

TPO Uganda

Maintenance Audit 1 – Report – 2023/11/07

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Marie Grasmuck	
Audit cycle	First cycle	
Opening Meeting	Date / number of participants	Any substantive issues raised
	24 October 2023 / 22 participants	No
Closing Meeting	25 October 2023 / 4 participants	No
Sampling from project sites	Name/location	
	Provision of integrated Physical and Psychological Rehabilitation Assistance to War Victims in Northern Uganda (TFV)	Remote
	Provision of Mental health and Psychosocial support services for Refugees in Uganda (UNHCR)	Remote
	Community and Family based Protection and Psychosocial support for families adversely affected by war and COVID-19 in West Nile and Northern Uganda (CFPP)	Remote
Interviews	Position / level of interviewees	Number
	Head Office Senior Management	2 (1 female / 1 male)
	Field Office Management	3 (2 females / 1 male)

2. Actions and progress of organisation

2.1 Significant change or improvement since previous audit

Following the certification audit in 2022, TPO Uganda integrated the resolution of the open CAR to its annual workplan. The actions to be included in the action plan were defined through discussions at the quarterly management meeting. The responsibility for following-up the action plan and ensuring that the activities are implemented lies with the Director for Knowledge, Development, and Innovation.

TPO Uganda has shown continuous improvements in its application of the CHS since its first verification audit, up to the current certification, which reported only one CAR. The staff interviewed explained how accountability to communities has become more and more integrated in the culture of the organisation, from the ways of working to the agenda of the senior management and of its board members. This can be seen for instance through the re-establishment of the annual communities' survey, the establishment of bi-annual staff surveys (see also below on progress made to resolve the CAR), and the organisation of supervision visits to projects by board members.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution due date	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2022 – 5.5: TPO does not ensure that all staff are aware of the complaints procedure and that field staff systematically record complaints.	Minor / 2024/09/15	<p>TPO Uganda shows progress to address this CAR.</p> <p>TPO Uganda has implemented the following activities in order to work towards resolving the CAR:</p> <ul style="list-style-type: none"> - Policy dissemination sessions: TPO Uganda has started organising sessions focused on updating staff on its policies (including the ones related to complaints management). At the time of this audit, dissemination sessions have been organised at head office level, as well as in two field offices. TPO plans to continue rolling out the dissemination sessions to the remaining field offices in the coming months. - Staff satisfaction survey: The results of the satisfaction survey highlight how more support is needed from the head office in order to raise awareness, explain, and support the quality standards for implementation. As a result, TPO Uganda organised capacity-building sessions (see below). The staff survey will be repeated in November 2023 and the results will help indicate the impact made from the actions implemented so far. - Complaints Capacity Building: Capacity building sessions are conducted by head office managers and project coordinators during supervision visits. The sessions are tailored to specific asks from the field, and can involve one or more staff, depending on the topic. The capacity building sessions have started and are ongoing. - Complaints logs: TPO Uganda is working to systematise the use of complaints logs for all projects. At the time of this audit, not all projects consistently report on and send their log to the head office. However, TPO Uganda intends to continue working on this through the reinforcement of the accountability organisational culture. The goal is to encourage the staff to use the logs through igniting their commitment to accountability, rather than for head office to have to follow-up every month to collect the logs. <p>As a routine part of TPO Uganda's internal quality assurance, the supervisory staff include the monitoring of the complaint mechanism in their visits. TPO Uganda includes an accountability agenda item in every quarterly management meeting, and the staff interviewed highlighted how those meetings are often a forum to discuss challenges and ways forward in complaints management, and to request support from the head office.</p> <p>While not directly related to this CAR, the audit notes that as part of the improvement of complaint management, TPO implemented an awareness campaign on the complaint</p>	<p>D01, D02, D03, D04, D05</p> <p>Interviews with staff</p>

		<p>mechanism, which consisted of awareness sessions with communities, the procurement of new complaints boxes to cover all project sites, and the installation of printed communication regarding the complaints email and toll-free number in project sites.</p> <p>To adjust to the three-year audit cycle and to take into account the time needed for actions taken to show results, the resolution timeframe for this CAR is extended to the next renewal audit in 2025.</p>	
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3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Resolution due date	Status	New resolution timeframe
2022 – 5.5: TPO does not ensure that all staff are aware of the complaints procedure and that field staff systematically record complaints.	Minor	2024/09/15	Extended	By the 2025 Renewal Audit
Total Number of open CARs	1			

4. Lead auditor recommendation

In our opinion, TPO Uganda has demonstrated that it is taking the 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.

We recommend maintenance of certification.


Name and signature of lead auditor:
 Marie Grasmuck



Date and place:

01 November 2023, France

5. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
Surveillance audit before: 2024/11/07	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 07 November 2023

6. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: If yes, please give details:	<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: <i>Patrick Sambag</i>	Date and place: <i>23/11/2023</i>

Appeal

In case of disagreement with the decision on certification, the organisation can appeal to HQAI within 14 days after being informed of the decision. HQAI will investigate the content of the appeal and propose a solution within 10 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform HQAI in writing within 30 days after being informed of the proposed solution, of their intention to maintain the appeal.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will constitute a panel made of at least two experts who have no conflict of interest in the case in question. These will strive to come to a decision within 30 days.

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

Annex 1: Explanation of the scoring scale*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <p>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.</p>
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> <p>Independent verification: minor weakness. Certification: minor non-conformity, leading to a minor corrective action request (CAR).</p>
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> <p>Independent verification and certification: observation.</p>
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> <p>Independent verification and certification: conformity.</p>
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