

Fundación Tierra de Paz (TdP)

Reinstatement – Report - 2026/09/03

1. General Information and Audit Activities

Role/name of the auditor(s)	Nancy Vallejo – Lead Auditor	
Audit cycle	First cycle (CHS:2014)	
Audit scope	This audit specifically assessed the implementation of corrective actions associated with two open major Corrective Action Requests (CARs) from Maintenance Audit 1 (TDP-MA1-2026), which were required to be resolved within a six-month period commencing from the date of the said audit.	
Opening meeting	Date / Number of participants	Any substantive issues that arose
	2026/08/14 Participants: 5 (F) 1 (M) 1 management staff member 3 project professionals 1 independent consultant	No
Closing meeting	2026/08/25 Participants: 4 (F) 3 (M)	No
Interviews	Position/level of interviewees	Number
	Participants: 1 (F) 2 (M) General Director (Remote) 2 managers (Remote)	3

2. Actions and progress of the organisation

2.1 Significant changes or improvements since the previous audit

During 2026, following the previous audit, Fundación Tierra de Paz (TdP) rolled out an institutional strategy to integrate the CHS into the organisation's activities. This strategy began with the promotion of a meeting of Colombian CHS-certified NGOs, supported by Diakonia, aimed at fostering the consolidation of a CHS community of practice and exchanging experiences. An Internal CHS Committee of the Foundation was also created.

From May to July 2026, a participatory institutional process was launched to implement the Action Plan proposed to comprehensively resolve the outstanding Major and Minor Corrective Actions raised in the previous audit.

For this purpose, the services of an independent consultant were engaged to facilitate the process and coordinate the actions agreed upon participatively, and a work plan was developed using a RASCI matrix (Responsible, Accountable, Support, Consulted and Informed), which is monitored by the Internal CHS Committee. All staff have been trained and sensitised on the CHS and its importance for the organisation and the communities it benefits. Technical meetings were also held in the relevant areas with responsible staff, starting with the MEAL team, to review the necessary actions and adopt corrective measures.

As a result of these processes, TdP carried out a substantial review of the policies, procedures and implementation tools relating to the major CARs. Other related policies and tools were also developed. These documents are

framed within relevant Colombian legislation and are clearly aligned with the CHS and other international humanitarian standards.

In summary, the Code of Conduct and the complaints policy were amended, and a mechanism for responding to requests, complaints and grievances (MPQR) was developed. The fraud and corruption prevention policy was likewise amended, and a risk policy and risk management matrix were adopted. A policy on protection against sexual exploitation and abuse (PSEA) was developed. A functional organisational chart to address the new responsibilities and a document coding matrix were also developed.

Most of these policies, procedures and implementation tools were approved in early August 2026. TdP plans to continue disseminating these documents to staff, contractors, volunteers, etc., and to communities, as well as to continue staff training and roll out implementation over the coming months. This may result in further reviews and adjustments.

It can therefore be concluded that TdP now has an established framework that will enable it to manage complaints appropriately and better prevent fraud and corruption. Major CARs 5.3 and 9.6 can therefore be closed.

However, as mentioned, some of the policies, procedures and implementation tools require additional work, dissemination and implementation. Some documents, such as the staff regulations and others, still need to be updated. Two new Minor CARs are therefore opened on requirements 5.3 and 9.6.

2.2 Summary of corrective actions

Corrective Action Requests (CAR)	Type and resolution deadline	Progress made to address the CAR and in response to the indicator results	Evidence (document no., KII)
Major CAR 2026-5.3: TdP does not manage complaints in a timely, fair and appropriate manner, systematically prioritising the safety of the complainant and affected persons at all stages.	Major / 6 months 2026/09/04	TdP substantially reviewed and strengthened the institutional framework and concrete mechanisms to enable complaints to be managed in a timely, fair and appropriate manner, systematically prioritising the safety of the complainant and affected persons. The 2026 version of the complaints policy and related documents include: • A new classification of complaints that formally distinguishes between operational complaints and complaints related to the Code of Conduct (CoC), each with a distinct management pathway and responsible parties. • A new governance structure with specific roles and responsibilities — Complaints Management Focal Point (PFQ), Complaints Management Committee (CMQ), and an expanded role for the Board of Directors for very serious cases (SEA, fraud > Col pesos \$10 million, senior management involved). • A formal investigation procedure and guidelines, with strict deadlines for receipt, analysis and response, as well as a fast-track route for urgent cases. • A victim/survivor-centred approach: explicit alignment with the Core Humanitarian Standard (CHS), due process guarantees are adopted for the Subject of the Complaint, and adherence to the Misconduct Disclosure Scheme (MDS) is included, to prevent the re-hiring of perpetrators of SEA. • A new chapter on external communication and crisis management, with protocols for	134 to 136, 139 to 141, 145, 148, 149, 155, 156.

		communication with donors, partners, authorities and the media, including rules on what information may/may not be shared and when the Crisis Management Protocol is activated. • 10 new annexes (technical glossary, flow chart, detailed PQR form, "do's and don'ts" guide, FAQ). • Specific mechanisms for the safety of the complainant and affected persons, institutionalising victim/survivor protection as an explicit guiding principle, deliberately separating humanitarian assistance from the investigative process to avoid revictimisation or additional risks. • New contact channels are established: email, WhatsApp line. This framework enables TdP to manage complaints in a timely, fair and appropriate manner, systematically prioritising the safety of the complainant and affected persons at all stages, allowing Major CAR 2026-5.3 to be closed. However, TdP still needs to put the mechanism into practice and make progress in disseminating it and training staff, contractors, volunteers, etc., as well as beginning field-level implementation with vulnerable communities and beneficiaries. Likewise, some elements of the policy, procedures, investigation guidelines, related regulations and implementation tools require further development, such as the definition of a clear sanctions system and explicit articulation with other policies and procedures, and interrelation between them. For the above reasons, TdP cannot yet systematically ensure that complaints are managed in a timely, fair and appropriate manner. A new Minor CAR is therefore opened.	
Major CAR 2026-9.6: TdP does not have established policies or processes to prevent and address corruption, fraud and misuse of resources, or to manage the associated risk.	Major / 6 months 2026/09/04	TdP significantly updated the policies and processes to prevent and address corruption, fraud and misuse of resources, and to manage the associated risk. Through the participatory review and improvement of the anti-corruption and transparency policy (2024 version) and associated procedures, TdP equipped itself with an operational document featuring control mechanisms (such as the conflict-of-interest form, resolution protocol, and comprehensive list of prohibited conduct). Terminology, reporting channels and scope were also harmonised with the rest of the renewed ethical regulatory framework of the Foundation, such as the Code of Conduct, PSEA, and the Complaints Mechanism. Key improvements include • Expansion of the thematic scope: from "Anti-corruption and Transparency" to explicitly	134, 135, 141, 142, 144, 146, 151 to 153

		cover fraud, conflict of interest and unethical business practices, with an express “Zero Tolerance” declaration. • Definition of "Acts to be prevented", through an extensive and explicit list of prohibited conduct (bribery, criminal collusion, threats, political involvement, use of illegal labour, money laundering, concealment, etc.). • Formal conflict-of-interest protocol: a three-step procedure is defined (Abstention, Documentation, Resolution), with the Ethics Committee as the decision-making body. • New annexed form: Appendix 1 – Declaration of Conflict of Interest and Confidentiality is incorporated, a formal document to be signed. • Stricter restrictions on gifts and presents. • Updated reporting mechanism • New risk management policy and an associated matrix. • New investigation guidelines. This framework enables TdP to have updated policies and processes to prevent and address corruption, fraud and misuse of resources, and to manage risks, allowing Major CAR 2026-9.6 to be closed. However, TdP still needs to put the mechanism into practice and make progress in disseminating it and training staff, contractors, volunteers, etc., as well as beginning field-level implementation with vulnerable communities and beneficiaries. Likewise, some elements of the policy, procedures, investigation guidelines, related regulations and implementation tools require further development, such as the definition of a clear sanctions system and explicit articulation with other policies and procedures, and interrelation between them. A new Minor CAR is therefore opened.	
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3. Summary of non-conformities

Corrective Action Requests (CAR) from the present reinstatement audit	Type	Status	Resolution deadline
M2026-5.3: TdP does not manage complaints in a timely, fair and appropriate manner, systematically prioritising the safety of the complainant and affected persons at all stages.	Major	Closed	-
M2026-9.6: TdP does not have established policies or processes to prevent and address corruption, fraud and misuse of resources, or to manage the associated risk.	Major	Closed	-
2026-5.3: TdP cannot systematically ensure that complaints are managed in a timely, fair and appropriate manner.	Minor	New	By Renewal Audit 2028

2026-9.6: TdP cannot systematically ensure the prevention of and response to corruption, fraud and misuse of resources, or manage the associated risk.	Minor	New	By Renewal Audit 2028
Total number of new CARs		2	

4. Review of Statements

Statement review carried out ☐ Yes ☒ No	Follow-up required ☐ Yes ☒ No
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5. Lead auditor's recommendation

In my opinion, Fundación Tierra de Paz has demonstrated that it is taking the necessary measures to address the Major CARs identified in Maintenance Audit 1 (MA1). The two Major CARs are therefore closed. I recommend reinstatement of the certificate.	
Name and signature of the lead auditor:  Nancy Vallejo	Date and place: Cully, 2026/08/24

6. HQAI decision

☐ Certificate maintained ☐ Certificate suspended	☒ Certificate reinstated ☐ Certificate withdrawn
Maintenance Audit 2 to be completed by 2027/03/18 Renewal Audit to be completed by 2028/03/17	
Disclaimer: This report has been prepared in both Spanish and English. The undersigned is signing the English version in reliance on the accuracy and completeness of the translation. In the event of any discrepancy between the two versions, the English version shall prevail.	
Name and signature of the HQAI Executive Director:  Désirée Walter	Date and place: Geneva, 03 September 2026

7. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit results and/or any comments on the conduct of the HQAI audit team: If yes, please provide details:	☐ Yes ☒ No
Acknowledgement and acceptance of the results: I acknowledge and understand the audit results. I accept the audit results.	☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative:  Jose Luis Casas Polania	Date and place: Popayan, Cauca 07.September 2026

Appeal

In the event of disagreement with the quality assurance decision, the organisation may lodge an appeal with HQAI within 14 working days of being informed of the decision.

HQAI will forward the case to the Chair of the Advisory and Appeals Board, who will confirm that the grounds for the appeal meet the requirements of the appeal process. The Chair will then convene an appeal panel made up of at least two experts with no conflict of interest in the case in question. The panel will endeavour to reach a decision within 45 working days.

Details of the appeal procedure can be found in document PRO049 - Appeal Procedure.

Annex 1: Explanation of the Scoring Matrix*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation is not working to implement the CHS Commitment.	Score 0: indicates a deficiency so significant that the organisation is unable to fulfil the commitment. This results in: - Independent verification: major weakness. Certification: serious non-compliance, which results in a corrective action request (CAR): the certificate cannot be issued, or it is suspended immediately.
1	Your organisation is making efforts to implement this requirement, but they are not systematic.	Score 1: indicates a deficiency that does not immediately compromise the integrity of the commitment, but which must be corrected to ensure that the organisation can fulfil it on an ongoing basis. This results in: - Independent verification: minor weakness. Certification: minor non-conformity, which results in a corrective action request (CAR).
2	Your organisation is making systematic efforts to implement this requirement, but certain key points have not yet been addressed.	Score 2: indicates an issue that warrants attention, but which does not currently compromise conformity with the requirement. This results in: Independent verification and certification: observation.
3	Your organisation meets this requirement, and organisational systems ensure that it is met throughout the organisation and over time; the requirement is fulfilled.	Score 3: indicates full conformity with the requirement. This results in: Independent verification and certification: conformity.
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied exemplarily throughout the organisation, and organisational systems ensure that high quality is maintained throughout the organisation and over time.	Score 4: indicates exemplary performance in applying the requirement.

* Scoring scale of the CHSA 2020 Verification Scheme

Note: This document was translated from English using automated translation software. The original English version is considered the official and accurate text.