



Concern Worldwide

CHS

## Maintenance Audit Report

MA1-2018-007

2018-11-28

## Table of Content

<b>1. GENERAL INFORMATION .....</b>	<b>3</b>
<b>2. SCHEDULE SUMMARY .....</b>	<b>4</b>
2.1 OPENING AND CLOSING MEETINGS AT HEAD OFFICE .....	4
2.2 INTERVIEWS .....	4
<b>3. RECOMMENDATION .....</b>	<b>4</b>
<b>4. QUALITY CONTROL.....</b>	<b>5</b>
QUALITY CONTROL BY .....	5
FOLLOW UP.....	5
<b>5. BACKGROUND INFORMATION ON THE ORGANISATION .....</b>	<b>5</b>
5.1 GENERAL.....	5
5.2 ORGANISATIONAL STRUCTURE AND MANAGEMENT SYSTEM.....	5
5.3 ORGANISATIONAL QUALITY ASSURANCE .....	5
5.4 WORK WITH PARTNERS .....	5
<b>6. REPORT .....</b>	<b>6</b>
6.1 OVERALL ORGANISATIONAL PERFORMANCE.....	6
6.2 STATUS OF THE CORRECTIVE ACTION REQUESTS .....	6
<i>Corrective Action Requests .....</i>	6
<i>Type (Minor/ Major) .....</i>	6
<i>Original deadline for resolution .....</i>	6
<i>Status of CAR at MA.....</i>	6
<i>Time for resolution.....</i>	6
<b>7. ORGANISATION'S REPORT APPROVAL.....</b>	<b>7</b>
ACKNOWLEDGEMENT AND ACCEPTANCE OF FINDINGS.....	7
<b>8. HQAI'S DECISION.....</b>	<b>8</b>
CERTIFICATION DECISION.....	8
NEXT AUDITS .....	8
APPEAL .....	8
<b>ANNEX 1: EXPLANATION OF THE SCORING SCALE .....</b>	<b>9</b>

## 1. General information

Organisation	Concern Worldwide		
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 checked="" type="checkbox"/> Advocacy
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian	<input checked="" type="checkbox"/> Development	<input checked="" type="checkbox"/> Advocacy
Size			
Lead auditor	Johnny O'Regan	Auditor	n/a
		Others	n/a
	Head Office		
Location	Dublin		
Dates	19/9/18		

## 2. Schedule summary

### 2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	19/9/18	22/11/18
Location	Skype	Phone
Number of participants	3	2
Any substantive issue arising	No	No

### 2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	
Management	1
Staff	1
<b>Total number of interviews</b>	<b>2</b>

## 3. Recommendation

In our opinion, Concern Worldwide is implementing the necessary actions to correct its non-conformities. We recommend maintenance of certification.

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

Lead Auditor's Name and Signature

Date and Place:

*Sohay O'Regan*

Dublin, November 2018

## 4. Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2018-11-28
Final Draft	2019-01-22

## 5. Background information on the organisation

### 5.1 General

There have been no changes in scope since the certification audit and the strategic plan remains valid. The SMT discussed the CARs and agreed that the working group (which includes a member of the SMT) to continue working on the CARs and other aspects of the CHS improvement plans. One regional director is leading on addressing one of the CARs (environment). A number of members of the SMT are involved in the safeguarding working group. Concern has updated a number of its key policies (Approach to Emergencies, Programme Participant Protection Policy) and developed some new policies such as Anti-Trafficking Policy and Child Safeguarding Policy. Concern has officially exited three country programmes (Mozambique, Uganda, Zambia) since the initial certification audit.

### 5.2 Organisational structure and management system

Concern's organisational structure has not changed but it has added a fifth regional director specifically for francophone countries. Concern has appointed an existing board member as safeguarding focal point.

### 5.3 Organisational quality assurance

Concern has established a safeguarding unit that reports to the HR director. Internal audit and M&E structures and processes have remained as at the time of initial audit. The CHS working group is responsible for overseeing the certification process and the SMT representative is responsible for updating the SMT on the process. The CEOs report to the board includes updates on CHS processes such as this maintenance audit.

### 5.4 Work with Partners

Concern has recently hired a partnership advisor with a view to increasing its focus on working through partners.

## 6. Report

### 6.1 Overall organisational performance

Concern has taken the findings from the initial audit seriously and performed well in working towards closing the CARs identified. However, because all CARs are practice based it was not possible to close them without verification in the field. All CARs will be re-assessed at the mid-term audit 2020.

### 6.2 Status of the Corrective Action Requests

Corrective Action Requests	Type (Minor/Major)	Original deadline for resolution	Status of CAR at MA	Time for resolution
2017- 3.6: Concern does not systematically identify all potential and unintended negative effects, particularly regarding safety, security, culture, social and political relationships, and the environment.	Minor	10.10.2018	Extended	10.10.2019
2017-5.1: Concern does not systematically consult communities on the design and implementation of complaints response mechanisms and there is limited evidence that it consults communities on the monitoring of complaints.	Minor	10.04.2018	Extended	10.10.2019
2017-9.4: Concern does not produce formal guidance on environmental impact assessments and generally does not formally consider the environmental impact of using local and natural resources	Minor	10.10.2019	Open	10.10.2019


## 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

Dominic MacSorley  
  
CEO  
Concern

Name and Signature

Jublin  
8 Feb 2019

Date and Place

2018-11-28

## 8. HQAI's decision

<b>Certification Decision</b>	
Certificate:	
<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn
<b>Next audits before</b>	
Mid-term audit: 2019-10-10	
Second maintenance audit : 2020-10-10	
Recertification audit : 2021-10-10	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date:  2019-02-08 

### Appeal

*In case of disagreement with the conclusions of the report and/or decision on certification, the organisation can appeal to HQAI within 30 days after the final report has been transmitted to the organisation.*

*HQAI will investigate the content of the appeal and propose a solution within 15 days after receiving the appeal.*

*If the solution is deemed not to be satisfactory, the organisation can inform in writing HQAI within 15 days after being informed of the proposed solution of their intention to maintain the appeal.*

*HQAI will take action immediately, and identify two Board members to proceed with the appeal. These will have 30 day to address it. Their decision will be final.*

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



## Annex 1: Explanation of the scoring scale

<p style="text-align: center;"><b>0</b></p>	<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> <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>
<p style="text-align: center;"><b>1</b></p>	<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>
<p style="text-align: center;"><b>2</b></p>	<p><b>A score of 2 denotes an issue that deserve attention but does not currently 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> <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>
<p style="text-align: center;"><b>3</b></p>	<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> <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><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> <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>