



Mission East
CHS Certification Maintenance Audit
Report

ME-MA1-2018-05

Date: 2018-07-16

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1. General information

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 programme sites/ members/partners – Number of staff at HO level)	<p>Ongoing programming in 7 countries. In 2017, Mission East worked with 39 local partner organisations.</p> <p>At end 2017:</p> <p>25 staff in HO's Copenhagen, Brussels and Berlin; 264 staff in programme countries.</p>		
Lead auditor	Annie Devonport	Auditor	
		Others	N/A
	Head Office		
Location	Copenhagen, Brussels and Berlin		
Dates	12 th June 2018		

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	12 th June 2018	
Location	Brussels	Brussels & Copenhagen via Skype
Number of participants	7	10 (2 via Skype)
Any substantive issue arising	None	None

2.2 Interviews

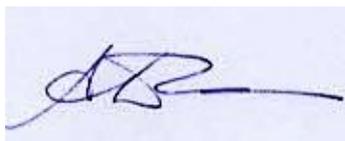
Position of interviewees	Number of interviewees
Head Office	
HO Copenhagen (via Skype)	2 (1 woman; 1 man)
HO Brussels	6 (5 women; 1 man)
Total number of interviews	8

3. Recommendation

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

Detailed findings are laid out in the rest of this report and its confidential annex.

Annie Devonport



Date and Place:
22.06.2018 UK

4. Quality Control

Quality Control by	EG
Follow up	
First Draft	2018-06-22
Final Draft	2018-07-05

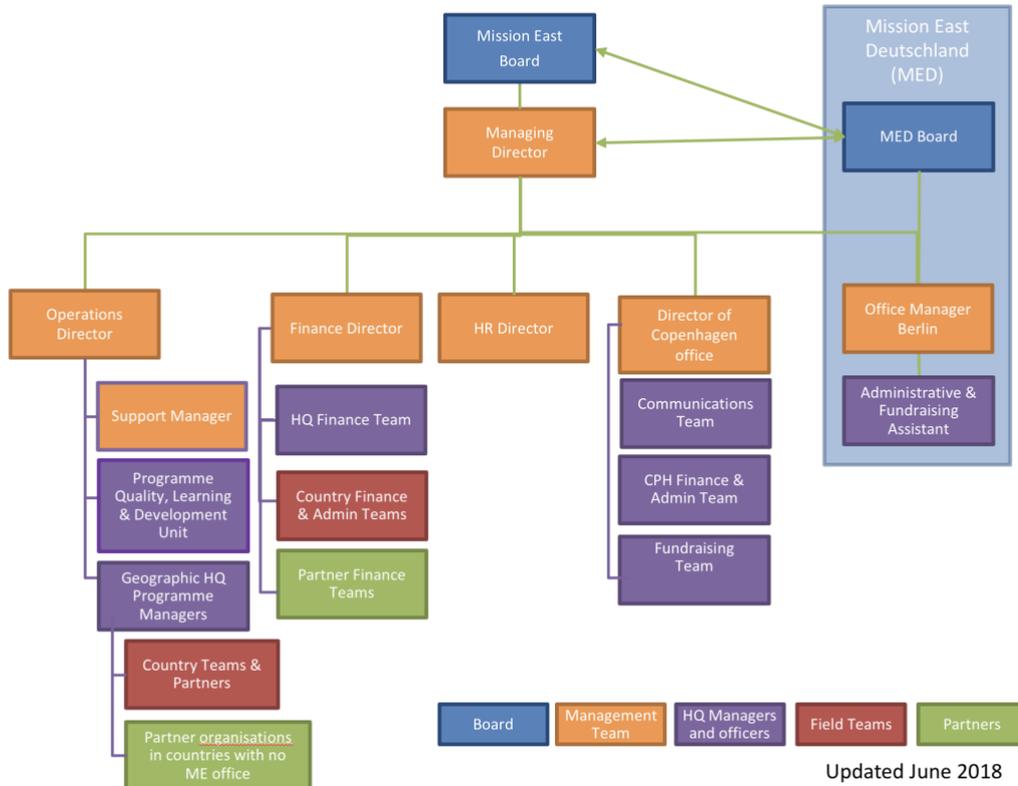
5. Background information on the organisation

5.1 General

Mission East has not undergone significant changes in the Governance or decision-making structure since the initial audit. However, one new post, Quality and Learning Manager, has been created to drive quality improvements and learning across the organisation.

5.2 Organisational structure and management system

As before Mission East is governed by boards of five members in Denmark and eight in Germany. The CEO, based in Denmark, reports to the Boards. Mission East's organogram for its HOs showing relationship with Country Offices is below, including the new position of Quality and Learning Manager. This post reports to the Operations Director, is based in Brussels with frequent visits to field locations.



5.3 Organisational quality assurance

The initial audit noted that whilst Mission East was a learning organisation it lacked the organisational instruments to ensure quality across the organisation on all areas of the CHS. Since the initial report the Boards have supported the drive to address identified deficiencies across the range of CHS commitments. Demonstration of this support includes requiring an annual report on quality and accountability, which includes progress on CHS commitments. The appointment of a Quality and Learning Manager, along with a motivated Senior Management team, has helped steer the development of new policies, guidance and tools. Approval of all HR policies (including the new Environment policy) rests with the Board, whilst operational policy approval sits with the Senior Management Team, who have played an active role in policy development.

5.4 Work with Partners

There has been no change to the way Mission East works with partners since the initial audit.

6. Report

6.1 Overall organisational performance

The initial audit identified 8 non-conformities across 6 Commitments. Except for one (CAR 2017 - 5.1), they related to weaknesses in Mission East's policies and guidance frameworks rather than in implementation. The organisation has addressed all non-conformities systematically. The appointment of a Quality and Learning Manager supported the implementation of the action plan updated in response to the initial audit, detailing actions to be undertaken and all responsible staff.

As detailed in the Annex, new policies and guidance documents have been developed to address gaps identified in the initial audit. Many of these, such as ME's approach to inclusion, cover not just non-conformities but also observations from the previous audit. ME's initial Field Standard for Beneficiary Complaints Mechanisms was finalised and rolled out shortly before the initial audit. Since then the policy has been strengthened to address one non-conformity and other observed weaknesses. ME has also developed a Staff Accountability Policy which addresses non-conformities (CAR 2017 3.8; 4.6; 7.4) and a further observation (4.3).

Interviews at head offices demonstrated the organisational commitment to CHS and improvement across the teams. All management and staff have played their part in either policy development, review or roll-out to the field. Resistance to change was said to have been minimal.

As a result, five CARs have been closed at this maintenance audit (CAR 2017 – 2.7, 3.2, 3.8, 4.6 and 9.6) whilst an extension of 12-months has been granted to one CAR which had a one-year timeframe for resolution (CAR 2017 –7.4), to enable new policies to be signed off and rolled out across the organisation before complete close off. Six months have been added for the resolution of the three remaining non-conformities that were previously given 18-months resolution timeframes (CAR 2017 – 5.1, 9.4) to enable gathering additional evidence of application during the onsite assessment at the Mid-Term audit in 2019.

6.2 Summary of corrective action requests

Corrective Action Requests	Type (Minor/Major)	Status	Time for resolution
2017_2.7: The decision-making processes to ensure timely response to humanitarian crises are not documented	Minor	Closed	
2017_3.2: Mission East Assessment processes do not ensure that the results of existing community hazard and risk assessments or preparedness plans guide activities	Minor	Closed	
2017_3.8: ME does not have a policy or systems in place covering how personal information gathered from communities and people affected by crisis should be stored and managed	Minor	Closed	

<p>2017_4.6: Mission East does not have policies in place ensuring that the organisation engages communities and those affected by crisis, reflecting their identified priorities and risks, at all stages of its work</p>	Minor	Closed	
<p>2017_5.1: Communities and people affected by crisis are not consulted on the design, the implementation and the monitoring of complaints handling processes.</p>	Minor	Open	Extended to 2019.07.25
<p>2017_7.4: ME has no overarching policy or procedure that describes how the organisation evaluates and learns from its practice and experience</p>	Minor	Open	Extended to 2019.07.25
<p>2017_9.4: Mission East 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</p>	Minor	Open	Extended to 2019.07.25
<p>2017_9.6: Mission East does not have policies and processes governing how the organisation accepts and allocates funds and gifts-in-kind ethically and legally; requires it to use its resources in an environmentally responsible way; and ensures that its independence is not compromised by the acceptance of resources from donors.</p>	Minor	Closed	

7. 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 

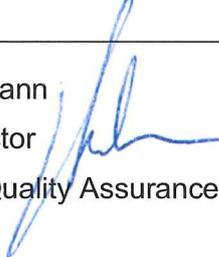
Name and Signature

Copenhagen, August 8, 2018

Date and Place

2018-07-16

8. HQAI's decision

Certification Decision	
Certificate:	
<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn
Next audits	
Mid-term audit before: 2019-07-24	
Second maintenance audit before: 2020-07-24	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative 	Date: 2018-08-09 

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 days to address it. Their decision will be final.

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

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> <ul style="list-style-type: none"> 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 to resolve minor non-conformities in the adequate timeframes 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.
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> <ul style="list-style-type: none"> 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.
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> <ul style="list-style-type: none"> 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.

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> <ul style="list-style-type: none"> • 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.
5	<p>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</p> <p>EXAMPLES:</p> <ul style="list-style-type: none"> • 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. • Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures.