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HUMANITARIAN QUALITY
ASSURANCE INITIATIVE

Action Against Hunger – UK
Initial Audit – Summary Report 2021-04-22

1. General information

1.1 Organisation

Type	Mandates	Verified
☒ International ☐ National ☒ Membership/Network ☐ Direct Assistance ☐ Federated ☒ With partners	☒ Humanitarian ☒ Development ☒ Advocacy	☒ Humanitarian ☒ Development ☐ Advocacy
Head office location	London, UK	

Total number of country programmes	15	**Total number of staff**	51

1.2 Audit team

Lead auditor	Joanne O'Flannagan
Second auditor	Elisabeth Meur
Third auditor	N/A
Observer	N/A
Expert	N/A
Witness / other	N/A

1.3 Scope of the audit

CHS Verification Scheme	Independent Verification
Audit cycle	First
Phase of the audit	Initial Audit
Extraordinary or other type of audit	N/A

1.4 Sampling*

Randomly sampled country project sites	Included in final sample	Replaced by	Rationale for sampling and selection of sites	Onsite or remote
Afghanistan	Yes		Provided geographical balance in the sample and is a representative programme of AAH-UK's portfolio. Projects are implemented by AAH-France, one of the three AAH Implementing HQs (IHQs) through which AAH-UK channels most of its funding.	Remote
South Sudan	No	Bangladesh	Replaced by Bangladesh for more comprehensive geographical coverage as 3 of the countries initially sampled were in Sub-Saharan Africa. Most AAH-UK projects in Bangladesh are implemented by AAH-France	Onsite - moved to remote due to COVID-19 travel restrictions
DRC	Yes		Provided geographical balance in the sample and is representative of AAH-UK's portfolio. AAH-UK projects in DRC are implemented by AAH-France.	Remote

Nigeria	No	Mali and Senegal	Replaced by Mali & Senegal as the next country programme site in the random selection and represents an important part of the AAH portfolio with regard to research and partnership. The programme in Mali and Senegal is implemented by AAH-Spain.	Remote

Any other sampling performed for this audit: Given that this is an Initial Audit of AAH-UK, and due to COVID-19 travel restrictions meaning that no onsite assessment could be carried out, the auditors added a fifth site, Somalia, to the sample to ensure more comprehensive coverage of the mandates and partnerships of AAH-UK. The Somalia programme is implemented by AAH-USA enabling the auditors to include projects implemented by the three main AAH Implementing HQs through which most AAH-UK funding is channelled (France, Spain and USA). The onsite visit to Bangladesh could not take place due to COVID 19 travel restrictions. The auditors had planned to interview community members remotely, however, this was not possible because of limitations in AAH management availability in Bangladesh, as well as staffing and time constraints at the project site level, meaning no community interviews, group consultations or other stakeholder interviews could take place. The remote methodology was expanded across the entire sample to ensure that, in the absence of an onsite visit, sufficient evidence could be gathered through interviews and document review to support the audit findings. The auditors took account of all available evidence provided during the audit, they also used information from the CHS self-assessment report of AAH-UK and the self-assessment synthesis report of three AAH-IN members. The audit confirmed that AAH-UK has internal quality assurance and control systems in place to address most of the requirements of the CHS. Despite some limitations with remote auditing methodologies, the auditors are confident that the evidence obtained is sufficient and appropriate to provide a basis for their conclusions and recommendation. Refer also to Section 6

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

2.1 Locations Assessed

Locations	Dates	Onsite or remote
Head Office	20 – 21/10/2020	Remote
Senegal / Mali	12 – 14/01/2021	Remote
DRC	18 – 22/01/2021	Remote
Somalia	18 – 22/01/2021	Remote
Bangladesh	25 – 29/01/2021	Remote

2.2 Interviews

Position / level of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office			
Management	2	3	Remote
Staff	12	7	Remote
Trustees	1	0	Remote

Country Programme / Project Office(s)			
Management (AAH-IN implementing partners)	8	13	Remote
Staff (AAH-IN implementing partners)	2	6	Remote
Partner staff (non-AAH partners)	4	13	Remote
Others			
Total number of interviewees	**29**	**42**	

2.3 Consultations with communities

Type of group and location	Number of participants		Onsite or remote
	Female	Male	
None – please refer to section 1.4 Sampling (above)	0	0	
Total number of participants	**0**	**0**	

2.4 Opening meeting

Date	2020/10/20
Location	Remote
Number of participants	3
Any substantive issues arising	None

2.5 Closing meeting

Date	2020/02/25
Location	Remote
Number of participants	5
Any substantive issues arising	The auditors noted that AAH-UK failed to demonstrate through documentary evidence that the organisation has effective due diligence, risk management and other quality assurance mechanisms in place to assure routine compliance with the CHS at the project level. The absence of such evidence, combined with the information identified through a large sample of interviews, has led to the identification of major weaknesses on Commitments 4 and 5

3. Background information on the organisation

3.1 General information	Action Against Hunger UK (AAH-UK) is an independent charitable company limited by guarantee and registered with the Charity Commission for England and Wales, and with the Office of the Scottish Charity Regulator. The organisation was established in 1995 as part of the Action Against Hunger International Network (AAH-IN). AAH-UK is a multi-mandate organisation funding work in humanitarian response, development, advocacy, and research. The core sectors of its activities are acute malnutrition and hunger, and humanitarian crises. AAH-UK targets the most marginalised and at-risk populations; while the focus of its work is primarily on humanitarian crises it has expanded its work over recent years to include resilience and development programming in response to the needs of vulnerable communities and to mitigate the risks of future food and nutrition crises.

AAH-UK does not currently directly implement large scale programmes overseas; it was established primarily to support the international work of AAH-IN by raising funds for programming and by recruiting and deploying technical experts (MEAL and nutrition) to enhance programme quality and technical capacity; it also campaigns to raise awareness on global hunger and nutrition and to influence the UK government at a policy level. AAH-UK sub-grants funding to other entities, primarily within the AAH network, for the delivery of its programmes through *Intra-Network Sub-Grant Agreements* (INA). AAH-UK also carries out externally contracted services (third party services) for other organisations, including the UN and other INGOs (nutrition and MEAL services). **This work is not included in the scope of this audit which focuses on projects/grants that are being managed by AAH-UK through partners, using donor funds, restricted or unrestricted, public or private. This portfolio of work is primarily managed by the Programme Funding Team (PFT).**

AAH-IN has seven primary HQ offices: Canada, France, Spain, UK, USA, India and Germany. Of these, four are Implementing HQs (IHQ): France, Spain, USA and India.[1]. The other three offices generate funding to support programmes which are managed and implemented by the four IHQs at country level. Each of the seven HQs are independent legal entities and operate on the principle that there can only be one AAH legal entity in any one country, hence AAH-UK holds all relationships between AAH and entities in the UK such as the UK government and other UK donors. All members of AAH-IN adhere to, and comply with, the AAH-IN *Charter of Principles* and global *Code of Conduct*, as well as a number of global plans, policies and agreements. Furthermore, members are bound together by a brand licencing agreement which defines the network's logo, identity, language and voice for external communications. The AAH-IN *International Strategic Plan* (2016-2020) sets the ambition for the whole network to mitigate the consequences of hunger; address the causes of hunger; and change the way hunger is viewed and addressed. In 2019, AAH-IN was present in 46 countries with a global income of around €450 Million. The network manages programmes in six sectors: nutrition, health, mental health and care practices, DRR, WASH, and food security and livelihoods.

AAH-UK pools financial resources and expertise to the AAH network. In 2018, AAH-UK had a total income of £43m of which more than £38m came from the UK government (UK Aid) primarily through DFID (now FCDO) and the Start Network; and around £4m was generated from donations and legacies. In 2018, AAH-UK signed 20 new contracts and grants with a total value of £33.9m; of this £32m was directed to emergency response programming. Charitable projects and services received 94% of the total annual expenditure. The main operational partners of AAH-UK are AAH France and AAH USA with more than £30m directed to these two entities (figures for 2018). With the aim of growing its fundraising for emergency assistance in response to major crises and to increase its profile in the UK, AAH-UK applied and was accepted as a member of the Disasters Emergency Committee (DEC) in 2018.

AAH-UK aims to be at the forefront of bringing positive and lasting change in the lives of those affected by hunger by empowering people and supporting households, local communities and national institutions to develop longer term collective approaches to reinforce their capacities to better respond to, mitigate and prevent humanitarian emergencies and hunger crises.

3.2 Governance and management structure	AAH-UK operates as part of the global AAH network and sub-grants the majority of its funding to AAH IHQs for programme implementation. AAH-UK currently has more than 50 employees based in its Head Office (HO) in London, down from more than 70 in 2018; the

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[1] There are other AAH entities including AAH Regional Offices in West Africa and the Horn and Eastern Africa.

reduction in staff numbers in 2020 is mainly due to the negative financial effects of the COVID-19 pandemic. The AAH network as a whole employs more than 8,000 staff globally.

At a national level, AAH-UK is governed by a seven-member Board of Trustees, who are responsible for ensuring that the organisation is managed according to AAH-UK's vision and mission, that the organisation abides by its charitable objectives and is compliant with legal and statutory requirements. The Board includes senior expertise from the communications and corporate (including insurance, investment and consumer affairs) sectors, as well as in the area of nutrition and food security. It meets formally on a quarterly basis and takes a majority vote on decisions, communicating these through minutes and resolutions. Any major change in strategy, action plan, policy or procedure, proposed by the Executive Director (ED), is reviewed and endorsed by the Board. The Board works closely with the Senior Management Team (SMT) which attends all Board meetings. Other staff members are regularly invited to attend and present their work to the Board. The Board also acts as a reference body for staff who wish to raise concerns and as a reference for other concerns about the work of the organisation. Board Trustees are limited to three terms, each term being three years long; there are no formal term limits defined for the ED.

At the time of writing AAH-UK is currently reviewing its *Memorandum and Articles of Association*, a revised version of the which have been prepared and approved in principle by the Board. This is expected to provide for new structures and provisions in line with charity law and best practice.

There are three Board Committees that meet at least once a year: Audit, Risk and Compliance Committee; Remuneration/Compensation and Governance Committee; Fundraising/Engagement and Ethics Committee. The committees comprise a minimum of at least one trustee and a member of the SMT; they provide recommendations for the Board to support strategic decision making. The Board also reviews the organisation's Risk Register on an annual basis. Both the Board and its committees also meet on an ad hoc basis as and when required.

The ED and SMT are responsible for shaping and achieving the organisations' goals and for managing five departments: Operations, Advocacy and Campaigning, Communications and Fundraising, Finance and Human Resources. The SMT consists of the ED and four Directors: Human Resources, Operations, Finance and Administration, Fundraising and Communications. The ED is responsible for the day-to-day management of the organisation's affairs, and for implementing the strategy, annual plans and policies agreed by the Board. The ED also ensures accountability and transparency of the organisations' accounts and reports to the Board on a regular basis. The ED and SMT are responsible for day-to-day decision making.

Although AAH-UK is not involved in programme implementation, it has an Operations Department which has responsibility for supporting the technical and programmatic work of AAH-IN at multiple levels: funding for programmes (the Programme Funding Team), technical expertise (MEAL and nutrition) for third party contracting services to the AAH network and other organisations, advocacy and research. The Operations Department also hosts the Legal, Risk and Compliance Counsel, recruited in early 2020, who provides support for the increasing formalisation of risk management procedures and the further professionalisation of legal, compliance and governance mechanisms. The Programme Funding Team (PFT) is under the management of the Director of Operations; it is a small team of only 3 people who hold primary responsibility for AAH-UK's management and oversight of 29 projects (2020) in 15 countries and for managing the relationship with implementing partners (mainly IHQs) and donors.

At the global level, AAH-IN has three main governing bodies to facilitate effective coordination and collaboration across the network. These governing bodies make decisions at the global levels on international policies and procedures:

1. The International Committee of Chairs (ICC) meets twice per year and comprises the Chair of the Board of each member. The AAH-UK Chair reports back to the Board of Trustees.
2. The International Executive Committee (IEC) meets on a weekly basis and comprises the Chief Executives of each of member.
3. The International Management Groups (IMG) meet on a monthly basis. There are IMGs for each department, including Operations, HR, Finance, Fundraising and Technical, eight in total. The IMGs bring together senior managers (mostly directors) of departments from each member of the network.

AAH-IN also hosts different international functions, including the International Risk Group, which work to create policy harmonisation at the network level. AAH-IN also has a number of global positions to focus on specific areas across the network including a Global Safeguarding Advisor (appointed in 2020) to support the development of network-wide policies, procedures, and practice on PSEAH in a systematic and consistent way.

3.3 Internal quality assurance mechanisms and risk management	Since becoming a member of the DEC in 2018, AAH-UK has made a number of changes to its quality assurance and risk management mechanisms. The most significant of these has been the appointment of a Legal, Risk and Compliance Counsel (LRCC) in early 2020 who reports to the Director of Operations and plays an important strategic role across AAH-UK at an organisational level and contributes to network-level initiatives on greater harmonisation of risk and compliance procedures.

AAH-UK has a *Risk Management Policy* (2018) and an organisational *Risk Register* which is formally updated on an annual basis. The policy covers risks including PSEA, Code of Conduct, fraud, and conflict of interest as well as key compliance risks associated with good governance and organisational effectiveness. A *Risk Management Group* comprising the ED, two members of SMT and the LRCC meet monthly to formally review and assess risks. The organisation is in the process of developing a new risk management framework and policy to ensure a more detailed review of risks.

At the network level the LRCC is a member of the AAH-IN *International Risk Group*, created under the IEC, which meets monthly and reports to the IEC and the *International Operations WG*. The group will continue to work together in 2021 to progress the development of a network-wide understanding of fraud and to strengthen the network's response to fraud and other compliance risks. A network-level project on PSEA was established and approved in 2019 to create a common understanding of sexual exploitation and abuse and to improve the network's capacity to prevent and address cases.

At the programme level risks are captured in programme/project risk registers which should be reviewed and assessed at the outset of a project and throughout the project cycle as part of routine project management and reporting procedures in consultation with AAH-IHQs and AAH country office (CO) staff and/or other downstream partners. Monitoring and evaluation procedures and tools are shared across the network (*Multi-Sector M & E Guidelines* and *AAH Evaluation Policy*) and reporting procedures defined in *Sub-Grant Agreements* with follow up conducted through monthly meetings ('monthly calls') with some project implementation teams which include relevant AAH-IHQ and CO staff.

The Programme Funding (PF) Team within the Operations Department of AAH-UK holds the responsibility for overseeing the management of project contracts (grants); this team ensures that contractual obligations and due diligence processes are aligned to donor requirements and monitor the project through reporting mechanisms and monthly calls with IHQs and COs. Onsite monitoring visits are conducted for some projects in order, for example, to monitor and mitigate perceived risks, or to provide support to COs, but this is not done on a routine basis for all projects. The PFT mainly depends on information provided in monitoring reports from IHQs. The MEAL Services team also within the Operations Department holds the technical expertise in M&E but their activities do not necessarily align with the AAH-UK grant portfolio and work of the PFT and their capacity is not generally deployed to AAH-UK projects. This is a feature of the AAH network whereby funding HQs do not, in principle, interact directly with projects on the ground but rather mediate their oversight through reporting mechanisms (embedded within contractual arrangements) and on the basis of shared policies, procedures, protocols and values. These aspects of how the portfolio of AAH-UK's grants is managed, and the availability of resources to do so, substantially constrains the organisation's capacity to verify quality at the project level.

AAH-UK does not have an internal audit function; however, it does have an agreement with some IHQs (France and Spain) that allows AAH-UK to request that their internal audit function carry out an audit on specific country projects. No internal audit reports were provided in evidence for the audit. |
| **3.4 Work with partner organisations** | AAH-UK is not an operational or implementing organisation; all of AAH-UK's projects and grants are implemented by partners; a significant majority of these are AAH-IN partners although there may be further downstream partners who are not part of the AAH-IN network. AAH-UK identifies opportunities for funding mainly from the UK government, negotiates with potential partners through the issuing of calls for *Expressions of Interest* (EoI), and, once a potential partner is selected through the EoI process, develops proposals in collaboration |

with the partner for submission. AAH-UK is the signatory for all UK Aid (FCDO), DEC and other donor grants and contracts and is responsible for ensuring the governance and delivery of contracts, including compliance, risk management and quality assurance. A Sub-Grant Agreement is signed with implementing partners which sets out the terms and conditions, reporting requirements and compliance demands of each specific contract. The contract specifically requires partners to comply with its reporting requirements on serious incidents in connection with project delivery, including, specifically, Aid Diversion or safeguarding concerns.

Before signing a contract with a partner AAH-UK conducts due diligence checks in accordance with a standard checklist that covers safeguarding, child protection, fraud and corruption, and data protection; the checklist addresses ethical management practices including whistleblowing, staff management and labour rights, and conflict of interest. Due diligence checklists are shared with AAH-IHQs to share with any downstream partners and ensure all partners involved in contract delivery are aware of requirements. Checklists may be adapted to ensure they take account of the specific requirements of the donor. Due diligence procedures require an annual review of checks to ensure ongoing compliance. At the outset of any project or programme a 'launch call' is conducted with AAH-IHQs and CO teams (AAH staff and any other downstream partners) to ensure all parties are fully aware of contractual requirements, this includes a compliance briefing.

The AAH network has a *Partnership Policy* (2011) which defines the principles of partnership of the AAH network across all of its relationships with other organisations, local, national and international as well as private, public and third sector. In recognition of the changing landscape within the global sector particularly in relation to localisation, the AAH Partnership Working Group (PWG) has recently commissioned a review of the networks' policies and positions vis-à-vis local partners; this work is expected to lead to a local partnership policy and action plan and to a review of the current the Partnership Toolkit (a comprehensive set of tools and guidance for network members). The current policies and procedures do not explicitly refer to the CHS and expectations in relation to adherence to the CHS commitments.

AAH-UK does not have a formal partner capacity building policy, nor does it provide core funding for partners, or standalone funding for partner capacity development, although it does contribute funding to network-wide initiatives such as the Global PSEA project to improve the network's capacity to prevent and address sexual exploitation and abuse.

4. Overall performance of the organisation

4.1 Effectiveness of the governance, internal quality assurance and risk management of the organisation	AAH-UK has been working to strengthen its systems in line with the commitments of the CHS. The organisation endeavours to push forward the harmonisation of policies, the standardisation of procedures and the improvement of accountability at the network level, to ensure more robust quality assurance and risk management processes at HO, IHQ and project levels.

In the Operations Department, the Programme Funding Team (PFT) is responsible for overseeing the grant portfolio and managing the relationship with implementing partners (mainly IHQs) and donors. It is supported by the Finance Department with regard to financial control, budget review and expenditure reporting, and by the LRC Counsel with regard to compliance. The MEAL team, despite its technical expertise, mainly functions as a separate entity from the PFT, as part of AAH-UK's third-party contracting services and there is limited overlap between the work of the AAH-UK MEAL team and the portfolio of grants managed by the PFT.

The present audit identified weaknesses in the management and monitoring of quality assurance and risk management processes at the project site level. Evidence available from the sampled project sites do not provide assurance that risk management and quality assurance processes are routinely applied. There is limited evidence of ongoing risk identification, mitigation and management in projects, particularly with regard to risks to people and communities affected by crisis. While policies and procedures at AAH-UK HO level are generally robust, there is a gap in terms of how AAH-UK assures itself that comparable procedures and practices are in place at the project level.

AAH-UK does not have mechanisms in place to ensure that projects are designed and implemented on the basis of ongoing risk assessment. While the AAH-UK Risk Register identifies risks of 'failing populations in need' along with attendant mitigations, it is not clear how these are communicated to, and implemented by, IHQs and other downstream partners. A lack of evidence of effective information flows between IHQs and AAH-UK in relation to ongoing monitoring, to confirm that quality and accountability standards are systematically applied in all projects, indicates a gap in AAH-UK's oversight of how the CHS commitments are fulfilled in practice by implementing partners. Information flows between IHQs and AAH-UK are critically weak as the PFT does not, in general, carry out onsite monitoring visits or spot checks.

Due to the COVID-19 pandemic and the lack of an onsite audit process in Bangladesh it was not possible to gather direct feedback from communities and all relevant partner staff. This has had an impact on the capacity of auditors to fully triangulate information on a number of indicators where AAH-UK showed weaker performance, particularly in relation to commitments 3, 4 and 5.

4.2 How the organisation applies the CHS across its work	When AAH-UK applied to join the DEC in 2018, commitment to the CHS was a criterion for admission. AAH-UK engaged with the rest of the network and it agreed that the CHS would be a useful standard for the network which has a strong history of working on technical standards in the sector, including Sphere. AAH-UK shows commitment to the CHS; staff at all levels, including the Board and partners, are aware of the standard. In 2017-18 AAH-UK carried out a CHS self-assessment and invested to engage with other AAH HQs (France and Spain) to involve them. The process included a synthesis report which collated the findings across the three organisations and has helped shape the network's understanding of its position in terms of policy and practice vis a vis the CHS. Subsequent to this, the network established two international working groups on CHMs and on the CHS, both of which are accountable to Directors of Operations at the IMG level. The recruitment of a Global Safeguarding Advisor, funded by the AAH HQs in 2020, is further evidence of the network's commitment to the CHS. However, the findings of a network-wide survey of 52 members of the AAH-IN Safeguarding Community of Practice (CoP) which received 35 responses, indicated that practices on safeguarding at the project level is an area that requires significant strengthening. This is particularly so in relation to mechanisms and procedures for reporting SEA complaints, community consultation in the development of PSEA reporting systems and processes for review and investigation. AAH-UK does not include reference to the requirements of the CHS in its grant agreements. Since 2020, AAH-UK has strengthened its Sub-Grant Agreement (contract) template to include specific provisions in relation to CoC; PSEA/safeguarding; whistleblowing and complaints; child protection; anti-fraud; anti-bribery; and anti-terrorism. However, the contractual agreement template is not clear on how such provisions are applied in practice at the partner level and how compliance is monitored and assured. The AAH-UK *CHS Self-Assessment Report* indicated that, prior to working with partners, AAH ensures a Memorandum of Understanding (MoU) is signed which outlines respective responsibilities for implementing project activities, work plans, monitoring and reporting, good governance policies (e.g. safeguarding, gender/diversity, anti-corruption, procurement) and financial accountability. However, limited evidence of such partner MoUs - which could define mutual expectations with regard to the fulfilment of the CHS requirements -was provided to the auditors Given its dependency on IHQs for project implementation the absence of network-level procedures or policies that define how the members will work together to ensure the commitments of the CHS are fulfilled, is an important weakness for AAH-UK. Due to the COVID-19 pandemic and the lack of an onsite audit process in Bangladesh the auditors did not have the opportunity to speak with community members or all relevant partner staff, or to review locally available document evidence. Therefore, some indicators could not be adequately assessed; it is recommended that these indicators (as noted in the Annex report) are given particular attention at the next audit process.
4.3 PSEA	AAH-UK and AAH-IN have policies, guidance and processes in place to prevent sexual exploitation and abuse. Compliance with AAH-IN Code of Conduct (CoC) is mandatory for all staff, volunteers, interns, local partners, and temporary visitors. The CoC includes non-discrimination, child protection, and prohibition of sexual exploitation, harassment and abuse. All HO and IHQ staff confirm they have signed the CoC. AAH-UK indicates that the current AAH-IN PSEA Policy (2018) is due to be reviewed (but there is no timeframe set). Efforts have been made over the last two years to improve safeguarding procedures at the network level, including the establishment of the International PSEA Project in 2019, a Feedback and

Complaints International Working Group in 2020, and the recruitment of Global Safeguarding Advisor in 2020.

AAH-UK takes complaint handling seriously and continues to improve its own processes and systems for handling sensitive complaints confidentially and fairly. The organisation has recently prepared an *Incident Reporting Guide* (2021) with information about reporting processes, reporting lines, investigations and record management at HO level. However, there are clear weaknesses in terms of reporting mechanisms from IHQs, and other downstream partners to AAH-UK which undermines AAH-UK's oversight of the effectiveness of complaint handling at the project site level.

Overall, AAH-UK does not perform strongly on PSEA as procedures and practices for the prevention of sexual exploitation and abuse are not embedded in the project cycle, including effective analysis of risks of unintended negative effects; information sharing with communities on the expected behaviour of staff; and community-level consultation on the establishment of confidential, safe and timely complaint response mechanisms.

4.4 Localisation	AAH-UK's performance on localisation is moderate. Both AAH-UK and the AAH network engage with coordination and technical working groups at global and project levels and the network is committed to strengthening its collaboration with different stakeholders, including academia, civil society, and governments; this is particularly true for its cooperation with local health authorities in the development and delivery of nutrition interventions.

However, AAH-UK is less effective in supporting implementing partners to engage with other local stakeholders at the project level including community structures and local leadership. AAH-UK staff indicate a high awareness of the localisation agenda and of sectoral commitments to engaging local capacities in project design. AAH-UK indicates in the outline of its new strategic plan (2025) that it is committed to transitioning its approach to localisation to include a stronger focus on engaging with local communities and strengthening local capacities.

4.5 Gender and diversity

At the strategic level, AAH-IN considers gender inequality and GBV both as causes and consequences of hunger, and the network has a clear commitment to the elimination of gender inequality. The AAH-IN *Gender Minimum Standards*, the draft *Gender and GBV Policy* and other guidelines provide standards and key actions for consideration of gender and age at all stages of the programme cycle. Guidance for the disaggregation of all data by age and gender is embedded within the network's Multi-Sector Monitoring and Evaluation Guidelines.

AAH-UK has a *Staff Handbook* and AAH-IN has a *People Management Framework* that both commit the organisation to transparent, non-discriminatory and fair procedures in the selection and the recruitment of staff. AAH-IN has an *Equal Opportunities and Diversity Policy* that commits the network to treating job applicants and employees fairly and without discrimination. At the board level, SMT and HO staff levels there is a fair gender balance.

However, AAH-UK does not score strongly on gender and diversity as a gender and diversity perspective does not permeate all levels of project design and delivery. At the project site level, AAH-UK does not require all partners to take account of the diversity of communities, including disadvantaged or marginalised people, at all stage of the programme cycle. There is no formal requirement to collect disaggregated data during needs and risks assessments beyond sex and age, and gender and diversity are not systematically embedded in accountability mechanisms such as communication with communities, inclusive participation and engagement of communities and feedback mechanisms. The lack of effective processes for the systematic integration of gender and diversity at all stages of the programme cycle, means AAH-UK does not ensure that gender and diversity are consistently considered in all programmes and projects.

4.6 Organisational performance against each CHS Commitment

Commitment	Strong points and areas for improvement	Feedback from communities	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	AAH-UK's policies commit the organisation to providing impartial assistance based on the needs and capacities of communities and people affected by crisis and the network is committed to working to reduce and prevent hunger among the most vulnerable and marginalised. However, mechanisms to ensure systematic and ongoing analysis of context, assessment of needs and risks and an understanding of the vulnerabilities and capacities of different groups are not robust.	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	1.8
Commitment 2: Humanitarian response is effective and timely	AAH network-level *M&E Guidelines* provide standards and tools for monitoring and evaluation across the project cycle in a systematic and ongoing way in both humanitarian and development programmes. And, as a network that is primarily specialised in hunger and nutrition, technical expertise is at the core of the network's capacities. However, there is a lack of procedures or mechanisms to ensure that projects are realistic and safe for communities; to assess the application of technical standards and good practice across all projects; and to facilitate decision making for timely humanitarian response.	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	1.7
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	AAH-UK is working closely with network partners to improve policies and practice in relation to PSEA and risk management. However, guidance for implementing partners does not take account of systematic consideration of negative effects and there is limited guidance or support for implementing partners to work to engage with, and strengthen, local capacities; to support transition or exit planning; and to promote early recovery and benefit the local economy. While systems to improve the safeguarding of personal information are robust at HO level, assurance processes on partner systems to safeguard personal information collected from people and communities, are not systematic.	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	1.2
Commitment 4: Humanitarian response is based on communication, participation and feedback	AAH-UK has policies and guidelines in place supporting a culture of openness and for ethical external communications. At the network level, there are tools to enable network HQs to communicate and share information with each other. There are also some network-level policies and guidelines for accountability and community participation.	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	0

	However, at the project level, findings indicate a systemic weakness with regard to information sharing and participation. It is not clear how AAH-UK assures itself that people and communities are provided with information about the principles it adheres to and how staff are expected to behave. AAH-UK's partnership arrangements do not include specific requirements on information sharing with communities and there are limited resources to support the design and dissemination of appropriate and relevant information materials for communities. AAH-UK does not have adequate mechanisms in place to assure itself that partners have inclusive procedures in place to engage communities in all stage of their work. AAH-UK has not demonstrated that it meets the requirements of this commitment, so a Major Weakness has been issued.		
Commitment 5: Complaints are welcomed and addressed	At HO AAH-UK has a CHM system in place, the organisation welcomes and accepts complaints and manages these timely, fairly and appropriately. The organisation maintains a serious incident report log and has an incident reporting guide. It publishes, in its annual report, serious incidents that have been reported and investigated. AAH-UK due diligence processes for partners include checks on whether organisations have a CHM mechanism in place for staff and communities. Over the past two years, the network has invested in safeguarding capacities with the collective funding of a Global Safeguarding Advisor and the establishment of a CHM working group. While staff at HO level confirm that AAH-UK has a good organisational culture in relation to complaints, it remains unclear how the organisation promotes this culture with implementing partners and, in particular, how AAH-UK ensures that communities and people affected by crisis are fully aware of the expected behaviour of staff, including organisational commitments made on the prevention of sexual exploitation and abuse, are consulted on the design and monitoring of complaint handling processes and have access to safe, appropriate and timely mechanisms. AAH-UK does not have an effective strategic and operational approach to ensuring that all communities have access to adequate complaint handling mechanisms. AAH-UK has not demonstrated that it meets the requirements of this commitment, so a Major Weakness has been issued.	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	0
Commitment 6: Humanitarian response is coordinated and complementary	AAH-UK policies and strategies commit the organisation to engage with humanitarian coordination platforms and to collaboration with different stakeholders, including local authorities. AAH-UK is part of many technical and thematic coordination groups, such as DEC, VOICE, and the Global Nutrition Cluster. Coordination and complementarity principles	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	2.5

	apply at governance, management and operational levels. AAH-UK, through intra-network sub-grant agreements with IHQs, often works in consortium with other downstream partners, such as INGOs and local NGOs. Most partners indicate that partnership arrangements with AAH-UK are generally respectful of each other's mandates, obligations, independence and capacities. However, partner agreements are not clear on responsibilities in relation to PSEA and fraud and do not provide clarity on principles for information sharing with all stakeholders.		
Commitment 7: Humanitarian actors continuously learn and improve	Both the AAH-UK and AAH-IN are explicit in their commitment to learning and improvement and set our clear ambitions and milestones in this regard. The network publishes an annual *Learning Review* and staff have access to the *No Hunger Forum,* for storing and sharing information. The AAH network also hosts an online, open access, learning hub, *Knowledge Against Hunger,* which maintains technical, research, learning and strategic documents. Mechanisms for sharing knowledge and learning across the whole network are not always user friendly or accessible. AAH-UK does not have a learning policy in place to describe how it learns from experience and there are limited processes to ensure projects are informed by lesson learned and prior experience or to support partners to learn, innovate and implement changes based on monitoring and evaluation or feedback and complaints.	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	2
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	AAH-UK has a well-developed HR system in place with comprehensive induction and on-boarding processes, and a performance management system. AAH-UK is committed to transparent, non-discriminatory and fair procedures in the selection and the recruitment of staff. Staff generally perceive policies as fair, show clear understanding of the CoC and have up to date job descriptions. However, the requirement for a code of conduct that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people is not specified in all downstream partner agreements. AAH-UK has high standards on staff well-being with procedures for dealing with harassment and bullying, mental health awareness training, and the development of a Mindfulness and Wellbeing Programme. AAH-UK is committed to supporting staff learning and development, however, budgetary constraints mean that staff at HO and project sites do not always access the training required to fulfil their roles. The network's Security Policy covers fundamental principles of security, risk analysis,	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	2.3

	and practical tools to support security planning and management and all AAH country offices should have an up-to-date security plan in place.		
Commitment 9: Resources are managed and used responsibly for their intended purpose	AAH-UK has policies and procedures for the use and management of resources, mainly captured in the organisation's Financial Guidelines, as well as a range of policy documents, primarily in relation to managing risks related to fraud and corruption. The organisation takes a strong compliance approach to its financial responsibilities and stewardship of resources. AAH-UK does not have an internal audit function and depends on the IHQs to share internal audit findings. HO staff indicate that sharing of internal audit reports is not done on a systematic basis and there is no formal guidance for how the network shares internal audit reports among members. The organisation does not have guidance for considering efficiency (VfM), how the organisation uses resources in an environmentally responsible way or how use of local and natural resources may impact the environment. The lack of mechanisms in place to assure itself that communities have access to CHMs means that opportunities for reporting on fraud and corruption at the project level may not be adequately used.	The auditors were unable to conduct the site visit and gather the direct feedback from communities due to COVID-19 disruptions.	2.2

* <u>Note</u>: Average scores are a sum of the scores per commitment divided by the number of indicators in each Commitment, except when one of the indicators of a commitment scores 0 or if several scores 1 on the indicators of a Commitment lead to the issuance of a major non-conformity/ weakness at the level of the Commitment. In these two cases the overall score for the Commitment is 0.

5. Summary of weaknesses

Weaknesses	Type	Recommended resolution date
2021 – 1.2: AAH-UK does not have mechanisms in place to ensure that projects are systematically designed and implemented on the basis of an impartial assessment of needs and risks, and an understanding of the vulnerabilities and capacities of different groups.	Minor	2023-04-01
2021 – 2.1: AAH-UK does not have routine processes in place to ensure systematic consideration of constraints so that a proposed action is realistic and safe for communities.	Minor	2023-04-01
2021 – 2.5: AAH-UK does not have adequate assurance mechanisms in place to ensure systematic monitoring of projects at activity, output and outcome level to adapt programmes and to address poor performance	Minor	2023-04-01
2021 – 3.2: AAH-UK does not have standards or requirements in place for implementing partners to systematically consider community level hazard and risk assessment or preparedness planning to guide project activities.	Minor	2023-04-01

2021 – 3.3: AAH-UK does not have a strategy or guidance for implementing partners to support systematic consideration of how to enable the development of local leadership and organisations in their capacity as first responders	Minor	2023-04-01
2021 – 3.4: AAH-UK does not have a strategy or guidance on planning for project exit or transition and there is no evidence of this being done in practice.	Minor	2023-04-01
2021 – 3.5: AAH-UK does not consistently support the design and implementation of projects that promote early recovery and benefit the local economy.	Minor	2023-04-01
2021 – 3.6: AAH-UK does not have effective mechanisms in place to assure that all projects systematically identify and act upon potential negative effects in projects in a timely manner.	Minor	2023-04-01
2021 – 3.7: AAH-UK does not have policies, strategies or guidance in place that are designed to systematically prevent programmes having any negative effects or to strengthen local capacities.	Minor	2023-04-01
M2021-C4: AAH -UK does not ensure humanitarian response is based on communication, participation and feedback	Major	2023-04-01
2021 - 4.1: AAH-UK does not have a mechanism in place to assure that partners systematically provide information to communities and people affected by crisis about the organisation, the principles it adheres to, how it expects its staff to behave, the programmes it is implementing and what they intend to deliver.	Minor (Major Weakness at commitment level)	2023-04-01
2021 - 4.2: AAH-UK does not assure that implementing partners communicate in languages, formats and media that are easily understood, respectful and culturally appropriate for different members of the community.	Minor (Major Weakness at commitment level)	2023-04-01
2021 - 4.3: AAH-UK does not systematically engage with partners to ensure inclusive representation and participation and engagement of communities and people affected by crisis at all stages of the work.	Minor (Major Weakness at commitment level)	2023-04-01
2021 - 4.4: AAH-UK does not assure that feedback mechanisms are systematically in place and does not engage with partners to ensure that partners pay particular attention to the gender, age and diversity of those giving feedback.	Minor (Major weakness at commitment level)	2023-04-01
2021 – 4.5: AAH-UK does not have policies or guidance on information sharing or open communication with external stakeholders, including partners and communities.	Minor (Major Weakness at commitment level)	2023-04-01
M2021-C5: AAH-UK does not ensure complaints are welcomed and addressed	Major	2023-04-01
2021 - 5.1: There is no mechanism in place to ensure that partners consult with communities and people affected by crisis on the design, implementation, and monitoring of complaints handling process.	Minor (Major Weakness at commitment level)	2023-04-01
2021 - 5.3: It is unclear how AAH-UK consistently and systematically ensures that all its partners manage complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.	Minor (Major Weakness at commitment level)	2023-04-01
2021 - 5.5: AAH-UK's culture in relation to complaint handling in accordance with defined policies and procedures is not sufficiently well developed to ensure partners are systematically listening and responding to complaints.	Minor (Major Weakness at commitment level)	2023-04-01
2021 - 5.6: Communities and people affected by crisis are not systematically made aware of the expected behaviour of staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	Minor (Major Weakness at commitment level)	2023-04-01

|		
2021 - 5.7: AAH-UK does not ensure that complaints at the project level that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice.	Minor (Major Weakness at commitment level)	2023-04-01
2021 – 7.1: AAH-UK does not have an established process in place to ensure that project design is systematically informed by lesson learned and prior experience.	Minor	2023-04-01
2021 – 8.4: AAH-UK does not have adequate staff and management capacity for oversight of its main portfolio of projects.	Minor	2023-04-01
2021 – 9.4: AAH-UK does not have specific standards or guidance in place to assess how use of local and natural resources may impact the environment.	Minor	2023-04-01
Total Number	**22 Minor weaknesses indicators level** **2 Major weaknesses at commitment level**	

6. Sampling recommendation for next audit

Sampling rate	Sampling as per the scope of AAH-UK's project/grant portfolio at the time of the next audit.
Specific recommendation for selection of sites	It is recommended to sample projects that are implemented by AAH-IN (IHQs) as well as other downstream partners, and to sample projects that are funded by UK government funding, DEC and private back donors. It is assumed that as the COVID 19 pandemic starts to come under control that an onsite visit to the sampled project site will be possible by the time of the Mid-Term Audit.

7. Lead auditor recommendation

Independent Verification: In our opinion, despite a number of major weaknesses, AAH-UK demonstrates a reasonable level of commitment to the Core Humanitarian Standard on Quality and Accountability, and its inclusion in the Independent Verification scheme is justified.

Name and signature of lead auditor:	Date and place:
Joanne O'Flannagan	2021/04/22 Belfast, Northern Ireland

8. HQAI decision

Registration in the Independent Verification Scheme:	[X] Accepted [ ] Refused
Next audit: Surveillance audit before 22/04/2023	
Name and signature of HQAI Executive Director: Pierre Hauselmann	**Date and place:** April 22nd 2021, Geneva
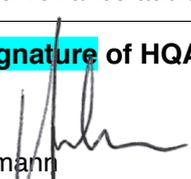
9. Acknowledgement of the report by the organisation

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 I accept the findings of the audit	[✔] Yes [ ] No [✔] Yes [ ] No
Name and signature of the organisation's representative:	**Date and place:** LONDON 17 May 2021
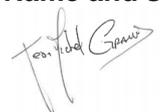
Appeal

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.	**Score 0:** indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to: • **Independent verification:** major weakness; • **Certification:** major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	**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: • **Independent verification**: minor weakness • **Certification:** minor non-conformity, leading to a minor corrective action request (CAR).
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	**Score 2:** indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to: • **Independent verification and certification:** observation.
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.	**Score 3:** indicates full conformity with the requirement. This leads to: • **Independent verification and certification:** conformity.
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.	**Score 4:** indicates an exemplary performance in the application of the requirement.

* Scoring Scale from the CHSA Verification Scheme 2020