

Friendship Bangladesh

Maintenance Audit 2 – Report – 2024/04/29

1. General information and audit activities

Role / name of auditor(s)	Jorge Menendez Martinez	
Audit cycle	First cycle.	
Opening Meeting	Date / number of participants	Any substantive issues arising
	2025/03/20 - 8 participants	None
Closing Meeting	2025/04/09 - 8 participants	None
Interviews	Position / level of interviewees	Number
	Head office	7
	Friendship Luxemburg Staff	1

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Initial Audit (IA) in 2022, Friendship Bangladesh (Friendship) has been implementing a new Enterprise Risk Management (ERM) system to identify and minimise key risks. Each department and project must prepare a risk assessment matrix, considering past, present, and potential future risks, along with corresponding control and mitigation measures. Additionally, Friendship has revised and approved a new Internal Audit Manual.

Friendship has also taken significant steps to strengthen its mechanisms for protecting communities from Sexual Exploitation and Abuse (PSEA), including:

- Updating its PSEA Policy and its Complaints and Feedback Mechanism Policy and Procedure (CFMP) in 2023, with further revisions in 2024 to address gaps identified during the MA1.
- Providing PSEA orientation for all staff during induction and annual refresher training, with safeguarding now integrated into staff performance appraisals.
- Empowering the Safeguarding Task Force to raise awareness within the organisation, communities, and stakeholders.
- Training staff to effectively investigate PSEA complaints.
- Displaying visual information in communities to reinforce awareness of Friendship's commitment to PSEA and its Code of Conduct.
- Incorporating a specific safeguarding clause in agreements with vendors, stakeholders, and partners.

Since the IA, Friendship has approved the Monitoring, Evaluation, Learning, and Accountability (MEAL) Policy and is developing policies on Environmental Protection, Acceptance of Donations, and Partnerships. The organisation has indicated that these policies will be finalised and approved before the renewal audit.

Friendship demonstrates a high level of commitment to addressing the issues raised in the IA and has made significant progress in addressing non-conformities. The CARs require further verification at the program and community levels, which will be conducted during the Renewal Audit with project visits to gather direct feedback from staff and communities.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution due date	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2022-2.7: Friendship's Policy framework for monitoring and evaluation does not ensure systematic, objective, and ongoing M&E; that evidence is used to adapt and improve programmes; and that timely decision are made with resources allocated accordingly.	Minor 2025/11/14	<p>Friendship approved the new MEAL Policy in March 2025 after piloting by Friendship MEAL working group at the project level. Also, Friendship has shared the draft of the Policy with relevant stakeholders before approval for their comments and suggestions.</p> <p>The new Policy sets out the minimum requirements for monitoring and evaluation across all programmes and provides guidance to ensure that evidence from monitoring and evaluation is used to adapt and improve programming or to facilitate timely decision-making with resources allocated accordingly.</p> <p>Friendship MEAL working group, with Focal Points in all the departments, will be responsible for the rollout of the new MEAL Policy.</p>	<p>MA2_01 MA2_13 MA2_14 MA2_15 MA2_16 MA2_17 MA2_18 MA2_19</p> <p>Interviews with staff.</p>
2022-3.6: Mechanisms to identify and act upon the full range of potential negative effects in a systematic and timely manner are not in place in all projects.	Minor 2025/11/14	<p>Since the IA, the organisation has been implementing the new ERM system, which requires every staff member to act as a Risk Manager and monitor risks. Leaders are considered the custodians of risk management within their departments. Each department must prepare a risk assessment matrix that identifies the risks they face and develop mitigation measures for each main risk. The evidence provided for this audit shows that each department has identified the main risks and developed mitigation measures.</p> <p>In January 2025, the Friendship management team decided that all projects must incorporate a risk assessment matrix addressing risks pertinent to the communities during project implementation. Updates will be reviewed in quarterly follow-ups.</p>	<p>MA2_06 MA2_11 MA2_12</p> <p>Interviews with staff.</p>
2022-4.4: Friendship does not ensure that feedback mechanisms are systematically in place that pay particular attention to the gender, age and diversity of those giving feedback.	Minor 2025/11/14	<p>The CFMP, updated in 2023, outlines how to establish and manage a systematic community feedback mechanism. The CFMP ensures that all community members, regardless of age, gender, ability, or marginalisation, can access it. Also, the Policy requires that the CFM must be designed and managed in a way that does no harm.</p> <p>In September 2024, the CFMP was revised to include the requirement to disaggregate feedback and complaints according to different groups.</p>	<p>MA2_02</p> <p>Interviews with staff.</p>
2022-4.5: Friendship's information sharing policies do not explicitly describe what information will	Minor 2025/11/14	<p>Friendship has updated the Information Sharing Policy to include how and what information should be shared with different stakeholders. The updated Policy outlines that if anyone fails to maintain the guidelines and principles of information sharing, the organisation will take appropriate disciplinary action. Information disclosure</p>	<p>MA1_13</p> <p>Interviews with staff.</p>

<p>be shared openly with stakeholders, including people and communities.</p>		<p>adheres strictly to ethical standards and requires consent from concerned individuals on a case-by-case basis.</p> <p>The updated Information Sharing Policy has been formally implemented, with the rollout encompassing induction, training sessions, various meetings—including community-level gatherings—and other relevant forums.</p>	
<p>2022-5.3: Friendship does not have a systematic process to ensure all complaints are managed in a timely, fair, and appropriate manner, and that the safety of the complainant and those affected are prioritised at all stages.</p>	<p>Minor 2025/11/14</p>	<p>The updated CFMP provides guidance to staff on the steps to follow when they receive serious complaints. Also, it indicates when the staff has to refer complaints to another organisation.</p> <p>The PSEA Policy, updated in 2023, requires the Safeguarding Task Force to provide training or awareness sessions to the staff, volunteers, communities and other stakeholders, and the organisation to allocate sufficient resources.</p> <p>At the MA2, the Safeguarding Task Force is in place, providing training and advice to the staff. In addition, Friendship has trained investigators for safeguarding, including SEA, complaints and incidents.</p> <p>The Friendship Human Resources Policies and Process or Procedures Manual has been updated to outline the procedure for investigating sensitive and non-sensitive complaints. This Manual serves as a guide for handling complaints, including those originating from communities.</p>	<p>MA2_02 MA2_03 MA2_04 MA2_10</p> <p>Interviews with staff.</p>
<p>2022-5.4: Documented complaints handling processes for communities, including related to sexual exploitation and abuse, and other abuses of power, are not coherent.</p>	<p>Minor 2025/11/14</p>	<p>The updated CFMP requires escalating sensitive complaints to management as soon as possible, and within 24 hours. It provides guidance on the steps for project field staff, community workers, and volunteers to follow when they receive sensitive complaints, especially those related to Sexual Exploitation and Abuse (SEA) from Friendship or staff of another organisation.</p> <p>The Friendship Human Resources Policies and Process or Procedures Manual describe how sensitive and non-sensitive complaints should be managed.</p> <p>At the MA2, Friendship has reviewed the CFMP and PSEA Policy to ensure that the processes for community complaints are properly covered.</p>	<p>MA2_02 MA2_03</p> <p>Interviews with staff.</p>
<p>2022:5.6 – Communities and people affected by crisis are not fully aware of Friendship’s CoC and PSEA commitments and of what behaviours they can expect from staff.</p>	<p>Minor 2025/11/14</p>	<p>The new Safeguarding Task Force is in place and provides training and awareness sessions to communities on the CoC and Friendship’s commitments made on PSEA.</p> <p>Friendship developed visual information to inform the communities about its CoC and Friendship’s commitments made on PSEA. Staff state that this visual information is in place in all the facilities and communities. Also, staff state that Friendship always informs about CoC and Friendship’s commitments made on PSEA during the community meetings.</p>	<p>MA1_25 MA1_26 MA2_03 MA2_10</p> <p>Interviews with staff.</p>

<p>2022-9.4: Friendship does not systematically consider its impact on the environment when using local and natural resources across its operations and programmes.</p>	<p>Minor 2025/11/14</p>	<p>Since the IA, Friendship has encouraged its staff to consider the potential impacts of intended activities on the environment while designing projects.</p> <p>Friendship is developing a new Environmental Policy. The Policy is expected to be finalised and approved before the Renewal Audit (RA) in 2025. The Policy requires assessing and adapting its approach to align with emerging environmental needs and opportunities. However, Friendship has not developed tools to support its staff in conducting this assessment.</p> <p>Friendship continues to manage waste from its health facilities according to internal protocols, ensuring that this waste does not negatively affect the environment.</p>	<p>MA2_05</p> <p>Interviews with staff.</p>
<p>2022-9.6: Friendship does not have all the relevant policies and processes in place governing the use and management of resources.</p>	<p>Minor 2025/11/14</p>	<p>The organisation has developed a Donation Acceptance Policy; it requires ensuring funds and gifts-in-kind are accepted and allocated ethically and legally, maintaining its independence. However, the Policy has not been approved yet by the Board.</p> <p>The organisation is developing the new Environmental Policy. The new Policy will require the responsible use of resources; however, at the time of this audit, the Policy has not been finalised yet.</p> <p>The Internal Audit Manual, approved in September 2024, is linked to the overall risk management framework and includes updates in various sections, such as the Management Responsibility and Accountability Framework, Donation Acceptance Policy, Code of Ethics for Internal Auditors, Internal Audit Process, Governance, Risk Management & Assessment, Internal Control, Fraud Management, Audit Planning and Annual Audit Plan, Conducting Audit Engagements (Field Work), Management of Repeat Findings (MRF), Documenting Audit Evidence, and Reporting Process.</p> <p>Friendship has also developed a risk matrix and mitigation tool to help staff identify and address key risks, which staff are actively using.</p> <p>Since, January 2025, Friendship requires the project coordinator to develop a risk matrix and mitigation plan for each project.</p>	<p>MA2_05 MA2_06 MA2_07 MA2_08 MA2_09 MA2_11 MA2_12</p> <p>Interviews with staff.</p>

3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Resolution due date	Status	New resolution due date (if)
<p>2022-2.7: Friendship's policy framework for monitoring and evaluation does not ensure systematic, objective, and ongoing M&E; that</p>	<p>Minor</p>	<p>2025/11/14</p>	<p>Open</p>	<p>By 2026 RA</p>


evidence is used to adapt and improve programmes; and that timely decision are made with resources allocated accordingly.				
2022-3.6: Mechanisms to identify and act upon the full range of potential negative effects in a systematic and timely manner are not in place in all projects.	Minor	2025/11/14	Open	By 2026 RA
2022-4.4: Friendship does not ensure that feedback mechanisms are systematically in place that pay particular attention to the gender, age and diversity of those giving feedback.	Minor	2025/11/14	Open	By 2026 RA
2022-4.5: Friendship's information sharing policies do not explicitly describe what information will be shared openly with stakeholders, including people and communities.	Minor	2025/11/14	Open	By 2026 RA
2022-5.3: Friendship does not have a systematic process to ensure all complaints are managed in a timely, fair, and appropriate manner, and that the safety of the complainant and those affected are prioritised at all stages.	Minor	2025/11/14	Open	By 2026 RA
2022-5.4: Documented complaints handling processes for communities, including related to sexual exploitation and abuse, and other abuses of power, are not coherent.	Minor	2025/11/14	Open	By 2026 RA
2022:5.6 – Communities and people affected by crisis are not fully aware of Friendship's CoC and PSEA commitments and of what behaviours they can expect from staff.	Minor	2025/11/14	Open	By 2026 RA
2022-9.4: Friendship does not systematically consider its impact on the environment when using local and natural resources across its operations and programmes.	Minor	2025/11/14	Open	By 2026 RA
2022-9.6: Friendship does not have all the relevant policies and processes in place governing the use and management of resources.	Minor	2025/11/14	Open	By 2026 RA
Total Number of open CARs	9			

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


<p>In our opinion, Friendship 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>We recommend maintenance of certification.</p>

Name and signature of lead auditor:  Jorge Menéndez Martínez	Date and place: Buenos Aires, 25 April 2025
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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: 2026/02/25	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 29 April 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 checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: 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
Name and signature of the organisation's representative:  Runa Khan	Date and place: Dhaka, May 07, 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