles set out by the UN Inter Agency Standing Committee Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises and commits to a survivor centred approach. The posters on acceptable and unacceptable behaviour developed by TF NL and described above are being disseminated to country teams and partners for contextualisation, translation and display at project sites. Training on the new policy for Safeguarding Focal Points (FP) has been updated to orient them on changes in the policy and ensuring a shared understanding of PSEAH, principles of safeguarding, duty of care etc., as well as ensuring clarity around the role of Safeguarding FPs; TF UK's reporting procedures; and how to conduct safeguarding risk assessments. TF UK has developed a Strategic Action Plan for Safeguarding/CAPSEAH (Common Approach to Protection from Sexual Exploitation, Abuse and Harassment, mapping the organisation's current position against CAPSEAH Minimum Actions and identifying actions to address gaps. In order to further promote TF UK's wider commitment to accountability, TF UK has updated and translated its Community Accountability learning module and translated it into French for dissemination and promotion to country teams and partners. 	ORG9-11 ORG12 ORG13 ORG15-6 ORG23


3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024-3.6: Tearfund's processes to identify potential and actual unintended negative effects are not applied systematically across all programmes and at all stages of the work.	Minor	Open	By 2026 (RA)
2024-5.2: Tearfund does not ensure that communities are aware of the scope of issues the complaint mechanism can address and how complaints will be handled.	Minor	Open	By 2026 (RA)
2022-5.4: Tearfund does not systematically ensure that complaints handling processes for communities and people affected by crisis are in place and that they systematically cover programming, sexual exploitation and abuse, and other abuses of power.	Minor	Open	By 2026 (RA)
2024-5.6: Communities are not fully aware of the expected behaviour of Tearfund and partner staff, including organisational commitments on PSEAH.	Minor	Open	By 2026 (RA)
Total Number of open CARs		4	


4. Claims Review

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

In my opinion, Tearfund UK has demonstrated that it is taking necessary steps to address the CARs identified in previous audits and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability. I recommend maintenance of certification.	
Name and signature of lead auditor:  Joanne O'Flanagan	Date and place: 30 th June 2025 Belfast, Northern Ireland

6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
Renewal audit before: 2026/08/06	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 09 July 2025

7. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: If yes, please give details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: 	Date and place: 16/07/2025

Appeal

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

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

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

Annex 1: Explanation of the scoring scale*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> Independent verification: major weakness. Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p>Score 1: indicates a weakness that does not immediately compromise the integrity of the commitment but requires to be corrected to ensure the organisation can continuously deliver against it. This leads to:</p> <ul style="list-style-type: none"> Independent verification: minor weakness. Certification: minor non-conformity, leading to a minor corrective action request (CAR).
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p>Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> Independent verification and certification: observation.
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> Independent verification and certification: conformity.
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.	<p>Score 4: indicates an exemplary performance in the application of the requirement.</p>

* Scoring Scale from the CHSA Verification Scheme 2020