



# International Blue Crescent Relief and Development Foundation (IBC)

## CHS Initial Certification Audit Report

IBC-CER-2018-003

Date: 2018-08-24

Addendum: 2019-03-13

# Table of Content

## Contents

<b>TABLE OF CONTENT</b> .....	<b>2</b>
<b>1. GENERAL INFORMATION</b> .....	<b>3</b>
<b>2. SCHEDULE SUMMARY</b> .....	<b>3</b>
2.1 VERIFICATION SCHEDULE .....	3
2.2 OPENING AND CLOSING MEETINGS .....	4
<b>3. RECOMMENDATION</b> .....	<b>5</b>
<b>4. QUALITY CONTROL</b> .....	<b>5</b>
QUALITY CONTROL BY .....	6
FOLLOW UP.....	6
<b>5. BACKGROUND INFORMATION ON THE ORGANISATION</b> .....	<b>6</b>
5.1 GENERAL.....	6
5.2 ORGANISATIONAL STRUCTURE AND MANAGEMENT SYSTEM.....	6
5.3 ORGANISATIONAL QUALITY ASSURANCE .....	7
5.4 WORK WITH PARTNERS .....	7
5.5 CERTIFICATION OR VERIFICATION HISTORY .....	7
<b>6. SAMPLING</b> .....	<b>8</b>
6.1 RATIONALE FOR SAMPLING .....	8
6.3 INTERVIEWS:.....	9
<b>7. REPORT</b> .....	<b>10</b>
7.1 OVERALL ORGANISATIONAL PERFORMANCE.....	10
7.2 SUMMARY OF CORRECTIVE ACTION REQUESTS .....	10
7.3 STRONG POINTS AND AREAS FOR IMPROVEMENT: .....	12
<b>8. ORGANISATION’S REPORT APPROVAL</b> .....	<b>17</b>
ACKNOWLEDGEMENT AND ACCEPTANCE OF FINDINGS.....	17
<b>9. HQAI’S DECISION</b> .....	<b>18</b>
CERTIFICATION DECISION.....	18
NEXT AUDITS .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<b>ANNEX 1: EXPLANATION OF THE SCORING SCALE</b> .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>

## 1. General information

Organisation	International Blue Crescent Relief and Development Foundation (IBC)		
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 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 programme sites/ members/partners – Number of staff at HO level)	10 projects in Turkey, 1 project in Somalia 54 staff in HO	Sampling Rate (Country programme sampled)	4 project sites
Lead auditor	Catherine Blunt	Second Auditor	Camille Nussbaum
		Other	
	Head Office	Programme Site(s)	
Location	Istanbul	Gaziantep, Istanbul (Sultanbeyli, Küçükçekmece)	
Dates	18-19 June 2018 (2 days)	20 – 27 <sup>th</sup> June (5 days)	

## 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
Self Help Centre and Child Friendly Space	Turkey - Gaziantep	Humanitarian	1	Rehabilitation

Dental Hygiene Project			1	Relief
Multi-Service Centre/mobile child caravan	Turkey – Istanbul Sultanbeyli)	Humanitarian	1	Relief
Waste disposal and recycling. <b>(Temporary employment – Cash for Work)</b>	Turkey – Istanbul Küçükçekmece	Development and Humanitarian	1	Development and relief.

## 2.2 Opening and closing meetings

### 2.2.1 At Head Office:

	Opening meeting	Closing meeting
Date	18 <sup>th</sup> June 2018	26 <sup>th</sup> June 2018
Location	Istanbul HO	Istanbul HO
Number of participants	7	16
Any substantive issue arising	None	Complaints, monitoring and evaluation, organisational governance

### 2.2.2 At Programme Site(s):

	Opening meeting	Closing meeting
Date	20 <sup>th</sup> June 2018	-
Location	Gaziantep	-
Number of participants	7	-
Any substantive issue arising	None	

### 3. Recommendation

#### Initial recommendation

In our opinion, International Blue Crescent Foundation (IBC) does not conform with the requirements of the Core Humanitarian Standard. Certification is conditioned to the closure of Major CARs by February 26<sup>th</sup> 2019.

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

Lead Auditor's Name and Signature

Catherine Blunt

Date and

Place:18/08/09

Canberra, Australia



#### Subsequent recommendation

The lead auditor reviewed the actions taken by IBC to close its non-conformities as well as the evidence submitted. Additional evidence was requested on specific points related to commitments 3 and 5.

The conclusion of the lead auditor after a thorough review is that the major non-conformities had been closed by IBC before February 24<sup>th</sup>, 2019. **Thus, certification is recommended.**

For details, see Addendum to the report (page 20) dated 2019-02-25 for the final decision on certification.

Lead Auditor's Name and Signature

Claire Goudsmit

Date and Place:

2019-02-25

## 4. Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2018-08-03
Final Draft	2018-08-23

## 5. Background information on the organisation

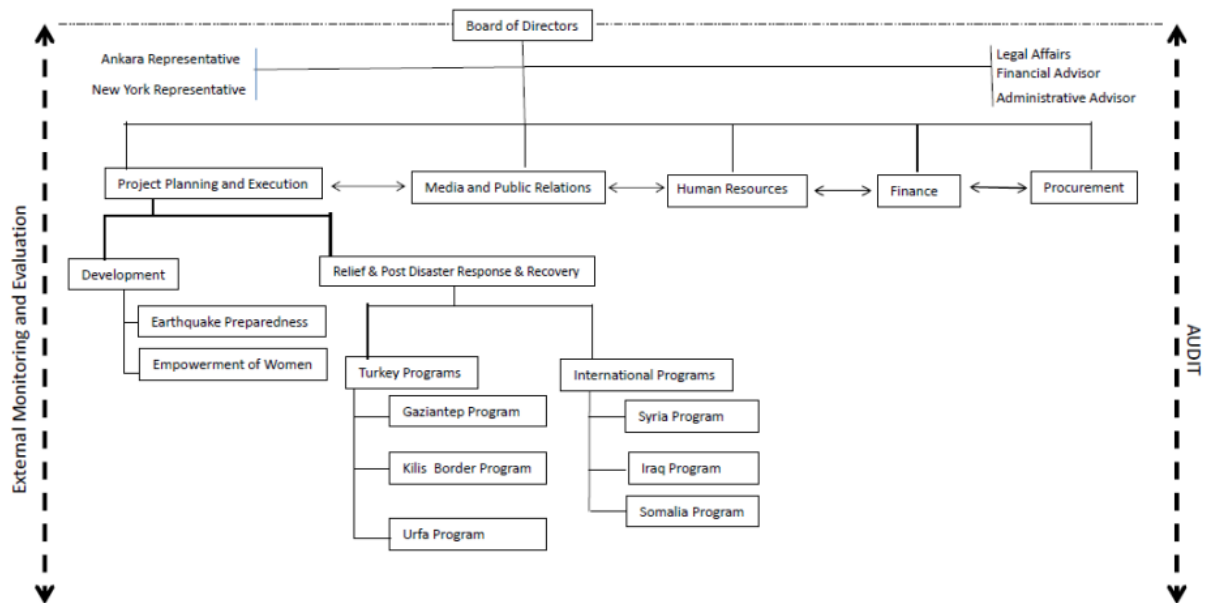
### 5.1 General

International Blue Crescent Relief and Development Foundation (IBC) was formed through a co-operation established with the United Nations World Food Program (UNWFP) in April 1999 and initially worked solely in the field of humanitarian aid before becoming formally established as a Turkish Foundation in 2000. In 2006 IBC was granted special consultative status with Economic and Social Council of the United Nations. The vision of IBC is to alleviate human suffering, hunger, illiteracy among all people regardless of nationality, ethnicity, race, color, social origin, religion, belief, language, political opinion, gender, age, sexual orientation, genetic or physical features. The mission of the organization is to respond to the immediate and self-sustainability needs of people suffering due to wars, political conflicts, natural disasters and undeveloped economic conditions; supporting the community and particularly the most disadvantaged to achieve improved health and education; contributing to the sustainable development of underdeveloped regions and promoting equal opportunity and equality for women and girls. IBC's worldwide work focuses on four core areas; emergency relief, rehabilitation, development and risk mitigation-resilience. The organization currently works in two countries: Turkey and Somalia. **As a registered INGO (in Bagdad and Erbil) IBC has had Iraq country programmes since 2014.**

IBC believes it can best implement its mission by co-operating with international, regional, national and local donors, universities and research centres as the implementing agency for its programs and projects. There are currently no major changes undertaken by the organization which are relevant to the scope of the assessment.

### 5.2 Organisational structure and management system

IBC is registered as a Turkish Foundation. It has a Board of Founders that meets annually. It appoints a Board of Directors that ensures compliance with legal requirements and receives the audited accounts of the organisation. The decision-making body is 3 Directors (Ex-com) all of whom are founders and in that role since 2000. The Directors provide an annual report of activities to the Board of Founders, decide on internal regulations and determine employment conditions. They approve every project proposal, the hiring and salary reviews of all staff and are involved in the field (conducting need assessments) if required. Four senior staff (Human resources, Finance and two Program Directors report directly to the Board. Planning for the position of a CEO is underway to reduce Board members daily involvement in the running affairs of IBC. The organogram is below.



### 5.3 Organisational quality assurance

IBC has many short-term projects (70% - 90% between 1 – 2 years) funded by a range of mainly long-term international donors. It relies on the quality standards and M&E framework specified by global donors to guide its programmes. It has some partly developed tools (e.g. needs assessment, monitoring) but the organisation acknowledges that the development of more sophisticated resources, policies and templates are a priority for them. IBC has recently employed an internal auditor who will report to the board, summarising narrative and financial projects mid and final term reports. It is also implementing a new project management software programme ERP (Enterprise Resource Planning System) which will assist with tracking deliverables against staff, budget and programme timeframes. IBC's program Directors are both long term employees and spend 70% of their time in the field providing an informal quality assurance process.

### 5.4 Work with Partners

IBC is a Turkish national organisation and currently directly implements all its projects in Turkey. IBC considers its donors as partners, often co-funding and co-developing projects with them. It has a preference for international donors with whom it has long standing relationships. Currently it has one small project implemented through a local NGO partner in Somalia. This operates in the same way as other IBC projects— the standards of the international donor are applied and expected to be implemented. IBC has a small country office in Somalia which monitors and supports project implementation by its partner. IBC has a Partnership Policy which incorporates the Global Humanitarian partnership principles: equality, transparency, results-oriented approach, responsibility and complementary.

### 5.5 Certification or verification history

This is IBC's initial audit against the CHS. It has no prior history of certification against other schemes.

## 6. Sampling

### 6.1 Rationale for sampling

On the basis of the number and location of projects operative in 2017 when IBC submitted their application to HQAI the decision was made to conduct the audit in Turkey with a sample size of 4 projects.

IBC provided a list of 10 current projects and these were shortlisted by the auditors based on:

- The proportion of relief, recovery and development projects undertaken by IBC. This was reflected in the projects selected.
- Security of accommodation and field sites (proximity to the Syrian border). This ruled out Killis as it is right on the border with Syria.
- Existence of project offices in regional locations in Turkey - enabling locally based staff to be interviewed.
- Accessibility and efficiency – distance from other projects visited and number of projects available to visit in that area.

The audit schedule was changed two months before the date of the audit when a snap election was called for the final day of the audit. The regional town of Sanliurfa was removed from the schedule due to security concerns arising from anticipated roadblocks. This site was replaced by projects around Istanbul which ensured the scope of the audit could be achieved. The visit to the regional city of Gaziantep was curtailed while the auditors were there due to security concerns arising on the day (presidential rally).



## 6.3 Interviews:

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

Position of interviewees	Number of interviewees
<b>Head Office</b>	
Management	2
Staff	12
Board	3
<b>Programme site (Gaziantep)</b>	
Management	2
Staff	3
External stakeholders	5
<b>Programme site (Istanbul)</b>	
Management	2
Staff	4
External stakeholders	1
<b>Total number of interviews</b>	<b>33</b>

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

Type of Group	Number of participants	
	Female	Male
<b>Programme site (Gaziantep)</b>		
Education/Protection	18	11
Health/Community centre	12	
<b>Programme site (Istanbul)</b>		
Education/Protection	11	12
Temporarily Employment (refugees)	5	9
Temporarily Employment (host communities)	11	11
<b>Total number of participants</b>	<b>57</b>	<b>43</b>

## 7. Report

### 7.1 Overall organisational performance

IBC strengths are based on its local knowledge, close working relationship with national and local authorities, and the strong organisational ethos of putting people affected by crisis at the heart of their work.

The organization has developed long-lasting collaborations with international donors from whom it receives all its funding. IBC is also an active player in coordinating and collaborating with other stakeholders, particularly local government and is actively involved in clusters and working groups. The respect for humanitarian principles and communities is clear in IBC policies and practices. IBC's staff is in close contact with the affected communities, and systematically obtains their feedback that can be used for corrective actions or as insight to assess new projects. Assistance provided is generally timely but is donor dependent. Local capacities are strengthened through employment of affected communities in IBC programs and locally focussed procurement processes. Resources are managed effectively.

IBC's weaknesses occur mainly in its fulfillment of the organisational responsibilities of the CHS. Apart from human resources and finances, it generally utilises the policies and processes of its donors which means that the organisation lacks a unified approach to key areas such as complaints, contextual and risk analysis, MEAL (monitoring, evaluation and learning) and information sharing. This has knock on effects to broader issues such as the lack of a systemic approach to quality standards, staff training and organisational capacity building. This is exacerbated by an inconsistent application of HR processes (feedback, work objectives) and is manifest in the absence of strategic planning for the organisation.

In addition, the audit identified serious and connected weaknesses around the components of the CHS associated with safeguarding and protection of communities and the complaints systems. This has resulted in the issuance of major non-conformities on indicators 3.6 and 5.4 (see below).

As per HQAI POL114 – Third party quality assurance policy, if a Major CAR is issued at the initial audit it must be resolved within 6 months.

### 7.2 Summary of Corrective Action Requests

Corrective Action Requests / Weaknesses	Type (Minor/Major)	Time for resolution
2018 - 1.6. IBC does not have processes in place to ensure an appropriate ongoing analysis of context.	Minor	24.08.2020
2018 - 2.6. IBC has no systematic process for ensuring that programme commitments are in line with organisational capacities.	Minor	24.08.2020
2018 - 3.4. IBC does not plan its transition or exit strategy at the early stages of its humanitarian programming.	Minor	24.08.2020
2018 - 3.6 IBC has no systematic process to identify and act upon potential or actual unintended effects in a timely and systematic	Major	24.02.2019

manner in the areas of safety and security, SEA by staff, gender and the environment.		
2018 - 3.7 IBC does not have its own policies, strategies or guidance designed to a) prevent programs having negative effects such as exploitation and abuse by staff against communities.	Minor	24.08.2019
2018 - 4.5 IBC does not have policies for information-sharing in place and does not promote a culture of open communication.	Minor	24.08.2020
2018 - 5.1 Communities and people affected by crisis have not been consulted on the design, implementation and monitoring of the complaints handling process.	Minor	24.08.2020
2018 - 5.4 IBC does not have a complaint handling process which is documented and in place for communities affected by crisis and which covers programming, sexual exploitation and abuse of people, or other abuses of power.	Major	24.02.2019
2018 - 5.6 People affected by crisis are not fully aware of the expected behaviour of staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	Minor	24.08.2020
2018 - 7.4 IBC does not have policies and procedures that describe how the organisation evaluates and learns from its practice and experience	Minor	24.08.2020
2018 - 7.5 IBC does not have mechanisms to record knowledge and experience and make it accessible throughout the organisation.	Minor	24.08.2020
2018 - 8.6 IBC does not have work objectives and feedback processes in place that clearly state what is required of staff.	Minor	24.08.2020
2018 - 8.8 IBC does not have policies in place to support staff to improve their skills and competencies.	Minor	24.08.2019
2018 - 8.9 IBC does not have policies in place for the well-being of staff.	Minor	24.08.2019
	<b>TOTAL Number</b>	<b>Minor CAR 12 Major CAR 2</b>

### 7.3 Strong points and areas for improvement:

#### Commitment 1: Humanitarian assistance is appropriate and relevant

**Score: 2.2**

IBC is continuously reviewing the context and stakeholders by using objective sources as well as feedback from communities and field staff to assess, design and implement programmes. IBC's focus is Syrian refugees, and programmes are based on their needs, vulnerabilities and capacities and are adapted as these change over time. IBC policies commit to providing impartial assistance and there is some disaggregation of data.

However, outside of donor and funding requirements, IBC does not have a systematic process for analysing context, stakeholders and risk. Its policy requirements on data disaggregation are contradictory and the diversity captured is limited in scope. The main weakness is that IBC does not systematically analyse context on an ongoing basis (e.g. country strategy, emergency preparedness plans) outside of donor requirements.

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

Communities reported that apart from programs with established vulnerability criteria, IBC programs are available to all in the community. Communities reported a range of views on program adaptation. Some stated that as their needs changed so did the program e.g. desire to learn Turkish language. Others stated they had been in programs for years and despite an increase in their family's capacity, the program did not change.

#### Commitment 2: Humanitarian response is effective and timely

**Score: 2.5**

IBC programmes are designed taking into account donor, local and national government and community constraints. IBC decision making is timely, due to its active and involved board members, long established relationships with funding partners and the strong field presence of program directors. IBC refers within the regional and local networks established under the UN cluster and working group system. It monitors and adapts its programmes in collaboration with donors. Advocacy for unmet needs is not practiced by the organisation and staff have minimal understanding of international standards (e.g. Sphere). IBC monitors but does not evaluate its programmes.

The main weaknesses are a lack of a structured policy or process to implement programmes that reflect IBC's organisational capacities. The importance of applying quality technical standards is not detailed in any organisational policies or strategic plan.

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

Communities (particularly women) say that IBC is responsive to constraints they raise (cultural, financial, emotional) that prevent them from safely participating in programs. Communities report adequate staffing in programmes.

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

**Score: 0**

Programmes conducted by IBC build on the capacities of local people, municipalities and other NGOs to improve the resilience of communities and people affected by crisis. IBC considers the security risk assessments produced by UN agencies and shared in cluster meetings to guide activities. As a local Turkish organisation, it provides employment and leadership opportunities to over 200 locally based staff, of whom approximately 30 are Syrian refugees. Many are fulfilling professionally qualified roles within the organisation.

IBC programmes are designed and implemented to promote early recovery of affected communities. Procurement policies and practices require the purchase of goods as close as possible to where they will be used, benefiting the regional and local economy. IBC has systems to safeguard personal information of communities.

IBC does not plan its transition or exit strategy at the early stages of its humanitarian programming.

Nevertheless, IBC does not assess risk and has no consistent process to identify and act upon potential or actual unintended effects in a timely and systematic manner. This is particularly applicable to safety and security, sexual exploitation and abuse by staff, gender and the environment. IBC does not have its own policies, strategies or guidance designed to prevent programs having negative effects. IBC does not have an organisation wide child safeguarding policy nor identified organisational processes for dealing with issues that arise. The conjunction of these weaknesses and those identified on commitment 5 indicate that IBC faces a major gap in its capacity to systematically “avoid negative effects”, and especially in the areas of safeguarding and protection of communities from abuses. Thus, a major CAR was raised, resulting in a score of 0 at the level of the Commitment.

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

Communities speak highly of the psychological, financial and social benefits gained from IBC projects, for themselves and their families. Communities expressed a range of views about what they knew about the programme end date (fully aware to no knowledge at all) and how they would cope without it (extreme disquiet to a pragmatic approach). Cash For Work programme participants expressed the greatest benefit to the local economy of IBC programmes. This included increased purchasing power, likelihood of obtaining further work and increased confidence in ability to work. This was applicable to all programme target groups (host and refugee community) but was emphasised by female participants.

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

**Score: 2.00**

IBC shares information with affected communities and uses languages, formats and media that are easily understood and respectful. IBC involves communities through consultations and asks for feedback through different mechanisms (visits, meetings, phone calls). In some projects the level of participation is higher giving some beneficiaries the opportunity to participate as staff. A contributing factor to the systemic weaknesses identified in Commitments 3 and 5 is that IBC policies do not consider risks identified by the affected communities and do not ensure that the organisation receives information about the expected behaviours of staff. IBC does not pay attention to the gender, age and diversity of those providing feedback. The level of community participation in programmes is higher during implementation and monitoring than during design and evaluation.

The main weakness is that IBC does not have an adequate information sharing policy that includes all stakeholders and contains criteria on what will be shared when and with whom. This does not promote a culture of open communication.

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

Communities stated that IBC shared appropriate and relevant information on the programmes before and during the implementation of projects.

### Commitment 5: Complaints are welcomed and addressed

**Score: 0**

IBC has complaints handling mechanisms in place at field level based on international donors' requirements. The organisation also has a culture where suggestions and possible complaints are welcome. When complaints are made, IBC staff are responsive and manage complaints in a timely manner.

However, IBC does not have an organisation wide complaint handling policy and process; as a result, mechanisms are not systematically in place in all the projects and, when implemented, their consistency varies. IBC does not provide information on the scope of the complaints handling process and it has no guidance on referral of complaints.

Additionally, affected communities are not consulted on the design, implementation and monitoring of these mechanisms. The different handling process do not cover programming and sexual exploitation and abuse and people affected by crisis are also not aware of the behaviours expected of staff.

The conjunction of the weaknesses on the other indicators of this commitment and those identified under commitment 3, point towards a major systemic gap and a major non-conformity was raised by the audit.

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

Some communities stated that IBC deals with their concerns and complaints in a professional and open manner. Nevertheless, supporting the major issues identified above, is that some communities were unaware of available processes. Communities were confused about the scope of complaints which IBC accepts and reported that they were not aware of the behaviours expected of IBC staff.

### Commitment 6: Humanitarian response is coordinated and complementary

**Score: 2.8**

IBC coordinates with partners, participates in relevant coordination bodies and collaborates with other relevant actors to improve coverage and minimise demands on communities. IBC's work complements national and local initiatives through long lasting collaborations with local municipalities and national ministries involved in the humanitarian response. Additionally, IBC programmes are generally designed and implemented with a clear understanding of the contexts and relevant actors.

Nevertheless, the practices for analysing contexts and stakeholders are not fully in accordance with IBC's detailed guidelines at this regard.

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

Communities were satisfied that IBC's projects and programmes responded to needs that were not covered by other agencies and were satisfied with IBC's coordination with other relevant actors (mainly municipalities).

## Commitment 7: Humanitarian actors continuously learn and improve

**Score: 1.8**

IBC approach to programme development is to build on its own or its international donors prior learnings and experience. IBC uses learning from monitoring, feedback and complaints to implement change. Collaboration is a value within the IBC Code of Conduct. IBC shares learning orally within the organisation via project staff meetings and externally at cluster meetings and with municipal authorities. Learning is shared at partner and cluster meetings and IBC has been invited to present at these forums. However, IBC does not systematically incorporate lessons learnt into its monitoring and reporting templates or reports and it does not evaluate its programmes. Despite IBC policy to share learning with communities, this does not occur.

The main weaknesses are that IBC does not have policies and procedures that describe how the organisation evaluates and learns from its practice and experience. It does not have mechanisms to record knowledge and experience such as regular programme reviews, lessons learnt (outside of donor requirements) and evaluations.

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

Communities reported some change in programmes which occurred based on their feedback e.g. weekend meetings for fathers, increased language classes, variation to CFW placements due to cultural sensitivity and family requirements. But communities consistently stated that learning was not shared with them.

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

**Score: 2.0**

IBC ensures that it has the management and staff capacity to deliver its programmes. The organisation has a comprehensive Code of Conduct, along with specific guidance on corruption, that staff are oriented on through a well-established induction process complemented by mentoring of supervisors. IBC has a consistent HR policy in place in line with legal requirements and with the aim of ensuring an effective, fair and non-discriminatory management. Nevertheless, practices are not always fully in accordance with this policy. The field practices regarding security management are also not fully in line with HR policy detailed requirements. Additionally, some staff are not aware of policies applying to them.

The main weaknesses are that the review of staff performance is not consistent and work objectives are not formally set on an annual basis. Organisational wide training activities are not systematically planned. The HR policy does not include clear wellbeing management guidelines.

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

Communities were satisfied with IBC staff behaviour and attitudes. They highlighted their openness, professionalism and skills.

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

**Score: 2.5**

Efficient use of resources and waste minimisation is obtained at project design and implementation stage with field managers, HR and the Finance departments contributing to and approving budgets and deliverables in line with donor requirements. Expenditure is monitored and reported against budget monthly. IBC manages the risk of corruption through strong internal controls and procurement guidelines and a robust approach to disciplinary procedures. It has policies and processes to address how it accepts and allocates funds ethically, conducts audits and ensures that accepting resources does not compromise its independence.

Nevertheless, IBC has gaps in its policies and processes to govern the use and management of resources. The organisation does not generally consider the impact on the environment when using local and natural resources. Further controls necessary to manage corruption such as an organisation wide complaints process, risk-based audit plan, and routine awareness raising of relevant policies and processes with staff are lacking. The organisation does not regularly publish annual reports or audited financial reports on its website. IBC does not systematically assess, manage and mitigate programmatic and organisational risks on an ongoing basis.

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

Communities stated that IBC used resources appropriately and were not wasteful.



## 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

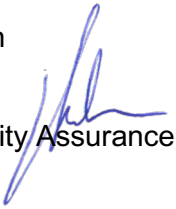
A.Alkan Taybars

22.03.2019, Istanbul



2018-08-24

## 9. HQAI's decision

<b>Certification Decision</b>	
Certificate:	
<input type="checkbox"/> Issued <input checked="" type="checkbox"/> Preconditioned (Major CARs)	Start date of the certification cycle: Deadline plan to close identified CARs:
<b>Pre-conditions to certification</b> Major corrective action request: Corrections and corrective actions taken will need to be assessed in 6 months by HQAI senior auditor as per POL114 – Third party quality assurance policy.	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative 	Date: 2018-08-24

See Addendum to the report (page 20) dated 2019-02-25 for the final decision on certification.

### 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 Appeal Procedure can be found in document PRO049 – Appeal and Complaints Procedure.*

## Annex 1: Explanation of the scoring scale

0	<p><b>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.</b></p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>Operational activities and actions contradict the intent of a CHS commitment.</li> <li>Policies and procedures contradict the intent of the CHS commitment.</li> <li>Absence of processes or policies necessary to ensure compliance at the level of the commitment.</li> <li>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.</li> <li>Failure to implement to resolve minor non-conformities in the adequate timeframes</li> <li>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.</li> </ul>
1	<p><b>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.</b></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><b>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).</b></p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.</li> <li>There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.</li> <li>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</li> </ul>
3	<p><b>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</b></p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.</li> <li>Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.</li> <li>The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.</li> </ul>

	<ul style="list-style-type: none"> <li>• Policy and practice are aligned.</li> </ul>
4	<p><b>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.</b></p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>• Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</li> <li>• 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.</li> <li>• Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</li> <li>• Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</li> </ul>
5	<p><b>On top of demonstrating conformity and innovation, the organisation receives outstanding feedback from communities and people. This is an exceptional strength and a score of 5 should only be attributed in exceptional circumstances</b></p>
	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <li>• Actions at all levels and across the organisation go far beyond the intent of the relevant CHS requirement and could serve as textbook examples of ultimate good practice.</li> <li>• Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures.</li> </ul>

## I. Addendum to the report – 2019-02-25

As per HQAI POL114 – Third party quality assurance policy, chapter 3.1- iv., International Blue Crescent Relief and Development Foundation (IBC) decided on August 24th, 2018 to put in place an action plan that would lead to the closing or transformation of all its major non-conformities into minor non-conformities before the 24th of February 2019.

By the 20th of February 2019 IBC submitted to HQAI its corrective action plan for the closing of the major CARs, as well as the documented evidence of its application at its headquarters and programme offices. As per HQAI policy for third party quality assurance the corrective action plan and all the evidence were submitted to a new lead auditor, Claire Goudsmit, for review and analysis.

The detailed analysis of the lead auditor and documented evidence submitted by IBC can be found in STD021 - IBC - Corrective Actions Plan revised - CG HQAI 2019-03-11. A summary of the non-conformities is to be found below, section 2.

### 1. Recommendation

The lead auditor reviewed the actions taken by IBC to close its non-conformities as well as the evidence submitted. Additional evidence was requested on specific points related to commitments 3 and 5.

The conclusion of the lead auditor after a thorough review is that the major non-conformities had been closed by IBC before February 24<sup>th</sup>, 2019. Thus, certification is recommended.

### 2. Summary of non-conformities

Non-Compliance	Type	Time for resolution
2018 - 1.6. IBC does not have processes in place to ensure an appropriate ongoing analysis of context.	Minor	24.08.2020
2018 - 2.6. IBC has no systematic process for ensuring that programme commitments are in line with organisational capacities.	Minor	24.08.2020
2018 - 3.4. IBC does not plan its transition or exit strategy at the early stages of its humanitarian programming.	Minor	24.08.2020
2018 - 3.6 IBC has no systematic process to identify and act upon potential or actual unintended effects in a timely and systematic manner in the areas of safety and security, SEA by staff, gender and the environment.	Minor	24.08.2019
2018 - 3.7 IBC does not have its own policies, strategies or guidance designed to prevent	Minor	24.08.2019

programs having negative effects such as exploitation and abuse by staff against communities.		
2018 - 4.5 IBC does not have policies for information-sharing in place and does not promote a culture of open communication.	Minor	24.08.2020
2018 - 5.1 Communities and people affected by crisis have not been consulted on the design, implementation and monitoring of the complaints handling process.	Minor	24.08.2020
2018 - 5.4 IBC does not have a complaint handling process which is documented and in place for communities affected by crisis and which covers programming, sexual exploitation and abuse of people, or other abuses of power.	Minor	24.02.2019
2018 - 5.6 People affected by crisis are not fully aware of the expected behaviour of staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	Minor	24.08.2020
2018 - 7.4 IBC does not have policies and procedures that describe how the organisation evaluates and learns from its practice and experience	Minor	24.08.2020
2018 - 7.5 IBC does not have mechanisms to record knowledge and experience and make it accessible throughout the organisation.	Minor	24.08.2020
2018 - 8.6 IBC does not have work objectives and feedback processes in place that clearly state what is required of staff.	Minor	24.08.2020
2018 - 8.8 IBC does not have policies in place to support staff to improve their skills and competencies.	Minor	24.08.2019
2018 - 8.9 IBC does not have policies in place for the well-being of staff.	Minor	24.08.2019
<b>TOTAL Number</b>		<b>Minor CAR 14</b>

### 3. Updated average scores per commitment

CHS Commitment	Score
<b>Commitment 1:</b> Humanitarian assistance is appropriate and relevant	2.2
<b>Commitment 2:</b> Humanitarian response is effective and timely	2.5
<b>Commitment 3:</b> Humanitarian response strengthens local capacities and avoids negative effects	2.3
<b>Commitment 4:</b> Humanitarian response is based on communication, participation and feedback	2
<b>Commitment 5:</b> Complaints are welcomed and addressed	1.6
<b>Commitment 6:</b> Humanitarian response is coordinated and complementary	2.8
<b>Commitment 7:</b> Humanitarian actors continuously learn and improve	1.8
<b>Commitment 8:</b> Staff are supported to do their job effectively, and are treated fairly and equitably	2
<b>Commitment 9:</b> Resources are managed and used responsibly for their intended purpose	2.5

## 4. Organisation's addendum 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

A.Alkan Taybars

22.03.2019, Istanbul





## 5. HQAI's decision

<b>Certification Decision</b>	
Certificate:	
<input checked="" type="checkbox"/> Issued <input type="checkbox"/> Preconditioned (Major CARs)	Start date of the certification cycle: 2018-08-24 Deadline plan to close identified CARs: 2019-04-13
<b>Pre-conditions to certification</b>	
None	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 25-03-2019 