

REPORT OF THE ASSESSMENT AT BODY'S LOCATION

CAB	HQAI – Humanitarian Quality Assurance Initiative				
Site/full address	7, Ch. De Balexert – CH1219 Châtelaine (Switzerland)	Modalities	On site <input type="checkbox"/>	Remote <input checked="" type="checkbox"/>	Mixed <input type="checkbox"/>
Date of the assessment	30-31/10/2023				

SCOPE OF THE ASSESSMENT AND REFERENCE STANDARDS FOR ACCREDITATION ¹

	SCHEMES	QMS	EMS	OH&S	EnMS	FSMS	ISMS	ITSM	EMAS	PRD	PRS	INSP	GHG	OTHER	NOTES
SCOPE OF THE ASSESSMENT															
Initial															
First surveillance										X					
Second surveillance															
Third surveillance															
Fourth Surveillance (where applicable)															
Renewal															
Supplementary															
Extraordinary															
Cross Frontier															
Recognition															
Maintenance of recognition															
Other															

Specify if the transition to another standard is the object of the assessment (if affirmative, complete the information in accordance with note 1a) of this part of the report):

Other normative references:

¹ Reference standards for accreditation: ISO/IEC 17021 (management systems) ISO/IEC 17024 (PRS), ISO/IEC 17065 (PRD, EPD), ISO/IEC 17020 (INSP), ISO 14065 (GHG/ETS), ISO/IEC 17029 (V&V). See also the lists of standards and reference documents for the accreditation for CABs (LS-02), IBs (LS-03) and Verification and Validation Bodies (LS-12), available in ACCREDIA's website.

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Proposed scope of accreditation (to be completed only in case of extensions, new accreditations or other proposed variation for the scope of the accreditation certificate):

ACTIVITIES OF THE ACCREDIA ASSESSMENT TEAM

Position	Name	Schemes assessed	Dates and sites assessed	Days	Days for the report
Lead assessor	Loris Nardella	Core Humanitarian Standard Certification	30-31/10/2023 (16 h)	2	1
Assessor 1	=====	=====	=====		
Expert	=====	=====	=====		
Observer	=====	=====	=====		
Competent Evaluator	=====	=====	=====		
Interpreter	=====	=====	=====		

PRESENT FOR THE CAB

	Name	Position
1.	Désirée Walter	Executive Director & Head of Marketing & Communication
2.	Mirela le Dortz	Head of Support Services
3.	Vanessa Poffet	Marketing & Communication Manager
4.	Victoria Lyon Dean	Head of Quality Assurance
5.	Jean-Luc Schabo	IT Manager
6.	Gezim Kurteshi	Finance Officer
7.	Lina Figueredo	Quality Assurance Officer
8.	Samanta Morais	Quality Assurance Officer
9.	Elissa Goucem	Senior Coordinator, Facilitation Fund and localisation

LIST OF FILES EXAMINED²

Scheme/Sector	Name of organization and activities assessed
CHS	SOSCVI-CHS-23-05
CHS	IRW-CHS-17-04

² In the event that, to cover a sector/category/technical area, etc., files have not been sampled but only the skills for the critical phases of the process, it is required that the information is in any case reported in the table with the relative specification of the competencies evaluated.

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TABLE WITH SUMMARY OF WITNESS ASSESSMENTS PERFORMED ON THE OCCASION OF THIS OFFICE ASSESSMENT

Site of the assessment	CAB auditor/s	ACCREDIA assessor/s	Type of assessment/exam session
The Evangelical Fellowship of India Commission on Relief - EFICOR Remote	Marie Grasmuck	Loris Nardella	Second surveillance

DOCUMENT REVIEW / CLOSURE OF FINDINGS RAISED DURING THE DOCUMENT REVIEW

Finding	Management and outcome (report the findings opened. <u>For closed findings, refer to the report of the document review that must be sent to the ACCREDIA technical office complete with the records of the evidence assessed that accounts for their closure</u>)
The document review, after the acceptance of the Corrective Actions carried out on 6 April 2023, did not reveal any findings	

CLOSURE OF FINDINGS AND CONSIDERATION OF PREVIOUS COMMENTS

Note for completion: the CAB must transmit on file, before the assessment, to the ACCREDIA team all the open findings which regard it (office and witness) filled in each section (treatment, cause, CAs, PAs, evidence of closure).

Note for a correct and uniform management of the closure of the findings:

A Concern that was not closed during the surveillance/renewal assessment must be reclassified as a NC in one of the following cases:

- *when the CAB has not implemented any of the treatments/corrective actions proposed;*
- *when the CAB has implemented the proposed CAs, but they have proved ineffective in removing the root cause.*

In other cases where the proposed CAs have been only partially completed by the CAB (except in cases of waiting necessary to perform the next planned audit at the client organization or the next planned training session for internal staff/auditors), the Concern must be closed for actions already completed and a new Concern issued limited to actions still in progress. Concerns which remain open due to the exceptions described above must in all cases be closed during the subsequent surveillance assessment scheduled at the CAB's head office.

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1	Description of Comment	Scheme and point of standard: ISO/IEC 17065:2012 § 8.7	Remote Assessment	Date: 2022-05-31	Analysed: yes <input checked="" type="checkbox"/> <input type="checkbox"/> no <input checked="" type="checkbox"/>
<p>It's recommended to split PRO900 to address separately NC management (from internal and external audit), but also other issues arising from day by day operations) that could constitute minor NC.</p> <p>30/10/2023: PRO900 has been updated on 30/10/2023- P. 4 defines that the Management Review should specifically review the Inputs/outcomes from any internal or external audit(s) carried out in the period since the last meeting and Actions taken to address corrective action requests raised by both internal and external audits, and their effectiveness. Checked PRO900-Internal Audit and Management System Review 2022-11-15 reporting internal audit process, unscheduled internal audits, Corrective and Preventive action, Follow up on internal audits and Management review.</p>					Acknowledged: yes <input checked="" type="checkbox"/> <input type="checkbox"/> no

2	Description of Comment	Scheme and point of standard: ISO/IEC 17065:2012 § 4.1	Remote Assessment	Date: 2022-05-31	Analysed: yes <input checked="" type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/>
<p>It's recommended to create a contractual document, eg. a "regulation", in order to package in the same all the requirements nowadays already signed by client organization with the "ADM131-General_terms_and_conditions_audit_agreement_letter-2022-05-25"</p> <p>30/10/2023: Seen ADM131 General terms and conditions audit agreement 01/09/2023 which defines on p. III References, the documents to which the Organization abide to when signing the agreement sgreement letter. E.g.: P. 2 defines Responsibilities of the parties, p. 3 Public audit report summary, p. 4 Report and certificate ownership and intellectual property, p. 6 Termination of contract.</p>					Acknowledged: yes <input checked="" type="checkbox"/> <input type="checkbox"/> no

3	Description of Comment	Scheme and point of standard: ISO/IEC 17065:2012 § 8.5.2.b	Remote Assessment	Date: 2022-05-31	Analysed: yes <input checked="" type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/>
<p>It's recommended to produce a summary of information gathered by "evaluation" forms, sent by Certified Organization during last years (the CAB to decide the time span). The reason of not providing this kind of feedback could be an interesting investigation field too.</p> <p>30/10/2023 All the information are collected in a database. Checked Report on the 2023 Focal Points' Annual Survey</p>					Acknowledged: yes <input checked="" type="checkbox"/> <input type="checkbox"/> no

COMPLAINTS/FEEDBACK RECEIVED BY ACCREDIA

Party presenting the complaint or feedback (ref. code ACCREDIA)	Date of the complaint or feedback	Handling	Outcome (indicate if the complaint/feedback is open or closed)
=====			

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2) GENERAL NOTES: The Certification Body declares that its website is: <https://www.hgai.org/en/> and the use of Social media: LinkedIn, X, Facebook; furthermore declares that it has no ongoing legal disputes or requests for insurance claims.

3) OTHER COMMENTS (e.g. accidents or other situations of safety and security danger that occurred to the detriment of the ACCREDIA team during the assessment, reports relating to the ACCREDIA Code of Ethics and Conduct): ==

4) LIST OF DOCUMENTS OF WHICH THE ACCREDIA ASSESSMENT TEAM KEPT A COPY: No copies of documents were retained

4a) ATTACHMENTS: n. 2 Annex 2 Files Product Certification Scheme ISO/IEC 17065:2012

Number of findings: 0 **NCs** **0 Concerns** **1 Comment**

PROPOSAL OF THE ACCREDIA ASSESSMENT TEAM

Supplementary activities are recommended	Explanation and description of the objectives of the supplementary assessment
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> office <input type="checkbox"/> witness <input type="checkbox"/> documental <input type="checkbox"/> other	

SPACE RESERVED FOR THE CAB
Reservations regarding the findings/feedback concerning the behavior of the ACCREDIA team <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Motivations:

The ACCREDIA assessment team shall not disclose to third parties any confidential information concerning the assessment without the written authorization of the CAB except in cases where the law provides for such information to be made known without consent (ISO 17011, 8.1). The assessment team also confirms its independence from commercial or other interests and from any ties, past or present, with assessed CABs (ISO 17011, 6.2.2). The assessment team also confirms its compliance with the ACCREDIA Code of Ethics and Conduct and of the applicable regulations (such as the ACCREDIA Statute and the contractual agreement for assessors and experts).

ACCREDIA
Lead assessor
Loris Nardella

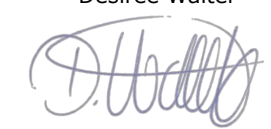


ACCREDIA
Assessor/expert

ACCREDIA
Assessor/expert

ACCREDIA
Assessor/expert

Representative of the CAB
Désirée Walter



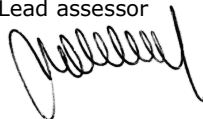
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RESULTS OF THE ASSESSMENT³

==	NC <input type="checkbox"/> Cn. <input type="checkbox"/> =====	Standard/point: =====	Scheme: =====	Office ⁴ / witness =====	Date: =====	Acceptance by ACCREDIA yes <input type="checkbox"/> no <input type="checkbox"/> Name: Date: Notes:
Description of finding			Treatment, timeline, causes			CAs - timeline
=====						
Evidence of closure / effectiveness					Closure C <input type="checkbox"/> O <input type="checkbox"/> If O - clarify	

1	Description / Comment	Scheme & point of standard: ISO/IEC 17065:2012 § 8.2	Office; 7, Ch. De Balexert - CH1219 Châtelaine CH Remote	Date: 30-31/10/2023
It could be useful to associate the detectability of the risk with the parameters already used (Impact and Probability) in the Risk Analysis to give greater significance in calculating the priority index.				
Analysed: yes <input type="checkbox"/> no <input type="checkbox"/>				
Implemented: yes <input type="checkbox"/> no <input type="checkbox"/> Implementation status:				

ACCREDIA
Lead assessor



Representative of the CAB
Désirée Walter



³ *Note for completion: the ACCREDIA team shall complete the description of the finding and the acceptance and closure and the CAB shall complete the rest (treatment, cause, CAs/PAs, evidence of closure). In the case of NC and Concern, the CAB must send the treatment and the ACs to ACCREDIA for acceptance. After acceptance and before the next office assessment the CAB shall complete the evidence of closure and send a file to the ACCREDIA team with all the findings (office and witness) received over the year, in the schemes regarding the office assessment.*

⁴ If it is a multisite CAB, specify if the finding raised regards a specific accredited site or if it belongs to the head office.