Maintenance Audit – Summary Report MA 2020/10/27

1. General information

Organisation   Concern Worldwide

Type	Mandates	Verified
☐ National ☐ Membership/Network ☐ Direct Assistance ☒ International ☐ Federated ☐ With partners	☒ Humanitarian ☒ Development ☒ Advocacy	☒ Humanitarian ☒ Development ☐ Advocacy
Head office location	Dublin, Ireland	
Total number of country programmes	22	**Total number of staff** 3,641

Audit team

Lead auditor	Nina Wöhrmann
Second auditor	
Third auditor	
Observer	
Expert	
Other	

Scope of the audit

Audit Stage	CHS Verification Scheme			
	Certification	Independent Verification	Benchmarking	Other
Initial audit (IA)	☐	☐	☐	☐
First maintenance audit (MA1)	☐	☐	☐	☐
Mid-term audit (MTA)	☐	☐	☐	☐
Second maintenance audit (MA2)	☒	☐	☐	☐
Recertification audit (RA)	☐	☐	☐	☐
Extraordinary audit	☐	☐	☐	☐
Short notice	☐	☐	☐	☐
Other *(specify)*	☐	☐	☐	☐

Sampling

Randomly sampled country programme site	Included in final sample (Yes/No)	Replaced by	Rationale / Comments (If random sample not selected explain why and give rationale for the country programme selected)	Selected for onsite visit or remote assessment
Afghanistan	Yes		Selected by random sample. Humanitarian and development mandate with direct implementation only.	Remote
Ethiopia	No	Kenya	Ethiopia was the 2nd randomly selected country with only direct program implementation. As partner-based humanitarian programming is the focus for the present audit, the next reasonable random sample was selected: Kenya, which covers partner and direct implementation, as well as all three mandates.	Remote

Turkey	Yes		Selected by random sample. Covers Humanitarian and development mandate, direct implementation and partner implemented projects.	Remote

Add any other sampling performed for this audit (*for example federations, regional offices, etc.*):

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

Locations assessed

Locations (*offices, projects at country programme level*)	Dates	Onsite or remote
Head Office, Dublin, Ireland	14/09/2020	Remote
Afghanistan Country Office	16/09/2020	Remote
Kenya Country Office	15/09/2020	Remote
Kenya SAPCONE (partner)	15/09/2020	Remote
Turkey Country Office	15/09/2020	Remote
Turkey BDC (partner)	15/09/2020	Remote

Interviews

Position / level of interviewees (*add information as necessary*)	Number of interviewees	Onsite or remote
Head Office		
Management	1	Remote
Staff	3	Remote
Country Programme(s)		
Management	2	Remote
Staff	4	Remote
Partner staff	2	Remote
Others (specify)	0	Remote
Total number of interviews	12	

Opening meeting

Date	2020/09/15
Location	Dublin, Ireland (remote)
Number of participants	2

Closing meeting

Date	2020/09/17
Location	Dublin, Ireland (remote)
Number of participants	2

Any substantive issues arising	None		Any substantive issues arising	None

3. Background information on the organisation

Governance and management structure	Concern's governance and management structure has not changed significantly since the midterm audit (MTA) in 2019. The latest organogram (August 2020) is still subject to changes, e.g. in the Investigations Unit as well as in the Protection and Safeguarding Unit. Structural changes were made to strengthen safeguarding structures and processes. A Protection and Safeguarding Unit was established under the Emergency Directorate. The unit is managed by the Director of Protection and Safeguarding (joined in August 2020). The position of Head of Safeguarding (previously under Human Resources, HR) no longer exists. The Humanitarian Protection Advisor joined from the Emergency Technical Unit (in March 2020) and the Safeguarding Advisor completes the unit soon (joining from HR). The unit is responsible for policies, guidance, strategic framework, to ensure ongoing staff awareness and to advise (country) programmes on safeguarding, protection and complaints response mechanisms (CRM). The Head of Internal Audit is now managing investigations on safeguarding (before: HR) and fraud, as this allows direct reporting to the board and to the Chief Executive Officer (CEO). The unit is completed by two managers, but one position is still vacant. In response to the Covid-19 epidemic, Concern established a Covid-19 Monitoring and Management Group (CMMG) with senior leadership from Concern Dublin, Concern UK and Concern US. The group assesses risks and implications for the organisation, ensures countries have contingency plans and adequate information and effective communication where Concern is operational. The CMMG has the authority to make decisions on behalf of the Senior Management Team (SMT). In response to the epidemic, Concern made several adaptions (e.g. temporarily suspension of programmes, remote working) to programmes and projects. Concern is currently developing its next Organisational Strategic Plan (2021-2025), which will be approved by the end of 2020. A new Equality, Diversity and Inclusion Adviser has been appointed. The Environmental Policy was approved in December 2019.
Effectiveness of the internal quality assurance systems	Concerns' internal quality assurance systems have been further developed since the MTA 2019. In response to the Covid-19 epidemic, Concern provides guidance on adapting processes and procedures, as well as guidance documents to programmes. Audit and evaluation processes have been adapted. In addition to the structural changes described above to strengthen safeguarding procedures, the number of Designated Safeguarding Focal Points (DSFP) has been increased to 45 from 39 in 2019. The new Grant Management System (GMS) was piloted in four countries in the Horn of Africa Region in the first quarter of 2020. Active grants have been uploaded in 4 pilot countries and the GMS is being used for new funding opportunities and to develop new grants. The system will be rolled out across the entire organisation by October 2020.
Work with partner organisations	Concerns partnership policy was issued in December 2019. Partnership Guidelines were published in July 2020. They include a commitment to support partners and monitor their application of the Core Humanitarian Standard (CHS) through countries annual reporting and include guidance on roles and responsibilities in managing feedback and complaints. Concern updated its local partner project agreement template in 2019, and partners sampled for this audit are using this new template.

4. Overall performance of the organisation

Effectiveness of the management system and internal quality assurance and governance	Findings of the MTA have been shared with departments in Head Office (HO), SMT and Concern UK and US, as well as with country programmes. To strengthen safeguarding structures and procedures, Concern commissioned an external review that was conducted in December 2019. The report with the results were not made available for this audit, only the Terms of Reference (ToR) and an email to key staff with a short summary of key observations and recommendations. The structural changes described above are resulting from this review. Concern has drafted guidance on dealing with safeguarding reports in August 2020. An external safeguarding expert is currently conducting a review of investigations done during the last 12 months. The ToR of the CHS Accountability Steering Group are being revised (since July 2020. The ToR of the CRM working group have been revised in May 2020.
Overall organisational performance in the application of the CHS	Concern has made progress towards the resolution of the four minor non-conformities that have been identified during the last audit (MTA 2019). A CAR resolution implementation plan for 2020 has been drafted in September 2020. However, the plan is not addressing all the weaknesses identified during the MTA (e.g. revision of Investigation Guidelines, revision of Guidelines (2011) on increasing accountability to our target communities and local partners, 2013) and its implementation still varies from activities already finalized to activities not yet started, although their deadline is December 2020. In addressing CAR 5.6, Concern aimed at strengthening its safeguarding structures and processes on a strategic level (see: governance and management structure) and is developing a safeguarding strategy and country-based accountability plans. Guidance and training options for staff and country programmes have been developed. However, communities awareness of the expected behaviour of staff and partner staff, including organisational commitments made on the prevention of sexual exploitation and abuse (PSEA), and how the organisations' efforts result in improved community safeguarding, will need to be further assessed and verified at country office and community level during the re-certification audit in 2021. Since the last audit, Concern put efforts in enhancing its CRM procedures to assure that project participants have access to safe and responsive CRM (CAR 5.3.) on a HO and country level. A report on Concern's country CRM 2019 has been issued; the annual country CRM reporting template has been revised; and the global CRM policy is currently being updated. However, country CRM still vary significantly in the procedures they describe and how they apply the global CRM guidance. The systematic realisation in organisational practice, and consistent implementation on a country and partner level of the changes initiated, will need to be assessed at the next audit. To improve community's knowledge on the full scope of Concern's CRM, including SEA (CAR 5.2.), Concern is reviewing job descriptions of relevant field staff to define responsibilities in relation to CRM. However, communication about the full scope of CRM towards project participants still has weaknesses. Likewise, systematic information sharing about the principles the organisation adheres to, and about expected behaviour of staff (CAR 4.1.) needs further attention. This CAR is not mentioned in the organisation's progress report.

Average score per commitment

CHS Commitment	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	2.7
Commitment 2: Humanitarian response is effective and timely	2.9
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.6
Commitment 4: Humanitarian response is based on communication, participation and feedback	2.4
Commitment 5: Complaints are welcomed and addressed	1.9
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	2.9
Commitment 9: Resources are managed and used responsibly for their intended purpose	2.5

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

5. Summary of non-conformities

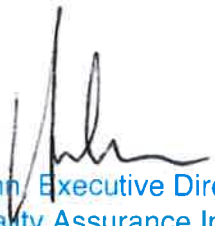| Corrective Action Requests (CAR) / Weaknesses (YYYY – indicator)	Type (minor / major)	Resolution due date (YYYY/MM/DD)	Date closed out (YYYY/MM/DD)
2019-4.1: Concern and partners do not systematically share information about the principles they adhere to and about expected behaviour of staff.	Minor	2021-11-20	
2019-5.2: Concern does not ensure that the full scope of complaint response mechanisms is communicated to communities.	Minor	2021-11-20	
2019-5.3: Concern's complaint response mechanisms do not provide for timely and appropriate complaints handling that prioritises the safety of the complainant and those affected at all stages.	Minor	2021-11-20	
2019- 5.6: Concern does not assure that communities are made fully aware of the expected behaviour of staff and partner staff, including commitments on the prevention of sexual exploitation and abuse.	Minor	2021-11-20	

6. Sampling recommendation for next audit

Sampling rate	As per HQAI procedures for re-certification processes.
Specific recommendation for selection of sites	

7. Lead auditor recommendation

In my opinion, Concern Worldwide made progress towards the resolution of 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.

Signature of lead auditor:	Date and place:
Nina Wöhrmann Nina Wöhrmann, Lead Auditor, HQAI	Vreden, 12. October 2020

8. HQAI decision

☒ Certificate maintained	☐ Certificate suspended
☐ Certificate reinstated	☐ Certificate withdrawn

Next audit
re-certification audit before *2021/11/10*

	Date and place:
Pierre Hauselmann, Executive Director, Humanitarian Quality Assurance Initiative	18th March 2021, Geneva

9. Acknowledgement of the report by the organisation

Space reserved for the organisation

Reservations regarding the findings / remarks regarding the behaviour of the audit team: If yes, please give details:	☐ yes ☑ no	
Acknowledgement and Acceptance of Findings:		
I acknowledge and understand the findings of the audit	☑ yes ☐ no	
I accept the findings of the audit	☑ yes ☐ no	
Name and signature of Concern Worldwide representative: DOMINIC MAC SOZLEY *[signature]* CEO Concern worldwide		Date and place: 24 MARCH 2021 Dublin Ireland

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

0	**Major non-conformity or Major weakness**
	Your organisation currently does not work towards applying this requirement, either formally or informally. It's a major weakness that prevents your organisation from meeting the overall commitment.
1	**Minor non-conformity or Minor weakness**
	Your organisation has made some efforts towards applying this requirement, but these efforts have not been systematic.
2	**Observation**
	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.
3	**Conformity**
	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled
4	**Exceptional conformity**
	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.