



MEDAIR

CHS Certification
Initial Audit Report

MED-CER-2018-004

Date: 2018-11-27

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1. General information

Organisation			
Type	<input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Membership/Network <input type="checkbox"/> Federated <input checked="" type="checkbox"/> Direct assistance <input checked="" type="checkbox"/> Through partners		
Mandate	<input checked="" type="checkbox"/> Humanitarian <input type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian <input type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Size	14 programme sites in 2016, 13 in 2017	Sampling	Lebanon
Lead auditor	Johnny O'Regan	Auditor	Marie Grasmuck
		Others	–
	Head Office	Programme Site(s)	
Location	Ecublens, Vaud, Switzerland	Zahle, Lebanon	
Dates	22 nd and 23 rd of August, 2018	27 th to 31 st of August, 2018	

2. Schedule summary

2.1 Verification Schedule

Name of Programme sites/members/partners verified	Location	Mandate (Humanitarian, Development, Advocacy)	Number of projects visited	Type of projects
Social Development Centre	Bekaa	Humanitarian	2	Health
Ghirass (Partner)	Zahle	Humanitarian	1	Shelter
Sub Standard Building	Bekaa	Humanitarian	1	Shelter
Informal Settlement	Bekaa	Humanitarian	1	Shelter, Wash

2.2 Opening and closing meetings

2.2.1 At Head Office:

	Opening meeting	Closing meeting
Date	22/08/2018	14/09/2018
Location	Ecublens, Vaud, Switzerland	NA (Skype call)
Number of participants	9	6
Any substantive issue arising	No	No

2.2.2 At Programme Site(s):

	Opening meeting	Closing meeting
Date	27/08/2018	31/08/2018
Location	Zahle, Lebanon	Zahle, Lebanon
Number of participants	17	8
Any substantive issue arising	No	No

3. Recommendation

In our opinion, MEDAIR conforms with the requirements of the Core Humanitarian Standard. We recommend certification.

Detailed findings are laid out in the rest of this report.

Lead Auditor's Name and Signature
Johnny O'Regan

Date, Place: 2018-10-11,
Dublin



4. Quality Control

Quality Control by	Elissa Goucem
Follow-up	
First Draft	2018-10-03
Final Draft	2018-11-27

5. Background information on the organisation

5.1 General

Medair is a faith-based humanitarian organisation founded in 1989 in Switzerland. The organisation is active in the sectors of health and nutrition, shelter and infrastructure, and water, sanitation and hygiene. In 2017, it was operational in 13 countries, reported 2,103,975 direct beneficiaries and more than 1400 staff members. 2017 operating expenses amount to 71,771,175 USD

The aim of Medair, as per the organisations' statutes, is to '[pursue] a charitable and humanitarian aim, with a mission to respond to human suffering in emergency and disaster situations by implementing multi-sectoral relief and rehabilitation projects, in a compassionate and serving attitude inspired by its Christian ethos'.

Strategy-wise (2017–2019), Medair will focus on lifesaving activities as per the 3 activity sectors listed above, with the goal of extending its reach.

5.2 Organisational structure and management system

Medair's governing bodies are as follows:

- The International Board of Trustees (IBoT), composed of a minimum of 5 members (10 members in 2017). This IBoT is advised by a governance committee of 3 active members of the IBoT. Board members are appointed for 3 years by the Annual General Meeting. The IBoT meets at least once a year. The IBoT has the ultimate responsibility for the affairs of Medair, for ensuring it is solvent, well managed and delivers the outcomes for which it has been established.
- The Annual General Meeting (AGM) elects IBoT members, approves annual reports and appoints auditors.
- The Chief Executive Officer (CEO) is appointed by and responsible to the board for the management and operation of organisation. The CEO is responsible for maintaining Medair's strategic direction as established by the IBoT. He is responsible for keeping the organisation solvent, providing public representation at the highest levels, and overseeing organisational growth.
- The Executive Leadership Team (ELT) assists the CEO in his duties. The organisational chart of the ELT is presented below.

5.3 Organisational quality assurance

Medair has several systems and processes in place to ensure institutional quality:

- Medair's work is guided by key policies and documents, including: Monitoring and Evaluation Guidelines, Project Management Guide, Operational Project Management Manual, Policy on Funding Sources, Training and Development Policy, the Policy to Prevent Fraud and the GER-T Disaster Monitoring, Categorisation, Resourcing and Performance Indicators.
- Medair tracks organisational quantitative and qualitative key performance indicators (KPIs) and is currently preparing the roll out of an annual survey to be administered to staff, donors, partners and affected communities and people in order to find out their views regarding core values, including those related to the CHS.
- Medair generally sends out new or updated policies along with specific training and/or appointment of focal points at programme site (PS) level in order to follow up the implementation of policies;

- Medair has several online platforms that can be accessed by the staff at HQ and in programme countries: Medair portfolio, e-library, box, and a free learning gateway. These platforms act as a repository and one stop shop for Medair's institutional documents, grants management documents, guidelines, standards and working documents. They ensure a common understanding and harmonise processes at the different stages of the project cycle. For instance, Medair portfolio is organised around the project cycle, with documents to upload and a verification scheme for each stage of the project and grant management cycles. The free learning gateway lists all Medair's training opportunities, including numerous online trainings in several languages, which can be freely accessed by all its staff.
- Medair conducts internal and external audits and tracks their findings and recommendations;
- Medair conducts regular monitoring activities, indicators tracking, and HO visits at PS level, and tracks their findings and recommendations;
- Medair's risk identification and management system is in place to identify the risks faced by the organisation, determine its risk tolerance and strategy to face those, as well as ensuring compliance with laws and regulations;
- Medair has several experienced HO level sectoral advisors for each of its sectors of operations. These advisors are in contact with the PS on a daily basis, and keep track of industry standards to be applied;
- Medair's global emergency and response team (GERT) is structured and driven by the need for timely response to emergencies. It is composed of full-time employees, trained on emergency and emergency standards for quick response.

5.4 Work with Partners

Medair usually directly implements its humanitarian assistance (see table 1), but also has processes in place for establishing partnerships. All Medair partners go through a due diligence assessment. Either Medair conducts the due diligence with the prospective partner itself, or they accept the due diligence performed by another recognized entity as their own. This is the case for instance when one of Medair's donors or one of Medair umbrella network already performed a due diligence with the prospective partner.

Medair's internal *Partnership Framework* specifies a number of requirements and ways of collaborating according to the type of partnership (capacity building partnership, implementing partnership, consortium partnership, commercial contractor). Medair has several tools to structure partnerships, such the *Partner Appraisal Template*, which includes accountability related topics, the *Partner Organisation Information and Statement of Needs*, and the *Partnership Checklist*, and a template of MoU to be used.

2017	EXPENSE	% Allocated to Direct Implementation	% Allocated to Partners	Expense to Partners
Afghanistan	\$ 4,535,227	100%	0%	\$ -
Bangladesh	\$ 337,380	100%	0%	\$ -
DR Congo	\$ 6,586,458	100%	0%	\$ -
Haiti	\$ 2,060,668	100%	0%	\$ -
Madagascar	\$ 1,972,216	100%	0%	\$ -
Middle East Regional Programme	\$ 25,920,894	91%	9%	\$ 2,385,115
Myanmar	\$ 699,745	100%	0%	\$ -
Nepal	\$ 1,509,901	32%	68%	\$ 1,026,733
Philippines	\$ -	100%	0%	\$ -

Somalia	\$ 4,143,748	80%	20%	\$ 828,750
South Sudan	\$ 17,710,719	100%	0%	\$ -
Closed country programmes	\$ 32,088	100%	0%	\$ -
Total	\$ 65,509,044	94%	6%	\$ 4,240,597

Table 1 - Medair funds split between Medair and implementing partners

5.5 Certification or verification history

MEDAIR has been a member of the CHS Alliance since it was established but has no previous certification history with the CHS. Medair was ISO 9001:2008 certified.

6. Sampling

6.1 Rationale for sampling

The auditors excluded a number of countries based on security grounds (e.g. Afghanistan and Syria) or when Medair commenced recently and budgets were relatively small.

The auditors selected Lebanon as the programme site because of its size (financial and number of programmes) and its representativeness of Medair's portfolio.

Its budget in 2018 was approx. USD7.75M with approximately 90 staff. Projects include WASH, shelter, psychosocial, and health and nutrition.

The auditors selected projects that cover a range of Medair's programmes. Community members were generally self-selected, for example community members attending clinics.

Disclaimer:

It is important to note that the audit findings are based on the results of a sample of the organisation's documentation and systems as well as interviews and focus groups with a sample of staff, partners, communities and other relevant stakeholders. Findings are analysed to determine the organisation's systematic approach and application of all aspects of the CHS across its organisation and to its different contexts and ways of working.

6.2 Recommended sample size for the midterm audit

Visit of at least one country programme site and review of one country programme site remotely.

6.3 Interviews:

6.3.1 Semi-structured interviews (individual interviews or with a small group <6)

Position of interviewees	Number of interviewees
Head Office	
Management and staff	14
Programme site	
Management and staff	18
Community workers and beneficiaries	8
Partners	5
Total number of interviews	45

6.3.2 Focus Group Discussions (interviews with a group >6)

Type of Group	Number of participants	
	Female	Male
Communities	16	9
Health Workers	5	0
Total number of participants	21	9

7. Report

7.1 Overall organisational performance

Medair performed generally well against the CHS commitments; its commitment to its mandate is evident in the challenging environments in which it works and its focus on delivering quality services.

Medair works on programme quality through solid context analysis and assessments, responsiveness to needs, openness to learning, commitment to coordination (locally and globally) and a very clear staff commitment to their work. However, this focus on meeting needs in difficult environments as well as staffing constraints (caused by policy decisions or context), stretches staff and organisational capacity. Shortages in unrestricted reserves exacerbate the issue and make the organisation vulnerable to shocks.

Medair treats communities with dignity and is interested to hear feedback and complaints to improve its services.

7.2 Summary of Corrective Action Requests/Weaknesses

Corrective Action Requests/Weaknesses	Type (Minor/Major)	Time for resolution (from HQAI decision)
2018-3.6: Medair does not formally analyse the full range of potential or actual unintended negative effects of programmes	Minor	24 months
2018-3.8: Medair has not sufficiently operationalised its data protection policy	Minor	24 months
2018-5.1: Medair does not systematically consult communities on the design, implementation and monitoring of complaints mechanisms.	Minor	24 months
2018- 5.6: Communities and people affected by crisis, including particularly vulnerable groups are not aware of the expected behaviour of staff, and of the policies that govern their behaviour.	Minor	24 months
2018-8.7: Medair does not systematically provide ongoing training to staff on its code of conduct, which has resulted in a number of staff lacking awareness of the contents of the code.	Minor	24 months
2018- 9.4 Medair does not systematically consider the impacts of the use of local and natural resources on the environment.	Minor	24 months
TOTAL Number		6

7.3 Strong points and areas for improvement:

Commitment 1: Humanitarian assistance is appropriate and relevant

Score: 3

Medair systematically analyses context and stakeholders through internal mechanisms such as strategic planning processes, programme updates, and security planning. Medair also gathers information through its engagement with external coordination mechanisms. Medair's areas of operation are frequently highly insecure; it designs programmes based on needs assessments and changes programmes in response to changes in context and needs.

Feedback from people affected by crisis and communities on Commitment 1

Communities find Medair to be fair and impartial, assistance is appropriate to their needs. Medair adapts programmes in line with changing needs and circumstances.

Commitment 2: Humanitarian response is effective and timely

Score: 2.6

Medair is security conscious and designs realistic programmes that take account community/external constraints and circumstances. Medair is conscious of timeliness and it is generally timely in response. Shortages of reserves present a risk of Medair stretching programming beyond its capacity to deliver. Medair has strong technical expertise and refers unmet needs outside their remit to organisations with relevant technical expertise. Medair monitors activities, outputs and outcomes and adapts programmes based on findings from monitoring activities.

Feedback from people affected by crisis and communities on Commitment 2:

Communities stated that Medair's programmes are realistic and safe; they generally expressed satisfaction with the timeliness of response but noted some specific exceptions.

Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects

Score: 2

While Medair's primary focus is saving lives and relieving suffering, it also seeks to build local capacity when possible. Medair does not systematically develop comprehensive exit strategies, which contributes to it spending longer than optimal time in some contexts. Medair does not systematically identify the full range of potential or actual negative effects of its programmes. The organisation has not sufficiently operationalised its data protection policy.

Feedback from people affected by crisis and communities on Commitment 3:

Communities stated that programmes, particularly health care programmes, improved their well-being and made them more resilient. Programmes support the local economy and communities identified no negative effects of programmes.

Commitment 4: Humanitarian response is based on communication, participation and feedback

Score: 2.4

Medair has policy, guiding documents and induction trainings relating to communicating with affected communities. Medair shares information with the communities and the people affected by crisis through its programme staff and during the different stages of the project and through regular communication with local leaders of its areas of interventions. Medair shares information on its mandate, its assistance and the fact that humanitarian assistance is free. It ensures that participation is inclusive and reverts to communities when staff notice a problem during implementation. However, Medair does not systematically make communities aware of: the expected behaviour of the staff, the scope and limitations of its work, and the rationale for selecting beneficiaries or for ceasing assistance. Furthermore, Medair does not systematically use channels of communication that are appropriate for particularly vulnerable and marginalised groups, and does not systematically make communities aware of the existing channels to provide feedback.

Feedback from people affected by crisis and communities on Commitment 4:

Communities report that the nature and level of information they receive from Medair are useful. The majority are satisfied and feel that they receive information from Medair, and that their feedback is taken into account, while a significant minority of affected communities report having a low level of understanding on why the assistance has stopped, how they could provide feedback or how they could get further information.

Commitment 5: Complaints are welcomed and addressed

Score: 2.1

Medair has detailed policies regarding complaints mechanisms that covers programming, sexual exploitation and abuse, and other abuses of power. Each policy specifies the internal process to report complaints or allegations of a breach in the policy. Medair records non-sensitive complaints in a feedback log, and the accountability focal point in each programme site is in charge of ensuring that the system functions. The feedback log and the accountability focal point at each PS tracks that the case is closed in a timely manner. However, Medair does not consult communities on the design, implementation and monitoring of complaints mechanisms. Medair does not ensure that information on the complaints mechanism and its protection policies reaches all relevant groups among the affected community it seeks to assist. Medair does not provide specific guidance on how the safety of the complainants can be ensured at all stages.

Feedback from people affected by crisis and communities on Commitment 5:

The majority of the affected communities did not have a strong understanding of Medair's complaint mechanism and how it can be accessed. However, they are satisfied with the behaviour of Medair's staff and they report being treated with dignity.

Commitment 6: Humanitarian response is coordinated and complementary

Score: 3

Medair identifies stakeholders during responses through mapping processes and shares relevant information with them. Medair is active in some global coordination bodies. At programme site level, Medair is active in all relevant governmental and non governmental coordination mechanisms. Medair is active in developing harmonised ways of working and in developing transparent partnerships with international and local partners. Medair is also active in implementing partnerships with private actors. The organisation takes a leading role in coordination structures when possible and relevant, avoids overlapping and identifies gaps in coverage by coordinating on its programming and communicating the gaps it has identified through its own assessments. Partnerships are governed by a transparent MoU with partners.

Feedback from people affected by crisis and communities on Commitment 6:

Communities did not note any overlapping of assistance, and a number of community members reported that Medair's assistance is well coordinated with other actors.

Commitment 7: Humanitarian actors continuously learn and improve

Score: 2.3

Medair designs programmes based on lessons from previous responses and has mechanisms in place to share learning. However, the lessons learnt section on Medair's intranet is frequently not updated, which makes lessons learnt more difficult to incorporate into new programmes, particularly across countries. Medair adjusts programmes based on monitoring and feedback but does not systematically undertake evaluations or use complaints to make changes to programmes. The organisation contributes to learning and innovation among peers and within the sector.

Feedback from people affected by crisis and communities on Commitment 7:

Communities participate in learning exercises; however, Medair undertakes few evaluations, which limits the potential for sharing of information with communities.

Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably

Score: 2.3

Medair documents job descriptions and has policies that describe training, development and learning opportunities for staff. The organisation has an established performance management system although its staff do not systematically undertake performance appraisals. Medair staff are not always aware of relevant policies but generally understand behaviours that would constitute misconduct.

In accordance with its ethos, Medair only hires staff that share its Christian faith for international positions. There is no restriction on local staff.

Staff reported that recruitment processes are fair and transparent and that Medair takes safety and security very seriously. However, Medair risks stretching staff beyond capacity due to a range of constraints including inhospitable working environments, comparatively low pay (for international staff) and heavy workloads. This has resulted in skills gaps in some sectors.

Feedback from people affected by crisis and communities on Commitment 8:

Medair staff are respectful to communities and treat them with dignity; communities reported no breach of the code of ethics.

Commitment 9: Resources are managed and used responsibly for their intended purpose**Score: 2**

Medair's policies include all aspects of resource management and systems support a balance between quality, cost and timeliness. However, Medair does not undertake value for money or efficiency analysis. Although controls are generally in place, it has made substantial repayments to one donor because of lapses in those controls, such as incorrect calculation of shared costs. Medair's own analysis identified logistics issues, such as lack of training and the need for dedicated logistics software. Medair takes corruption seriously where it is suspected or discovered but does not have procedures describing how its environment policy is implemented and there is limited evidence of analysis of the impact of the use of local and natural resources on the environment.

Feedback from people affected by crisis and communities on Commitment 9:

Communities were not aware of any instances of financial misappropriation.

8. Organisation's report approval

Acknowledgement and Acceptance of Findings

For 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

Name and Signature

Date and Place

2018-11-27

9. HQAI's decision

Certification Decision	
Certificate:	
<input checked="" type="checkbox"/> Issued <input type="checkbox"/> Preconditioned (Major CARs)	Start date of the certification cycle: 2019-03-12
Next audits First Maintenance audit: 2020-03-11 Mid-term audit: 2021-03-11 Second Maintenance audit: 2022-03-11 Recertification audit: 2023-03-11	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2019-03-12 



Appeal

In case of disagreement with the conclusions of the report 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 day to address it. . Their decision will be final.

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

Annex 1: Explanation of the scoring scale

0	<p>A score of 0 denotes a weakness that is so significant that it indicates that the organisation is unable to meet the required commitment. This is a major weakness to be corrected immediately.</p> <p>EXAMPLES: Operational activities and actions contradict the intent of a CHS commitment. Policies and procedures contradict the intent of the CHS commitment. Absence of processes or policies necessary to ensure compliance at the level of the commitment. Recurrent failure to implement the necessary actions at operational level make it impossible for the organisation to ensure compliance at the level of the commitment. Failure to implement corrective actions to resolve minor non-conformities in the adequate timeframes (for certification only) More than half of the indicators of one commitment receive a score of 1 (minor non-conformity), making it impossible for the organisation to ensure compliance at the level of the commitment. (for independent verification or certification only)</p>
1	<p>A score of 1 denotes 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 the commitment.</p> <p>EXAMPLES: There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement. Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures. Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment. Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures. Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.</p>
2	<p>A score of 2 denotes an issue that deserve attention but does not <u>currently</u> compromise the conformity with the requirement.. This is worth an observation and, if not addressed may turn into a significant weakness (score 1).</p> <p>EXAMPLES: Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture. There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies. Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p>
3	<p>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</p> <p>EXAMPLES: Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff. Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes. The organisation monitors the implementation of its policies and supports the staff in doing so at operational level. Policy and practice are aligned.</p>
4	<p>The organisation demonstrates innovation in the application of this requirement/commitment. 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> <p>EXAMPLES: Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed. Relevant staff can explain in which way their activities are in line with the requirement and can provide several examples of implementation in different sites. They can relate the examples to improved quality of the projects and their deliveries. Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement. Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</p>

