



ISLAMIC RELIEF WORLDWIDE

CHS Certification

Maintenance Audit Report

IRW-MA1-2018-03

Date: 2018-06-05

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1. General information

Organisation	Islamic Relief Worldwide		
Type	<input type="checkbox"/> National <input checked="" type="checkbox"/> Membership/Network <input type="checkbox"/> Direct assistance	<input type="checkbox"/> International <input type="checkbox"/> Federated <input 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 type="checkbox"/> Advocacy
Size (Total number of programme sites/ members/partners – Number of staff at HO level)		IR Members: 24 IRW Country Offices: 32 Staff at HO: 230	
Lead auditor	Claire Goudsmit	Auditor	N/A
		Others	
Head Office			
Location	Birmingham		
Dates	09.05.2018		

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	09.05.2018	09.05.2018
Location	HO	HO
Number of participants	6	8
Any substantive issue arising	–	–

2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	
Director	1
Heads of units, coordinators, managers, internal audit	10
Total number of interviews	11

3. Recommendation

In our opinion, IRW is implementing the necessary actions to close the minor CARs identified in the initial audit. The CARs remain open within the set timeframe of 2019.05.19 and IRW 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.

Lead Auditor's Name and Signature

Claire Goudsmit



Date and Place:

21.05.2018, UK

4. Quality Control

Quality Control by	Elissa Meriem Goucem
Follow up	
First Draft	2018-06-05
Final Draft	2018-07-10

5. Background information on the organisation

5.1 General

IRW remains committed to fully meet the CHS and has continued to embed the standards throughout the organisation – within its HR and finance manuals and roles, in staff trainings, internal quality management system and PSEA policy work and complaints system. IRW is on-track and methodically working to fulfil the agreed Corrective Action Requests of the initial audit by 09 May 2019. IRW is also mindful and considering the observations made in order to also address these weaknesses in its systems. Regional and global CHS improvement plans are in place and monitored by the Programme Quality lead.

5.2 Organisational structure and management system

IRW is implementing its four-year governance reform plan, enabling increased representation of its partners at the International General assembly and on the Board of Trustees and expanding the organisation. Significantly at this stage, the International Programmes Department (IPD) has increased in size and some key positions are in place: Impact and MEAL Manager, Safeguarding Lead. The new Head of Governance, within the Governance Division, is tasked with ensuring consistency in policy development and implementation across the organisation in collaboration with IPD. Within the Governance team a Complaint Administrator will be in place by January 2019, which provides a clear line of sight to the Board and external audit committee on issues being raised. In a meantime, IRW's Performance & Accountability Advisor is currently taking an interim role and looking after complaints at HQ level.

5.3 Organisational quality assurance

IRW have advanced its bespoke internal Quality Management System (IRQMS) to establish a common framework across all its Country Offices with a view to improve the quality of its programmes and operations and to systematically monitor its performance. The system is rebranded, entitled Ihsan (meaning Excellency), is online and, based on feedback from IR staff, has a reduced, more manageable number of indicators which makes it more user-friendly. Ihsan incorporates the CHS, Accountable Now, Red Cross Code of Conduct and Inclusion commitments, and reporting frameworks. Based on a self-assessment methodology with attainment levels against indicators, it covers 8 areas of IR's work: Governance and Leadership; Financial and Physical Resources; Human Resources; Security; Projects and Programmes; Disaster Preparedness; Networking and Partnership; and Communications. The process has been piloted in 10 Country Offices (CO), with a view to fully roll-out a refined system in all COs by the end of 2018. The Ihsan Governance Committee and Global Leads for each area, oversee the development and roll out the system and regional champions support practical implementation with the COs. Each CO is required to complete a self-

assessment (Indicator Level 1: Minimum Standards for this year) and related action plan each year.

5.4 Work with Partners

IRW works with IR partners within the IR family and continues to develop these and work towards sustainable standardised partnerships. IRW continues to hold a number of key external global strategic partnerships, including with WFP, UNHCR, Islamic Development Bank, DFID, SIDA, START Network. IRW's strategic aim to increase its work with local actors is still progressing and has not made notable changes since the initial CHS audit (2017) in the way in which it works with implementing partners. IRW mostly delivers its projects and work directly by IR staff based in the Country Offices.

6. Report

6.1 Overall organisational performance

IRW have made significant steps to improve its practice further and to embed the CHS into its policy, practice and quality assurance system. A number of senior leadership changes and additions have been put in place to drive and support necessary changes within the organisation. IRW received 3 Minor CARs in the initial audit and have initiated and/or enhanced processes to ensure these are addressed over the set 2-year period, to 09 May 2019. The CARs remain open as of this Maintenance Audit (May 2018) as it is not possible at this point to assess the extent to which the policies and processes are institutionalised and, especially, rolled-out to the Country Office level. This will be checked during the mid-term audit in 2019. IRW are also taking the observations made in the initial audit into account to assure that the weaknesses identified are addressed and feed into overall improvements to IRW's Ihsan and implementation of its programmes.

6.2 Summary of actions for resolution of previous audit's CARs

IRW has taken a systematic approach to addressing the CARs. Country Offices are measuring progress against each CAR and Observation that was raised in the initial Certification Audit and reporting against this to HQ regularly. IRW HQ Programme Quality Unit is monitoring progress and supporting COs to meet the standards as set by IRW. Integrating the CHS, and other quality standards IRW is signatory to, ensures a longer-term, integrated approach to addressing the CAR's and maintaining compliance with all CHS commitments. Addressing CAR's around complaint handling and PSEA have been taken seriously by the organisation, which strives to ensure good a governance structure and robust policies are in place and resourced to ensure ownership and roll-out to all the COs.

6.3 Status of the Corrective Action Requests of the previous audit

Corrective Action Requests	Type (Minor/Major)	Original deadline for resolution	Status of CAR
09.05.2017 – 4.1: IRW does not ensure that information is communicated to all stakeholders, especially to vulnerable and marginalised groups.	Minor	2019.05.09	Open

09.05.2017 – 5.3: IRW does not ensure complaints are managed in all Country Offices in a timely, fair and appropriate manner, prioritising the safety of the complainant and those affected at all stages.	Minor	2019.05.09	Open
09.05.2017 – 7.5: IRW does not facilitate access to knowledge and experience throughout the organisation and Country Offices.	Minor	2019.05.09	Open

6.4 Summary of Corrective Action Requests of the maintenance audit

Corrective Action Requests	Type (Minor/Major)	Status of CAR	Deadline for resolution
09.05.2017 – 4.1: IRW does not ensure that information is communicated to all stakeholders, especially to vulnerable and marginalised groups.	Minor	Open	2019.05.09
09.05.2017 – 5.3: IRW does not ensure complaints are managed in all Country Offices in a timely, fair and appropriate manner, prioritising the safety of the complainant and those affected at all stages.	Minor	Open	2019.05.09
09.05.2017 – 7.5: IRW does not facilitate access to knowledge and experience throughout the organisation and Country Offices.	Minor	Open	2019.05.09
TOTAL number of open CARs			3

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



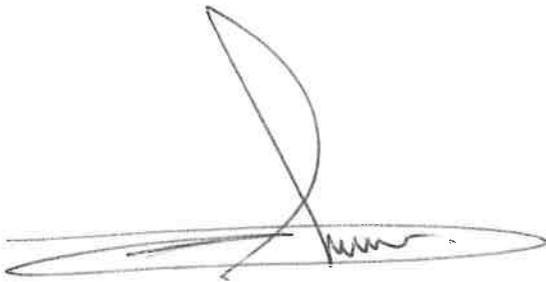
I accept the findings of the audit



I do not accept some/all of the findings of the audit



Please list the requirements whose findings you do not accept



Name and Signature

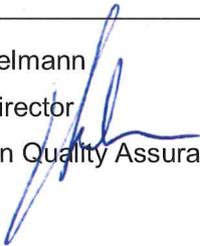
Naser Haghamed
CEO.

19/7/2018, Birmingham, UK

Date and Place

Date of document: 2018-06-05

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 2019-05-08	
Second maintenance audit before 2020-05-08	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative 	Date: 2018-07-11 

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	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>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	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>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	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>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	The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.
	<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	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>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.