

Trócaire

Maintenance Audit 1 – Report - 2024/01/26

1. General information and audit activities

Role / name of auditor(s)	Jorge Menendez Martinez	
Audit cycle	First cycle	
Opening Meeting	Date / number of participants	Any substantive issues raised
	12/06/2023 / 7 participants	None
Closing Meeting	12/12/2023 / 9 participants	None
Sampling from country programme sites	Name/location	
	Myanmar	
	Syria and Lebanon	
Interviews	Position / level of interviewees	Number
	Head Office Managers and Advisors	5
	Country Programme Staff	2

2. Actions and progress of organisation

2.1 Significant change or improvement since previous audit

Since the Initial Audit (2022), Trócaire has been in the process of reviewing its organisational approach to risk management to better integrate partner projects and programmatic risk into its risk management approach. As part of this process, Trócaire conducted a Risk Management Profiling study, which identified good practices, gaps and recommendations in the three Country Programmes (CP) chosen for the study. The organisation is currently in the process of implementing the main recommendations.

Trócaire is participating in a Due Diligence Passporting initiative through which a group of seven INGO signatories of the Charter for Change (CAFOD, Christian Aid, CRS, Kerk in Actie, SCIAF, Trócaire and Tearfund) agreed to work together to develop a harmonised due diligence tool for partners. The assessment tool was developed in a participatory manner during 2023. The tool is being piloted in several countries, and is expected to be completed by the end of Q3 of 2024.

The International Accountability Steering Group is responsible for overseeing the CHS Audit. The group developed an action plan to address the CARs opened in the previous audit. At the time of this Maintenance Audit, Trócaire has already implemented some of the actions, including:

- Updated Partnership Capacity Assessment and Support Framework (PCAS), Partner Project Report Template and Partner Project Monitoring Visit Reporting Template.
- Revised Feedback and Complaints Handling training to include new content and resources on generating and recording feedback through Focus Group Discussions community consultations as part of ongoing monitoring.
- Modified ECHO Protection Mainstreaming Indicator Guidance and Toolkit.
- Development of Accountability to Affected Populations (AAP) - Baseline and Monitoring Survey Sets.

In addition, the action plan indicates that Trócaire plans to develop a Programme & Project risk identification and management tool and online training, and to replace the existing Minimum Requirement on Safeguarding with a more comprehensive Minimum Requirement on the Management of Sensitive and Non-Sensitive Complaints.

Trócaire shows a high level of commitment to addressing the issues raised at the Initial Audit and has made relevant progress in addressing the non-conformities. The CARs require further verification at programme and community levels, which will be carried out at the Renewal Audit with onsite visits, when direct feedback from Trócaire country office staff, partners and communities will be gathered.

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)
2022-3.6: Trócaire does not ensure that its partners systematically identify and act upon potential or actual unintended negative effects.	Minor 2025/05/24	<p>The previous audit found that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trócaire CPs did not develop a risk matrix in all projects and programmes. <input type="checkbox"/> The risk register template only included operational and financial risks. <input type="checkbox"/> CP and partner staff reported that the management of risks was done in an informal way, and the process was not systematic or documented. <input type="checkbox"/> Risks and potential negative effects were not systematically identified during assessment and project planning; were not mitigated against in development project design; and were not monitored and regularly assessed throughout the project cycle. <p>At the time of this audit:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The revised Partnership Capacity Assessment and Support Framework (PCAS) assesses if partners ensure that all projects are based on comprehensive risk assessments including consideration of possible unintended negative effects that planned activities may have on community dynamics. <input type="checkbox"/> Trócaire has included a section in the Partner Project Report Template requiring partners to outline Risks and Negative Effects. CP staff state that they are aware of the new section and provide, as evidence, some project reports indicating that risk and negative effects are identified in the Partner Project Report. (see 4.4) <input type="checkbox"/> Trócaire is planning to develop a Programme & Project Risk Identification and Management Tool and online training to support staff and partner staff to identify the main risks at programme and project levels. <input type="checkbox"/> Trócaire is planning to develop a partner workshop module that focuses on reviewing activities, identifying risks, and documenting mitigating measures and strategies. 	<p>ORG208, ORG211, ORG217, MMR4, MMR8, MMR9, MMR15.</p> <p>Interviews with staff.</p>
2022-4.4: Trócaire does not ensure that partners systematically	Minor 2025/05/24	<p>The previous audit found that:</p>	<p>ORG196, ORG197, ORG198, ORG202,</p>

<p>facilitate and record feedback from communities on their level of satisfaction, paying attention to the diversity of those giving feedback.</p>		<ul style="list-style-type: none"> Communities were not able to speak with Trócaire staff without partner staff being present. Partners did not consistently use logbooks to log all feedback and non-sensitive complaints received. Not all partners had a systematic way of logging and recording feedback and non-sensitive complaints or of the response to these informal complaints. Trócaire did not systematically facilitate all groups to provide non-sensitive and project-related feedback and complaints. <p>At the time of this audit:</p> <ul style="list-style-type: none"> Trócaire has included a section in the Partner Project Report Template to explain the number of new feedback or complaints received and their status (see 3.6). Evidence in project reports from the sampled projects indicates the inclusion of the number of new feedback and complaints received and their status. Trócaire's Monitoring Visit Reporting template requires staff to verify how non-sensitive feedback and complaints from people and communities are being tracked, analysed and used to inform project activities. Trócaire has updated the ECHO Protection Mainstreaming Indicator Guidance and Toolkit to align with its guidance on consent, data protection practices and Feedback and Complaints Handling Mechanism (FCHM) process. The new Accountability to Affected Populations (AAP) - Baseline and Monitoring Survey Sets includes sample questions and exercises to support the identification of community satisfaction levels. The new version of the Feedback and Complaints Handling training includes new content and resources on generating and recording feedback through focus group discussions and community consultations as part of ongoing monitoring. The new Safeguarding Considerations for People with Disabilities requires CPs and partners to develop accessible complaints mechanisms led by persons with disabilities. Trócaire plans to roll out a training workshop on Feedback and Complaints for programme and MEAL staff in all country offices. 	<p>ORG203, ORG211, ORG229, MMR4, MMR8, MMR9, MMR15.</p> <p>Interviews with staff.</p>
<p>2022-5.1: Trócaire does not systematically consult communities on the design of complaints handling processes.</p>	<p>Minor 2025/05/24</p>	<p>The previous audit found that Trócaire's Complaints Policy did not require consultation with communities on the design, monitoring and implementation of its CHM and processes. The audit also found that Trócaire did not systematically consult communities on how they would like to lodge complaints, in particular sensitive ones.</p>	<p>ORG196, ORG197, ORG198, ORG202, ORG203, ORG211.</p>

		<p>At the time of this audit, the AAP - Baseline and Monitoring Survey Sets include Trócaire-led monitoring data collection exercises to ensure the communities have been consulted on the design of the complaint handling process. In addition, Trócaire's Monitoring Visit Reporting template requires staff to assess if communities are happy with the different channels available for them to provide feedback and complaints. CP staff state that they require partners to consult communities on the design of complaints-handling processes.</p> <p>In 2024, Trócaire will start to undertake a participatory review of Trócaire's Feedback and Complaints Handling Mechanisms (FCHM) in two countries per year.</p>	Interviews with staff.
2022-5.4: Trócaire does not ensure that all its partners have a functioning and documented complaints handling process in place.	Minor 2025/05/24	<p>The previous audit found that:</p> <ul style="list-style-type: none"> The project report templates did not include accountability, protection mainstreaming and safeguarding. The Programme Management and Accountability Guide did not cover safeguarding under general programme considerations. Trócaire did not ensure that FCHMs were in place at the partner level. <p>At the time of this audit:</p> <ul style="list-style-type: none"> Trócaire has Safeguarding Focal Persons at the country level who promote awareness and best practices in PSEAH, including ensuring the availability of a confidential and safe mechanism for complaints at the community level. The Project Proposal Narrative requires the CPs and partners to explain how project's are accountable. Safeguarding considerations for persons with disabilities require the development of accessible complaint mechanisms. Trócaire has revised the Guidance for Internal Audit Visits to assess if the complaints pathways are functional; however, this guidance has not been rolled out yet. Trócaire plans to replace the existing Minimum Requirement on Safeguarding with a more comprehensive Minimum Requirement on the Management of Sensitive and Non-Sensitive Complaints by June 2024. 	<p>ORG226, ORG227, ORG229.</p> <p>Interviews with staff</p>

3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Resolution due date	Status	New resolution due date (if applicable)

2022-3.6: Trócaire does not ensure that its partners systematically identify and act upon potential or actual unintended negative effects.	Minor	RA 2025	Open	
2022-4.4: Trócaire does not ensure that partners systematically facilitate and record feedback from communities on their level of satisfaction, paying attention to the diversity of those giving feedback	Minor	RA 2025	Open	
2022-5.1: Trócaire does not systematically consult communities on the design of complaints handling processes.	Minor	RA 2025	Open	
2022-5.4: Trócaire does not ensure that all its partners have a functioning and documented complaints handling process in place.	Minor	RA 2025	Open	
Total Number of open CARs		4		

4. Lead auditor recommendation

In my opinion, Trócaire 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.

I recommend maintenance of certification.

Name and signature of lead auditor:

Date and place:

Buenos Aires, 15 January 2024.



Jorge Menéndez Martínez

5. HQAI decision

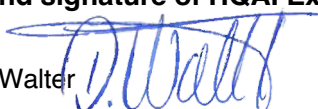
☒ Certificate maintained
☐ Certificate suspended

☐ Certificate reinstated
☐ Certificate withdrawn

Surveillance audit before: 2025/01/26

Name and signature of HQAI Executive Director:

Désirée Walter



Date and place:

Geneva, 26 January 2024

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: Caoimhe de Barra, Chief Executive Officer	Date and place: 31/1/2024 13:29 GMT Place

DocuSigned by:
Caoimhe de Barra
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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> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: major weakness. <input type="checkbox"/> 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"> <input type="checkbox"/> Independent verification: minor weakness. <input type="checkbox"/> 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"> <input type="checkbox"/> 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"> <input type="checkbox"/> 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