COAST Trust

CHS Certification

First Maintenance Audit Report

MA1-2018-006

Date: 2019-01-07

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1. General information

Organisation	Coast Coastal Association for Social Transformation Trust		
Type	☒ National ☐ Membership/Network ☐ Direct assistance	☐ International ☐ Federated ☐ Through partners	
Mandate	☒ Humanitarian	☒ Development	☒ Advocacy
Verified Mandate(s)	☒ Humanitarian	☒ Development	☒ Advocacy
Verified indicators: 2.7; 3.6; 3.8; 4.4; 5.3; 5.5; 5.6; 5.7; 7.4; 8.2; 8.7; 8.9			
Size (Total number of programme sites/ members/partners – Number of staff at HO level)	6 programme sites 34 staff at HO level		
Lead auditor	Catherine Blunt	Auditor	--
		Others	Observer Ricardo Bianconi (ACCREDIA)
	Interviews		
Locations	Dhakka; Bhola; (Remote assessment); Noakhali (Document review)		
Dates	14th, 15th November 2018		

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	14th November	15th November
Location	Dhakka	
Number of participants	10	9
Any substantive issue arising	None – poor line quality	Major CARs

2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	10
Project sites	4
Total number of interviews	14

3. Recommendation

COAST has not implemented the necessary actions to close all minor CARs identified in the previous audit and does not continue to conform with the requirements of the Core Humanitarian Standard. I do not recommend maintenance of certification.

Detailed findings are laid out in the rest of this report and its confidential annex.

Lead Auditor's Name and Signature   Date and Place: 19/1/7

Catherine Blunt

4. Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2018-11-19
Final Draft	2019-01-08

5. Background information on the organisation

5.1 General

The initial audit of the Coastal Association for Social Transformation Trust (COAST - CT) occurred in October 2018.
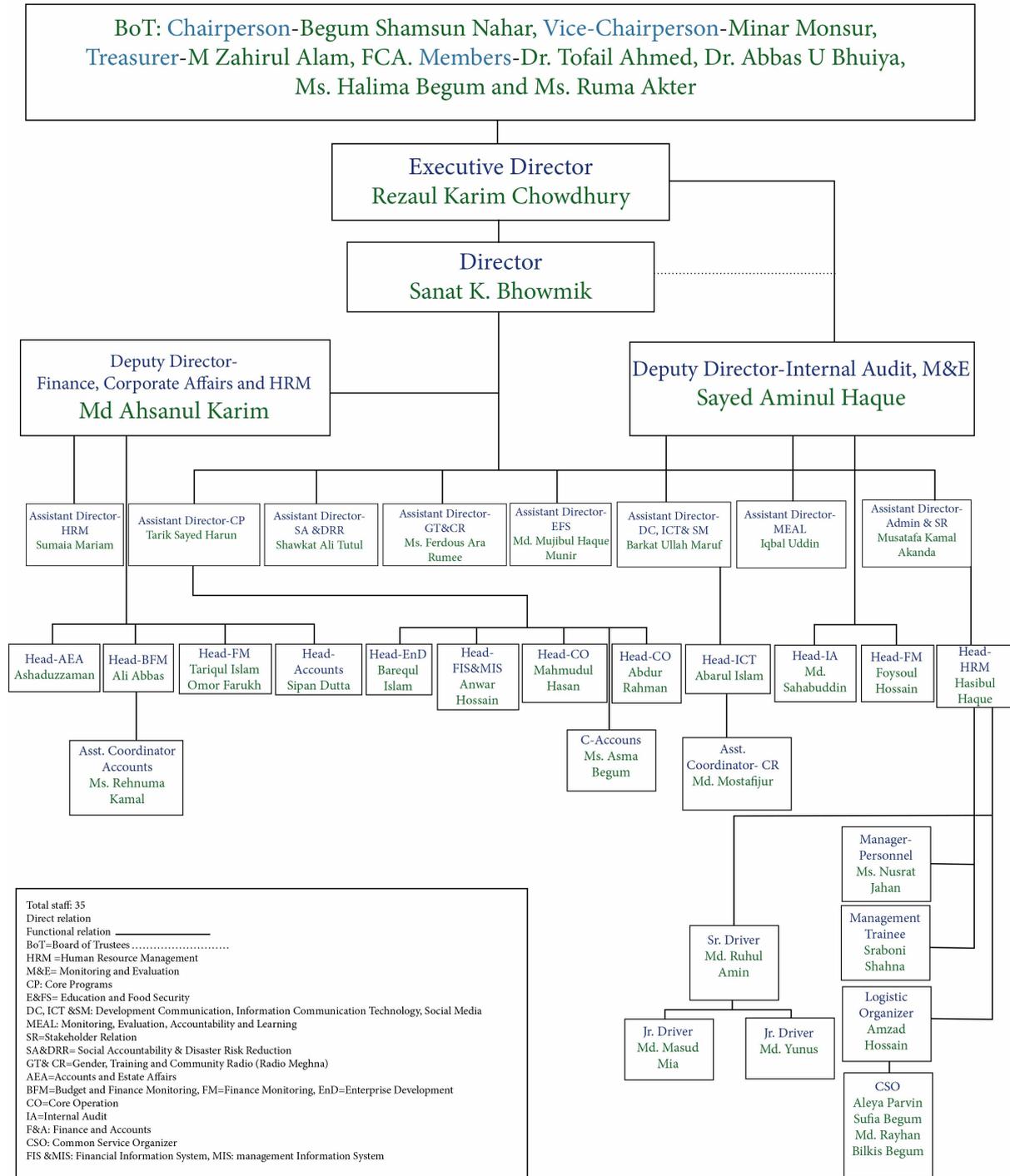
The organisation undertook the same scope of work (development, advocacy) with increased humanitarian activity in the intervening year due to the extended Rohingya crisis in Cox's Bazaar. The Board of Trustees (BoT) overview of the corrective actions raised in the initial audit has focussed on monitoring and evaluation (provision of additional staffing resources) and staff related gender and sexual harassment issues. Despite the significant number of corrective actions identified at the initial audit, there has been no overall plan to systematically address the range of other actions required nor additional resources allocated to address them.

5.2 Organisational structure and management system

At the initial audit, the Executive Director was supported by a senior management team of one Director, two Deputy Directors and five Assistant Directors (AD). Since then, three more ADs have been appointed, in the areas of Monitoring, Evaluation, Accountability and Learning (MEAL), Human Resources (HR), and Information Community Technology (ICT). A senior accountant has been employed to implement a new Procurement policy. The BoT now receives a report from two female senior ADs on staff related gender issues and complaints, which is a significant change to organisational governance as a result of the initial audit findings. Other changes made to CT in the last year do not impact on the corrective actions and include a review of the HR manual to align with a human rights framework, digitising elements of its microfinance program and planning new HR software. The 2018 CT organogram is attached below.

COAST Coastal Association for Social Transformation Trust
participates in survival strategies of coastal poor

Central Organogram-2018

BoT: Chairperson-Begum Shamsun Nahar, Vice-Chairperson-Minar Monsur, Treasurer-M Zahirul Alam, FCA. Members-Dr. Tofail Ahmed, Dr. Abbas U Bhuiya, Ms. Halima Begum and Ms. Ruma Akter

Executive Director
Rezaul Karim Chowdhury

Director
Sanat K. Bhowmik

Deputy Director-
Finance, Corporate Affairs and HRM
Md Ahsanul Karim

Deputy Director-Internal Audit, M&E
Sayed Aminul Haque

Assistant Director-HRM
Sumaia Mariam

Assistant Director-CP
Tarik Sayed Harun

Assistant Director-SA &DRR
Shawkat Ali Tutul

Assistant Director-GT&CR
Ms. Ferdous Ara Rumee

Assistant Director-EFS
Md. Mujibul Haque Munir

Assistant Director-DC, ICT& SM
Barkat Ullah Maruf

Assistant Director-MEAL
Iqbal Uddin

Assistant Director-Admin & SR
Musatafa Kamal Akanda

Head-AEA
Ashaduzzaman

Head-BFM
Ali Abbas

Head-FM
Tariqul Islam
Omor Farukh

Head-Accounts
Sipan Dutta

Head-EnD
Barequl Islam

Head-FIS&MIS
Anwar Hossain

Head-CO
Mahmudul Hasan

Head-CO
Abdur Rahman

Head-ICT
Abarul Islam

Head-IA
Md. Sahabuddin

Head-FM
Foysoul Hossain

Head-HRM
Hasibul Haque

Asst. Coordinator Accounts
Ms. Rehnuma Kamal

C-Accouns
Ms. Asma Begum

Asst. Coordinator- CR
Md. Mostafijur

Manager-Personnel
Ms. Nusrat Jahan

Management Trainee
Sraboni Shahna

Sr. Driver
Md. Ruhul Amin

Logistic Organizer
Amzad Hossain

Jr. Driver
Md. Masud Mia

Jr. Driver
Md. Yunus

CSO
Aleya Parvin
Sufia Begum
Md. Rayhan
Bilkis Begum

Total staff: 35
Direct relation
Functional relation _____
BoT=Board of Trustees ....
HRM =Human Resource Management
M&E= Monitoring and Evaluation
CP: Core Programs
E&FS= Education and Food Security
DC, ICT &SM: Development Communication, Information Communication Technology, Social Media
MEAL: Monitoring, Evaluation, Accountability and Learning
SR=Stakeholder Relation
SA&DRR= Social Accountability & Disaster Risk Reduction
GT& CR=Gender, Training and Community Radio (Radio Meghna)
AEA=Accounts and Estate Affairs
BFM=Budget and Finance Monitoring, FM=Finance Monitoring, EnD=Enterprise Development
CO=Core Operation
IA=Internal Audit
F&A: Finance and Accounts
CSO: Common Service Organizer
FIS &MIS: Financial Information System, MIS: management Information System

5.3 Organisational quality assurance

A significant change to CT quality assurance is the allocation of additional resources to MEAL, reflected in the appointment of a senior staff member and the development of a comprehensive MEAL framework.

5.4 Work with Partners

CT receives funding from donors and self-implements all the projects.

6. Report

6.1 Overall organisational performance

The initial audit in 2017 noted CT's strengths in co-ordinating assistance with other actors, effective use of financial resources, transparent information provision and its strong organisational values and motivated staff. Weaknesses identified were a lack of clear programmatic policy guidelines overall, with corrective actions required in evaluation policy, identifying and acting upon unintended negative effects, safeguarding of personal information, collection of feedback, complaints handling, learning, staff code of conduct and approaches taken to ensure staff security and well-being. Since the initial audit, CT has developed policies and procedures for evaluation and learning within the timeframe agreed at the initial audit and these two corrective actions are now closed. Changes required over two years to the collection of feedback have commenced, with further work needed on the type of feedback obtained from communities and the attention paid to disaggregation of data. At this maintenance audit, CT is provided with extended timeframes to implement and enable field level auditing of: safeguarding personal information processes, to deepen staff knowledge of policies, particularly child protection; to identify and act upon potential negative effects in the areas of SEA, gender and livelihoods; and to ensuring communities know the behaviour they can expect from staff It was agreed at the initial audit that CT had two years to systematise the implementation of its complaints handling process, however a plan does not exist to achieve this, and little progress was observed in this audit. The recent update of the HR manual did not include required changes to security and wellbeing policies however CT has a two-year time frame for this action agreed at the initial audit.

Nevertheless, CT has insufficiently addressed other weakness ((referral of complaints, code of conduct) and major corrective actions are requested for the related requirements. Due to the resources available to CT, the staff consultation required and the pressure of the Rohingya crisis on its organisational capacity, CT is provided with 6 months to address these issues rather than the usual 3 months.

6.2 Status of the Corrective Action Requests

CORRECTIVE ACTION REQUESTS	TYPE (MINOR/ MAJOR)	ORIGINAL DEADLINE FOR RESOLUTION	STATUS OF CAR AT MA	TIME FOR RESOLUTION
Initial audit 2017-11-15 **2017-2.7:** CT does not have the policies in place to ensure a systematic, objective and ongoing evaluation of activities and their effects and that evidence from monitoring and evaluation is used to adapt and improve programmes.	Minor	2018-11-15	Closed	
2017-3.6: CT does not identify potential or actual unintended negative effects in a timely and systematic manner in the areas of: sexual exploitation and abuse by staff, gender relations, and livelihoods.	Minor	2018-11-15	Open	Extended to 2019-11-15
2017-3.8 CT does not have systems in place to safeguard personal information collected from communities and people affected by crisis that could put them at risk.	Minor	2018-11-15	Open	Extended to 2019-11-15
2017-4.4 Communities and people affected by crisis are not systematically encouraged by CT to provide feedback on their level of satisfaction with the quality and effectiveness of assistance. No attention is paid to the gender, age and diversity of those giving feedback.	Minor	2019-11-15	Open	2019-11-15
2017-5.3 The safety of the complainants is not prioritised in CT management of complaints, especially sexual harassment cases.	Minor	2018-11-15	Closed	
2017-5.5 CT complaints are not consistently acted upon according to defined policies and processes.	Minor	2019-11-15	Open	2019-11-15

2017-5.6 People affected by crisis are not aware of the expected behaviour of CT staff, including commitments on the prevention of sexual exploitation and abuse.	Minor	2018-11-15	Open	Extended to 2019-05-19
2017-5.7 CT Complaints that do not fall within the scope of the organisation are not referred to a relevant party in a manner consistent with good practice.	Minor	2018-11-15	Major	2019-05-19
2017-7.4 CT has no policies and procedures that describe how the organisation evaluates and learns from its practice and experience.	Minor	2019-11-15	Closed	
2017-8.2 CT Staff are not all aware of the policies that concern them, and specifically on child protection	Minor	2018-11-15	Open	Extended to 2019-11-15
2017-8.7 CT does not have a code of conduct in place that establishes at a minimum the obligation of staff not to exploit, abuse or otherwise discriminate against people.	Minor	2018-11-15	Major	2019-05-19
2017-**8.9** CT does not have policies in place for the security and well-being of staff.	Minor	2019-11-15	Open	2019-11-15

6.3 Updated average scores per commitment

CHS Commitment	Score
Commitment 2: Humanitarian response is effective and timely	2.8
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.5
Commitment 4: Humanitarian response is based on communication, participation and feedback	2.1
Commitment 5: Complaints are welcomed and addressed	1.4
Commitment 7: Humanitarian actors continuously learn and improve	2.7
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	1.8

6.4 Recommended Organisational Responsibilities to check for the mid-term audit (2019)

In addition to the indicators on which corrective actions were requested, and the key action indicators of all commitments of the CHS, the organisational responsibilities of commitments 1, 2, 3, 4, 5, 8 should be considered for a full review.

7. Organisation's report approval

Acknowledgement and Acceptance of Findings

For Organisation representative – please cross where appropriate

I acknowledge and understand the findings of the audit	☒
I accept the findings of the audit	☐
I do not accept some/all of the findings of the audit	☐

Please list the requirements whose findings you do not accept

Name and Signature

Rezaul Karim Chowdhury
Executive Director
COAST Trust

Date and Place

15.01.2019
Dhaka.

2018-11-23

8. HQAI's decision

Certification Decision

Certificate:

☐ Certificate maintained		☐ Certificate reinstated	
☒ Certificate suspended		☐ Certificate withdrawn	

Correction of major CARs

Before: 2019-05-19

Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2019-01-22

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 in writing HQAI 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

0	A score of 0 denotes a weakness that is so significant that it indicates that the organisation is unable to meet the required commitment. This is a major weakness to be corrected immediately.
	EXAMPLES: • Operational activities and actions contradict the intent of a CHS commitment. • Policies and procedures contradict the intent of the CHS commitment. • Absence of processes or policies necessary to ensure compliance at the level of the commitment. • Recurrent failure to implement the necessary actions at operational level make it impossible for the organisation to ensure compliance at the level of the commitment. • Failure to implement to resolve minor non-conformities in the adequate timeframes • More than half of the indicators of one commitment receive a score of 1 (minor non-conformity), making it impossible for the organisation to ensure compliance at the level of the commitment.
1	A score of 1 denotes 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 the commitment.
	EXAMPLES: • There is a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement. • Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures. • Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment. • Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures. • Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.
2	A score of 2 denotes an issue that deserve attention but does not currently compromise the conformity with the requirement.. This is worth an observation and, if not addressed may turn into a significant weakness (score 1).
	EXAMPLES: • Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture. • There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies. • Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.
3	The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.
	EXAMPLES: • Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff. • Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes. • The organisation monitors the implementation of its policies and supports the staff in doing so at operational level. • Policy and practice are aligned.

4	**The organisation demonstrates innovation in the application of this requirement/commitment. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.**
	EXAMPLES: • Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed. • Relevant staff can explain in which way their activities are in line with the requirement and can provide several examples of implementation in different sites. They can relate the examples to improved quality of the projects and their deliveries. • Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement. • Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.
5	**On top of demonstrating conformity and innovation, the organisation receives outstanding feedback from communities and people. This is an exceptional strength and a score of 5 should only be attributed in exceptional circumstances**
	EXAMPLES: • Actions at all levels and across the organisation go far beyond the intent of the relevant CHS requirement and could serve as textbook examples of ultimate good practice. • Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures.