

# Tearfund Netherlands

## Maintenance Audit 1 – Report – 2024/06/07

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Marie Grasmuck	
<b>Audit cycle</b>	Maintenance Audit 1, First Cycle	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	15 May 2024 / 2 females, 3 males	No
<b>Closing Meeting</b>	17 May 2024 / 2 females, 3 males	No
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Senior Management	1
	Staff	2

### 2. Actions and progress of organisation

#### 2.1 Significant change or improvement since the previous audit

Since the Initial Audit (IA), Tearfund Netherlands (Tearfund NL) has issued a new 3-year business plan (2024-2026), which is centred around 6 pillars covering church & community transformation, localisation, financial/fundraising, disasters preparation and response, advocacy, and enablers/support functions. Tearfund NL's 2023 budget decreased by around €5m from its 2022 budget, amounting to approx. €16m, due to the important volume of funds received in 2022 for the Ukraine and Kenya response.

Tearfund NL manages the CHS improvement plan through a steering group composed of the Head of International Programmes and the Head of Business Control, and a project group composed of the CHS Project Lead, the Research and Advocacy Officer, the Impact & Learning Coordinator, and the Quality Officer. Tearfund NL follows the implementation of the CHS requirements through a dedicated project within the organisation, which is formulated in a multi-year project plan and an implementation plan. The progress towards the objectives of the project is reviewed regularly (every 6 to 8 weeks) by the steering group.

After the initial audit (2023), Tearfund NL organised several debriefings with staff and partners to share the findings, and conducted a partners' survey, aimed at better understanding their practices related to the CARs raised. Both activities provided forums to confirm Tearfund NL's Management Response to the audit, which is also reflected in Tearfund NL's CHS project plan.

#### 2.2 Summary on corrective actions

<b>Corrective Action Requests (CAR)</b>	<b>Type and resolution timeframe</b>	<b>Progress made to address the CAR and in response to the findings of the indicator</b>	<b>Evidence (doc no., KII)</b>
2023-2.3. TF NL does not have procedures in place to identify, document and refer, or advocate for, unmet needs.	Minor / By 2026 (RA)	Tearfund NL shows progress to address this CAR: <ul style="list-style-type: none"> <li>It updated its Design, Monitoring and Evaluation (DME) procedure to include a guideline on referring unmet needs (April 2024) and informed staff of this update.</li> <li>Next, Tearfund NL has planned to:</li> </ul>	ORG116 ORG117 ORG118 ORG119 ORG138, interviews with staff


		<ul style="list-style-type: none"> <li>Require partners to document the referral of unmet needs in progress reports;</li> <li>Discuss this matter in standard monitoring discussions between Country Leads and partners;</li> <li>Add a section on unmet needs in the Project Approval Checklist.</li> </ul>	
2023-4.1. TF NL does not provide information to communities in all programmes and projects about how it expects TF NL and partner staff to behave.	Minor / By 2026 (RA)	<p>Given, the close subject matter of CARs 2023-4.1 and 2023-5.6, Tearfund NL has chosen to address them through a common action plan, described below.</p> <p>Tearfund NL shows progress to address both CARs:</p> <ul style="list-style-type: none"> <li>Tearfund NL wanted to create and use more opportunities to discuss the subject matter to raise awareness within staff and partners. To do so it updated its Project Visit Report Template to include a section on “community accountability”, which includes a review of how the partner communicates with communities, with an additional focus on communicating on expected staff behaviour. Tearfund NL has informed its staff of the revised Project Visit Report Template. The full roll out of the template is still in progress, following the projects’ visit schedule.</li> </ul>	ORG120 ORG121 ORG122 ORG123 ORG124 ORG125 ORG126 ORG135 ORG138, interviews with staff
2023-5.6: Communities and people affected by crisis are not aware of the expected behaviour of TF NL and partner staff, including commitments made on the prevention of sexual exploitation and abuse.	Minor / By 2026 (RA)	<ul style="list-style-type: none"> <li>Tearfund NL has modified the General Conditions to the Project Agreement to better reflect its expectations towards partners on communicating with communities on the expected behaviour of staff.</li> <li>Tearfund NL has discussed the topic with staff during the presentation of the initial audit results, survey results, and when updating on the CHS progress in general. It plans on continuing using relevant opportunities to remind of its expectations related to communication with communities.</li> <li>Tearfund NL is currently organising to develop visuals to communicate with the communities.</li> <li>Tearfund NL further plans to reflect on the efficacy of the actions above once practice will have had more time to settle in.</li> </ul>	
2023-5.1 TF NL does not systematically ensure that partners consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.	Minor / By 2026 (RA)	<p>Given, the close subject matter of CARs 2023-5.1 and 2023-5.4, Tearfund NL has chosen to address them through a common action plan, described below.</p> <p>Tearfund NL shows progress to address both CARs:</p> <ul style="list-style-type: none"> <li>It has modified the General Conditions to the Project Agreement to better reflect its expectations towards partners, which are expected to establish an accessible feedback &amp; complaints mechanism. Tearfund NL has communicated these changes to the General Conditions with its staff and partners.</li> </ul>	ORG123 ORG124 ORG130 ORG131 ORG132 ORG135 ORG138, interviews with staff
2023-5.4. A complaint handling process for communities and people affected by the crisis is not in place in all projects and programmes.	Minor / By 2026 (RA)	<ul style="list-style-type: none"> <li>Tearfund NL has updated its Project Approval Checklist for Country Leads to assess the existence of feedback and complaints mechanisms at partner level. It includes verifying whether communities have been consulted on the design of the mechanism.</li> <li>Tearfund NL has added a complaint reporting pathway on its English website.</li> <li>Tearfund NL plans on rolling out Quality Standards Trainings for partners (in collaboration with</li> </ul>	

		<p>Tearfund UK), emphasising the question of complaint mechanism and communication with communities. The trainings are planned to be organised in selected countries, based on a prior assessment of training needs and feasibility.</p> <ul style="list-style-type: none"> <li>• Further, Tearfund NL plans to finalise the development of a Complaint and Feedback Log, which partners will be required to report on twice a year. This will form the basis for a bi-annual complaints report to Tearfund leadership.</li> <li>• Tearfund NL further plans to reflect on the efficacy of the actions above once practice will have had more time to settle in.</li> </ul>	
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### 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2023-2.3. TF NL does not have procedures in place to identify, document and refer, or advocate for, unmet needs.	Minor	Open	by 2026 (RA)
2023-4.1. TF NL does not provide information to communities in all programmes and projects about how it expects TF NL and partner staff to behave.	Minor	Open	by 2026 (RA)
2023-5.1 TF NL does not systematically ensure that partners consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.	Minor	Open	by 2026 (RA)
2023-5.4. A complaint handling process for communities and people affected by the crisis is not in place in all projects and programmes.	Minor	Open	by 2026 (RA)
2023-5.6. Communities and people affected by crisis are not aware of the expected behaviour of TF NL and partner staff, including commitments made on the prevention of sexual exploitation and abuse.	Minor	Open	by 2026 (RA)
<b>Total Number of open CARs</b>	<b>5</b>		

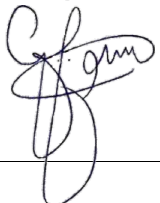
### 4. Lead auditor recommendation

<p>In my opinion, Tearfund Netherlands has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.</p> <p>I recommend maintenance of certification.</p>	
<p><b>Name and signature of lead auditor:</b> Marie Grasmuck</p> 	<p><b>Date and place:</b> 05 June 2024, Metz (FR)</p>

## 5. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
<b>Surveillance audit before: 2025/08/07</b>	
<b>Name and signature of HQAI Executive Director:</b> Désirée Walter 	<b>Date and place:</b> Geneva 07 June 2024

## 6. Acknowledgement of the report by the organisation

<b>Space reserved for the organisation</b>	
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
<b>Acknowledgement and Acceptance of Findings:</b>  <i>I acknowledge and understand the findings of the audit</i>  <i>I accept the findings of the audit</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name and signature of the organisation's representative:</b>  Guido J. de Vries 	<b>Date and place:</b> Utrecht 19 June 2024

## 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
<b>0</b>	Your organisation does not work towards applying the CHS commitment.	<p><b>Score 0:</b> 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"> <li>Independent verification: major weakness.</li> <li><b>Certification:</b> major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.</li> </ul>
<b>1</b>	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p><b>Score 1:</b> 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"> <li>Independent verification: minor weakness.</li> <li><b>Certification:</b> minor non-conformity, leading to a minor corrective action request (CAR).</li> </ul>
<b>2</b>	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p><b>Score 2:</b> 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"> <li>Independent verification and certification: observation.</li> </ul>
<b>3</b>	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><b>Score 3:</b> indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification and certification: conformity.</li> </ul>
<b>4</b>	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><b>Score 4:</b> indicates an exemplary performance in the application of the requirement.</p>

\* Scoring Scale from the CHSA Verification Scheme 2020