

# Developmental Action Without Borders – Naba’a Maintenance Audit 1 – Report – 2023/08/09

## 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Lead Auditor / Marie Grasmuck	
<b>Audit cycle</b>	Third cycle	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues raised</b>
	10 July 2023 / 6	No
<b>Closing Meeting</b>	20 July 2023 / 3	No
<b>Sampling from project sites</b>	<b>Name/location</b>	
	No site sampled, Naba’a’s work to address the CARs identified at the previous Renewal Audit (2022) is being done through the new strategy development process and through recruitment at head office level, and has not yet trickled down to project sites.	
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Senior Management	3
	Staff	2

## 2. Actions and progress of organisation

### 2.1 Significant change or improvement since previous audit

Naba’a is in the process of developing its strategy for the next five years. As part of this work, a consultant has conducted a gap identification, to which Naba’a included the areas of weaknesses identified in its last audit. The open CARs will be paired with specific actions in Naba’a’s future strategy. Naba’a has also developed an outline of how it aims to address the CARs, and standalone action plans to address the gaps found regarding data protection and the environment. Some changes are already being implemented in the areas of monitoring and evaluation, referral of complaints and the environment (see section 2.2). Naba’a intends to conduct a mid-term review of its strategy in the same year as its next CHS Recertification Audit to ensure that both processes remain in synergy.

Naba’a’s continued improvement in the application of the CHS has been recognised throughout two audit cycles. Naba’a’s senior management and staff show both awareness and commitment towards the CHS, its implementation and its efficient framework for organisational improvement. The senior management interviewed explained that Naba’a’s performance is being acknowledged by the humanitarian community, for instance through the fact that Naba’a is evolving in a position to support other Community-Based Organisations in the implementation of the CHS. The staff interviewed are aware of the gaps raised in the last audit and confirm that they have been discussed during strategic workshops.

### 2.2 Summary on corrective actions

<b>Corrective Action Requests (CAR)</b>	<b>Type and resolution due date</b>	<b>Progress made to address the CAR and in response to the findings of the indicator</b>	<b>Evidence (doc no., KII)</b>
2022-2.5: MEAL activities are not implemented	Minor / 2025/08/17	Naba’a has shown progress in addressing this CAR. Naba’a has opened a new position of MEAL (Monitoring, Evaluation, Accountability and Learning) assistant, for which a person	NAB5, Staff interviews

systematically across Naba'a and its projects.		<p>has already been recruited. At the time of the last renewal audit (RA, 2022), Naba'a was in the process of rolling out a new MEAL system, and one of the objectives of the MEAL assistant will be to support in completing this process.</p> <p>Naba'a has also started piloting a new Organisational Capacity Assessment (OCA) tool in collaboration with Save The Children International. This tool is also being used to improve Naba'a's assessment of the monitoring and evaluation systems of its implementing partners.</p>	
2022-3.8: Naba'a does not have data management procedures in place to ensure the safeguarding of personal information.	Minor / 2025/08/17	<p>Naba'a has shown progress in addressing this CAR via the development of an action plan. This includes a series of measures such as establishing data protection risk assessments, data protection audits, data protection training and compliance checks, among others.</p> <p>At the time of this maintenance audit, Naba'a has started acting on the data protection training and practice of its staff, starting with the case management team, which routinely handles sensitive and personal data.</p>	NAB1, Staff interviews
2022-5.4: Naba'a CHM Policy and procedures do not detail the scope of the CHM to specifically include complaints regarding other abuses of power or operational complaints.	Minor / 2025/08/17	Naba'a has not yet addressed this CAR but has acknowledged that the scope of complaints covered in the Complaints Handling Mechanisms (CHM) policy can be changed to be more explicit about covering operational complaints or other cases of abuse of power.	Staff interviews
2022-5.7: Naba'a has no guidance or procedure to identify referral pathways and ensure a systematic referral for complaints falling outside Naba'a's CHM scope.	Minor / 2025/08/17	<p>Naba'a has addressed this gap by adhering and participating to the Inter-Agency referral guidelines and pathways (the Referral Information Management System – RIMS) in Lebanon, which ensures a harmonised system to refer cases or complaints to participant organisations.</p> <p>While this gap is addressed in theory, the next recertification audit will further triangulate that this practice is effectively and consistently implemented.</p>	Staff interviews
2022-6.6: Naba'a partner agreements do not include reference to the expected staff behaviour standards and the need to abide by Naba'a's CoC.	Minor / 2025/08/17	Naba'a has not yet addressed this CAR but has acknowledged that the partners agreements have to be explicit about the expected staff behaviour standards and the recognition of Naba'a's Code of Conduct.	Staff interviews
2022-7.5 Naba'a does not systematically manage information to ensure its full accessibility.	Minor / 2025/08/17	<p>Naba'a has shown progress to address this CAR. Naba'a has started implementing a HR information management system (IMS) with the view of expanding this IMS to other departments and to address how the organisation manages and keeps track of information, including in the areas of CHM, MEAL, and finances.</p> <p>At the time of the audit, Naba'a's HR department was iterating a new version of the IMS with a contracted firm in order to further improve the system. The staff interviewed has</p>	Staff interviews

		acknowledged that information management is an important improvement area, which will have a stand-alone section in the future strategy.	
2022-9.6: Naba'a does not have policies and processes in place governing risk management, the environment, and the acceptance of funds.	Minor / 2025/08/17	<p>Naba'a has shown progress to address this CAR. Naba'a has opened a position of Organisational Performance Manager (OPM), for which it has already recruited a person. The priority area of the OPM is to develop and Environmental Management System (EMS) aligned with the ISO 14001:2015 norm.</p> <p>The development of the EMS has started and Naba'a is currently identifying the relevant stakeholders of its EMS, and has distributed roles and responsibilities for the development of the IMS.</p> <p>Naba'a's Criteria or Accepting Funds lays out seven criteria to scrutinise the organisation proposing to provide funds to Naba'a, such as ensuring that funds have been acquired through legal and ethical means.</p>	NAB4, NAB6,  Staff interviews

### 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Resolution due date	Status	New resolution due date
2022-2.5: MEAL activities are not implemented systematically across Naba'a and its projects.	Minor	2025/08/17	<i>Open</i>	-
2022-3.8: Naba'a does not have data management procedures in place to ensure the safeguarding of personal information.	Minor	2025/08/17	<i>Open</i>	-
2022-5.4: NABA'A CHM Policy and procedures do not detail the scope of the CHM to specifically include complaints regarding other abuses of power or operational complaints.	Minor	2025/08/17	<i>Open</i>	-
2022-5.7: Naba'a has no guidance or procedure to identify referral pathways and ensure a systematic referral for complaints falling outside Naba'a's CHM scope.	Minor	2025/08/17	<i>Open</i>	-
2022-6.6: Naba'a partner agreements do not include reference to the expected staff behaviour standards and the need to abide by Naba'a's CoC.	Minor	2025/08/17	<i>Open</i>	-
2022-7.5 Naba'a does not systematically manage information to ensure its full accessibility.	Minor	2025/08/17	<i>Open</i>	-
2022-9.6: Naba'a does not have policies and processes in place governing risk management, the environment, and the acceptance of funds.	Minor	2025/08/17	<i>Open</i>	-
<b>Total Number of open CARs</b>	<b>7</b>			

## 4. Lead auditor recommendation

In my opinion, Developmental Action Without Borders – Naba'a has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit(s) and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.

I recommend maintenance of certification.

**Name and signature of lead auditor:**

Marie Grasmuck,



**Date and place:**

July 20<sup>th</sup>, 2023, France

## 5. HQAI decision

☒ Certificate maintained  
☐ Certificate suspended

☐ Certificate reinstated  
☐ Certificate withdrawn

**Surveillance audit before: 2024/09/30**

**Name and signature of HQAI Executive Director:**

Désirée Walter



**Date and place:**

Geneva, 09 August 2023

## 6. 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:

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 the organisation's representative:**



Dr. Qassem Saad  
General Director

**Date and place:**

Saida 01/09/2023

## 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\*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification: major weakness.</li> <li>Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.</li> </ul>
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p>Score 1: indicates 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 it. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification: minor weakness.</li> <li>Certification: minor non-conformity, leading to a minor corrective action request (CAR).</li> </ul>
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p>Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification and certification: observation.</li> </ul>
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification and certification: conformity.</li> </ul>
4	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.	<p>Score 4: indicates an exemplary performance in the application of the requirement.</p>

\* Scoring Scale from the CHSA Verification Scheme 2020