



TEARFUND
Maintenance Audit Report
CHS Certification

CERT- MA1-TEARFUND-2017-007

Date: 2017-04-05

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1. General information

Organisation Name:	Tearfund	Certificate No:	CERT-MA1-TEARFUND-2017-007
Type of organisation: <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Federated <input type="checkbox"/> Membership/Network <input type="checkbox"/> Direct assistance <input checked="" type="checkbox"/> With partners		Organisation 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 checked="" type="checkbox"/> Advocacy	
Organisation size: (Total number of programme sites/ staff at HO/partners)	---	Legal Registration: (NGO, Church, etc)	NGO
Head Office visit Location and date:	Teddington, UK / March 16, 2017	Lead Auditor:	Elissa Goucem

2. Scope

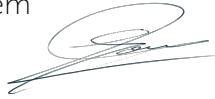
- | | |
|---|--|
| <input type="checkbox"/> Initial audit | <input type="checkbox"/> Mid term Audit |
| <input checked="" type="checkbox"/> Maintenance audit | <input type="checkbox"/> Recertification audit |

The auditor did not identify substantial changes in Tearfund systems that would require an investigation on areas that were not part of the non-conformities identified in the initial audit report.

The maintenance audit focused on the non-conformities identified in the previous audit report and found that Tearfund has taken action to close the non-conformities identified in the previous audit report.

Lead Auditor's
Name and Signature:

Elissa Goucem



Date and
Place:

05.04.2017
Geneva

3. Schedule summary

3.1 Opening and closing meetings

	Opening meeting	Closing meeting
Date	16-03-2017	16-03-2017
Location	Teddington, London	Teddington, London
Number of participants	1	1
Any substantive issue arising	None	None

3.2 Interviews

Type of people interviewed	Number of people interviewed
Head Office	
Management	1
Staff	2

4. Decision

Certification Decision:	
Certification	Intermediate audit
<input type="checkbox"/> Certified <input type="checkbox"/> Preconditioned (Major CARs)	<input checked="" type="checkbox"/> Maintenance of certificate <input type="checkbox"/> Suspension of Certificate (Major CARs)
Certification Decision Pierre Hauselmann Executive Director Humanitarian quality assurance Initiative	Date: 11 APRIL 2017

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 days to address it. Their decision will be final.

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

5. Summary on actions taken to resolve non-conformities

As part of its strategic review, Tearfund put a serious emphasis on systems mainstreaming and integration, to allow more efficient processes at different levels of decision making. This review, under the overview of the International Group Directorate, is still ongoing and is driven by organisation-wide projects around decision making for response with the Global Process System (GPS) and the Emergency Response Procedures (ERPs); a full review of its Design, Monitoring and Evaluation (DME); and a new organisational information management system called 'Frontline Reference Documents' (FReD), that centralises key documents, policies and resources, via online storage drives

The auditor found these thorough processes relevant for tackling the different non-conformities identified in the previous audit report. A majority of the evidence documents were reviewed on-site through an access to the FReD platform or collected as hard copies.

CAR 1.5b Tearfund policies do not commit to collect disaggregated data to include the diversity of communities.

Time for resolution: 2 years

CAR closed

Findings: The new Design, Monitoring and Evaluation (DME) framework now requires to capture more systematically disaggregated data on communities. The new system should allow for comprehensive data analysis as well as a greater integration in reporting at different levels of programming.

Evidence: Documents 4, 7, 8, 9 and onsite documents review, interviews with staff

CAR 2.2a As illustrated by the Philippines response, decisions are not systematically made without unnecessary delays

Time for resolution: 2 years

CAR in resolution

Findings: Tearfund significantly updated its Emergency Response Procedures (ERPs) in 2016 in alignment with its new Global Process System (GPS) covering all programming. As to rationalise emergency response, Tearfund developed a specific 'Response Decision Process', a workflow that clarifies the steps of decision making. Since September 2016 Country Representatives and Response Managers are required to follow this flowchart for timely response.

Timeliness is also supported by new guidelines in the ERP that clearly outline necessary steps, where to find the supporting resources and who to contact in order to receive relevant technical expertise.

Evidence: Documents 7, 8, 9 and onsite documents and systems review, interviews with staff

CAR 5.1 Communities are not systematically consulted on the design, implementation or monitoring of complaints handling processes

Time for resolution: 2 years

CAR in resolution

Findings: The work on accountability and complaints is part of Tearfund's strategic review. The organisation is in the process of reviewing its quality standards, amongst which Accountability. This implies that staff shall be monitored against accountability when the new system is rolled out, mid 2018. An Accountability adviser is in charge of the review of the accountability standard and specific recommendations were made to the board, in line with the CHS.

As part of the process for integration and rationalisation of its quality management processes, Tearfund also works on mainstreaming and raising awareness on the existing processes for complaints handling amongst staff at country level thanks to the substantial improvement of staff access to a relevant and updated set of policies through the FReD platform, as well as a series of trainings at HO and country levels. Tearfund also integrated specific indicators to identify complaints mechanisms at partners level in its new Organisational Assessment, which are to be linked to capacity building plans.

Nevertheless the new DME system does not have specific indicators to monitor complaints handling at projects and programmes levels.

Evidence: Documents 2, 4, 5, 7, 8, 9 and onsite documents review, interviews with staff

CAR 5.6 Communities and people affected by crisis are not systematically made aware of the expected behaviour of staff, particularly commitments on the prevention of sexual exploitation and abuse.

Time for resolution: 2 years

CAR in resolution

Findings: "Behaviour" is one the 8 reviewed Quality Standard and includes provisions on sexual exploitation and abuse. It is a non negotiable quality standard against which staff shall be monitored when the new system is rolled out. The Staff Code of Conduct and Safeguarding Policy were both updated in line with the strategic review and trainings have been provided to Country Representatives, all new staff and a proportion of country programmes to ensure awareness. These policies are also openly shared with partners to ensure awareness.

The "Minimum Standards: Beneficiary Accountability in Early phases of Humanitarian Programming" requests that information about expected behaviours of staff and PSEA provisions is shared with communities in the very first days of any response.

Nevertheless, Tearfund has not yet integrated systematic controls in the reviewed monitoring framework on the way communities and people affected by crisis are made aware by partners of the expected behaviour of staff, particularly commitments on the prevention of sexual exploitation and abuse.

Evidence: Documents 2, 6, 7, 10, 11, 12, 13, 14 and onsite documents review, interviews with staff

CAR 6.6 Tearfund's partnership agreements do not fully reflect each partner's capacities and constraints.

Time for resolution: 2 years

CAR in resolution

Findings: Tearfund updated its Organisational Assessments and Partner Agreements to ensure partners are assessed on multiple aspects of the organisation, including anti-fraud checks, capacity and experience. The organisation updated its Supplementary Institutional Funding Tool (SIFT) to allow a more detailed evaluation of new or existing partners that highlights where their strengths, development areas or limiting factors lay. The different assessment tools are to be linked to capacity building plans for partners or pools of partners.

Evidence: Documents 7, 8, 9, and onsite documents review, interviews with staff

CAR 9.1 As illustrated by the Philippines response, programmes are not always designed and implemented as efficiently as possible

Time for resolution: 2 years

CAR in resolution

Findings: As a part of the 'Emergency Response Procedures' (ERPs), a specific section 'Design and Early Phase Programming' has been developed to ensure new response can both follow a uniform structure of compliance and efficiency and demonstrate the support that is available to programme teams to achieve planned impact.

Evidence: Documents 4 and onsite documents review and interviews with staff

6. Organisation's signature

(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

Organisation's
Representative
Name and
Signature:



MATTHEW BRIMBLE
OPERATIONS SUPPORT MANAGER

Date and
Place:

11/04/2017
TEDDINGTON, ENGLAND.