



Mission East
CHS certification
Mid-term Audit Report

ME-MTA-2019

2019-07-29

Table of Contents

TABLE OF CONTENTS	1
1. GENERAL INFORMATION	3
1.1 ORGANISATION	3
1.2 INDICATORS VERIFIED AT THE MID-TERM AUDIT.....	4
2. SCHEDULE SUMMARY	5
3. RECOMMENDATION	7
4. HQAI QUALITY CONTROL	7
5. BACKGROUND INFORMATION ON THE ORGANISATION	8
5.1 ORGANISATIONAL STRUCTURE AND MANAGEMENT SYSTEM	8
MISSION EAST (ME) HAS NOT HAD ANY MAJOR CHANGES IN ITS ORGANISATIONAL STRUCTURE OR MANAGEMENT SYSTEM.....	8
5.2 ORGANISATIONAL QUALITY ASSURANCE.....	8
THE QUALITY AND LEARNING MANAGER, WHO WAS APPOINTED AFTER THE INITIAL AUDIT, HAS SINCE BEEN JOINED BY ANOTHER MEMBER OF STAFF (OPERATIONS TEAM ASSISTANT) SUPPORTING THE QUALITY ASSURANCE WORK OF THE ORGANISATION.	8
5.3 WORK WITH PARTNERS	8
5.4 CERTIFICATION OR VERIFICATION HISTORY	8
6. SAMPLING	9
6.1 RATIONALE FOR SAMPLING	9
6.2 INTERVIEWS:	9
7. REPORT	10
7.1 OVERALL ORGANISATIONAL PERFORMANCE.....	10
7.2 SUMMARY OF CORRECTIVE ACTION REQUESTS.....	11
Corrective Action Requests	11
Type (Minor/Major)	11
Original deadline for resolution	11
Status of CAR at MTA	11
Time for resolution	11
7.3 STRONG POINTS AND AREAS FOR IMPROVEMENT:	12
<i>Commitment 1: Humanitarian assistance is appropriate and relevant</i>	12
<i>Commitment 2: Humanitarian response is effective and timely</i>	12
<i>Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects</i>	13
<i>Commitment 4: Humanitarian response is based on communication, participation and feedback</i>	13
<i>Commitment 5: Complaints are welcomed and addressed</i>	14
<i>Commitment 6: Humanitarian response is coordinated and complementary</i>	15
<i>Commitment 7: Humanitarian actors continuously learn and improve</i>	15
<i>Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably</i>	15
<i>Commitment 9: Resources are managed and used responsibly for their intended purpose</i>	16
8. ORGANISATION'S REPORT APPROVAL	17
ACKNOWLEDGEMENT AND ACCEPTANCE OF FINDINGS.....	17
9. HQAI'S DECISION	18
CERTIFICATION DECISION.....	18
ANNEX 1: EXPLANATION OF THE SCORING SCALE	19

1. General information

1.1 Organisation

Organisation	Mission East		
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 checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Size (Total number of country programmes/ members/partners – Number of staff at HO level)	7 Country Programmes, 33 staff at HO in Brussels, Copenhagen and Berlin	Sampling Rate (Country programme sampled)	Field visit: Tajikistan Remote: Afghanistan
Lead auditor	Birgit Spiewok	Auditor	-
		Others	-
	Head Office	Country programme	Country programme
Location	Copenhagen (remote) Brussels (remote) Berlin	Tajikistan	Afghanistan (remote)
Dates	4 – 7 th June, 2019	9 th – 14 th June, 2019	20 th June, 2019

1.2 Indicators verified at the Mid-Term Audit

CHS Commitment	Organisational Responsibilities	Key Actions
1	1.4 1.5 1.6	1.1 1.2 1.3
2		2.1 2.2 2.3 2.4 2.5
3	3.8	3.1 3.2 3.3 3.4 3.5 3.6
4	4.5	4.1 4.2 4.3 4.4
5	5.4 5.6 5.7	5.1 5.2 5.3
6	6.5 6.6	6.1 6.2 6.3 6.4
7	7.4 7.5 7.6	7.1 7.2 7.3
8		8.1 8.2 8.3
9		9.1 9.2 9.3 9.4 9.5

2. Schedule summary

2.1 Verification Schedule

Name of Country programmes/members/partners verified	Location	Mandate (Humanitarian, Development, Advocacy)	Number of projects visited	Type of projects
ME country office	Dushanbe	Humanitarian & Development		
ME field office	Darvoz	Humanitarian & Development		
PATRIIP Programme, EUA-24 project, both direct implementation	Darvoz	Humanitarian & Development	2	Water, Sanitation, Hygiene (WASH) & DRR Social services & community-based rehabilitation for children with disability (through civil society capacity building)
ME field office Kulob		Humanitarian & Development		
Zarshedabonu (Partner Organisation)	Kulob	Development	1	Inclusive education and rehabilitation of children with disability

2.2 Opening and closing meetings

2.2.1 Remote visit of Head Office:

	Opening meeting	Debriefing meeting
Date	4 th June, 2019	24 th June, 2019
Location	remote	remote
Number of participants	9	13
Any substantive issue arising	Nil	Nil

2.2.2 On-site visits at Country programme(s):

	Opening meeting	Debriefing meeting
--	-----------------	--------------------

Date	10 th June, 2019	24 th June, 2019 (same as above)
Location	Dushanbe, Tajikistan	remote
Number of participants	9	2
Any substantive issue arising	Nil	Nil

3. Recommendation

In my opinion, Mission East has implemented the necessary actions to close the minor CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard. I recommend maintenance of certification.

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

Lead Auditor's Name and Signature

Date and Place:

Berlin, 28 Jun 2019



Birgit Spiewok

4. HQAI Quality Control

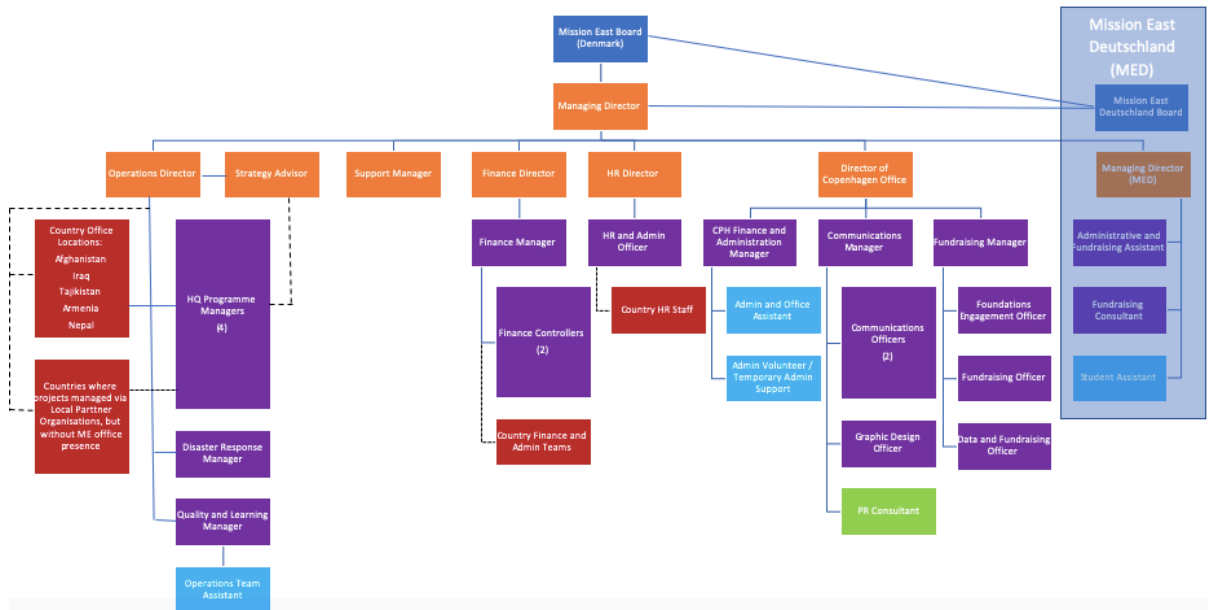
First Draft	2019-07-10
Second Draft	2019-08-14
Final Draft	2019-09-20

5. Background information on the organisation

5.1 Organisational structure and management system

Mission East (ME) has not had any major changes in its organisational structure or management system.

Up to date organogram (June 2019):



5.2 Organisational quality assurance

The Quality and Learning Manager, who was appointed after the initial audit, has since been joined by another member of staff (Operations Team Assistant) supporting the quality assurance work of the organisation.

5.3 Work with Partners

There are no major changes in how ME works with its partners. The Terms and Conditions which are part of the partner agreements have been updated with additional CHS related commitments, e.g. about sharing information with communities, external communication and community participation. The new Terms and Conditions ensure that all Partner Grant Agreements include the same CHS-related requirements.

5.4 Certification or verification history

Initial Audit	2017-07-25
Maintenance Audit	2018-07-16

6. Sampling

6.1 Rationale for sampling

At the time of the Mid-term Audit, ME was working in 7 countries. According to HQAI regulation, a random sample of two countries, one for field visit and one for remote assessment was drawn with Afghanistan and Myanmar being the initial random selection.

Due to current security reasons, Afghanistan was not an acceptable choice for the field visit and was therefore chosen as the remote sample. On consultation with and based on the information provided by ME, Myanmar could also not be visited, as the time allocated for the field visit would not allow to cover large distances to reach projects sites in remote areas.

Tajikistan was chosen to replace Myanmar of the initial selection for the below reasons: large enough country programme spanning both humanitarian and development programmes; programmes including both self-implementation and implementation through partners; acceptable levels of security and travel distances.

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 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 Interviews:

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

Position of interviewees	Number of interviewees
Head Office	
Senior Management incl. Managing Director	6
Staff	5
Country programme(s)	
Senior Management incl. Country Director	7
Staff	9
Partner Organisations	
Senior Management & Staff	3
Total number of interviews	23

5.2.2 Group Discussions (interviews with a group >6)

Type of Group	Number of participants	
	Female	Male
Women`s Group	18	0
Community Leaders	0	5
Men`s Group	0	4
Health & Social Workers	6	3
Parents	9	4
Total number of participants	33	16

7. Report

7.1 Overall organisational performance

ME shows very high commitment to and overall high compliance with the CHS. The organisation is continuously working towards accountability and transparency and uses the results of the audits for improvements in organisational structure, policy development and adapting and expanding procedures in line with the CHS commitments. This work is reflected both at organisational, managerial and administrative level and at field level.

In the initial audit, 8 minor CARS and 18 observations were identified. Except for one, all of the CARS were centred around policies or guidance frameworks. Substantial work was done by ME to address these issues and at the time of the Maintenance Audit, 5 out of 8 minor CARs had been fully addressed and were closed. The three remaining CARS were extended until the Mid-Term Audit in June 2019 to allow for further verification of their application at field level.

The Mid-Term Audit verified three non-conformities and closed them as below:

2017-5.1 The Initial Audit in 2017 identified that ME did not consult communities and people affected by crisis on the design, implementation or monitoring of complaints-handling processes. The maintenance audit stated that substantial progress had been made and the minor-CAR was extended for another year to allow reviewing the application of the changes in the field during the Mid-Term Audit. The evidence produced at the Mid-term Audit demonstrate that ME now consults communities at all stages of the complaints-handling process.

2017-7.4 The initial audit identified that ME did not have an overall policy to guide how the organisation evaluates and learns from its practice and experience. At the time of the maintenance audit in 2018, a policy had been developed but not signed off yet. It was noted that significant progress had been made, but that the new policy had not yet been fully embedded in the organisation. Therefore, the time for resolution of this CAR was extended

by one year. Documents and interviews at the Mid-term Audit provided evidence that the policy has since been fully rolled-out, is known and applied by HQ and field staff.

2017-9.4 In 2017, Mission East did not have mechanisms in place to ensure local and natural resources were used taking their actual and potential impact on the environment into account. A minor non-compliance was identified. At the time of the maintenance audit in 2018, ME had written an environment policy and rolled this out to staff and partners. However, application of it in the field could not be verified as it was a new development, so the minor CAR was extended to allow for verification during the Mid-Term Audit. Interviews and documents reviewed provided sufficient evidence that the organisation has put in place mechanisms and guidance to ensure compliance with this indicator.

In this Mid-term Audit, one new non-conformity has been identified:

2018-2.3 The Initial Audit observed that ME does not have a system or comprehensive guidance in place to ensure that referral of unmet needs happen consistently. Although the organisation has put several procedures in place to address this, it has not yet managed to ensure that community needs put forward during project implementation are dealt with and referred on in a systematic and accountable way. Although examples were given of how staff dealt with referrals, the organisation has not fully addressed the 2017 observation and interviews showed a consistent minor non-conformity with the indicator.

7.2 Summary of corrective action requests

Corrective Action Requests	Type (Minor/Major)	Original deadline for resolution	Status of CAR at MTA	Time for resolution
<i>2017-5.1 Communities and people affected by crisis are not consulted on design, implementation and monitoring of complaints handling processes</i>	Minor	Extended at MA to 2019.07.25	Closed	
<i>2017-7.4 ME has no overarching policy or procedure that describes how the organisation evaluates and learns from practice and experience</i>	Minor	Extended at MA to 2019.07.25	Closed	
<i>2017-9.4 ME does not have mechanisms in place to ensure local and natural resources are used taking their actual and potential impact on the environment into account</i>	Minor	Extended at MA to 2019.07.25	Closed	

<i>2019-2.3 ME does not ensure that all unmet needs encountered throughout the project cycle are referred on in a systematic and accountable way.</i>	Minor		New	2021.07.25
-------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	-----	------------

7.3 Strong points and areas for improvement:

Commitment 1: Humanitarian assistance is appropriate and relevant

Score: 2,8

Documents, as well as interviews with staff, partner organisations and communities confirm that the organisation provides appropriate and relevant humanitarian assistance, based on context and needs assessments. ME policies commit to providing impartial assistance based on needs and the organisation has tools and guidance in place ensuring the application of its policies.

The organisation has successfully addressed one observation from the initial audit and now systematically includes disability as vulnerability criteria in its assessments. The organisational responsibilities of this commitment were reviewed during this Mid-term audit and confirmed that the organisation continues to fully comply with its requirements.

One observation was made: ME does not ensure that its risk assessments include an assessment of corruptions risks at community level.

Feedback from people affected by crisis and communities on Commitment 1:

Community members confirm in interviews that they had been consulted over their needs and that selection criteria based on vulnerability were identified in consultation with them.

Commitment 2: Humanitarian response is effective and timely

Score: 2,6

ME continues to comply with this commitment. The organisation designs its programmes ensuring that the activities are safe and realistic for the communities and communities are now consulted during risk assessments.

Previous audits noted that the organisation provided timely assistance, but lacked guidance to staff to ensure this systematically. Tools and guidance have since been developed and in interviews conducted at Mid-Term Audit staff confirm using them. The organisation applies the necessary technical standards and monitors and, where necessary, adapts the activities.

The initial audit observed that ME did not have a system or comprehensive guidance in place that ensures that referral of unmet needs happen consistently. Although the organisation has since addressed this, putting in place procedures for referring unmet

needs at the beginning of projects based on assessments, there is still a gap during implementation: ME staff reported that they referred needs encountered during project implementation in an ad-hoc way.

The organisational responsibilities 2.6 and 2.7 were not reviewed during this Mid-term Audit.

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

Communities confirmed that they are consulted during risk assessment and they receive timely assistance.

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

Score: 3

Documents, as well as interviews with staff, partner organisations and communities confirm that the organisation still complies with the requirements of the commitment: ME ensures that its programmes are built on local capacities and that local leadership is promoted. The organisation designs its programmes promoting early disaster recovery and in benefit of the local economy.

The initial audit had identified a minor non-conformity on indicator 3.2; ME Risk Assessment processes did not ensure the results of existing community hazard and risk assessments or preparedness plans to guide activities. This was fully resolved through ME revisions of risk assessment tools and the CAR was closed at the Maintenance Audit in 2018. An observation was then made that Project Workbooks had not been updated to include community risk assessments, but this has been addressed fully and staff confirm the use of the updated Project Workbooks.

The initial audit also observed that ME policy and guidance did not ensure that a transition or exit strategy was planned in the early stages of the humanitarian programme (3.4). The organisation has since put in place tools and procedures to address this issue and this audit demonstrated that ME is planning transitions and exit strategies in its countries of operation.

In 2017, an observation was made that ME does not ensure that risks to the environment are systematically assessed for negative effects or acted upon when identified (3.6f). ME has since addressed this through several procedures and guidance to staff e.g. updating the project workbook and training on the environmental policy.

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

Communities confirm that ME supports local leadership and capacity building of local organisations.

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

Score: 2,6

ME's communication with communities is respectful and culturally appropriate and the organisation provides opportunities for community members to provide feedback. Mission East uses information from communities and those affected by crisis to design and implement its programming appropriately. It ensures that community representation is inclusive and that communities participate and engage in the work of the organisation.

In general, ME provides information to communities about the organisation, its principles, staff behaviour and the programmes it is implementing. However, three observations were made: In one PS, communities were not sure about programme activities. Secondly, not all project field staff have been systematically informing communities about staff behaviour. Lastly, the way this information has been communicated does not always fully take into account that it is easily understandable for different members of the community, e.g. illiterate community members.

The organisational responsibilities 4.6 and 4.7 were not reviewed during this Mid-term Audit.

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

Community members were not clear what would constitute unacceptable behaviour of ME staff and stated that they had not been informed about this.

Commitment 5: Complaints are welcomed and addressed

Score: 2,8

ME ensures that communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

A CAR was raised in 2017 that the organisation does not consult communities on the design of complaints handling systems (5.1). This has been fully addressed. Interviews conducted with staff during the Mid-term Audit confirm that HQ supports field staff on how to set-up complaints-handling systems with community consultations both through written guidance and trainings in country. Evidence of these consultations were provided, and communities confirmed that they are being consulted. The CAR has been closed.

In this mid-term audit, one observation has been made: ME does not fully ensure that all community members know and understand what kind of behaviour they can expect from ME staff, (see 4.1 and 4.2) and this audit did not identify strong evidence that communities have a full understanding about the issue.

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

Communities confirmed that they are being consulted on design, implementation and monitoring of their complaints-handling systems. They stated that they were confident providing feedback to Mission East and gave examples of where they had done so and how their concerns had been listened to. Communities also stated that staff were very respectful and communicated with them in ways they appreciated but they were not fully clear on what would constitute unacceptable behaviour by ME staff.

Commitment 6: Humanitarian response is coordinated and complementary

Score: 3

As stated in the initial audit report, ME consistently coordinates with different stakeholders to ensure that their assistance is complementary. Communities and people affected by crisis are satisfied with the coordinated and complementary assistance they receive. The organisation still conforms to the indicators of this commitment.

Commitment 7: Humanitarian actors continuously learn and improve

Score: 3

ME has processes in place that capture learning through its monitoring and evaluation practices. An online platform through which it shares learning within the organisation exists and is valued and used by all ME staff.

The initial audit identified a minor non-conformity as the organisation did not have a formalised and documented mechanism for evaluation and learning. At the time of the maintenance audit in 2018, a policy had been developed and interviews with staff at the Mid-term Audit confirmed full roll-out of the policy.

ME has mechanisms through which it uses learning to adapt its programming and formalised channels through which it shares learning internally and externally, including partners and communities.

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

Communities gave evidence that ME is committed to sharing of learnings e.g. through project workshops and regular monitoring visits.

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

Score: 3

As stated in the initial audit report, ME has strong policies and systems in place to ensure that communities and people affected by crisis receive assistance from staff who are well managed and competent to fulfil their roles and responsibilities. The organisation still conforms to the indicators of this commitment.

The organisational responsibilities of this commitment were not verified during the Mid-term Audit.

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

Community members and stakeholders confirmed that ME staff was competent and had the necessary technical skills and experiences needed for the work.

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

Score: 2,8

ME has policies and systems in place to manage resources effectively and efficiently for their intended purpose.

The initial audit identified that Mission East did not have mechanisms in place to ensure local and natural resources are used taking their actual and potential impact on the environment into account. A minor non-compliance was identified. Since then, an environmental policy was developed and rolled-out across the organisation including trainings and awareness raising and updating some procedure to include environmental consideration and risk management. The organisation now fully complies with the requirements of 9.4.

ME conducts audits to detect and respond to fraud and corruption, however, since the organisation does not fully ensure that communities are aware of adequate staff behaviour (see 4.1), there is a lack of clear information in the field for communities to understand what would constitute corrupt behaviour.

The organisational responsibility 9.6 was not reviewed in this Mid-term Audit.

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


KIM HARTZNER

Name and Signature

Sep 26, 2019
Hellerup, Denmark
Date and Place

2019-07-29

9. HQAI's decision

Certification Decision	
Certificate:	
<input checked="" type="checkbox"/> Maintained	<input type="checkbox"/> Reinstated
<input type="checkbox"/> Suspended	<input type="checkbox"/> Withdrawn
Next audits	
Before date: type of audit (MTA, MA or re-certification, as relevant)	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative 	Date: 2019-09-20

Appeal

In case of disagreement with the decision on certification, the organisation can appeal to HQAI within 14 days after being informed of the decision.

HQAI will investigate the content of the appeal and propose a solution within 10 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform in writing HQAI within 30 days after being informed of the proposed solution of their intention to maintain the appeal.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will constitute a panel made of at least two experts who have no conflict of interest in the case in question. These will strive to come to a decision within 30 days.

The details of the Appeals Procedure can be found in document PRO049 – Appeals 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:</p> <p>Operational activities and actions contradict the intent of a CHS commitment.</p> <p>Policies and procedures contradict the intent of the CHS commitment.</p> <p>Absence of processes or policies necessary to ensure compliance at the level of the commitment.</p> <p>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.</p> <p>Failure to implement corrective actions to resolve minor non-conformities in the adequate timeframes (for certification only)</p> <p>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:</p> <p>There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement.</p> <p>Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p> <p>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.</p> <p>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:</p> <p>Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.</p> <p>There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.</p> <p>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:</p> <p>Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.</p>

	<p>Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.</p> <p>The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.</p> <p>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:</p> <p>Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</p> <p>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.</p> <p>Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</p> <p>Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</p>