

TPO Uganda

Maintenance Audit 2 – Report - 2024/11/18

1. General information and audit activities

Role / name of auditor(s)	Phillip Miller – Lead Auditor	
Audit cycle	First cycle	
Opening Meeting	Date / number of participants	Any substantive issues arising
	13 Nov 2024	Nil
Closing Meeting	19 Nov 2024	Nil
Interviews	Position / level of interviewees	Number
	Head Office / Management	6
	Head Office / Advisory	2

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Management reported that the organisation continues to expand its work to more parts of Uganda and in different sectors. Since the IA, TPO Uganda's budget has more than doubled. TPO Uganda is also more engaged in consortia arrangements including taking on the role as the lead agency. The organisation has also increased working with local implementing organisations in order to expand its reach in Uganda. Management estimated that approximately 20% of its programming was implemented through partners at the time of the MA2. Management believed that TPO's most significant improvements have been in their strengthened accountability and engagement processes with communities as well as the roll out of more robust project and finance management systems. TPO feels that donors now have greater confidence in their systems. TPO is an active promoter of CHS within the Ugandan humanitarian and development sector.

TPO Uganda has made satisfactory progress towards addressing the single open CAR that was raised in their Initial Audit. In addition, TPO has made significant progress addressing the observations relating to risks of harm to the environment that were made in the IA.

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 – 5.5: TPO does not ensure that all staff are aware of the complaints procedure and that field staff systematically record complaints	Minor 2024/09/15	TPO has continued to make progress towards addressing this CAR. TPO has demonstrated that it has strengthened the measures to ensure that all staff are aware of the complaints procedure. These measures include: <ul style="list-style-type: none">• Ensuring induction processes for new staff include information about TPO's complaints system• Providing a one page flow chart of the complaints process to all staff and displaying this in all offices. The poster describes channels for reporting complaints as well as what staff should do in regards to serious and non-serious complaints	Interviews with staff. E02, E04, E08, E09, E011, E013

		<ul style="list-style-type: none"> • Conducting training for all staff on complaints handling. • After discovering a gap in staff knowledge about sexual exploitation, abuse and harassment (SEAH), TPO arranged for training of all staff to raise awareness about what to do with cases of SEAH. • Management and SEAH Focal Points perform random checks of staff knowledge of SEAH and complaints handling during monitoring visits to project sites and follow up on implementation of CHS more broadly. <p>Through these measures TPO management is confident that staff have adequate knowledge of the complaints and feedback process of TPO.</p> <p>It was reported that TPO keeps records of all complaints received. Records of SEAH and sensitive complaints are channelled through focal persons and reports of these are made anonymous and only shared with the Country Director. Handwritten records of sensitive complaints are kept in secure locations. The records of non-serious complaints at field level are kept in excel spreadsheets and consolidated into a register at Head Office. At field level the complaints records are managed by the Project Coordinator. Records of non-serious complaints to support the process described by management were not sighted during the audit.</p>	
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2.3 Summary of Progress on Addressing other Risks

As described in Section 2.1, it was agreed to expand the scope of this MA2 to also consider risks emerging from the observations that were noted in the IA. The main risks pertained to how TPO manages risks to the environment that might emerge as a result of its activities. Progress on addressing these risks were assessed according to the same process as for considering progress towards addressing the open CAR that is, interviews with TPO staff and review of documentation.

TPO's Environmental and Social Impact Management Policy (ESIMP) has recently been reviewed by management and makes clear the processes for assessing any environmental impacts and how mitigation strategies will be developed. TPO also has tools to aid implementation of ESIMP. There are clear lines of responsibility for undertaking risk assessments and implementation of approved risk management lies with Project Coordinators. In instances where high environmental risks are identified, TPO arranges specialists from government to train staff and they also engage with the private sector and utilise their appropriately qualified staff. TPO is delivering an environment project and leverages learning from this project to raise environmental protection awareness within other projects.


3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2022 – 5.5: TPO does not ensure that all staff are aware of the complaints procedure and that field staff systematically record complaints	Minor	Open	by 2025 RA
Total Number of open CARs	1		

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

In my opinion, TPO 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. I recommend maintenance of certification.	
Name and signature of lead auditor:  Phillip Miller	Date and place: 5 December 2024 Melbourne, Australia

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: 2026/01/05	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 12 January 2025

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 type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit	<input type="checkbox"/> Yes <input type="checkbox"/> No

I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: <div><div>Signed by:</div><div> 5FC458038D8F4CE... Okwi Peter</div></div>	Date and place: Kampala, Uganda 29/1/2025

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>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