



Finn Church Aid
CHS Certification
Maintenance Audit Report

FCA-MA1-2018-06

Date: 2018-06-19

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1. General information

Organisation	Finn Church Aid		
Type	<input type="checkbox"/> National <input type="checkbox"/> Membership/Network <input checked="" type="checkbox"/> Direct assistance	<input checked="" type="checkbox"/> International <input type="checkbox"/> Federated <input checked="" type="checkbox"/> Through partners	
Mandate	<input checked="" type="checkbox"/> Humanitarian	<input checked="" type="checkbox"/> Development	<input checked="" type="checkbox"/> Advocacy
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian	<input checked="" type="checkbox"/> Development	<input type="checkbox"/> Advocacy
Size (Total number of programme sites/ members/partners – Number of staff at HO level)		15 programme sites, about half implemented through partners	
Lead auditor	Pierre Hauselmann	Auditor	NA
		Others	NA
Head Office			
Location	Helsinki - Finland		
Dates	6 June, 2018		

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	6 June 2018	6 June 2018
Location	Helsinki	Helsinki
Number of participants	14 (7 women, 7 men)	
Any substantive issue arising	None	Insistence by the auditor that, while significant improvement have been brought to the system, to assure that the changes are rolled out and translated into action on the ground, the deadline to close most of them has been extended to the next mid-term audit.

2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	3 women
	5 men
Total number of interviews	8

3. Recommendation

In our opinion, Finn Church Aid has implemented the necessary actions to address the minor CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard. We 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

Pierre Hauselmann

Date and Place:

Helsinki, 6 June 2018

4. Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2018-06-06
Final Draft	2018-06-29

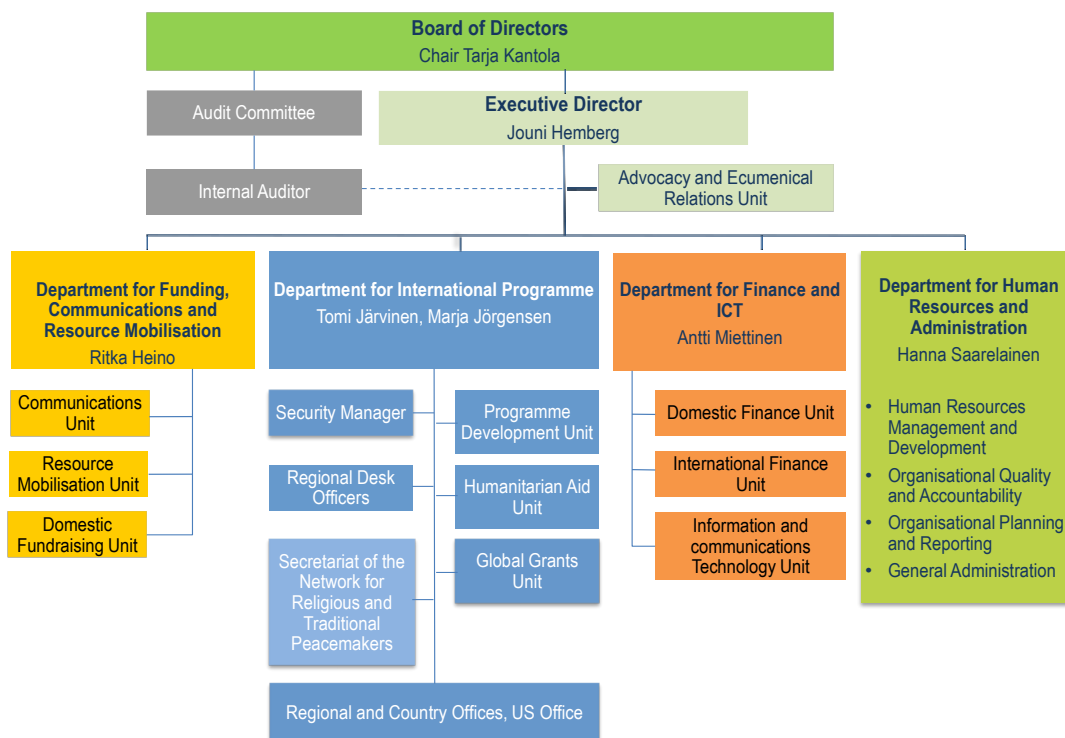
5. Background information on the organisation

5.1 General

Finn Church Aid has not undergone significant changes, except as indicated below. It initially applied for a verification process, but upon seeing the results of the audit, decided to opt instead for certification. Such a transfer is possible within three months of the initial audit.

5.2 Organisational structure and management system

There are no important change in FCA's structure and management system from the previous report. The organisation's organogram was modernised and detailed (see below the new version), but its content remains the same.



5.3 Work with Partners

There is no significant change in the way FCA handles partnerships since last audit. However FCA improved its tools to assess risks and this applies also to partners. As a result of this for example, a partnership in Syria is now on hold.

6. Report

6.1 Overall organisational performance

The initial audit identified 14 non-conformities. To address them, instead of patching each individual non conformity, FCA has addressed them in a systemic manner, grouping them into three broad systems to which the improvements apply:

- risk management, including the environment,
- complaints handling,
- monitoring, evaluation and learning.

Actions undertaken to respond the non-conformities include, but are not limited to:

- The development of a new risk management policy that addresses risks at three levels: contextual, organisational and programmatic and the production of new tools to assess risk. These tools “force” the user to implement the policy and guidelines.
- The M&E team was reinforced with the hiring of new staff in regions, the creation of a new knowledge management position at the head office and the establishment of a learning management taskforce cutting across sectors in the organisation.
- The instruction for country offices to include the establishment of a complaints handling mechanism by the end of 2018 and the initiation of a training programme on complaint handling for staff (e-learning using ACT Alliance platform and workshops in 4 countries).

However, the fact the environment is treated through the risk management and not specifically identified may lead that it continues being regarded as a second priority at the field level, if at all. It is worth repeating that at the Head Office, environment is high in the priorities and the offices carry the WWF Green Seal.

The CHS and the HQAI certification are well understood in integrated both by the FCA’s governance and staff, which creates an added element of assurance that the CHS and the correction of weaknesses are and will continue to be addressed seriously by FCA.

The progress made in this first year of certification are significant and allow recommending the maintenance of the certificate. However the timeframe for resolution of the initial Minor Corrective Action Requests (CARs) was not realistic in that it did not allow the rollout to the programme level, nor does the first maintenance audit allow to assure the changes have taken effect on the ground and reach the people FCA aims to assist. Therefore, the timeframe for resolution for most CARs has been extended to two years from the initial emission of the CARs.

6.2 Summary of Corrective Action Requests

Corrective Action Requests	Type	Status	Time for resolution
2017-1.2 Risk analysis does not systematically take risks for communities into account.	minor	open	Extended to 2019-06-26
2017-2.1 FCA does not systematically include and address communities' safety and constraints in designing programmes.	minor	open	Extended to 2019-06-26
2017-2.5c Poor performances are not systematically analysed and acted upon as a result of monitoring activities.	minor	open	Extended to 2019-06-26
2017-3.2 FCA does not systematically analyse community risks and hazards in order to integrate them into programming.	minor	open	Extended to 2019-06-26
2017-3.6a FCA's programmes do not systematically identify potential or actual unintended effects.	minor	Indicators 3.6a and 3.6b have now been merged.	
2017-3.6 Potential and actual unintended negative effects are not systematically identified and therefore not systematically acted upon.	minor	open	Extended to 2019-06-26
2017-3.7 Policies, strategies and guidance do not systematically guide on screening of potential negative effects prior to programming activities.	minor	closed	
2017-3.8 FCA does not have a clear system in place to safeguard personal information collected from communities and people affected by crisis.	minor	open	Extended to 2019-06-26
2017-5.1 Communities and people affected by crisis are not systematic consulted in the design, implementation or monitoring of the complaint process.	minor	open	Extended to 2019-06-26
2017-5.2 FCA's complaint mechanism is not communicated to communities and affected people.	minor	open	Extended to 2019-06-26
2017-5.3a Complaints handling mechanisms are not systematically in place	minor	open	Extended to 2019-06-26

throughout FCA.			
2017-7.2 FCA's systems do not ensure that information coming from M&E is of constant quality, systematically analysed and feed into innovation and changes, nor do they ensure that complaints from communities inform systematically innovation closed and changes across Programme Offices.	minor	open	Extended to 2019-06-26
2017-7.4 Mechanisms that allow going from information sharing to learning are scattered and/or not defined.	minor	closed	
2017-9.4 FCA's system does not ensure that the environmental impact of the use of local and natural resources is significantly considered.	minor	open	Extended to 2019-06-26
TOTAL Number of open CARs: 11			

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 | <input checked="" type="checkbox"/> |
| I accept the findings of the audit | <input checked="" type="checkbox"/> |
| I do not accept some/all of the findings of the audit | <input type="checkbox"/> |

Please list the requirements whose findings you do not accept

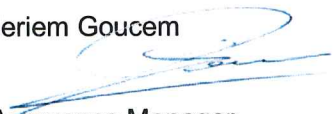
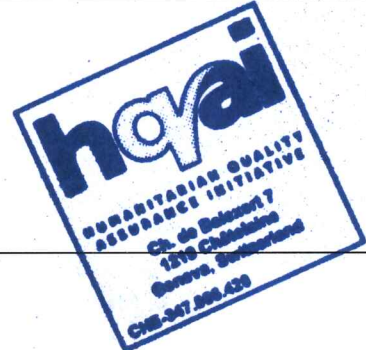


Hanna Saarelainen
Director of Administration

3.7.2018 Helsinki

Date of document: 2018-06-19

8. HQAI's decision

Certification Decision	
Certificate:	
<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn
Next audits	
Mid-term audit before: 2019-06-26	
Second maintenance audit before: 2020-06-26	
Elissa Meriem Goucem  Quality Assurance Manager Humanitarian Quality Assurance Initiative	Date: 2018-07-03 

Appeal

In case of disagreement with the conclusions and/or decision on certification, the organisation can appeal to HQAI within 30 days after the final report has been transmitted to the organisation.

HQAI will investigate the content of the appeal and propose a solution within 15 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform in writing HQAI within 15 days after being informed of the proposed solution of their intention to maintain the appeal.

HQAI will take action immediately, and identify two Board members to proceed with the appeal. These will have 30 day to address it. Their decision will be final.

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

Annex 1: Explanation of the scoring scale

In line with the CHS's emphasis on continuous learning and improvement, rather than assessing a pass/fail compliance with the CHS requirements, the CHS Verification Scheme uses a scoring system. It is graduated from 0 to 5 to determine the degree to which organisations apply the CHS and to measure progress in this application.

Be it in the framework of a self-assessment or in a third-party assessment process, it is key to have detailed criteria to evaluate (score) the degree of application of each requirement and commitment of the CHS. A coherent, systematic approach is important to ensure:

- Transparency and objectivity in the scoring criteria;
- Consistency and reliability between one verification cycle and another, or between the different verification options;
- Comparability of data generated by different organisations.

This document outlines a set of criteria to orient the assessment process and help communicate how the respective scores have been attributed and what they mean.

While verification needs to be rigorous, it needs also to be flexible in its interpretation of the CHS requirements to be applicable fairly to a wide range of organisations working in very different contexts. For example, smaller organisations may not have formal management systems in place, but show that an Organisational Responsibility is constantly reflected in practices. In a similar situation, the person undertaking the assessment needs to understand and document why the application is adequate in the apparent absence of supporting process. It is frequent that the procedures actually exist informally, but are "hidden" in other documents. Similarly, it is not the text of a requirement that is important, but whether its intent is delivered and that there are processes that ensure this will continue to be delivered under normal circumstances. The driving principle behind the scoring is that the scores should reflect the normal ("systematic") working practices of the participating organisation.

What do the scores stand for?

Score	Key actions	Organisation responsibilities
0	<ul style="list-style-type: none"> Operational activities and actions systematically contradict the intent of a CHS requirement. Recurrent failure to implement the necessary actions at operational level. A systemic issue threatens the integrity of a CHS Commitment (i.e. makes it unlikely that the organisation is able to deliver the commitment). 	<ul style="list-style-type: none"> Policies and procedures directly contradict the intent of the CHS requirement. Complete absence of formal or informal processes (organisational culture) or policies necessary for ensuring compliance at the level of the requirement and commitment.
1	<p>Some actions respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> There are 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. 	<p>Some policies and procedures respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> Relevant policies exist but are incomplete or do not cover all areas of the CHS. 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 ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.
2	<p>Actions broadly respond to the intent behind the CHS requirement: Actions at operational level are broadly in line with the intent behind a requirement or commitment.</p> <p>However:</p> <ul style="list-style-type: none"> 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. 	<p>Some policies and procedures respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> Relevant policies exist but are incomplete or do not cover all areas of the CHS. 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 ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.
3	<p>Actions respond to the intent of the CHS requirement:</p> <ul style="list-style-type: none"> The design of programmes site(s) and country programme(s) and the implementation of activities is based on the relevant policies and reflects the requirement throughout programme sites. Staff are held accountable for the application of relevant policies and procedures at operational level, including through consistent quality assurance 	<p>Policies and procedures respond to the intent of the CHS requirement:</p> <ul style="list-style-type: none"> 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, programmes site(s) and country programme(s) The organisation monitors the

	<i>mechanisms.</i>	<i>implementation of its policies and supports the staff in doing so at operational level.</i>
4	<p>As 3, but in addition:</p> <ul style="list-style-type: none"> • <i>Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</i> • <i>Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</i> 	<p>As 3, but in addition:</p> <ul style="list-style-type: none"> • <i>Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</i> • <i>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.</i> • <i>They can relate the examples to improved quality of the programmes site(s) and country programme(s) and their deliveries.</i>
5	<p>As 4, but in addition:</p> <ul style="list-style-type: none"> • <i>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.</i> 	<p>As 4, but in addition:</p> <ul style="list-style-type: none"> • <i>Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures.</i> • <i>Policy and practice are perfectly aligned.</i>