

# Honduran Red Cross (HRC)

## Maintenance Audit 1 – Report - 2025/12/01

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Lead auditor / Agnes KONRAT	
<b>Audit cycle</b>	First cycle (CHS:2014)	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	2025/10/10 – 25 participants	No
<b>Closing Meeting</b>	2025/11/24 – 20 participants	No
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Head office directors and managers	4

### 2. Actions and progress of organisation

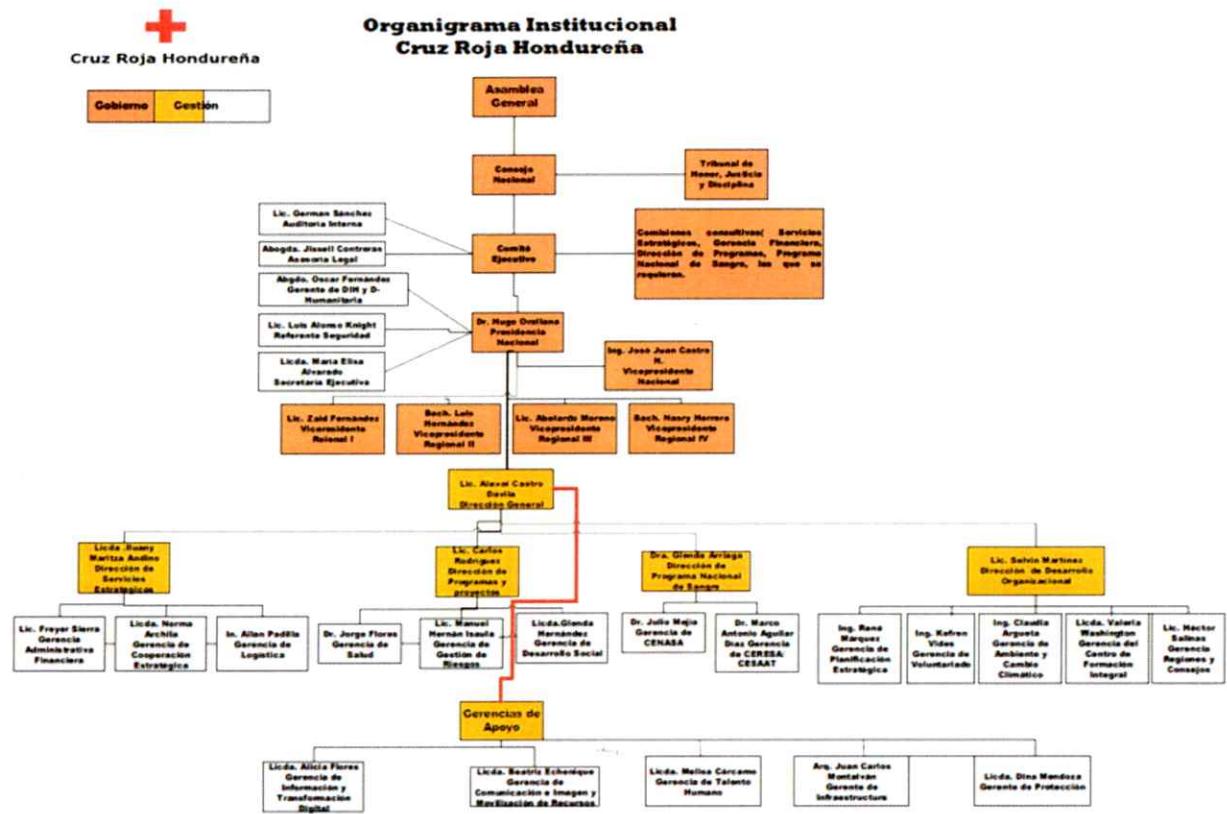
#### 2.1 Significant change or improvement since the previous audit

Since the Initial Audit conducted in 2024, the Honduran Red Cross (HRC) has undertaken strategic actions to address identified minor Corrective Action Requests (CARs). The Initial Audit report and the improvement plan have become instruments for strategic decision-making, the continuous improvement of the humanitarian operability of HRC and the monitoring of compliance with the CHS.

Restructuring of the organisation: HRC implemented significant structural changes with direct implications for CHS compliance. Key changes include the creation of the Humanitarian Diplomacy and International Humanitarian Law (IHL) Unit (reporting to the Presidency) to prioritise promotion of the Doctrine of the International Red Cross and Red Crescent Movement, the Fundamental Principles, humanitarian values and IHL; creation of the Protection Unit (under General Directorate) integrating protection of vulnerable communities, staff protection, community participation and accountability; elevation of Internal Audit to Unit status with greater independence; elevation of Logistics to Unit status, consolidating logistics, vehicle fleet, and emergency operations coordination. Within the Organisational Development Directorate, the previous Volunteer and Regions Unit was divided into two specialised Units (Volunteer Unit and Regions and Councils Unit). Finally, the areas of Communication and Image with Resource Mobilisation were merged under a single Unit.

Governance and monitoring of CHS compliance: HRC has strengthened its institutional framework for the implementation of the CHS with the Directorate of Organisational Development as the focal point, assigning direct responsibility to each unit in compliance with the standard. The Monitoring and Reporting Unit (UMER) sensitises HRC members to the CHS to and independently monitors the application of the CHS in all projects.

Strengthening of internal control systems and risk management: The internal audit structure has been strengthened with two dedicated positions reporting directly to the Presidency. HRC has expanded its institutional risk management framework, with institutional risk matrices linked to internal control systems.



Implementation of the feedback and complaints mechanism (FCM): HRC implemented the institutional FCM that was in the draft phase during the initial audit. The mechanism is accessible to staff and communities through multiple channels.

HRC is finalising its National Development Plan 2026-2030, which explicitly incorporates accountability, transparency, and institutional strengthening as strategic axes.

## 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)
2024-3.6: HRC does not have a comprehensive approach to identifying and acting upon the full range of negative effects.	Minor / by 2027 (RA)	HRC demonstrates progress in addressing this CAR. The most significant actions include: <ul style="list-style-type: none"> <li>Initiated internal analysis of unintended negative effects by organisational area (dignity, rights, PSEA, etc.)</li> <li>Identified existing tools that address specific effects (damage assessment, needs analysis, etc.)</li> <li>Developed a preliminary catalog of preventive and corrective</li> </ul>	232-234, 238-239, 247, Interviews with staff

		<p>actions based on identified effects</p> <ul style="list-style-type: none"> <li>• Disseminated the PSEA Policy to employees, volunteers and Councils</li> <li>• Implemented the institutional feedback mechanism internally and externally with follow-up of cases</li> </ul> <p>Next, HRC plans to:</p> <ul style="list-style-type: none"> <li>• Complete the identification of risks of unintended negative effects for each area</li> <li>• Progress in the catalog of preventive and corrective actions according to the effects identified</li> <li>• Conduct a comprehensive analysis and design a comprehensive approach to act on the full range of negative impacts of humanitarian action</li> <li>• Develop operational tools</li> </ul>	
2024-3.8: HRC's systems to safeguard personal information collected from communities are not known by all staff.	Minor / by 2027 (RA)	<p>HRC demonstrates progress in addressing this CAR. The most significant actions include:</p> <ul style="list-style-type: none"> <li>• Developed a training module on data protection and began trainings</li> <li>• Implemented the process for obtaining informed consent for the use of information of assisted communities</li> <li>• Incorporated data protection in the staff induction process</li> </ul> <p>The MA1 audit included limited interviews with HRC staff and did not include direct consultations with communities. The verification of knowledge and systematic implementation of data protection policies and processes at staff and community level will be conducted during the 2027 Renewal Audit.</p>	250, 279, Interviews with staff
2024-5.1: HRC does not consult communities on the implementation and monitoring of complaints-handling processes.	Minor / by 2027 (RA)	<p>HRC demonstrates progress in addressing this CAR. The most significant actions include:</p> <ul style="list-style-type: none"> <li>• Conducted pilots with communities to test communication channels</li> <li>• Collected community feedback on the usability of the mechanism and made adjustments based on identified community needs (e.g., keeping an active hotline for older adults who do not use WhatsApp)</li> <li>• Conducted satisfaction surveys in which 100% of the people surveyed stated that they can share their feedback and</li> </ul>	256, 257, 258, Interviews with staff

		<p>opinions, and consider that they are taken into account by HRC. The MA1 audit did not allow for interviews with communities to verify community participation in the mechanism. The 2027 Renewal Audit will include consultations with communities on their involvement in the design, implementation and monitoring of the complaints-handling processes.</p>	
2024-5.2: HRC does not systematically communicate the scope of issues the complaint mechanism can address and how complaints are managed.	Minor / by 2027 (RA)	<p>HRC demonstrates progress in addressing this CAR. The most significant actions include:</p> <ul style="list-style-type: none"> <li>Implemented its institutional feedback mechanism with multiple communication channels (see 5.4)</li> <li>Communicated the mechanism through training material that specifies what topics the mechanism covers and the step-by-step process of how complaints are managed</li> </ul> <p>The MA1 audit conducted limited interviews with staff and did not include direct consultations with communities. Therefore, the full verification of this CAR regarding the communication and understanding of the scope of the feedback mechanism will be carried out during the 2027 Renewal Audit.</p>	256, 259, Interviews with staff
2024-5.4: The complaints-handling process for communities and people affected by crisis are not consistently documented and in place.	Minor / by 2027 (RA)	<p>HRC demonstrates progress in addressing this CAR. The most significant actions include:</p> <ul style="list-style-type: none"> <li>Finalised the institutional feedback mechanism and rolled it out to staff and communities</li> <li>Documented and implemented multiple communication channels (email, phone line, WhatsApp messaging with chatbot, and physical complaints boxes onsite)</li> <li>Sensitised the mechanism to 96% of employees and 66% of Councils nationwide</li> <li>Distributed banners with QR codes and rolled out the mechanism on the intranet and on field sites for direct access to the feedback platform</li> </ul> <p>Next, HRC plans to:</p> <ul style="list-style-type: none"> <li>Continue raising awareness and communicating to reach the full national rollout of the mechanism</li> </ul>	234, 256-257, Interviews with staff
2024-8.4: HRC does not consistently analyse its staff	Minor / by 2027 (RA)	HRC demonstrates progress in addressing this CAR. The most significant actions include:	260, 261, 267, 269, Interviews with staff

capacity to deliver its programmes.		<ul style="list-style-type: none"> <li>Conducted an institutional staff diagnosis that included the review of the organisational structure, job descriptions and processes related to human talent management</li> <li>Created new management positions in response to identified capacity gaps</li> <li>Initiated improvements in the induction processes, performance management and staff evaluation</li> <li>Calculated a first staff turnover rate</li> </ul> <p>Next, HRC plans to:</p> <ul style="list-style-type: none"> <li>Finalise the analysis of staff capacity needs through the new National Development Plan 2026-2030</li> <li>Analyse the effectiveness and efficiency of the organisational structure</li> <li>Calculate the full staff turnover rate</li> </ul>	
2024-9.5: HRC does not systematically manage the risk of corruption.	Minor / by 2027 (RA)	<p>HRC demonstrates progress in addressing this CAR. The most significant actions include:</p> <ul style="list-style-type: none"> <li>Collected information on fraud and corruption risks in the different organisational areas</li> <li>Defined mitigation measures and assigned monitoring officers for each identified risk</li> </ul> <p>Next, HRC plans to:</p> <ul style="list-style-type: none"> <li>Finalise the risk matrix, integrate it into internal control mechanisms and supervision of the Financial and Internal Auditing Units</li> <li>Define risk management and mitigation plan for identified risks</li> </ul>	271 Interviews with staff
2024-9.6e: HRC policies and processes governing the use and management of resources lack practical guidance on how the organisation assesses, manages and mitigates risks on an ongoing basis.	Minor / by 2027 (RA)	<p>HRC demonstrates progress in addressing this CAR. The most significant actions include:</p> <ul style="list-style-type: none"> <li>Held an institutional risk management workshop to conceptualise, review and analyse the most frequent risks with the greatest impact in each organisational area</li> <li>Provided knowledge and tools to identify and prioritise operational, financial, technological, strategic, reputational, legal, and environmental risk factors</li> <li>Finalised fraud and corruption risk matrix with mitigation measures (see 9.5)</li> </ul> <p>Next, HRC plans to:</p>	270, 271, 272 Interviews with staff

		<ul style="list-style-type: none"> <li>• Align risk management with its National Development Plan 2026-2030</li> <li>• Gradually update internal policies and procedures, aligned with international best practices and ISO standards, incorporating financial, administrative and compliance risk management</li> </ul>	
2024-9.6f: HRC policies and processes governing the use and management of resources do not consistently inform how they ensure that the acceptance of resources does not compromise its independence.	Minor / by 2027 (RA)	<p>HRC demonstrates progress in addressing this CAR. The most significant actions include:</p> <ul style="list-style-type: none"> <li>• Initiated the update of the Strategic Cooperation Policy with changes on how HRC coordinates with partners and donors and how it maintains its independence (for instance through a non-exclusivity clause with partners, or through the requirement for external partners to respect Fundamental Principles)</li> </ul> <p>Next, HRC plans to:</p> <ul style="list-style-type: none"> <li>• Complete the update of the Strategic Cooperation Policy and develop an implementation strategy that operationalises technical aspects</li> </ul>	272 Interviews with staff

### 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024-3.6: HRC does not have a comprehensive approach to identifying and acting upon the full range of negative effects.	Minor	Open	By renewal Audit 2027
2024-3.8: HRC's systems to safeguard personal information collected from communities are not known by all staff.	Minor	Open	By renewal Audit 2027
2024-5.1: HRC does not consult communities on the implementation and monitoring of complaints-handling processes.	Minor	Open	By renewal Audit 2027
2024-5.2: HRC does not systematically communicate the scope of issues the complaint mechanism can address and how complaints are managed.	Minor	Open	By renewal Audit 2027
2024-5.4: The complaints-handling process for communities and people affected by crisis are not consistently documented and in place.	Minor	Open	By renewal Audit 2027
2024-8.4: HRC does not consistently analyse its staff capacity to deliver its programmes.	Minor	Open	By renewal Audit 2027
2024-9.5: HRC does not systematically manage the risk of corruption.	Minor	Open	By renewal Audit 2027
2024-9.6e: HRC policies and processes governing the use and management of resources lack practical guidance on how the organisation assesses, manages and mitigates risks on an ongoing basis.	Minor	Open	By renewal Audit 2027
2024-9.6f: HRC policies and processes governing the use and management of resources do not consistently inform how they ensure that the acceptance of resources does not compromise its independence.			
<b>Total Number of open CARs</b>	8		

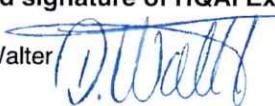
### 4. Claims Review

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

<p>In my opinion, HRC 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>I recommend maintenance of certification.</p> <p><b>Name and signature of lead auditor:</b> Agnes Konrat</p> 		<b>Date and place:</b> 2025/12/01 Paris, France

## 6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
<b>Surveillance audit before:</b> 2026/12/01	
<b>Name and signature of HQAI Executive Director:</b> Désirée Walter 	<b>Date and place:</b> Geneva, 01 December 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>  	<b>Date and place:</b> 18/12/2025

### 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