

The Evangelical Fellowship of India Commission on Relief (EFICOR)

Maintenance Audit – Summary Report MA 2020/07/30

1. General information

1.1 Organisation

Type	Mandates	Verified	
<input type="checkbox"/> International <input checked="" type="checkbox"/> National <input type="checkbox"/> Membership/Network <input type="checkbox"/> Direct Assistance <input type="checkbox"/> Federated <input type="checkbox"/> With partners	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	
Head office location	Delhi, India		
Total number of country programmes	38	Total number of staff	98

1.2 Audit team

Lead auditor	Catherine Blunt
Second auditor	
Third auditor	
Observer	
Expert	
Witness / other	

1.3 Scope of the audit

CHS Verification Scheme

Audit Stage	Certification	Independent Verification	Benchmarking	Other
Initial audit (IA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First maintenance audit (MA1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-term audit (MTA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second maintenance audit (MA2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recertification audit (RA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extraordinary audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 Sampling*

Randomly sampled country programme site	Included in final sample	Replaced by	Rationale / Comments	Selected for remote assessment
LRC Inclusion Livelihood project for People Living with a Disability (PLWD)	Yes			Yes
Parivarthan Slum Development - Livelihood and Education (partners)	No	Sustainable livelihood activities for people living with and affected by HIV&AIDS (SHADOWS – partner)	Parivarthan Slum Development was not included in the sample as the project had concluded. It was replaced by a livelihood project implemented by partner SHADOWS (Solomon Health And Development Of Weaker Sections).	Yes

Roshni Project Maternal and Child Health (MACH)	Yes			Yes
Shweta – WASH	Yes			Yes
Bellary Livelihood Project	No	Maharashtra Flood Relief 2019	A humanitarian project was required to fulfil the scope of the audit and so replaced the development/advocacy project (Bellary Livelihood Project).	Yes
Any other sampling performed for this audit: None				

**It is important to note that the audit findings are based on a sample of an organisation's country programmes, its documentation and observation. Findings are analysed to determine an organisation's systematic approach and application of all aspects of the CHS across different contexts and ways of working.*

2. Activities undertaken by the audit team

2.1 Locations Assessed

Locations	Dates	Onsite or remote
Head Office (New Delhi)	6 th - 8 th July 2020	Remote
Delhi – LRC project	As above	As above
Panna – Roshni project	As above	As above
Kurnool/Prakasham/Guntur – Shweta project	As above	As above
Sangli - Maharashtra Flood Relief 2019	As above	As above
Chirala, Andhra Pradesh – SHADOWS (partner)	As above	As above

2.2 Interviews

Position / level of interviewees	Number of interviewees	Onsite or remote
Head Office		
Management	7	Remote
Staff	6	Remote
Country Programme(s)		
Partner staff	2	Remote
Others (specify)		
Total number of interviews	15	<i>Remote</i>

2.3 Opening meeting

Date	2020/07/06
Location	Delhi (remote)
Number of participants	14
Any substantive issues arising	

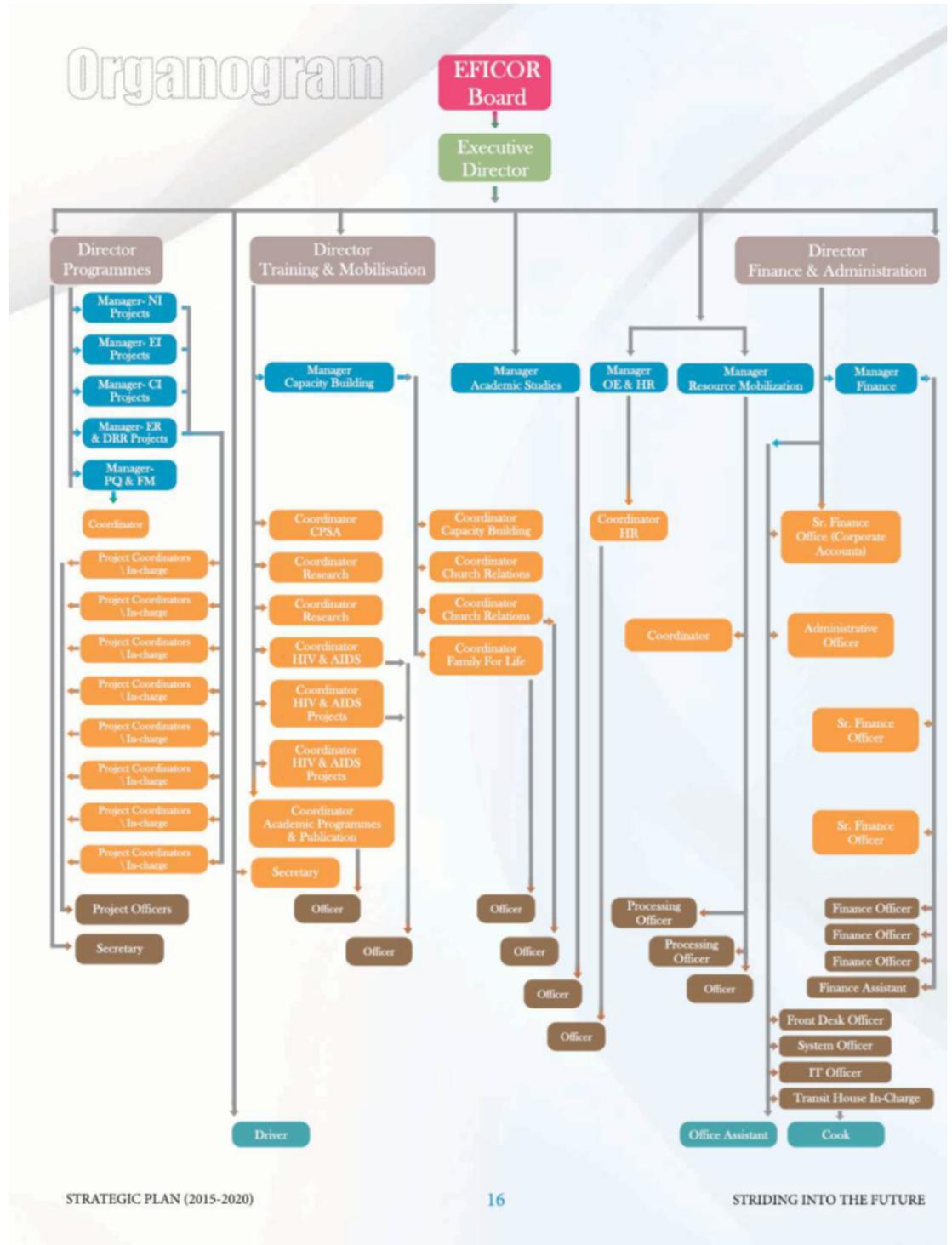
2.4 Closing meeting

Date	2020/07/10
Location	Delhi (remote)
Number of participants	12
Any substantive issues arising	

3. Background information on the organisation

3.1 Governance and management structure

The EFICOR is a national Christian organisation engaged in relief, development, advocacy and capacity building. It serves the poor, the socially excluded and the marginalised irrespective of caste, creed or religion, who are victims of poverty, injustice and disaster. EFICOR’s Strategic Plan (2015-2020) is being reviewed with a new Plan to be devised and implemented from 2021. Any changes to the management structure will be implemented at that time. The organogram remains the same as it was at the Initial Audit and is included below.



The governance structure of the Evangelical Fellowship of India Commission on Relief (EFICOR) has not changed since the Initial Audit in 2019. The EFICOR Society is the registered custodian of the organisation and represents the Evangelicals in India. It is

governed by a Board elected by the Society. The Executive Director (ED) is responsible for implementation of the strategic plan as agreed by the Board. This position is supported by three Directors. The Executive Director left in January and the Director of Programmes moved into this role, undertaking both jobs while a replacement is obtained. The Director of Programmes position is vacant at the time of the Maintenance Audit. The Programmes Department remains the same, with managers responsible for the three geographic zones of the subcontinent, Program Quality, and Emergency Response/ Disaster Risk Reduction. EFICOR works only in India, undertaking mainly development/advocacy programmes in the same geographical area as the Initial Audit. Humanitarian programmes can occur across the country.

3.2 Effectiveness of the internal quality assurance systems

The organisation's quality assurance mechanisms and processes remain the same as at the Initial Audit. This includes the Director Programmes overseeing managers who have a direct line of sight to the field. Monitoring visits by managers are held quarterly. The Program Quality manager takes a quality assurance role on project proposals and reports. The Monitoring and Evaluation Policy was reviewed after the Initial Audit to incorporate a greater emphasis on learning and sharing findings with partners and communities. India has been severely impacted by the Corona virus, particularly in the Delhi region, as all transport networks out to the villages was abruptly stopped early in 2020. EFICOR has adapted to this situation by utilising video conferencing technology to replace its quarterly monitoring visits and staff meetings. The organisation delivered relief supplies to stranded villagers in Delhi, and in the absence of functioning printing businesses, ensured access to a complaints process via handwritten posters.

3.3 Work with partner organisations

EFICOR directly implements most of its development/advocacy projects. EFICOR implements through partners in 16% of its current projects, which is a slight reduction from the Initial Audit (18% implemented through partners). At that time, EFICOR did not inform its partners about the Core Humanitarian Standard (CHS) nor did it support them to implement its requirements. EFICOR did not monitor how partners met the CHS. Humanitarian projects are usually directly implemented, with EFICOR working alongside local partners (faith-based organisations, and community-based organisations) that have expertise and connection to volunteers in the locality of the humanitarian crisis.

In the process of resolving major corrective actions from the Initial Audit, EFICOR amended its Child Safeguarding and Protection Policy to include partner responsibilities for child safeguarding, reporting and investigation procedures. EFICOR now informs its partners about the CHS and supports them to implement it through policy advice and training. The managers' field monitoring template (used quarterly) now includes a check on partners' implementation of the policies that EFICOR requires them to implement (e.g. Child Safeguarding and Protection, Whistle-blower, Gender). However, EFICOR has not yet modified its Memorandum of Understanding (MOU) with partners to include the requirement to have a Complaints Handling Response Mechanism (CHRM).

4. Overall performance of the organisation

4.1 Effectiveness of the management system and internal quality assurance and governance

EFICOR shows a strong commitment to implementing the Core Humanitarian Standard (CHS) and addressing the four corrective actions outstanding at the Maintenance Audit. Comprehensive staff training in safeguarding for staff and partners was conducted in 2019. A new CHRM policy was adopted and senior staff ensured its implementation in the field, supported by a policy outlining EFICOR's compliance with CHS principles for field staff. EFICOR scores highly on internal quality assurance (2.8) due to its strengths in ensuring humanitarian response is appropriate, relevant, effective and timely. It identifies and acts upon unintended negative effects and it draws on lessons learnt and prior experience when designing programmes. However, non-conformities in welcoming and addressing complaints remain, which decreases the effectiveness of the organisation's quality processes. These will be checked with communities at the Mid-Term Audit.

4.2 Overall organisational performance of how the organisation applies the CHS

EFICOR is committed to implementing the CHS across both humanitarian and development programmes. The non-conformities remaining at this Maintenance Audit relate to complaints handling. The Organisational Responsibility of implementing a documented CHRM has been closed as EFICOR has developed a policy and implemented this across all programmes. EFICOR welcomes complaints and has developed appropriate communication tools to promote its processes. It records and manages complaints mainly at the local level, generally involving communities in complaints committees.

However, EFICOR still has some policy and practice refinements to make in the area of complaints handling. Referrals are not included in the existing CHRM and partner MOUs do not include the requirement to have a complaints process. Staff are confused about how to deal with staff behaviour complaints. The remaining non-conformities are Key Actions related to consultation with communities, and promotion and management of complaints handling processes. These are not due for closure until 2021, which enables time for the newly established complaints mechanism to mature and for their implementation to be verified with communities at the Mid-Term Audit.

4.3 Average score per commitment

CHS Commitment	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	3
Commitment 2: Humanitarian response is effective and timely	3
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	3.3
Commitment 4: Humanitarian response is based on communication, participation and feedback	2.6
Commitment 5: Complaints are welcomed and addressed	1.8
Commitment 6: Humanitarian response is coordinated and complementary	3
Commitment 7: Humanitarian actors continuously learn and improve	2.7
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	2.7
Commitment 9: Resources are managed and used responsibly for their intended purpose	2.8

*Note: scores are culminative and updated at this audit stage based on the results from previous audits

4. Summary of non-conformities

Corrective Action Requests (CAR)	Type (minor/major)	Resolution due date	Date closed out
2019 - 5.1: Communities and people affected by crisis have not been consulted on the design, implementation and monitoring of complaints-handling processes.	Minor	2021/03/22	

2019 - 5.2: EFICOR does not communicate how complaints mechanisms can be accessed in development programmes and does not communicate the scope of issues the mechanism can address.	Minor	2021/03/22	
2019 - 5.3: EFICOR does not systematically manage complaints in a timely, fair or appropriate manner or prioritise the safety of the complainant and those affected at all stages.	Minor	2021/03/22	
2019 - 5.4: EFICOR does not have a documented complaint handling process in place for communities and people affected by crisis that covers programming, sexual exploitation and abuse and other abuses of power.	Minor	2020/03/22	2020/07/30
Total Number	Minor	3	

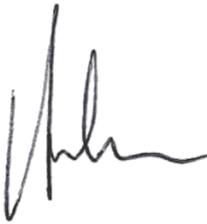
5. Sampling recommendation for next audit

Sampling rate	As per the HQAI sampling rate - based on the number of projects in the field at the time.
Specific recommendation for selection of sites	Geographic areas not covered to date. Delhi Covid-19 relief operations or similar.

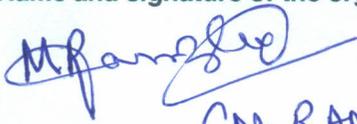
6. Lead auditor recommendation

In my opinion, EFICOR has implemented the necessary actions to close the minor CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability. I recommend maintenance of certification.	
Name and signature of lead auditor:  Catherine Blunt, Lead Auditor, HQAI	Date and place: 2020/07/30 Canberra, Australia

7. HQAI decision

<input checked="" type="checkbox"/> Certification maintained <input type="checkbox"/> Certification reinstated	<input type="checkbox"/> Certificate suspended <input type="checkbox"/> Certificate withdrawn
Next audit: Mid-term audit before 15 th April 2020	
Name and signature of HQAI Executive Director:  Pierre Hauselmann	Date and place: 9 th September 2020, Geneva

8. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: <i>If yes, please give details:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative:  (M. RAMESH BABU)	Date and place: 7/10/2020

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 HQAI in writing 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 Appeals Procedure can be found in document PRO049 – Appeal Procedure.

Annex 1: Explanation of the scoring scale*

Scores	Meaning : for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> • Independent verification: major weakness; • Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p>Score 1: indicates 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 it. This leads to:</p> <ul style="list-style-type: none"> • Independent verification: minor weakness • Certification: minor non-conformity, leading to a minor corrective action request (CAR).
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p>Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> • Independent verification and certification: observation.
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> • Independent verification and certification: conformity.
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. 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>Score 4: indicates an exemplary performance in the application of the requirement.</p>

* Scoring Scale from the CHSA Verification Scheme 2020