

# ZOA

## Maintenance Audit 1 – Report – 2025/02/25

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Daniel Rogers, Lead Auditor	
<b>Audit cycle</b>	Second cycle	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	30 January 2025, 2 attendees	None
<b>Closing Meeting</b>	12 February 2025, 3 attendees	None
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Head Office, Advisor	1
	Country Office, Manager	1

### 2. Actions and progress of organisation

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

Since the completion of the previous Recertification Audit (RA) in early 2024, ZOA has taken a number of actions in order to improve the organisation's application of the CHS in general, and in order to address the minor two Corrective Action Requests (CARs) and observations recorded in the previous audit report.

ZOA's Head Office based Integrity and CHS Advisor has taken the lead in collating and reporting the findings of the RA and communicating these to senior management, and to all other parts of the organisation to initiate a process of reflection and improvement. ZOA are able to confirm that they have identified the same issues as those identified in the last audit report, these findings are recognised by Country Office (CO) management and programme staff.

In 2024, the CHS RA findings were presented by the Integrity and CHS Advisor to the international management team, and a dialogue was initiated with country teams to reflect on the audit findings, and to jointly identify solutions. This process has ensured that senior international leadership and country management teams have been involved and engaged in the process of understanding the audit findings and seeking solutions to the issues raised.

Programme Quality Managers (MPQ) from each country engaged in the process to identify solutions and responses to the CARs and Observations, with more than half of ZOA's 12 country offices taking active part in this process.

A tracking and self-assessment tool has been developed with a version for Head Office to identify their actions, timelines and responsible person for each CAR and Observation, with CARs being prioritised. The same tool has been adapted for use by COs to identify actions, responsible persons and timelines for completion. Each CO is using this tool to identify specific actions to address the open CARs.

Countries are required to identify actions and responsible persons for the CARs by the end of February 2025, and for the Observations from April 2025 onwards.

The HQ Integrity and CHS Advisor is working closely with MPQs in each country to monitor the use of this tool and to follow up with regards identified actions and deadlines for their completion. The Integrity and CHS Advisor will hold individual meetings with each MPQ from April 2025 onwards. Individual meetings with each country are planned to take place between April and June 2025 to identify good practices and share learning between countries. Country Directors are engaged in the process.

Additionally, and independently from the findings of the 2024 audit report, ZOA has developed a new tool for countries to self-assess and track their own application of Accountability to Affected People (AAP) based on the CHS and mainstreamed into ZOA's roadmaps on AAP. It is hoped that this tool will help countries track and monitor their application of AAP and CHS closely and in an ongoing manner.

## 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)
2022-5.1: ZOA and partner staff do not systematically consult communities on the design or monitoring of complaint handling processes.	Minor, by RA 2027	<p>ZOA is addressing this CAR through supporting COs to identify the most suitable solution to this issue in their local context. A self-assessment tool is being used by HQ and each CO to identify and monitor actions in relation to this CAR.</p> <p>General steps identified for each country to take are as follows:</p> <ul style="list-style-type: none"> <li>- Improvements to country complaints process</li> <li>- Implement accountability roadmaps including self-assessment</li> <li>- Consult communities on feedback and complaints mechanisms (FCM) – as per ZOA project management guidelines</li> <li>- Country MEAL teams to monitor implementation</li> <li>- Refresher training for all staff and partners</li> </ul> <p>Each CO is required to identify specific actions and timelines to address each of these in their own context.</p> <p>In Uganda ZOA conducted community-based assessment of feedback channels in August 2023 and plan to repeat this in 2025. Although other countries have not done the same as this was not a global requirement until now.</p> <p>There is also an ongoing process to improve the way in which ZOA records and follows up on feedback and complaints mechanism, this is being piloted in two countries (Uganda and Ukraine).</p>	ORG59 ORG60 ORG62 ORG63 ORG64 ORG65 ORG66 ORG68  UGA01 UGA02 UGA12 UGA13
2024-5.2: ZOA and partners do not systematically and continuously communicate the scope of issues that communities can complain about.	Minor, by the RA 2027	<p>ZOA is addressing this through supporting COs to identify the most suitable solution to this issue in their local context. A self-assessment tool is being used by HQ and each CO to identify and monitor actions in relation to this CAR.</p> <p>Steps identified for each CO to take forward with specific activities are:</p> <ul style="list-style-type: none"> <li>- COs to implement the ZOA accountability roadmap</li> <li>- COs to review and contextualise information sharing flyers including ensuring translation into local languages</li> <li>- COs to contextualise ZOA's Code of Conduct and Sexual Exploitation and Abuse information</li> <li>- CO MEAL teams to monitor implementation</li> </ul>	ORG59 ORG60 ORG62 ORG63 ORG64 ORG65 ORG66 ORG68  UGA01 UGA02 UGA12

		<ul style="list-style-type: none"> <li>- COs to develop staff and partner capacity building plans</li> <li>- Refresher workshops for staff and partners</li> </ul> <p>Additional training (led by HQ) on ZOA's Code of Conduct and safeguarding policy are being run with CO staff and partners.</p> <p>Materials used to communicate the scope of feedback and complaints mechanisms, the Code of Conduct and safeguarding policies are being reviewed and improved including translation into local languages.</p>	
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### 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2022-5.1: ZOA and partner staff do not systematically consult communities on the design or monitoring of complaint handling processes.	Minor	Open	RA 2027
2024-5.2: ZOA and partners do not systematically and continuously communicate the scope of issues that communities can complain about.	Minor	Open	RA 2027
<b>Total Number of open CARs</b>		2	

### 4. Claims Review


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


In our opinion, ZOA has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit(s) and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.  We recommend maintenance of certification.	
<b>Name and signature of lead auditor:</b>  	<b>Date and place:</b> 24 February 2025 Brighton, UK

### 6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
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<b>Surveillance audit before:</b> 2026/02/25	
<b>Name and signature of HQAI Executive Director:</b> Désirée Walter 	<b>Date and place:</b> Geneva, 25 February 2025

## 7. 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 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
<b>Name and signature of the organisation's representative:</b>  Chris Lukkien  Chief Executive Officer	<b>Date and place:</b>  Apeldoorn, 28 February 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><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>
1	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>
2	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>
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><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>
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><b>Score 4:</b> indicates an exemplary performance in the application of the requirement.</p>

\* Scoring Scale from the CHSA Verification Scheme 2020