

The Lebanese Women Democratic Gathering (RDFL) Initial Audit – Summary Report - 2026/05/27

1. General information

1.1 Organisation

Type	Mandates	Verified
<input type="checkbox"/> International <input checked="" type="checkbox"/> National <input type="checkbox"/> Membership/Network <input checked="" type="checkbox"/> Direct Assistance <input type="checkbox"/> Federated <input checked="" 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
Legal registration	Lebanon – Registered association under Notice of Registration No. 25/A.D., Ministry of Interior.	
Head Office location	Beirut, Lebanon	
Total number of organisation staff	88	

1.2 Audit team

Lead auditor	Mahmoud H. Elsis
Second auditor	-
Third auditor	-
Observer	-
Expert	-
Witness / other participants	-

1.3 Scope of the audit

CHS:2024 Verification Scheme	Independent Verification
Audit Cycle	First cycle
Type of audit	Initial Audit
Scope of audit	The audit scope includes RDFL's Head Office in Beirut and its branches in Tripoli, Bekaa, Saida and Akkar, against all nine CHS:2024 Commitments.
Focus of the audit	Humanitarian, development and advocacy programming.

1.4 Sampling*

Sampling unit	Project sites
Total number of sampling units	7
Sample size	3
Total number of onsite visits	0
Total number of remote assessments	3
Sampling Unit Selection	
Random Sampling – onsite/remote	Purposive Sampling – onsite/remote
Project# 6: Provision of Protection and Health Services (ECHO) – Remote	Project# 3: Haretna (AFD / NRC) – Remote
Project# 7: Her Story, Our Fight (UN Trust Fund) – Remote	
Any other sampling considerations: The sample was drawn from RDFL's active project portfolio using purposive and random sampling to ensure coverage of RDFL's humanitarian, development and advocacy mandates,	

implementation locations and programme modalities. Project# 03 Haretna (AFD/NRC) was selected purposively as the largest project in the portfolio. Project# 06 Provision of Protection and Health Services (ECHO) and Project# 07 Her Story, Our Fight (UN Trust Fund) were selected randomly to provide additional coverage of protection programming, community engagement and accountability mechanisms.

Sampling risks identified: The audit was initially planned to include onsite verification of sampled project locations. Due to travel restrictions affecting access at the time of the audit, onsite verification could not be conducted and the methodology was adapted to remote interviews, community consultations and document review through Microsoft Teams. The main sampling risk was the absence of onsite observation. This was mitigated through structured remote interviews, direct community consultations across all sampled projects, partner interviews and review of organisational and project-level evidence. Evidence was triangulated across these sources. Given the mitigation measures applied and the consistency of evidence obtained, the auditor is confident in the quality of the sample and in the findings and conclusions of this audit based on it.

**It is important to note that the audit findings are based on a sample of an organisation's activities, programmes, and documentation, as well as direct 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 Opening Meeting

Date	2026/04/22	Number of participants	15
Location	Remote	Any substantive issues arising	No

2.2 Locations Assessed

Locations	Dates	Onsite or remote
RDFL Head Office (Beirut)	22–24 April 2026	Remote
Project# 6: Provision of Protection and Health Services (ECHO)	22, 23 April 2026	Remote
Project# 7: Her Story, Our Fight (UN Trust Fund)	29 April 2026	Remote
Project# 3: Haretna (AFD / NRC)	29 April 2026	Remote

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office	9	0	Remote
Management	6	0	Remote
Staff	3	0	Remote
Project Sites	9	0	Remote
Management	2	0	Remote
Staff	7	0	Remote
Partner staff	2	0	Remote

Total number of interviewees	20	0	20
-------------------------------------	-----------	----------	-----------

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
Group discussion 1 - P06 (ECHO); Beirut and Mount Lebanon - Remote	10	0	Remote
Group discussion 2 - P06 (ECHO); Tripoli, North Lebanon - Remote	8	0	Remote
Group discussion 3 - P06 (ECHO); Tripoli, North Lebanon - Remote	10	0	Remote
Group discussion 4 - P03 (Haretna / AFD-NRC); Al Mina, North Lebanon - Remote	10	0	Remote
Group discussion 5 - P03 (Haretna / AFD-NRC); Al Mina, North Lebanon - Remote	9	0	Remote
Group discussion 6 - P03 (Haretna / AFD-NRC); Al Mina, North Lebanon - Remote	10	0	Remote
Group discussion 7 - P07 (UN Trust Fund); Beirut and Mount Lebanon - Remote	10	0	Remote
Group discussion 8 - P07 (UN Trust Fund); Beirut and Mount Lebanon - Remote	4	0	Remote
Group discussion 9 - P07 (UN Trust Fund); Beirut and Mount Lebanon - Remote	6	0	Remote
Total number of participants	77	0	77

2.5 Closing Meeting

Date	2026/05/18	Number of participants	4
Location	Remote	Any substantive issues arising	No

3. Background information on the organisation

3.1 General information

The Lebanese Women Democratic Gathering (RDFL) is a Lebanese feminist, secular and membership-based non-governmental organisation established in 1976 and registered in Lebanon under Notice of Registration No. 25/A.D. RDFL works on gender equality, the prevention and response to gender-based violence, and the promotion of women's and girls' rights and full citizenship. Its work combines direct support to women and girls, community engagement, legal and psychosocial services, advocacy, networking and solidarity with women's rights and civil society actors.

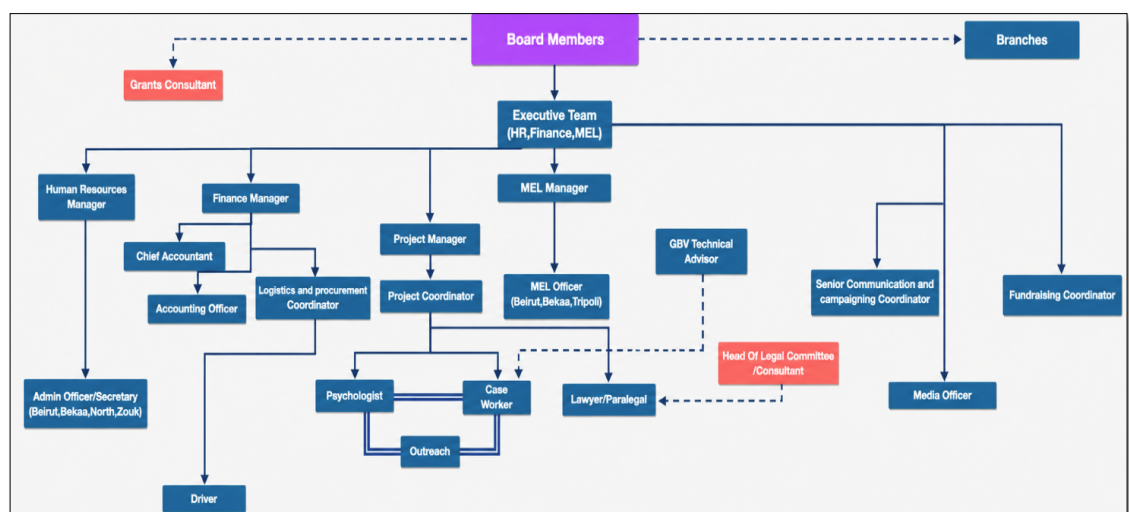
RDFL operates from its Head Office in Beirut and through centres and branches across Lebanon. Its operational presence includes locations in Beirut, Mount Lebanon, North Lebanon, Bekaa and the South, with audit activities covering the Head Office and selected branches and project locations. The organisation's programming covers protection and GBV response, psychosocial support, legal aid, community awareness, women's empowerment, advocacy and emergency response. These areas of work reflect RDFL's humanitarian, development and advocacy mandates, which were included in the audit scope.

RDFL's service model brings together specialised support and community-based work. Protection and GBV activities include case management, psychosocial support, legal assistance, safety planning, awareness activities and referrals. Advocacy and campaigning are used to address discriminatory practices, violence against women and girls, and barriers to women's participation and access to rights. During emergencies, RDFL adapts its work to include humanitarian assistance and focused protection support, while maintaining its emphasis on women and girls at risk of, or affected by, violence and discrimination.

In 2024, RDFL reported providing GBV and protection services to 5,668 individuals. These services included case management, legal support, individual and group psychosocial support, awareness sessions, self-defence activities, vocational training, dignity kits and transitional shelter support. RDFL also reported providing humanitarian assistance to 6,235 people during the September–November 2024 escalation, including non-food items, food support, medical assistance, psychological support and focused protection services. At the time of the audit, RDFL reported 88 staff. Its annual budget is approximately USD 1.8–2.2 million, supporting programmes across its strategic areas and operational centres.

3.2 Governance and management structure

RDFL's organisational structure reflects a board-led governance model, central executive coordination and decentralised programme delivery through branches, centres and project teams. RDFL reported that the Board meets monthly, and Board meeting records reviewed during the audit indicate regular governance engagement on organisational, staffing, coordination, working environment and programme-related matters. The organisational structure shown in Figure 1 links Board Members to the branch structure and places the Executive Team in a central coordination role across finance, human resources, and monitoring, evaluation and learning.



The organisational structure presents a functional management model. Enabling functions include finance, accounting, logistics and procurement, administration, human resources, communications, fundraising and grants support. Programme implementation is organised through project management and coordination roles, with frontline work supported by psychologists, case workers, outreach staff, lawyers and paralegals.

Monitoring, evaluation and learning is identified in the organisational structure, with staff assigned to key operational locations. This provides a basis for data collection, feedback management and programme follow-up. However, audit findings indicate that functional separation between executive management, programme implementation, monitoring and organisational learning is not yet sufficiently established in practice. Further clarification of roles, reporting lines and independent oversight would strengthen objective monitoring, learning and quality assurance across RDFL's work. The structure also includes technical and advisory roles, including GBV technical support, legal committee or consultant support, and grants consultancy, which provide specialist input to programme quality, legal support and resource mobilisation.

Overall, RDFL's management and delivery model brings together governance engagement, executive coordination, technical functions and multidisciplinary programme teams. These arrangements support programme delivery across RDFL's operational presence and reflect relevant capacities for protection and GBV response, psychosocial support, legal assistance, outreach, safeguarding and Protection from Sexual Exploitation and Abuse (PSEA)-related responsibilities. At the same time, the audit findings indicate that some cross-functional processes, particularly those requiring consistent institutional oversight, documented follow-up, learning and risk management, remain more developed at project level than as fully consolidated organisation-wide systems.

3.3 Work with partner

RDFL works with institutional donors, international organisations, civil society actors, local stakeholders and referral actors to support programme delivery, advocacy, emergency

organisations	<p>response and resource mobilisation. It implements activities primarily through its own staff and centres, while partners contribute through funding, technical support, coordination, referrals, advocacy platforms and access to communities.</p> <p>Within the sampled audit portfolio, RDFL implemented projects supported through AFD/NRC, CARE/ECHO and the UN Trust Fund. These projects covered protection and GBV response, psychosocial support, legal aid, community engagement, women's empowerment and advocacy. In sampled partnerships, formal agreements and project arrangements set out roles, responsibilities, coordination arrangements and shared implementation responsibilities. These arrangements support complementarity, clarify expectations between partners and contribute to RDFL's role as a local actor in protection, GBV response and women's rights programming.</p> <p>RDFL also works with wider civil society coalitions, women's rights actors, municipalities, emergency response actors and service providers. During emergency response, coordination with local authorities, shelter focal points and civil society organisations supported access to affected communities and helped reduce duplication.</p> <p>Overall, RDFL's partnerships include funding, technical, referral, coordination and advocacy relationships. These arrangements support the relevance, reach and continuity of its work. At the same time, the audit indicates that partnership roles, quality and accountability expectations, feedback arrangements and PSEAH-related responsibilities would benefit from more consistent documentation, review and follow-up across partnership arrangements.</p>
----------------------	---

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms	<p>RDFL's internal quality assurance arrangements are supported by a combination of governance engagement, management follow-up, project monitoring, technical supervision, financial controls, safeguarding policies and feedback-related tools. These elements are relevant to several CHS commitments, particularly those relating to programme quality, accountability to communities, protection from harm, learning, staff management and responsible use of resources.</p> <p>At project level, the audit evidence shows active follow-up of activities, use of monitoring tools, satisfaction surveys, community feedback, partner coordination, technical supervision and case management practices. These arrangements support continuity of protection, GBV, legal, psychosocial, advocacy and emergency response activities in a complex operating environment. They also demonstrate that RDFL has practical mechanisms to follow implementation and respond to operational constraints, including access, security and changing community needs.</p> <p>RDFL also has financial and administrative controls in place. These include supporting documentation for expenditures, approval lines, procurement and logistics functions, donor reporting and external financial audit evidence. The audit did not identify evidence of current significant misuse of resources. These controls provide a practical basis for managing routine transactions and donor-funded activities.</p> <p>The main limitation is that assurance remains stronger at project and functional level than as a consolidated organisation-wide quality and risk management system. Risk-related tools and management awareness exist; however, RDFL has not yet operationalised a systematic organisational risk management process with assigned ownership, periodic review, mitigation tracking and escalation to senior management and governance level. Similarly, complaints-related tools and communication channels exist, but RDFL has not yet consolidated a complete complaints management process covering intake, registration, categorisation, referral or investigation, closure, complainant feedback and analysis for learning.</p> <p>Overall, RDFL has relevant controls, committed staff and active management engagement. Further consolidation of cross-functional oversight, risk management, complaints handling and learning processes would strengthen the organisation's ability to demonstrate consistent quality and accountability across projects, locations and organisational functions.</p>
4.2 Level of application of the CHS	<p>This Initial Audit establishes RDFL's baseline against the CHS:2024. The audit findings show an organisation with a clear mandate towards women and girls, relevant technical practice in protection and GBV response, and strong staff commitment to maintaining services in a</p>

complex operating environment. Communities consulted during the audit generally described RDFL staff as respectful and accessible, and considered the support received to be relevant to their needs.

RDFL demonstrates CHS-aligned practice in several areas of daily implementation. These include community outreach, needs-based targeting, legal and psychosocial support, case management, referrals, partner coordination, PSEA messaging, and adaptation of activities in response to operational constraints. These practices are particularly visible in sampled projects and in areas closely linked to RDFL's mandate, including protection, GBV response, women's empowerment, legal aid, advocacy and emergency response.

The audit also identified several requirements that are met with observations. This reflects areas where RDFL currently meets the requirement, while further documentation, monitoring, standardisation or organisational consolidation would help sustain performance and reduce future risk. This is important because much of RDFL's good practice is evident through project implementation, staff commitment and operational follow-up, but is not always supported by consistently applied organisation-wide systems.

The main pattern across the audit is therefore not a lack of commitment or an absence of practice, but the uneven institutionalisation of practices that are often stronger at project level. Several quality and accountability arrangements remain more developed within individual projects, teams or donor-funded activities than as consolidated systems across the organisation. This is reflected in information-sharing, meaningful participation, complaints handling, feedback analysis, learning, risk management, human resources, environmental responsibility and resource oversight.

The most significant areas requiring attention are complaints and risk management. Under Commitment 5, RDFL has complaint-related elements, including communication channels and process tools, but has not yet established a coherent feedback and complaints system covering the full complaint cycle. Under Requirement 9.5, RDFL has leadership engagement and selected controls, but has not yet established a systematic process to identify, prevent, manage and act on risks at all organisational levels. These areas represent the main priorities for strengthening RDFL's CHS application and organisational assurance during the Independent Verification cycle.

4.3 PSEAH

RDFL has a signed PSEA Policy, which forms part of its wider PSEAH arrangements. The policy sets out zero-tolerance commitments, prohibited conduct, reporting expectations and responsibilities related to prevention and response. RDFL has also developed related awareness materials, hotline information and project-level PSEAH messaging. These arrangements are supported by RDFL's mandate and technical work in protection and GBV response, which provide a relevant basis for safe engagement with women and girls at risk of violence.

The audit identified positive practice in several areas. Staff and community consultations indicated general trust in RDFL's handling of sensitive issues. Protection and GBV activities included survivor-centred elements such as case management, psychosocial support, legal support, referrals and safety-related follow-up. PSEA information was also reflected in communication materials and community-facing messages in sampled projects. At the same time, the PSEAH Index indicates that RDFL's PSEAH arrangements are only partially verified across the measurable components. The main gaps relate to the integration of PSEAH commitments with RDFL's wider complaints and accountability system. RDFL has not yet consolidated a safe, documented and consistently applied pathway for SEAH-related concerns covering confidential intake, registration, referral or investigation responsibilities, case closure, feedback to complainants and protection from retaliation. Community understanding of expected staff behaviour, SEAH reporting pathways and how sensitive complaints are handled is also not yet systematically monitored across projects and locations.

Overall, RDFL has relevant policy commitments, staff awareness and protection/GBV practice that support PSEAH. However, assurance over consistent PSEAH implementation remains limited by weaknesses in formal complaints handling, monitoring of community awareness, and the documentation and integration of survivor-centred approaches within the complaints system. Strengthening these areas, together with organisational oversight, is necessary to ensure that PSEAH commitments are applied predictably and consistently across RDFL's work.

4.4 Organisational performance against each CHS Commitment

Strong points and areas for improvement	Average score*
Commitment 1: People and communities can exercise their rights and participate in actions and decisions that affect them.	1.5
<p>RDFL shows project-level attention to inclusion, communication with communities and information on available services. Sampled projects reflect consideration of gender, disability, displacement, poverty, GBV risk and legal vulnerability. Community-facing communication was generally described as understandable and helpful. RDFL has not yet consolidated an organisation-wide approach to clear information-sharing, PSEAH communication, informed consent and meaningful participation that is applied consistently across projects and locations. Participation is more evident through consultations, feedback and attendance at activities than through regular influence over programme design, adaptation and decision-making.</p>	
<p>Feedback from communities: Community members interviewed recognised RDFL staff and services and described staff explanations as helpful. Their understanding was clearest where they had direct contact with activities or services, while information on RDFL's wider role, service limits, PSEAH commitments and feedback channels was less consistently understood.</p>	
Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	1.7
<p>RDFL provides relevant support through GBV, legal, Psychosocial Support (PSS)/ Mental Health and Psychosocial Support (MHPSS), awareness, shelter, cash and referral services. Programmes are informed by community needs, local context and operational realities. Sampled protection and GBV services show relevant technical practice, and referral practice and coordination with other actors are active. Fair and transparent criteria, analysis of changing needs and programme adaptation are not yet managed through a consistent organisational process. Monitoring and feedback identify needs, but unmet priorities and programme changes are not systematically analysed, escalated and documented across projects.</p>	
<p>Feedback from communities: Community members described RDFL's support as useful, respectful and relevant to their needs. They also indicated that staff and service centres were accessible when support was needed, while the availability of additional support depended on project scope, resources, donor approval and referral options.</p>	
Commitment 3: People and communities are better prepared and more resilient to potential crises.	1.6
<p>RDFL supports outreach, mobilisation, empowerment and advocacy. Its programmes contribute to improved help-seeking, awareness of rights and community-level resilience. Sampled projects include community engagement, member training and activities linked to longer-term changes in attitudes towards GBV and child marriage. Support for local risk anticipation, disaster risk reduction, local ownership of resources and community decision-making is not yet systematic. Community engagement remains stronger as consultation, participation in activities and implementation support than as structured local ownership from the outset.</p>	
<p>Feedback from communities: Participants described RDFL's activities as helping them gain confidence, understand their rights and access support when needed. Their feedback reflected participation in some programme activities and outreach, while their meaningful participation in shaping decisions or programme planning and implementation activities was less clearly described.</p>	
Commitment 4: People and communities access support that does not cause harm to people or the environment.	1.2

RDFL's protection and GBV work supports do-no-harm practice, survivor-centred support, confidentiality and safe service delivery in sampled activities. Data protection and ethical consent practices are reflected in service tools, and community members interviewed generally described services as safe and respectful. RDFL has not yet established a systematic organisational approach to identify, prevent, mitigate and address potential and actual negative impacts on people and the environment. Environmental management, SEAH risk mitigation and wider protection of safety, security, rights and dignity require further consolidation at organisational level.

Feedback from communities:

Most participants described RDFL's services as safe, respectful and confidential. They expressed trust in staff conduct and in the handling of sensitive information, while understanding of formal routes for reporting harm or SEAH-related concerns was less consistently described beyond the hotline or direct contact with staff.

Commitment 5: People and communities can safely report concerns and complaints and get them addressed.

0

RDFL has a number of elements related to feedback and complaints, including a complaints flowchart, hotline information, PSEA reporting forms, feedback tools and established staff access points for communities. However, these elements do not yet operate as a coherent, safe, accessible and consistently monitored feedback and complaints system across projects and locations. Arrangements for community understanding, safe reporting channels, complaint registration and handling, referral or investigation, closure and feedback to complainants are not yet sufficiently consolidated. The overall score for Commitment 5 is therefore 0, due to the major weakness under Requirement 5.6 and to the number and significance of other minor weaknesses identified under this Commitment.

Feedback from communities:

Community members often indicated that they would raise concerns directly with RDFL staff and generally trusted staff to respond respectfully and confidentially. Feedback showed stronger confidence in staff relationships than in formal complaints channels, complaint-handling steps or SEAH-specific reporting pathways.

Commitment 6: People and communities access coordinated and complementary support.

2.0

RDFL demonstrates active coordination with donors, partners, local authorities, GBV and protection actors, referral organisations and service providers. Sampled projects showed coordination that supports referrals, access, complementarity and continuity of services. All requirements under Commitment 6 are currently met with observations. Further formalisation of partnership and coordination methods, including partner feedback, equitable decision-making, resource sharing, mutual review and clarity of PSEAH-related roles and capacities, would help RDFL sustain these practices as partnerships and project arrangements evolve.

Feedback from communities:

Community members who had experienced referrals or support involving other actors generally described RDFL as helpful in connecting them to services beyond its own direct assistance. They valued guidance, support and the way RDFL helped them access complementary services, while follow-up after referral was not described consistently by all participants.

Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.

1.4

RDFL listens to communities through satisfaction surveys, feedback forms, activity monitoring, consultations and project reporting. There is evidence of adjustments at project level, and monitoring and feedback contribute to implementation decisions. Disaggregated data, feedback analysis, complaints analysis, learning and communication of changes are not yet consolidated into a coherent organisational learning system. RDFL does not systematically share learning and related adaptations and changes based on feedback with communities and relevant stakeholders.

Feedback from communities:

Community members reported opportunities to share views during activities and service delivery and generally felt that staff listened and occasionally responded. The feedback was less clear on whether communities understood how their inputs informed programme decisions or changes.	
Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed.	1.4
RDFL has a Human Resource Policy, Job Descriptions, Code of Conduct, PSEA policy and defined technical roles that support community-facing service quality. Staff and project teams also benefit from practical experience and selected project- or donor-related training opportunities. However, human resource systems are not yet fully consolidated at organisational level. Gaps remain in the consistency of staff support, competency development, safe internal reporting, whistleblower protection, and the documentation, recording and follow-up of conduct and performance management processes. As a result, some practices depend more on project teams and individual managers than on consistent organisational systems.	
Feedback from communities: Community members interviewed described RDFL staff positively, particularly in relation to respect, confidentiality, professionalism and support. They generally trusted staff, while formal staff conduct standards and how concerns about staff conduct could be reported were less clearly described.	
Commitment 9: People and communities can expect that resources are managed ethically and responsibly.	0
RDFL has policies, procedures and controls that support aspects of responsible resource management, including financial procedures, approval authorities, procurement and logistics arrangements, external financial audit, donor reporting and project-level financial tracking. These provide a basis for financial accountability in donor-funded activities. However, these arrangements are not yet supported by a coherent organisational risk and resource management system that consistently identifies, prevents, manages and acts on risks across all levels of the organisation, including corruption, fraud, misuse of resources and conflicts of interest. Additional weaknesses relate to organisational capacity and resources, waste and environmental impact, and the consistency of efficient, effective and ethical resource management. This represents a major weakness under Requirement 9.5. Consequently, the overall score for Commitment 9 is 0, due to the major weakness identified and the cumulative significance of the related minor weaknesses under this Commitment.	
Feedback from communities: Community members interviewed described RDFL's services as free, relevant and useful, and did not perceive the support received as wasteful. They generally expressed trust in RDFL's use of resources in relation to the services they accessed, while wider organisational controls over resource management were not directly visible to them.	

* Note: Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0 (CHSA Verification Framework – Scoring Grid, 2024).


5. Summary of weaknesses

Weaknesses	Type	Status	Resolution timeframe
<i>2026-1.2: RDFL does not regularly share relevant and timely information with people and communities, including about their rights in relation to the commitments and responsibilities of the organisation.</i>	Minor	New	By the 2029 Renewal Audit
<i>2026-1.4: RDFL does not ensure that people's participation in decisions and actions is consistently meaningful for them and corresponds to their preferred ways of engaging.</i>	Minor	New	By the 2029 Renewal Audit

<i>2026-1.6: RDFL does not establish a coherent organisational approach to ensure transparent information-sharing, communication and meaningful participation of people and communities in the actions and decisions that affect them.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-2.2: RDFL does not systematically use fair, impartial and transparent criteria to define programmes and the people or groups supported by the organisation.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-2.3: RDFL does not regularly monitor and adjust programmes to ensure actions are timely, accessible and address the priority needs of people and communities.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-3.2: RDFL does not systematically support local capacities to anticipate and reduce risks of potential crises or disasters.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-3.4: RDFL does not systematically support local ownership of resources and decision making from the outset of work with people and communities.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-4.1: RDFL does not systematically identify, prevent, mitigate and address potential and actual negative impacts of programmes on people and communities.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-4.2: RDFL does not systematically identify, prevent, mitigate and address potential and actual negative impacts of programmes on the environment.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-4.4: RDFL does not establish a coherent organisational approach to ensure its work protects the safety, security, rights and dignity of people and communities and prevents exploitation and abuse, including SEAH, in line with recognised good practice.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-4.5: RDFL does not establish a coherent organisational approach to reduce the negative environmental impacts of the organisation and its work in line with recognised good practice.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-5.1: RDFL does not plan and implement safe, accessible and appropriate ways for all groups in a community to provide feedback and report concerns and complaints in line with recognised good practice.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-5.2: RDFL does not regularly monitor that people and communities understand how staff and volunteers are expected to act to prevent harmful behaviours, including sexual exploitation and abuse, and harassment.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-5.3: RDFL does not regularly monitor that people, communities and other relevant stakeholders understand how to report concerns and complaints, and how these will be addressed.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-5.4: RDFL does not manage, investigate, address and/or appropriately refer complaints in line with recognised good practice.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>M2026-5.6: RDFL does not establish a coherent organisational approach to ensure that concerns and complaints are welcomed and acted upon in a timely and appropriate manner across projects and locations.</i>	<i>Major</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-7.2: RDFL does not systematically use disaggregated data for decision-making in a way that reflects the diversity of people and communities.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>
<i>2026-7.4: RDFL does not systematically share the analysis and learning from feedback and monitoring, and any related changes, with people and communities and relevant stakeholders.</i>	<i>Minor</i>	<i>New</i>	<i>By the 2029 Renewal Audit</i>

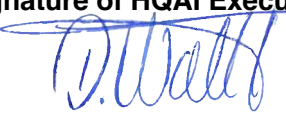
<i>2026-7.5: RDFL does not establish a coherent organisational approach for continuous learning and improvement of actions and ways of working to better meet commitments to quality and accountability.</i>	Minor	New	By the 2029 Renewal Audit
<i>2026-8.1: RDFL does not consistently promote and demonstrate an organisational culture of quality and accountability across leadership, staff and volunteers.</i>	Minor	New	By the 2029 Renewal Audit
<i>2026-8.2: RDFL does not consistently maintain a safe and inclusive working environment with measures to protect the safety, security, wellbeing and dignity of all staff and volunteers.</i>	Minor	New	By the 2029 Renewal Audit
<i>2026-8.3: RDFL does not ensure all staff and volunteers have the necessary support, skills and competencies to fulfil their roles and responsibilities effectively and accountably through a consistent organisational approach.</i>	Minor	New	By the 2029 Renewal Audit
<i>2026-8.5: RDFL does not ensure there are safe, confidential and accessible ways for all staff and volunteers to raise concerns and report misconduct, with appropriate protection for those reporting.</i>	Minor	New	By the 2029 Renewal Audit
<i>2026-9.1: RDFL does not ensure adequate capacity and resources to meet the organisation's commitments.</i>	Minor	New	By the 2029 Renewal Audit
<i>2026-9.4: RDFL does not manage and use resources to achieve their intended purpose while systematically minimising waste and environmental impact.</i>	Minor	New	By the 2029 Renewal Audit
<i>M2026-9.5: RDFL does not identify, prevent and manage risks at all levels of the organisation, including corruption, fraud, misuse of resources and conflicts of interest, and does not demonstrate appropriate action when these are identified through a systematic organisational process.</i>	Major	New	By the 2029 Renewal Audit
<i>2026-9.6: RDFL does not establish a coherent organisational approach to ensure that resources are managed efficiently, effectively and ethically.</i>	Minor	New	By the 2029 Renewal Audit
Total Number of open Weaknesses	25 minor and 2 major weaknesses		

6. Lead auditor recommendation

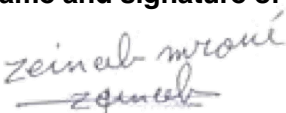

<p>In my opinion, RDFL demonstrates a high level of commitment to the Core Humanitarian Standard on Quality and Accountability and its inclusion in the Independent Verification scheme is justified.</p>	
<p>Name and signature of lead auditor:</p> <p>Mahmoud Hassanin Elsis</p> 	<p>Date and place:</p> <p>May 27th, 2026</p> <p>Doha, Qatar</p>

7. HQAI decision

<p>Registration in the Independent Verification Scheme:</p>	<p><input checked="" type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Refused</p>
--	---

Next audit before: 2029/05/27	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 27 May 2026

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:  	Date and place: 15/6/2026, Beirut

Appeal

In case of disagreement with the quality assurance decision, the organisation can appeal to HQAI within 14 workdays after being informed of the decision.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will confirm that the basis for the appeal meets the appeals process requirements. The Chair will then constitute an appeal panel made of at least two experts who have no conflict of interest in the case in question. The panel will strive to come to a decision within 45 workdays.

The details of the Appeals Procedure can be found in document PRO049 – Appeals Procedure.

Annex 1: Explanation of the scoring scale*

Scores	Meaning for all verification scheme options, including self-assessment and third-party audits	Guidance for scoring requirements
0	<p>Your organisation does not currently meet the requirement and indicates a major issue that is so significant that the organisation's ability to meet the commitment is compromised.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: A major weakness.</p> <p>Certification: A major non-conformity that compromises the integrity of the commitment which leads to a major corrective action request (CAR).</p>	<p>To give a score 0, not all of the measurable components of the requirement are verified to be in place and the issue(s) identified are so significant that the organisation's ability to meet the commitment is compromised.</p>
1	<p>Your organisation does not currently meet the requirement.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: A minor weakness.</p> <p>Certification: A minor non-conformity that compromises the integrity of the requirement which leads to a minor corrective action request (CAR).</p>	<p>To give a score 1, not all of the measurable components of the requirement are verified to be in place.</p>
2	<p>Your organisation currently meets the requirement, but there is an opportunity for improvement that deserves attention so that the requirement is not compromised in the future.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met with an observation.</p> <p>Certification: Conformity with an observation.</p>	<p>To give a score 2, all measurable components of a requirement are verified to be in place, however, one or more opportunities for improvement are observed which deserve attention so that the requirement is not compromised in the future.</p>

3	<p>Your organisation meets the requirement, with organisational systems ensuring it is being met consistently throughout the organisation.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met.</p> <p>Certification: Conformity.</p>	<p>To give a score 3, all measurable components of a requirement are verified to be in place.</p>
4	<p>Your organisation meets the requirement in an exemplary way, demonstrating innovation and/or special recognition of performance, and organisational systems ensure this high quality throughout the organisation.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met in an exemplary way.</p> <p>Certification: Conformity in an exemplary way.</p>	<p>To give a score 4, all measurable components of a requirement are verified to be in place.</p> <p>In addition, the following must be verified:</p> <ul style="list-style-type: none"> • An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. <p>and/or</p> <ul style="list-style-type: none"> • The organisation has been awarded special recognition of performance in relation to meeting the requirement at a high standard, and this is built into organisational systems so that the high quality is ensured throughout the organisation.
	<p>Guidance notes for scoring commitments:</p> <ul style="list-style-type: none"> • Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. • Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0. 	

* Scoring Scale from the CHSA Verification Framework 2024