

Body: HQAI – Humanitarian Quality Assurance Initiative (Association)

Address of location/s audited: 7, Ch. De Balexert – CH1219 – Châtelaine, Switzerland (Remote Assessment)

Date of audit: 2022-05-30 and 31

SCOPE OF AUDIT AND REFERENCE STANDARDS FOR ACCREDITATION¹

| | QMS | EMS | Emas | OHSAS | ISMS | PRD | PRS | INSP | FSM | ITSM | EnMS | GHG | ETS | Other | Other | Other |
|---------------------|-----|-----|------|-------|------|-----|-----|------|-----|------|------|-----|-----|-------|-------|-------|
| Initial | | | | | | | | | | | | | | | | |
| First surveillance | | | | | | | | | | | | | | | | |
| Second surveillance | | | | | | | | | | | | | | | | |
| Third surveillance | | | | | | | | | | | | | | | | |
| Renewal | | | | | | # | | | | | | | | | | |
| Supplementary | | | | | | | | | | | | | | | | |
| Extraordinary | | | | | | | | | | | | | | | | |
| Short notice | | | | | | | | | | | | | | | | |
| Initial recognition | | | | | | | | | | | | | | | | |
| Maintenance | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | |

MD-08-05-DC REV.01 Date: 2014-04-14

¹ Reference standards for accreditation: ISO/IEC 17021 (QMS, EMS, OHSAS, ISMS, EnMS, ITSM), EN 45011 / ISO 17065 (PRD, FSM), ISO 17020 (INSP), ISO 14065 (GHG / ETS). See also the reference standards and documents for the accreditation of CBs (LS-02), IBs (LS-03) and VBs of GHG inventories (LS-12), available on ACCREDIA's website.

Specify if the object of the audit is the transition to another standard: The CHS Alliance, that has the ownership of the Standard used by the CAB, asked to change the scheme, in reference to the Certification Cycle duration. The transition has been announced, having the CAB received today (31 May 2022) the official letter for this specific request. A transition period has been established, that will have end the 31 Dec. 2024.

Other reference standards: None.

Scope of proposed accreditation (to be completed only in cases of extension, new accreditation or other modifications to the certificate): Not applicable.

ACTIVITIES UNDERTAKEN BY THE ACCREDIA AUDIT TEAM

| Position | Name of Assessor | Schemes audited | Dates and locations assessed | audit days. | N° of days for writing report |
|------------------|-------------------|-----------------|------------------------------|----------------|-------------------------------------|
| Lead Assessor | Riccardo Bianconi | | | 2 | 1 |
| Expert | | | | | |
| Observer | | | | | |
| Internal | | | | | |

PRESENT FOR THE BODY

| | Name | Position |
|----|----------------------|--|
| 1. | Pierre Hauselmann | Executive Director |
| 2. | Elissa Goucem | Head of Quality Assurance |
| 3. | Lina Muñoz Figueredo | Quality Assurance Officer |
| 4. | Mirela Le Dortz | Head of Administration and Finance |
| 5. | Désirée Walter | Head of Marcom and Deputy Executive Director |
| 6. | Samanta Mouro Morais | Quality Assurance Assistant |

LIST OF FILES EXAMINED

| Scheme | Sector |
|--------|---|
| CHS | Diakonia (initial 2020 – surveillance 2021 – planning 2022) |
| CHS | FinnChurchAid (surveillance 2021) |

LIST OF FILES EXAMINED (for ETS)

| Scheme | Area | Organization | Authorization N° | Year of reference of issues | Items audited |
|--------|------|--------------|------------------|-----------------------------|------------------|
| | | Not ap | pplicable | | |

SYNTHESIS OF WITNESS AUDITS PERFORMED ON THE OCCASION OF THE PRESENT ON-SITE AUDIT

| Location of audit | CAB auditor/s | ACCREDIA assessor/s | Type of audit / exam session |
|-------------------|---------------|---------------------|------------------------------|
| | | Not applicable | |

DOCUMENTAL EXAMINATION / CLOSURE OF FINDINGS RAISED BY DOCUMENTAL EXAM

| Finding | Management and output (state the findings which are still open. For closed findings see the documental exam report) |
|---|---|
| After the documental examination and the anwers obtaind | ed by the CAB, no findings are still opened and the system documentation has been considered conforming the |

After the documental examination and the anwers obtainded by the CAB, no findings are still opened and the system documentation has been considered conforming the relevant ISO/IEC 17065:2012 Standard.

CLOSURE OF FINDINGS AND ADDRESSING OF PREVIOUS COMMENTS

<u>Note for completion</u>: The CAB shall present a file before the audit to the ACCREDIA audit team containing all the findings against it (on-site and witness), fully completed (treatment, cause, CAs/PAs, evidence of closure).

| 1 | Comment text | Scheme and Standard reference | Witness | Date | Analysed Yes | | |
|---|---|---|--|---|--------------|--|--|
| | | UNI CEI EN ISO/IEC 17065:2012 § 8.7 | Remote assessment | 2021-07-05 and 06 | | | |
| | PRO114 and PRO 115 should better state the need of a root cause analysis of NC (major or minor) by the audited organization and the elements needed in the case a major NC is recorded to | | | | | | |
| | proceed with certification | n – or maintain certification, as relevant (eg. Receiving a pro | pposal of immediate treatment, the root cause a | nalysis and the planning of the consequent corrective action/s) | | | |
| | in order to grant the cert | ification). | | | | | |
| | PRO114 was changed in | order to address the issue. Some statements for Managing | g response to NC were asked for and a specific t | template has been indicated in order to document the actions | | | |
| | planning. | | | | | | |
| 2 | Comment text | Scheme and Standard reference | Witness | Date | Analysed Yes | | |
| | | UNI CEI EN ISO/IEC 17065:2012 § 5 | Remote assessment | 2021-07-05 and 06 | | | |
| | § 6.1.3 and § 8.1 of PRO114 should be amended to clearly specify that the organization is only allowed to reject Audit Team members on the basis of a possible conflict of interest, as the | | | | | | |
| qualification of the Audit Team is the sole responsibility of the CAB. | | | | | | | |
| The indicated statements were cleared and, at § 2.3 of the same procedure 114, it was addressed that HQAI submits the proposal of the audit team to the organization and requests a | | | | | | | |
| | confirmation that the organization does not perceives any conflict of interest with any of the team members. | | | | | | |
| 3 | Comment text | Scheme and Standard reference | Witness | Date | Analysed Yes | | |
| | | UNI CEI EN ISO/IEC 17065:2012 § 6.1 | Remote assessment | 2021-07-05 and 06 | | | |

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| The CAB produced such a list, with the evidence of qualification decision. | | | | |
|--|------------------------|-------------------|--------------|--|
| Comment text Scheme and Standard reference | Witness | Date | Analysed Yes | |
| UNI CEI EN ISO/IEC 17065:2012 § 7 | Remote assessment | 2021-07-05 and 06 | | |
| With the rewriting of the procedure 114, at § 12.2.10, it has been clearly stated that the management planning has to be approved by the LA. | | | | |
| | | | | |
| | REMARKS RECEIVED BY AC | | | |
| With the rewriting of the procedure 114, at § 12.2.10, it has been clearly stated | <u> </u> | | | |

OTHER VERIFICATIONS: None.

GENERAL NOTES: Considering the CHS request to change the time range of validity of Certifications, it's strongly requested that, as soon as the new requirement for the HQAI Scheme will become available, to send it to ACCREDIA for the needed evaluation.

None

Any change to a Certification Scheme shall be approved for conformity before it comes in force by ACCREDIA.

CAB personnel gave evidence of a full control of the internal management system, as addressed by relevant requirements of the Standard 17065. The general Conformity is continuously guaranteed with attention and duly competence of personnel involved by the CAB. The internal processes are well documented and change for improvement is effectively working, under a strong conformity commitment.

PROPOSED BY THE ACCREDIA AUDIT TEAM

| Supplementary activities are necessary | Explanation and description of the objectives of the supplementary activities |
|--|---|
| NO YES on-site witness documentary other | // |

OTHER OBSERVATIONS/REMARKS (e.g. accidents or other dangerous safety and security situations undergone by the ACCREDIA audit team or observations related to the ACCREDIA Code of Ethics and Conduct: None.

List of the documents of which the ACCREDIA audit team has kept a copy: The only document that was gathered by ACCREDIA Assessor are the one related to the internal CAB Management System.

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Number of findings: 00 NCs, 00 Concerns, 03 Comments

| | SPACE RESERVED FOR THE BODY |
|-----|--|
| Res | ervations regarding the findings / remarks regarding the behavior of the ACCREDIA audit team yes VNO |
| - | |
| Rea | asons: |
| | |

The ACCREDIA assessment team shall not disclose to third parties confidential information concerning audits without the written consent of the CAB, except in cases where the law dictates that information can be made known without specific agreement (ISO 17011, 4.4). In addition, the audit team confirms its absence from commercial or other interests and from any current or previous links with the CB under assessment (ISO 17011, 6.1.4). The audit team also confirms its commitment to respect ACCREDIA's Code of Ethics and Conduct and all the other applicable rules, such as the ACCREDIA Statute and the contractual agreement for assessors.

| ACCREDIA LEAD ASSESSOR | ACCREDIA ASSESSOR/EXPERT | ACCREDIA ASSESSOR /EXPERT | ACCREDIA ASSESSOR /EXPERT | REPRESENTATIVE OF THE CAB |
|------------------------|--------------------------|---------------------------|---------------------------|---------------------------|
| Riccardo Bianconi | | | | Pierre Hauselmann |



BIANCONI RICCARDO 31.05.2022 15:17:16 UTC

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AUDIT RESULTS 2

| 1 | Description of | Scheme and point of standard: | Remote Assessment | Date: 2022-05-31 | Analysed: yes no | |
|---|--|-------------------------------|-------------------|------------------|----------------------------|--|
| | Comment | ISO/IEC 17065:2012 § 8.7 | | | | |
| | It's recommended to split PRO900 to address separately NC management (from internal and external audit), but also other issues arising from day by day | | | | Acknowledged: | |
| | operations) that could constitute minor NC. | | | | | |
| 2 | Description of | Scheme and point of standard: | Remote Assessment | Date: 2022-05-31 | Analysed: yes \square no | |
| | Comment | ISO/IEC 17065:2012 § 4.1 | | | | |
| | It's recommended to create a contractual document, eg. a "regulation", in order to package in the same all the requirements nowadays already signed by | | | | | |
| | client organization with the "ADM131-General_terms_and_conditions_audit_agreement_letter-2022-05-25" | | | | yes √ no 🗌 | |
| 3 | Description of | Scheme and point of standard: | Remote Assessment | Date: 2022-05-31 | Analysed: yes \square no | |
| | Comment | ISO/IEC 17065:2012 § 8.5.2.b | | | | |
| | It's recommended to produce a summary of information gathered by "evaluation" forms, sent by Certified Organization during last years (the CAB to decide | | | | | |
| | the time span). The reason of not providing this kind of feedback could be an interesting investigation field too. | | | | | |

| ACCREDIA LEAD ASSESSOR | ACCREDIA ASSESSOR/EXPERT | ACCREDIA ASSESSOR /EXPERT | ACCREDIA ASSESSOR /EXPERT | REPRESENTATIVE OF THE CAB |
|------------------------|--------------------------|---------------------------|---------------------------|---------------------------|
| Riccardo Bianconi | | | | Pierre Hauselmann |



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² <u>Note for completion:</u> the ACCREDIA audit team shall fill in the description of findings and then the acceptance or closure document and the CAB shall fill in all the remaining sections (treatment, cause, CAs, PAs, evidence of closure).

In cases of NCs and concerns the CAB shall send the details of the treatment and the CAs to ACCREDIA for acceptance, after which, before the next on-site visit, the CAB shall complete the evidence of closure and send a file to the ACCREDIA audit team with all the findings (on-site and witness) received during the year in the object schemes of the on-site audit.