

# Re-certification Summary Audit Report of HAP 2007 Standard

## Application Organisation Information

<b>Organisation:</b>	OFADEC	<b>Audit Ref / No:</b>	A001/0307-HAP
<b>Location:</b>	Senegal – Dakar and Richard Toll	<b>Head Office/Field Site:</b>	Head and Field Office
<b>Auditor (s):</b>	External Auditor Asmita Naik	<b>Date (s):</b>	17 to 21 May 2010
<b>Agency Representative:</b>	Lamba Nfanda	<b>Role of Representative</b>	Education advisor/HAP focal point

## Background

OFADEC is a Senegalese national NGO established in 1976 following the drought in the Sahel in the 1970s. OFADEC currently has fifteen staff spread through two offices in Dakar and one office in Richard Toll, along the Senegalese border with Mauritania.

## Methodology

OFADEC was first audited against the *HAP 2007 Standard Humanitarian Accountability and Quality Management* in 2007 by HAP and achieved certification on first application. A mid-term progress audit took place in 2008.

OFADEC applied for recertification and the audit took place from 17 – 21 May, 2010. OFADEC achieved re-certification on 18 December, 2010. The auditor visited OFADEC projects in Dakar and in the Valley (some 550 km from Dakar).

The audit comprised of the following phases:

- Phase 1, document review: *Documents of processes and policies presented by OFADEC in support of their accountability and compliance statement.*
- Phase 2, review of programme site summary reports received. *A summary analysis was reviewed from the completed programme site surveys.*
- Phase 3, on site audit at head office in Dakar and programme site in Richard Toll. *Document verification and interviews with head office staff, field staff, partners and disaster survivors took place from 17-21 May 2010.*

This report covers the combined summary findings of all three phases. The detailed findings report compiled by the HAP external auditor, Asmita Naik, makes up the full audit report.

## Findings

A HAP external auditor audited the OFADEC head office in Dakar and the programme site in Richard Toll for conformity with the *HAP 2007 Standard in Quality Management and Humanitarian Accountability*. The re-certification audit was conducted from 17 to 21 May 2010.

The provision of evidence in support of the application for re-certification is the responsibility of the Board and the senior management of OFADEC. It is the responsibility of the HAP auditor to express an opinion both on the evidence provided and on the interviews carried out during the audit. I confirm that the external auditor conducting the audit meets the requirements for HAP auditors concerning professional competence and independence.

The audit was conducted in accordance with the procedures approved by the HAP Certification and Accreditation Review Board (CARB), and following the ISO 19011:2002 Auditor Standard, which together require that an audit be planned and performed to obtain reasonable assurance as to the OFADEC's conformity with the HAP Standard. The auditor audited OFADEC on a sample test basis through an examination of documentary evidence disclosed and through interviews with OFADEC head office staff, field staff, staff of partner organisations and disaster survivors of OFADEC funded programmes. The audit findings provide a reasonable basis for the recommendation.

The CARB reviewed the auditors' findings and granted a three month delay of re-certification pending closure of two outstanding corrective actions from OFADEC's first certification audit in 2007. OFADEC provided sufficient evidence to close the two outstanding corrective actions within the given timeframe. On that basis, it has been determined that OFADEC is in compliance with the HAP 2007 Standard, with findings summarised in the auditor's report. OFADEC has awarded re-certification on this basis.



Summary Report compiled by Katharina Samara, Director, Regulatory Services and Coleen Heemskerk, Regulatory Services and Audit Officer, HAP International.  
20 January 2011

## Summary Table of Findings

ACA: Agreed corrective action

Timeframe: Deadline for providing a response to the ACA that demonstrates what actions have been undertaken to rectify the minor and major non-compliance identified.

HAP Standard	Head Office	
Qualifying Norms	Met	
Covenant	Met	
Non-Compliances	MAJOR	MINOR
Benchmark 1		
Benchmark 2		<u>Requirement 2.2:</u> to develop and publish clear specific criteria for OFADEC programmes in a timely way.  Timeframe: 1 March 2012
Benchmark 3		<u>Requirement 3.2:</u> to document its approach to participation which covers the requirements of 3.2 and integrate this into the OFADEC manual.  Timeframe: 1 March 2011
Benchmark 4		<u>Requirement 4.4:</u> to revise the human resource section of the OFADEC manual to (i) include an outline of OFADEC's approach to training and staff development; and (ii) to revise the existing staff appraisal form to include a section on follow-up and capacity building.  Timeframe: 1 March 2011
Benchmark 5		<u>Requirement 5.2:</u> to demonstrate systematic implementation of OFADEC's complaints mechanisms.  Timeframe: 1 March 2012  <u>Requirement 5.4:</u> to modify the complaints process to cover requirement 5.4 as well as requirements in 5.1; 5.2 (safe referral); 5.3; and 5.5 and integrate the modified procedure in the OFADEC

		manual. Timeframe: 1 March 2011
<b>Benchmark 6</b>		
<b>Total</b>	<b>0</b>	<b>5</b>

**Key**

**Major Non Conformity:** this will result in a delay in the recommendation for certification process which can only proceed once the correction actions have been met and verified. A major non conformity could be due to a number of reasons such as:

- Complete absence of a procedure as noted in the Standard
- A series of minor non-conformances all focused on the same element of the standard
- A serious violation of qualifying norms and/or humanitarian principles
- A clear lack of control on some key management issues
- Immediate dangers for the beneficiaries or for the quality of the service to the beneficiaries
- A Minor detected in a previous audit not addressed within the specified time
- False Declarations

**Minor Non Conformity:** this will not result in a delay of the recommendation for certification but will require corrective action within a specified time frame. A minor non conformity could be due to a number of reasons such as:

- Failure to implement management system policy / guidelines systematically
- Incomplete key documents / records
- Oversight

**Exoneration:** this is when, due to the context of the location audited, a justifiable and up to date explanation has been given by the agency as to why a benchmark / requirement has not been met – rationale should be based on the humanitarian accountability principles in the Covenant.

**Recommendation:** This is a non-binding improvement proposition given by the auditor that if not addressed could weaken the agency's humanitarian accountability and quality management assurance.

**Observation:** An observation is the value added input an auditor can give to draw the agency's attention to issues noted during the audit that could impact the agency either negatively or positively. It captures both observed good practice and areas where improvement should be looked into.