

Corporación Infancia y Desarrollo – LA CID

Maintenance Audit 1– Report - 2026/01/21

1. General information and audit activities

Role / name of auditor(s)	Nancy Vallejo – Senior Auditor	
Audit cycle	First cycle (CHS:2014)	
Opening Meeting	Date / number of participants	Any substantive issues arising
	2025/12/11 Participants: 6 (F) 1 (M)	No
Closing Meeting	2026/01/14	
Interviews	Position / level of interviewees	Number
	General Director 4 Managers 2 Technicians	8

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

LA CID has implemented various ongoing actions to strengthen its quality assurance systems of the organisation in response to the corrective action requests (CARs) and Observations of the initial audit:

- Update of the Monitoring, Evaluation and Learning (MEAL) Manual, providing more informed decision making and better tracking of commitments to communities.
- Development of a feedback and accountability procedure, improving complains handling, transparency and community participation.
- Update of the security manual with incorporation of a travel security protocol.
- Development of a resource management policy and strengthening of the procurements and services policy.
- Development of tools to identify, assess and mitigate environmental and socio-economic impacts.

LA CID monitors the implementation of corrective actions through the following approach:

- Each change to the system has a designated person responsible for follow up.
- Updated processes are reviewed in sessions with technical and operational teams to identify gaps, possible adjustments and opportunities to continuous improvement.
- Internal and external financial, administrative and complaints audits verify the consistent application of updated policies and procedures.
- Information, progress and implementation of changes is presented to relevant governance committees to ensure strategic oversight.
- Institutional changes are reinforced by training, induction, and re-induction processes.
- Changes are integrated in documents subject to document control, to prevent the use of outdated versions.

These mechanisms which ensure the follow up of correctives actions are part of LA CID's Quality Management System which follows ISO 9001 standard. The organisation demonstrates continuous commitment to compliance with 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)
2025-3.7: CID does not have its own guidance that allows it to identify and act upon potential or actual unintended negative effects in a timely and systematic manner on livelihoods, the local economy, and the environment.	Minor/ By Renewal Audit 2028	LA CID developed a guide for the identification, assessment, and mitigation of negative impacts on livelihoods and the local economy, as well as an impact identification matrix. These tools are in the process of being disseminated within projects and tested.	1, 2, 3, 4, 5, 13 to 35, 44
2025-5.1: CID does not systematically ensure that communities and people affected by crisis are consulted on the design, implementation and monitoring of complaints-handling processes.	Minor/ By Renewal Audit 2028	LA CID developed a Feedback and Accountability Mechanism to ensure that community members are involved in the design, implementation and monitoring of complaints handling. Implementation of this procedure is planned for 2026, ensuring gradual and structured incorporation into LA CID's institutional processes.	6
2025-7.4: CID does not have evaluation and learning policies in place.	Minor/ By Renewal Audit 2028	Instead of developing a separate evaluation and learning policy, as envisaged in the management response to the initial audit, LA CID decided to update the evaluation chapter of its MEAL Manual. This includes evaluation objectives, approaches and methodologies, frequency and types of evaluations, assigned responsibilities, and feedback and learning processes. LA CID will begin to address the greater emphasis of CHS:2024 on community participation in decision making mechanisms.	7
2025-8.5: The staff are unaware of the procedures for using a service provider contract versus a labour contract.	Minor/ By Renewal Audit 2028	A guide on criteria and types of contracting at LA CID, including a power point presentation was developed to guide staff understanding of the different types of contracts. This information is provided at corporate trainings and inductions.	8, 9, 10, 11, 12, 39
2025-8.9: Operational security procedures to ensure the safety of its staff are not in place in all areas where the CID operates.	Minor/ By Renewal Audit 2028	LA CID started to implement the Annex to the Security Protocol referenced in the Security Manual. They also updated the latter and started to disseminate the new material, including project-level security risk assessment tools. For 2026, LA CID plans to implement the Local Security Plan (as a new annex to the Security Manual) and launch the Security Training Plan.	13 to 35
2025-9.6: CID does not have all the relevant policies and processes in place	Minor/ By Renewal	LA CID developed and disseminated the Resource Management Policy to management and relevant departments (Human Resources, Information and	36, 37, 38, 41

governing the use and management of resources.		<p>Communication Technology (ICT), Finance, Programmatic).</p> <p>However, further work is needed to address the substance of the CAR, notably weaknesses in policies regarding the independence of the organisation in relation to funding, addressing corruption, fraud and conflicts of interest, and gifts management).</p>	
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3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2025-3.7: CID does not have its own guidance that allows it to identify and act upon potential or actual unintended negative effects in a timely and systematic manner on livelihoods, the local economy, and the environment.	Minor	Open	By Renewal Audit 2028
2025-5.1: CID does not systematically ensure that communities and people affected by crisis are consulted on the design, implementation and monitoring of complaints-handling processes.	Minor	Open	By Renewal Audit 2028
2025-7.4: CID does not have evaluation and learning policies in place.	Minor	Open	By Renewal Audit 2028
2025-8.5: The staff are unaware of the procedures for using a service provider contract versus a labour contract.	Minor	Open	By Renewal Audit 2028
2025-8.9: Operational security procedures to ensure the safety of its staff are not in place in all areas where the CID operates.	Minor	Open	By Renewal Audit 2028
2025-9.6: CID does not have all the relevant policies and processes in place governing the use and management of resources.	Minor	Open	By Renewal Audit 2028
Total Number of open CARs	6		

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

<p>In our opinion, LA CID 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>We recommend maintenance of certification.</p>	
<p>Name and signature of lead auditor:</p> 	<p>Date and place:</p> <p>Bogotá, 2026/01/14</p>

6. 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: 2026/01/21	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 21 January 2026

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: Maria Carolina Perdomo Galindo 	Date and place: Bogotá D.C, 9 February 2026

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