



Islamic Relief Worldwide

CHS

Mid-term Audit Report

IRW-MTA-2019

Date: 2019-06-26

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# 1. General information

## 1.1 Organisation

Organisation	Islamic Relief Worldwide		
Type	<input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Membership/Network <input checked="" 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 type="checkbox"/> Advocacy
Size (Total number of programme sites/ members/partners – Number of staff at HO level)	3,000 staff globally. 14 National Offices; 31 programme sites	Sampling Rate (Country programmes sampled)	Total 4 2 site visits (Sri Lanka & Indonesia) 2 remote assessments (Pakistan & Albania)
Lead auditor	Johnny O'Regan	Auditor	Jo Thomson
		Others	--
	Head Office	Programme Site(s)	
Location	Birmingham, UK	Indonesia and Sri Lanka	
Dates	25/03/19 - 15/04/19	01/04/19 - 12/04/19	

## 1.2 Indicators verified at the mid-term audit

CHS Commitment	Organisational Responsibilities	Key Actions
1		1.1, 1.2, 1.3
2	2.6	2.1, 2.2, 2.3, 2.4, 2.5
3	3.8	3.1, 3.2, 3.3, 3.4, 3.5, 3.6
4	4.5, 4.6, 4.7	4.1, 4.2, 4.3, 4.4,
5	5.4, 5.5, 5.6, 5.7	5.1, 5.2, 5.3
6		6.1, 6.2, 6.3, 6.4
7	7.4, 7.5, 7.6	7.1, 7.2, 7.3
8	8.4, 8.5, 8.6, 8.7, 8.8, 8.9	8.1, 8.2, 8.3
9		9.1, 9.2, 9.3, 9.4, 9.5

## 2. Schedule summary

### 2.1 Verification Schedule

Name of Programme sites/members/partners verified	Location	Mandate (Humanitarian, Development, Advocacy)	Number of projects visited	Type of projects
Indonesia	Lombok	Development	4	Livelihood
Indonesia	Lombok	Humanitarian	2	Emergency response
Sri Lanka	Ampara	Development	1	Orphan
Sri Lanka	Horawapothana	Development	1	WASH
Sri Lanka	Batticoala	Development	1	Livelihood

### 2.2 Opening and closing meetings

#### 2.2.1 Visit to Head Office:

	Opening meeting	Closing meeting
Date	25/03/19	18/04/19
Location	Birmingham / Skype	Birmingham / Skype
Number of participants	19	9
Any substantive issue arising	No	No

#### 2.2.2 On-site visits at Programme Site(s):

	Opening meeting	Closing meeting
Date	01/04/19	17/04/19
Location	Jakarta	Skype
Number of participants	15	5
Any substantive issue arising	No	No

	Opening meeting	Closing meeting
Date	8/4/19	12/4/19
Location	Ampara	Batticaloa
Number of participants	15	15
Any substantive issue arising	No	No

### 3. Recommendation

In our opinion, Islamic Relief 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. We recommend maintenance of certification.

Detailed findings are laid out in the rest of this report.

Lead Auditor's Name and Signature



Date and Place:

June 26, 2019

Dublin

### 4. HQAI Quality Control

First Draft	28 May 2019
Final Draft	26 June 2019

## 5. Background information on the organisation

### 5.1 Organisational structure and management system

Islamic Relief is a federation of international NGOs comprised of 14 national fundraising offices ('IR partners') that fund Islamic Relief Worldwide (IRW), which is an independent, charitable company registered in the UK and governed by a Board of Trustees. In the near future IR partners will send representatives to the International General Assembly whose member accreditation committee (MAC) elects representatives from IR partners to sit on the Board of Trustees of IRW. The board delegates to an executive Board of Directors including the CEO to carry out the day-to-day work of the charity. IR partners primarily fundraise (e.g. IR Sweden) and undertake domestic programmes (IR USA and IR South Africa).

IRW is the single global operational arm that implements programme activities through 31 country offices (such as IR Sudan, IR Philippines) globally. These country offices (COs) are line managed and largely funded by IR Partners through IRW, and which implement programmes through restricted and unrestricted funding. This ensures there is only one Islamic Relief entity in any of its country locations. Some IR partners (e.g. IR Pakistan and IR Kenya) have two registrations – as international and local NGOs - regardless they are bound by IRW systems and procedures. The main distinction is increased latitude in deciding geographical areas of operation and the opportunity to access local funding (as a local NGO) in some contexts.

IR partners independently review and decide which projects they shall fund, and monitor projects being implemented by IRW through reporting and field monitoring visits. However, they have limited control over programme implementation, except for ensuring that back donor requirements are met, and that systems and procedures are uniform.

IRW has seven departments / functions, with the heads of numbers 1-6 below sitting on the senior management team with the CEO:

1. Chief Operating Officer (responsible for HR, finance and services),
2. external relations (including advocacy),
3. network resource development (including fundraising and partner development),
4. International Programmes Department (IPD), which includes global programmes, programme quality and disaster risk management. Global programmes oversees four regions: East Africa, West Africa, Middle East and Europe, Asia,
5. Governance Division tasked with ensuring consistency in policy development and implementation across the organisation in collaboration with IPD. The head of the governance division has an independent reporting line to the board of trustees,
6. Director of IRUK (the UK fundraising business unit), and
7. Director of the Humanitarian Academy for Development (HAD) (IR's training and learning business unit)

IRW has completed decentralisation of the East Africa region since the initial audit, including devolution of desks to the region, which has increased responsibilities and decision-making powers on areas such as resourcing, finance/audit, linkages and coordination, capacity building, programme monitoring, implementation, and networking.

For large scale emergencies, the key decision-making body is the emergency panel, which consists of the IPD director, head of global operations, humanitarian department, head of affected region, country director, and a representative from communications. The group makes Go/No Go decisions and other initial decisions such as allocation of emergency funding and deployment of rapid response personnel. Thereafter regional offices and country offices generally assume responsibility for managing responses.

The following sectoral breakdown of expenditure shows that the majority (57%) of expenditure in 2018 was on humanitarian interventions, with 41% on development and 2% on advocacy.

<b>Charitable Sector</b>	<b>2018 Draft Expenditure</b>		<b>2017 Expenditure</b>	
Campaigning for change	2,301,017	2.0%	1,363,342	1.2%
Protecting Life and Dignity	65,684,110	56.9%	57,410,280	51.5%
Empowering Communities				
- Access to healthcare and water	12,403,597	10.7%	16,784,320	15.1%
- Caring for Orphans and children	26,383,467	22.8%	23,299,957	20.9%
- Supporting Education	3,540,868	3.1%	5,591,321	5.0%
- Sustainable livelihoods	5,196,367	4.5%	7,047,076	6.3%
<b>Total</b>	<b>115,509,427</b>	<b>100.0%</b>	<b>111,496,296</b>	<b>100.0%</b>

## 5.2 Organisational quality assurance

IRW have a comprehensive system of organisational quality assurance in place. Since the previous audit, IRW have implemented a bespoke quality management system called Ihsan (named after one of IRW values which means Excellence), which replaces and builds on the experiences of IRW's previous system, IRQMS. The IHSAN system was developed by IRW in response to the increasing number and complexity of quality assurance standards to which it was committed or required to comply, and the need to rationalise these into a single, fit for purpose quality management system for their organisation. Governed by IHSAN Steering Committee, IHSAN integrates the requirements of the CHS, Accountable Now, Red Cross Code of Conduct, ECHO Framework Partnership and DEC. The CHS requirements in particular, are explicitly referenced throughout the IHSAN Framework providing IRW with an organisation-wide tool to assess and monitor their compliance with the CHS. The IHSAN system ensures that IR country offices and partners adhere to a common, quality framework based on accountability commitments to internal and external standards within the aid sector.

Based on a self-assessment methodology, the IHSAN framework covers 8 key standards or areas of IR's work: Governance; Finance; Human Resources; Security; Projects and Programmes; Disaster Preparedness; Networking and Partnerships; and Communications. Within each standard, there are 3 attainment levels determined against indicators.

The process was rolled out in all IR country offices throughout 2018. The IHSAN Governance Committee and global leads for each area oversaw the development of IHSAN and its implementation, with regional champions supporting its practical implementation with the country offices. Country directors are responsible for its application in their country office. Each country office completes a self-assessment against the framework on the online data collection platform (Kobo) and develops a capacity building action plan each year. Country directors review and verify the self-assessment and action plan, and then the scoring is further reviewed and verified by the head of region and by the Programme Quality Department. The self-assessment enables country offices to identify strengths and weaknesses, and the action plans support capacity building, in a systematic and accountable manner.

The self-assessment scores of all country offices are analysed collectively using Power BI to produce IHSAN and CHS dashboards at the IRW global, regional, and country levels, which are then used to make decisions on areas of further investment. These data are used

to identify areas for improvement to inform risk analysis and capacity development investment decisions.

### 5.3 Work with Partners

IRW continues to hold a number of key external global strategic partnerships, including with WFP, UNHCR, Islamic Development Bank, UNFPA, UNWomen, WVI, LWF, FCA, SIDA, and START Network. IRW's strategic objective 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. Approximately 22.5% of global expenditure in 2018 was through 49 implementing partners; 13% through INGOs and 9.5% through local partners. Implementing partners typically work through IRWs systems, for example using IRWs complaints mechanisms and information sharing tools.

### 5.4 Certification or verification history

Initial Audit	9/5/17
Maintenance Audit	5/6/18

### 5.4 Certification or verification history

Initial Audit	9/5/17
Maintenance Audit	5/6/18

## 6. Sampling

### 6.1 Rationale for sampling

Based on IRW's list of Country Programmes, the initial random sample of 4 included – Pakistan, Albania, Ethiopia and Sri Lanka. The audit team selected Pakistan and Albania for remote auditing - Pakistan because of challenges with access and Albania because it is a smaller development programme. Ethiopia was deselected as it had been visited previously as part of the Initial Audit, 2017. The team purposely selected Indonesia because it had three recent emergencies, which provided an opportunity for real time learning and Sri Lanka because of IRWs work with a minority Muslim population (approximately 12% of the population).

The audit team selected Lombok Island in Indonesia because it had a recent (July/ August 2018) emergency- a series of earthquakes measuring 5.9, 6.4 and 7 on the Richter scale. IR Indonesia had ongoing development activities on the island (e.g. livelihoods and climate change adaptation) so the team had the opportunity to explore the humanitarian-development nexus. The team selected projects on Lombok to cover a range of activities and geographical areas. The team selected Sri Lanka projects to cover the full range of its activities as well as geographical spread. Community members self-selected for focus group consultations.

**Disclaimer:**

*It is important to note that the audit findings are based on the results of a sample of the organisation's documentation and systems as well as interviews and focus groups with a sample of staff, partners, communities and other relevant stakeholders. Findings are analysed to determine the organisation's systematic approach and application of all aspects of the CHS across its organisation and to its different contexts and ways of working.*

**6.2 Interviews:**

## 6.2.1 Semi-structured interviews (individual interviews or with a small group &lt;6

Position of interviewees	Number of interviewees
Head Office	
Management and staff	25
Programme site(s)	
Indonesia CO- management & staff	7
Indonesia - Lombok Office- management & staff	4
Sri Lanka CO- management & staff	5
Sri Lanka - field staff	2
Sri Lanka- partner staff	5
Albania - remote	4
Pakistan – remote CO	11
<b>Total number of interviews</b>	<b>63</b>

## 5.2.2 Focus Group Discussions (interviews with a group &gt;6)

Type of Group	Number of participants	
	Female	Male
<b>Indonesia- Lombok</b>		
Livelihood- weaving	18	
Partner (Konsepsi)	5	8
Livelihood- farming	14	
Emergency response	25	
Emergency response		13
Emergency response	17	
Emergency response		5
Rain fed farmers	5	9
Lobster fishermen		11
<b>Sri Lanka</b>		
Orphan carers/mothers	10	
Orphan carers/mothers	11	
WASH Committee and users	10	
WASH Committee and users		13
WASH Committee and users	14	
WASH Committee and users		15
Livelihood	3	10
Livelihood		12
<b>Total number of participants</b>	<b>132</b>	<b>96</b>

## 7. Report

### 7.1 Overall organisational performance

Overall, IRW conforms with the requirements of the CHS and demonstrates a strategic and systematic commitment to improving practice.

Since the initial audit, IRW has made considerable investment in strengthening areas where it previously had three minor CARs (4.1, 5.3, 7.5). While all the necessary policy and procedural requirements were in place at an organisational level, the three previous minor CARs resulted from weaknesses in systematic processes to ensure that all country offices were uniformly and consistently complying with the policy and procedural requirements.

These weaknesses have since been remedied by IRW through a number of improvements including:

- the organisation-wide implementation of IRW's IHSAN quality management system which has been undertaken by every country office (addressing CARs 4.1, 5.5 and 7.5);
- the use of Communication and Participation Plans by country offices to ensure information is shared with communities and their satisfaction is monitored (CAR 4.1);
- the development and implementation of a Field Office Complaints Policy and associated procedural tools including Complaints Registers which ensure application is consistent and monitored (CAR 5.3);
- and streamlining of electronic access to the extranet and all online learning and knowledge resources for staff (CAR 7.5).

These improvements have resulted in the three minor CARs being closed. In addition to its focus on the above areas, IRW has continued to perform very well against the CHS standard. IRW undertakes strong context analysis, recognises and addresses constraints, builds resilience of communities and takes its environmental responsibilities seriously. Although IRW continues to identify potential and actual negative effects during project design and post distribution monitoring, it does not do so systematically and therefore the team opened one new CAR on this indicator (C3.6).

The introduction of the IHSAN quality management system is worthy of particular note. It integrates all the CHS requirements, providing IRW with an organisation-wide tool to assess and monitor compliance by all country offices with the CHS in a systematic, verifiable manner. It enables systematic and strategic capacity building and risk management.

## 7.2 Summary of corrective action requests

Corrective Action Requests	Type (Minor/Major)	Original deadline for resolution	Status of CAR at MTA	Time for resolution
2017 – 4.1: IRW does not ensure that information is communicated to all stakeholders, especially to vulnerable and marginalised groups.	Minor	2019.05.09	Closed	
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	Closed	

2017 – 7.5: IRW does not facilitate access to knowledge and experience throughout the organisation and country offices.	Minor	2019.05.09	Closed	
2019- 3.6 IRWs systems for identifying unintended effects do not specifically consider the full range of potential and actual negative effects.	Minor	2021.06.03	New	
<b>Total</b>	<b>1</b>			

### 7.3 Strong points and areas for improvement:

#### Commitment 1: Humanitarian assistance is appropriate and relevant

**Score: 3**

IRW performed well against this commitment in the initial audit (May 2017) and this audit concurs with those findings. IRW undertakes appropriate context and stakeholder analysis and strives to build programmes based on an impartial assessment of needs, risks, capacities and vulnerabilities.

Feedback from people affected by crisis and communities on Commitment 1

Communities expressed satisfaction with the impartiality of IRWs assistance and its appropriateness to their needs and capacities and described a number of programme adaptations that met their changing needs and circumstances.

#### Commitment 2: Humanitarian response is effective and timely

**Score: 2.7**

IRW performed well against this indicator in the initial audit and this audit generally concurs with those findings. The audit team notes that IRW has the organisational capacity to meet its commitments, develops realistic programmes that take constraints into account, refers unmet needs to relevant actors and is generally timely in its decision-making and responses. However, this audit notes that some outcome level indicators are not as high level or meaningful as possible. The previous audit found IRW challenged in identifying and addressing poor performance, the current audit found that the identification of poor performance has improved, through, for example post distribution monitoring reports and the further systemisation of complaints mechanisms. This audit noted that IRWs technical expertise was not always sufficient to meet technical guidance needs and that it does not always provide the full range of technical training to partners relevant to the programmes they are implementing.

Feedback from people affected by crisis and communities on Commitment 2:

Communities expressed satisfaction with the safety of IRWs programmes and were generally satisfied with the timeliness of interventions. Some community members noted that IR prioritised the precision of deliverables to needs above timeliness, which might have been improved with unconditional cash transfers.

### Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects

**Score: 2.5**

IRW performed well against this indicator in the initial audit and this audit generally concurs. IRW has a strong resilience-focus, systematically plans exit and transition strategies and works with communities to develop disaster preparedness plans. However, this audit notes that IRW does not systematically identify potential and actual negative effects of programmes and while it generally enables the development of local leadership in first response, it does not provide the full range of first response training. IRW has taken data protection seriously and all countries have completed records management self-assessments although IRW has not undertake data protection audits outside of the UK.

Feedback from people affected by crisis and communities on Commitment 3:

Community members felt programmes were appropriate to their capacities, supported their aims to become more resilient and identified no negative effects of programmes. They expressed satisfaction with IRWs approach to support the local economy and were generally aware of IRWs plans to exit/transition.

### Commitment 4: Humanitarian response is based on communication, participation and feedback

**Score: 3**

IRW generally performed well against this indicator in the initial audit with the exception of a minor CAR for indicator 4.1 that identified that IRW did not ensure that the relevant information was systematically provided to and received by all communities, especially vulnerable and marginalised groups. The MTA found that organisation wide improvements since the initial audit have strengthened this gap and the minor CAR for 4.1 has been closed. Performance for Commitment 4 now fully satisfies the CHS requirements.

IR actively shares and socialises all necessary information with communities through a variety of appropriate and accessible methods. IR country offices develop contextualised Communication and Participation Plans to inform and monitor this. IR country offices are guided by the IRW Inclusivity Charter which promotes inclusive representation, participation and engagement. Inclusive membership of community management committees reflected this commitment. IR actively encourages communities to provide feedback on their satisfaction through a range of mediums. Communication and Participation Plans are used to plan and promote transparency and timely information sharing by IR country staff with a range of external stakeholders. All external communications follow guidelines and approval processes, which require all materials to represent communities accurately, ethically, respectfully and in a dignified manner.

Feedback from people affected by crisis and communities on Commitment 4:

Community members consistently reported that IR country programmes provided all required information, in appropriate and accessible ways, and encouraged participation and feedback.

### Commitment 5: Complaints are welcomed and addressed

**Score: 2.9**

IRW generally performed well against this indicator in the initial audit with the exception of a minor CAR for indicator 5.3 which identified that IRW did not ensure complaints were managed in all country offices in a timely, fair and appropriate manner, prioritising the safety of the complainant and those affected at all stages. The MTA found that organisation-wide improvements since the initial audit have strengthened this gap and the minor CAR for 5.3 has been closed. Performance for Commitment 5 now satisfies the CHS requirements.

Since the previous audit, IRW has rolled out the Field Office Complaints Policy and the Complaints Management Guidance Pack, invested significantly in training for staff and communication with communities and is rigorously using the Complaints Registers to manage complaints. IR country offices invest considerable time with communities to discuss, design and socialise complaints handling processes and monitor community satisfaction. A comprehensive range of mechanisms are promoted and readily available in communities to support feedback and complaints. The IRW Code of Conduct and PSEA commitments are posted and visible in public areas of the IR country offices and in communities. IR country offices share and socialise information about the appropriate and expected behaviours of staff with communities through a variety of methods.

The IRW Complaints Policy and Field Office Complaints Policy make reference to referral of complaints to external bodies such as the CHS Alliance and UK Charity commission. However neither policy explicitly directs staff to refer complaints beyond the scope of IRW to other relevant parties.

Feedback from people affected by crisis and communities on Commitment 5:

Community members were able to consistently articulate their understanding of expected behaviours of IR staff, how to make a complaint and provide feedback, the type of behaviour or issue that might warrant a complaint and confidence in how IR would manage the complaints handling process.

### Commitment 6: Humanitarian response is coordinated and complementary

**Score: 3**

The initial audit rated IRW well against this indicator and this audit team concurs. IRW systematically identifies and analyses roles and responsibilities capacities and interests of a range of stakeholders. IRW is a member of a range of global and national coordination mechanisms, networks and alliances through which it ensures complementarity of responses with national and local authorities and other stakeholders.

Feedback from people affected by crisis and communities on Commitment 6:

Communities were generally aware of other organisations operating in the same geographical area and expressed satisfaction with IRW's efforts to support engagement and coordination with local authorities.

### Commitment 7: Humanitarian actors continuously learn and improve

**Score: 3**

IRW generally performed well against this indicator in the initial audit with the exception of a minor CAR for indicator 7.5 which identified that IRW did not facilitate the access to knowledge and experience throughout the organisation and all country offices. The MTA found that improvements since the initial audit have strengthened this gap and the minor CAR for 7.5 has been closed. Performance for Commitment 7 now satisfies the CHS requirements.

Since the previous audit IRW has improved country office staff access to the extranet, established communities of practice and the IR country programmes visited, are diligently using learning logs and sharing learnings.

IRW and IR country programmes systematically capture lessons learnt in documented Learning Logs and use them to inform discussions at monthly programme meetings and annual reflection processes. IR country programmes are readily able to access the findings of evaluations and other learnings on the IRW extranet. IR country offices systematically document all feedback and complaints received in registers and any issues relating to programmes are shared with programme staff. IRW shares learnings and knowledge with external stakeholders through the publication of evaluations, good practice and topical research papers. IRW has the policy and procedural frameworks in place to inform practice and ensure evaluation and learning is undertaken systematically.

Feedback from people affected by crisis and communities on Commitment 7:

Community members benefited from IRW adopting innovative approaches and described occasions where IR programme staff had invited their inputs on monitoring programme activities and shared learnings with them.

### Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably

**Score: 3**

IRW performed well against this indicator in the initial audit and this audit generally concurs with those findings.

The IRW mandate, values, Code of Conduct and other key policies are well socialised with staff through comprehensive recruitment, induction, ongoing training and performance assessment processes. Performance standards and work objectives are outlined in individual Personal Development Plans, which are reviewed as part of annual appraisal processes. Knowledge of, and compliance with, key policies is integrated with induction and performance appraisal processes. Individual capacity

assessments and professional development opportunities are outlined in Personal Development Plans. Extensive opportunities are available to staff for internal and external training and professional development. IR country offices have found it challenging to fill some MEAL roles although MEAL functions are being satisfactorily performed by other staff. IR country office staff have job descriptions which are consistent with their roles. The IRW Code of Conduct is comprehensive and covers all required aspects of behaviour including PSEA. IRW and IR country offices have staff safety and security policies and procedures in place. Staff reported that they feel well supported in regard to professional development and safety and security.

Feedback from people affected by crisis and communities on Commitment 8:

Community members reported that IR staff are professional, approachable and technically competent.

### Commitment 9: Resources are managed and used responsibly for their intended purpose

**Score: 2.9**

IRW performed well against this commitment in the initial audit and this audit concurs with those findings. IRW manages resources to minimise waste, manages the risk of fraud and takes action where it identifies financial impropriety. IRW is conscious of its environmental footprint and considers the impact of natural resource usage on the environment.

Feedback from people affected by crisis and communities on Commitment 9:

Communities had no experience of any financial misappropriation or extortion by IRW staff for any payment for services and those who expressed an opinion on value for money thought the interventions were cost effective.

## 8. Organisation's report approval

### Acknowledgement and Acceptance of Findings

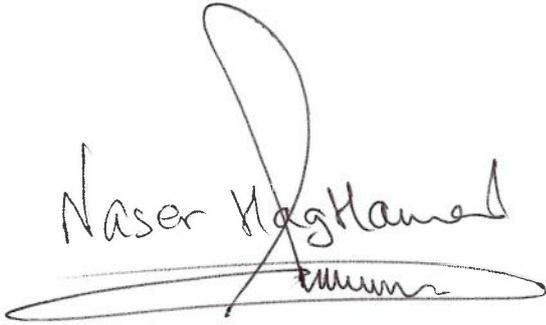
For Organisation representative – please cross where appropriate

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

Naser Haghani  


Name and Signature

22/7/2019

Date and Place

2019-06-26

## 9. HQAI’s decision

<b>Certification Decision</b>	
Certificate:	
<input checked="" type="checkbox"/> Maintained	<input type="checkbox"/> Reinstated
<input type="checkbox"/> Suspended	<input type="checkbox"/> Withdrawn
<b>Next audits</b>	
Before date: type of audit (MTA, MA or re-certification, as relevant)	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2019-06-27

### 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 in writing HQAI 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 – Appeals Procedure.*

## Annex 1: Explanation of the scoring scale

0	<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><b>EXAMPLES:</b></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>
1	<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><b>EXAMPLES:</b></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><b>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).</b></p>
	<p><b>EXAMPLES:</b></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>
3	<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><b>EXAMPLES:</b></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>

	Policy and practice are aligned.
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>