Abs Development Organisation for Woman and Child (ADO) Initial Audit – Summary Report - *2026/05/27*

1. General information

1.1 Organisation

Type	Mandates	Verified
☐ International ☒ National ☐ Membership/Network ☒ Direct Assistance ☐ Federated ☒ With partners	☒ Humanitarian ☒ Development ☒ Advocacy	☒ Humanitarian ☒ Development ☒ Advocacy
Legal registration	Permit to Practice Civil Activity from the Ministry of Social Affairs and *Labor, Republic of Yemen.*	
Head Office location	Sana'a, Republic of Yemen	
Total number of organisation staff	111	

1.2 Audit team

Lead auditor	Elisabeth Meur
Second auditor	-
Third auditor	-
Observer	-
Expert	-
Audit Facilitators	Khaled Ahmed Ishaq & Amatalmalik Qasim Al-Murtadha

1.3 Scope of the audit

CHS:2024 Verification Scheme	Certification
Audit Cycle	First cycle
Type of audit	Initial Audit
Scope of audit	This audit covers the whole organisation including the main Head Office (HO) in Sana'a and the second Head Office in Aden (this is a requirement from the Ministry in the Governorate of Aden to have a HO to operate in the region), in addition to the Branch Offices (BOs) in Governorates.
Focus of the audit	Due to the limited number of projects being implemented at the time of the audit, the six ADO Branch Offices have been selected as sampling units. This sample unit enables the audit team to analyse operation systems, coordination across governorates, and to look at past and current projects in different locations. Also, the travelling constraints make the sectors covered by sites visits limited to nutrition, health, and development.

1.4 Sampling*

Sampling unit	Branch office (BO)
Total number of sampling units	6
Sample size	3
Total number of onsite visits	2
Total number of sampling units for remote assessment	1

Sampling Unit Selection	
Random Sampling — onsite/remote	**Purposive Sampling — onsite/remote**
Sana'a office – remote	*Raymah office – onsite*
Hodeidah office - on site	
Aden office - remote	
Any other sampling considerations: A Branch Office in Raymah was added to the initial sampling for an on-site visit, to increase the robustness of the sampling. In terms of feasibility, the Raymah office could be visited on the same trip as the Hodeidah office, within the time allocated to local facilitators. This sampling also covers the two political entities that govern Yemen: the regions under Houthi control (Sana'a, Hodeidah and Raymah), and Aden in the south, which is controlled by the Southern Transitional Council and is home to Yemen's internationally recognised government.	
Sampling risks identified: The sample is robust and includes offices in different governorates. However, the activities implemented from the offices visited in Raymah and Hodeidah focus on nutrition and health. Also, the projects conducted by these offices had closed just before the visit. Despite these limitations, the communities and stakeholders involved in this long-term project were still accessible and knowledgeable about it. The remote assessment of the Aden office covers the food and agriculture sectors. The renewal audit must consider these risks and include projects relating to different sectors. Finally, local authorities did not allow audit facilitators to ask people and communities some questions. Consequently, there is limited feedback from communities regarding indicators 1.5, 4.3, 5.4 and 5.5.	

**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	2025/07/28	**Number of participants**	37 (19F/18M)
Location	Online	**Any substantive issues arising**	–

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Head Office in Sana'a	*2025/08/4-5 and 2025/09/02*	Remote
Branch Office in Aden (also considered as a second head office for administrative reasons)	2025/09/02	Remote
Branch Office in Hodeidah (including two health centres)	2025/11/11 to 2025/11/12	Onsite
Branch Office in Raymah (including two health centres)	2025/11/15 to 2025/11/16	Onsite

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office			
Management	3	6	Remote
Staff	3	4	Remote

Branch offices			
Management	2	2	Onsite/remote
Staff	4	2	Onsite
Local stakeholders from Governorates and Directorates	1	3	Onsite
Total number of interviewees	13	17	Total: 30

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
Mothers, Health centre (1), Hodeidah	14		Onsite
Mothers, Health centre (2), Hodeidah	5		Onsite
Mothers, Health centre (1), Raymah	5		Onsite
Fathers, Health centre (2), Raymah		4	Onsite
Mothers, Health centre (2), Raymah	5		Onsite
Health workers (from Health Centres)	9	3	Onsite
Total number of participants	38	7	Total: 45

2.5 Closing Meeting

Date	2026/02/04	**Number of participants**	5 (3F/2M)
Location	Online	**Any substantive issues arising**	-

3. Background information on the organisation

3.1 General information

Abs Development Organization for Woman and Child (ADO) is a national non-profit and non-governmental organisation established in Yemen in 1996 to support the most vulnerable women, children, displaced and host communities in disadvantaged rural areas of Yemen. ADO has been established in response to the suffering and challenges faced by women in Yemeni society and to advocate for the rights of girls and women. Originally founded as the Abs Feminist Association, the organisation provided services exclusively to women and children within Abs city and district. Since then, it has expanded its operations to cover several governorates across the entire Republic of Yemen, including the Governorates controlled by the Houtis and by the Southern Transitional Council.

The organisation focuses on working closely with vulnerable communities, local authorities, and national and international partners. It promotes an integrated multi-sectoral response based on a participatory approach. ADO is working in both the humanitarian and development sectors including various areas, like Humanitarian and Emergency Response, Development and Gender Programmes, Protection, Education, Microfinance, Health and Nutrition, Food Security and Livelihoods, Water and Sanitation, etc. ADO's mission is to contribute to better living conditions for women, children, youths, and minorities by providing innovative and sustainable solutions in responding to emergencies, delivering protection and care services, supporting the educational process, empowering women, as well as enhancing resilience by improving livelihood opportunities. The organisation considers that sustainable change begins *within the community itself and therefore promotes an inclusive and community-driven* approach.

The organisation is committed to impartiality, transparency and accountability to build trust between the organisation, communities, partners and donors. Furthermore, the organisation is committed to applying the highest standards of integrity and professionalism to ensure a positive and sustainable impact in society. The organisation emphasises the respect for local culture, while ensuring that women, youth, and other vulnerable groups are meaningfully involved in decision-making processes.

Legally, ADO was established in accordance with the provisions of the Yemeni Associations and Civil Organisations Law No. 1 of 2001 and its Executive Regulations No. 129 of 2004. The organisation has registered headquarters in Sana'a and Aden to conduct its humanitarian, development and advocacy activities in both the North governorates and the "liberated governorates". Its legal basis enables it to implement projects and collaborate with governmental and non-governmental stakeholders. In 2024, its annual budget was over USD 10 million.

3.2 Governance and management structure

The organisation operates through a formal organisational structure based on the separation of powers between the Founders (the higher authority), the Board of Trustees, the Control and Inspection commission and the executive direction. Respective roles and responsibilities are defined in the Governance policy in accordance with the good governance principles defined by the UNDP.

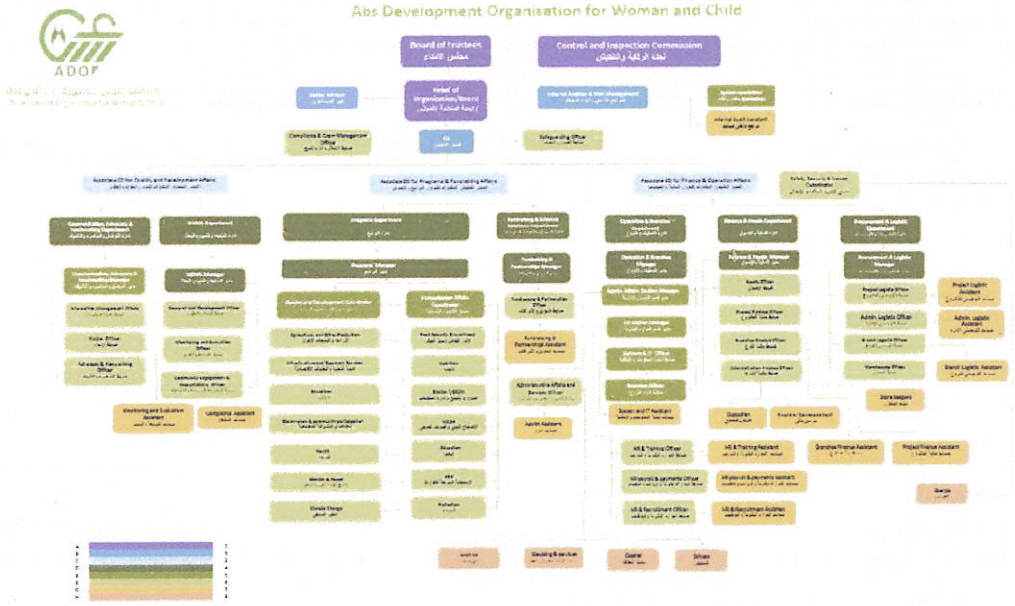
The Founders are the signatories of the articles of incorporation and the shareholders of the organisation's capital. They are responsible for the approval of the organisation's policies and regulations, the Board of Trustees and Supervisory Committee reports and for the adoption of the annual plans. The Founders review the financial statements and approve the final accounts and annual budget. They also appoint and may dismiss the Chairperson and the members of the Board of Trustees. The Founders approve the dissolution or the merger of the organisation. They meet once a year. The composition of this body is not specified in the Governance Policy, and this body is not represented in the organisational chart.

The Governance policy highlights the separation of duties between the executive management and the Board of Trustees. The Board is composed of five people and is responsible for issuing the regulations governing ADO's work. The Head of the Board of Trustees is the Chair of the organisation. The Board meets quarterly to discuss security, safety, and strategy. It is in charge of making strategic decisions, defining high level policy, appointing and supervising the head of the organisation, monitoring financial affairs and exposure to risks, approval of plans and budgets.

The control and inspection commission consists of three members appointed by the Board of Trustees. They monitor the work of the Board of Trustees and the Executive Director to ensure compliance with applicable laws and regulations, and they review all supporting documents for expenditures, providing feedback, preparing a report on them, and presenting it to the Founder(s). The commission holds regular meetings quarterly and may hold extraordinary meetings. Its recommendations are legally binding with the approval of a majority of its members' votes.

The Executive management consists of the Executive Director (ED) and three associated EDs (Quality and Development, Programmes and Fundraising, and Finance and Operations). The role of management involves leading the organisation and providing overall policy guidance to achieve its objectives in the most efficient and effective manner, in accordance with the organisation's values and approach. Directors meet weekly to oversee all internal operational policies and regulations as well as managing the relations with donors and ensuring self-evaluation on a regular basis. The directors are in charge of developing policy and strategy, and implementing the organisation's plans, budget, and operations. The ED provides quarterly, monthly and annual financial reports to the Board of Trustees. The ED's main role is managing and coordinating daily activities, and implementing the policies approved by the Board, ensuring the leadership of the teams, the financial management of resources, and the development of the budget with the associated finance ED. He oversees programmes' compliance with the CHS and with core policies, especially those related to safeguarding and accountability. The ED and the associated directors meet with all the managers monthly for compliance and audits. The Board of Trustees meets annually with the Executive

management. All the Branch Offices (BOs) report to and have monthly meetings with the operation department in addition to monitoring visits once a month.



3.3 Work with partner organisations

Since 2023, ADO implements all its projects and programmes by itself. While the prevalent partnership model is sub-contracting interventions by INGOs and UN agencies to ADO for implementation, there is a stated wish to shift towards strategic long-term partnerships for greater sustainability and effectiveness. ADO works with various international NGOs and UN agencies, such as Diakonie, The International Rescue Committee, the WFP, and the UNDP, and it collaborates with local NGOs, governmental agencies and private companies. In 2024, ADO went through three due diligence processes from its international partners.

ADO's Governance policy requires that partnerships align with the organisation's values and strategic objectives and potential partners are vetted to ensure that they are committed to ethical and professional principles. As stated in its Partnership policy, ADO has a longstanding commitment to collaborating with local institutions emphasising support for local capacity, *ownership, and sustainability*.

Based on needs assessment from clusters and/or governmental institutions, ADO responds to calls for proposals and/or proposes programmes to funding partners. ADO has a partnership manager facilitating ADO's work in partnerships under the Associated ED for Programmes and Fundraising Affairs. The partnerships contracts are reviewed by both the compliance and the risk managers before being signed by the Board of trustees.

ADO's Partnership policy sets the principles of partnership and the guidelines when sub-implementing to partners, including the due diligence assessment and the Monitoring Evaluation, Accountability and Learning (MEAL) mechanism. According to this policy, effective partnerships are founded on shared vision, values, and complementarity. Each collaboration is governed by formal agreements that outline roles, responsibilities, and quality standards to ensure alignment with ADO's organisational objectives. Partnership minimum standards include the establishment of a complaints handling mechanism (CHM) and the adherence to core policies, standards, and principles, such as Child protection, Safeguarding, inclusion, participation, neutrality and impartiality.

When working in consortium and before signing the contracts, ADO signs Memoranda of Understanding (MoU) with local civil society institutions defining the coordination mechanism, the areas of cooperation and their commitment to humanitarian and development principles.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

ADO has an organisational system in place with segregation of duties for internal quality assurance and risk management. Its internal control, compliance and risk system is documented in the Internal Audit Manual and Risk Manual and is supported by annual and monthly risk and compliance work plans, as well as the Annual Audit, Compliance and Risk Checklist. Responsibilities for internal control and risk management sit with the internal auditor, who reports directly to the board and the chairperson on a monthly basis. The Compliance and Grant Managers oversee all of ADO's policies, internal rules, national laws and donor requirements.

The Financial Manual, the Procurement Policy and the Financial and Administrative Authorities Regulations establish ADO's financial management system, setting out responsibilities and control mechanisms. The effectiveness of resource management is monitored at different levels across the organisation and its programmes. The ADO Executive Director and the Associated Executive Director for Finance oversee the organisation's financial resources and budget. At BO level, finance officers and project finance managers compile monthly financial reports for the HO finance department. Finally, financial risks are assessed and integrated into contingency planning.

The Risk Manual considers the following categories of risk: operational, financial and market. Both management and governance oversee internal audit and risk assessment. The Programme staff are aware of contextual, operational and protection risks. Staff are trained in Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) and have signed the Code of Conduct (CoC). They are also aware of the Whistleblowing Policy. Protection is integrated into projects and programmes. Complaints and Feedback Mechanisms (CFMs) are in place at project and branch office levels. However, project documents demonstrate a lack of structured approach to risks through partial risk assessments. There is no process in place to identify and manage new or emerging risks, and the potential negative environmental impact of ADO's work is not always monitored as part of its risk management approach. The Risk Assessment Framework described in the Risk Manual is not applied consistently across projects. For example, PSEAH and environmental risks are not systematically included in project documents. ADO's Monitoring, Evaluation, Accountability, and Learning (MEAL) function also operates along management lines, from MEARL officer at project level, to the Monitoring, Evaluation, Accountability, Research and Learning (MEARL) department, and then to the Associated ED for Development and Quality. MEAL standards and practices are described in the Quality and Development Management and MEL Policy and Manual. Project MEAL teams work closely with the quality unit to ensure quality from the design phase when conducting initial needs assessments and reviewing proposals, then during the implementation phase, supporting day to day MEAL activities, and at the end of projects, including, for instance, Post Distribution Monitoring (PDM) and end-of projects satisfaction surveys. While learning from feedback and monitoring is shared internally, this is not systematically the case with people, communities and relevant stakeholders.

4.2 Level of application of the CHS

ADO adopted the CHS ten years ago, so both management and staff are familiar with the standard. ADO has also started to align some of its policies, procedures and compliance checks with the CHS. Through the CHS certification process, ADO aims to improve its internal quality, ensure transparency and accountability to stakeholders and partners, and build trust among donors to further localisation. ADO demonstrates a strong organisational commitment to quality and accountability. Community engagement, women's empowerment and

protection lie at the heart of ADO's mission and values. This approach is reflected in the Quality and Development MEL Policy and the Accountability Towards Affected People Policy. *Overall, ADO has systems in place to operationalise its commitment to quality and* accountability. It has structured management systems for quality assurance, human resources, finance, and coordination with local authorities and other stakeholders. The organisation strengthens the capacities of the local workforce by providing technical training and improving services and infrastructure. With its branch offices in governorates, ADO is locally anchored and can reach the most marginalised people. ADO has an effective complaints and feedback mechanism that relies on staff and community awareness and prioritises safety and accessibility. However, there is a gap relating to PSEAH community awareness, as this poses a risk to the effectiveness of the CFM for SEAH cases. ADO does not consistently monitor whether people and communities understand how to use the available channels to report concerns and complaints related to SEAH. These findings must be considered alongside the legal constraints experienced by ADO staff during site visits. Indeed, local authorities do not permit the organisation to monitor PSEAH awareness.

Other areas for improvement relate to environmental protection and risk management. ADO's approach to risk does not systematically reflect the full range of risks required by the CHS, including environmental and safeguarding risks. In terms of environmental issues, ADO still needs to establish an effective organisational approach. Although a policy framework is in place and staff are committed to reducing the environmental impact of their activities, more needs to be done in practice. At programme level, ad hoc initiatives, project activities and good practices are evident. However, ADO's policy commitment is not yet systematically implemented at organisational or programme level. There is currently no oversight in place for environmental protection or potential negative impacts. ADO's partners emphasise that its approach is not yet comprehensive.
Other areas for improvement include ensuring meaningful participation of people and communities in actions and decisions affecting them, sharing information about learning from feedback and monitoring with people and communities, and taking a coherent organisational approach to disaster risk reduction across projects.

4.3 PSEAH

ADO is strongly committed to preventing all forms of exploitation and abuse, including sexual exploitation, abuse and harassment (SEAH), by its staff and volunteers. This approach is based on a well-developed policy framework, including the PSEA policy, the Safeguarding policy, the Child Safeguarding and Protection policy, and the Code of Conduct (CoC) for employees, affiliates, and vendors. ADO has implemented procedures to support the execution of these policies, such as the PSEA SOP and the Investigation Policy, which detail the case management process and prioritise the safety and well-being of survivors. ADO's staff are trained and committed to the organisation's PSEA approach. They are also familiar with the Whistleblowing Policy and the CFM. The recruitment process includes candidate screening and reference checks. All staff undergo PSEAH induction training and receive regular refresher training.

At programme level, PSEA focal points have been designated, and ADO's partners are aware of its commitment to PSEA. ADO also has a system in place for the safe management of PSEAH data and information, and a functional CFM for people and communities. However, the main areas for improvement include ADO's communication of its expected staff behaviour and PSEAH system to people and communities, as well as its lack of a coherent organisational approach to PSEAH risks. While people and communities understand how to report concerns and complaints, they are not aware of ADO's commitment to PSEAH or the types of behaviour they can expect from staff in relation to PSEAH. ADO has visual communication materials for the CFM, but not for staff behaviour and PSEAH specifically. Secondly, ADO's approach to PSEAH risks is inconsistent. Although staff explain that protection measures are in place from the design phase and that the MEAL team collaborates with protection officers to identify protection needs and risks throughout all project phases,

organisational documents are inconsistent. The PSEA Policy and the Risk Manual do not include a PSEA risk assessment. Project documents such as the Risk Assessment Form and *project risk analyses also omit SEAH risks. Although the Safeguarding Policy states that* safeguarding risk assessments should be conducted, there is no evidence that this has been implemented across projects.

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.	1.8
ADO has established a coherent organisational approach to ensure diversity, equity and inclusion across its projects and programmes. The organisation also has a system in place to communicate and share information with *communities about itself, its activities, and people's rights. ADO's policies, procedures and staff training support the* consistent implementation of this requirement. ADO has a system in place to ensure that communications representing people and communities have informed consent. Staff are well aware of related policies and procedures. However, ADO's organisational documents do not specify how to photograph individuals in a dignified and respectful manner. Overall, ADO's communication and information sharing is culturally adapted and uses relevant formats and languages. For example, different communication methods – visual, oral and written – are used to inform people and communities about ADO's CFM. However, no such process is in place with regard to SEAH. There is no system to ensure consistent communication of the PSEA system and commitment across projects and programmes, as evidenced by the lack of community awareness of PSEA. Finally, ADO does not consistently implement its commitment to community engagement throughout projects and programmes.	
Feedback from communities: Communities reported that they were able to raise concerns and provide suggestions to ADO staff who listened and considered their opinions when applicable. They reported clear communication of project information, respectful treatment, and timely delivery. Some people gave examples of practical adjustments made on projects based on their feedback. Overall, communities felt comfortable interacting with ADO's staff and partners who communicated effectively. However, communities did not know about expected staff behaviour and did not feel that they participate in the decision-making process.	
Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	2.7
ADO has developed a consistent organisational approach to ensure that its programmes respect and build upon local knowledge, capabilities, and existing initiatives. Its commitment is ensured by its community engagement approach, accountability towards affected people framework and local anchorage. ADO bases its programmes on data collection and fair, impartial and transparent selection criteria, taking into account vulnerability and household situation. Its MEAL system is in place throughout the organisation, from projects to management, with regular reporting and control mechanisms. Project and technical staff are trained and use relevant standards in their work. Participation in clusters, coordination with local authorities and stakeholders, and the use of service maps enable the organisation to refer any unmet priority needs to the relevant stakeholders. Regarding ADO's approach to ensuring its work is based on an understanding of the SEAH risks and vulnerabilities faced by people and communities, paying particular attention to the most marginalised, good practices are observed and confirmed by project staff interviews. Staff are well aware of SEAH issues and safeguarding focal points are designated at project level. However, not all of ADO's policies on SEAH risks are aligned, which poses a risk of inconsistent application of ADO's organisational approach to SEAH risks.	
Feedback from communities: Communities reported that the support they received was relevant, timely and of a high quality that met their urgent needs. They all considered the services to be provided fairly and impartially, based on clear criteria. They consistently praised the continuous provision of nutritional materials and awareness sessions, explaining that the project met one of the community's most critical needs. Most of them stated that when they needed further assistance, ADO referred them verbally to other institutions.	
Commitment 3: People and communities are better prepared and more resilient to potential crises.	2.6

ADO has an established system in place to support community leadership and local ownership of resources. This approach relies on mechanisms such as community committees, volunteers, youth engagement, coordination with local authorities and local workforces, awareness-raising sessions and advocacy activities. ADO's regular monitoring activities and encouragement to obtain feedback from local stakeholders also contribute to the local ownership of project resources. Programmatic policy, articulated alongside a Theory of Change and a Logical Framework for projects, ensures the long-term impact of programmes on people's lives, livelihoods, the local economy and the environment. However, and despite ad hoc activities, ADO does not yet have a systematic approach to supporting local capacities to anticipate and reduce the risk of potential disasters. While resilience-oriented and risk-reduction elements are embedded in programmatic practices and field activities, there is no documented Disaster Risk Reduction (DRR) approach. A Disaster Risk Reduction and Preparedness Integration SOP is in preparation and will be assessed at the next audit. Stakeholders confirm that ADO does not directly support communities' capacity to anticipate and reduce the risk of crises and disasters.
Feedback from communities: Both communities and partners perceived the project to have an immediate positive impact. While some provided examples of activities with a longer-term impact, they did not feel better equipped to cope with future crises and considered the support for developing local leadership to be limited. Some stakeholders emphasised that the long-term impact focuses on local workforces supporting communities. Some partners felt encouraged by ADO to take ownership of the project by listening to their suggestions and engaging them in decision-making throughout.

Commitment 4: People and communities access support that does not cause harm to people or the environment.	1.8

ADO has policies and processes in place to protect the safety, security, rights and dignity of people and communities, and to prevent all forms of exploitation and abuse, including sexual exploitation, abuse and harassment, by staff or volunteers. ADO's PSEAH framework relies on safe recruitment and induction processes, trained staff, safeguarding focal points at project level and effective communication of the CFM. ADO has Child Protection and Whistleblowing and Protection Policies, and protection considerations are integrated in project design. Data management procedures, included in the Governance policy, ensure the safe, ethical and effective management of data and information. IT platforms are used to collect, record and transmit data from communities, and specific procedures are in place to keep SEAH-related sensitive data confidential. However, there is still room for improvement in identifying, preventing and mitigating the potential negative impacts of programmes on people and communities related to SEAH. SEAH considerations are not systematically incorporated into programme design, implementation or evaluation. Finally, ADO demonstrates commitment to environmental protection through policies, staff awareness, and some project activities, but lacks a coherent and systematic organisational approach aligned with good practice. Key gaps include the absence of consistent environmental risk screening in programme design, limited integration in documentation, and no process to monitor the effectiveness of its environmental approach at organisational and operational levels.
Feedback from communities: Communities can provide examples of how ADO keeps them safe and prevent any negative impact and they confirmed that they were not harmed by the project. Communities have little information to share about environmental protection, but some partners talked about environmental risks in trainings, or storage rehabilitation. Some partners noted that environmental topics were only partially covered.

Commitment 5: People and communities can safely report concerns and complaints and get them addressed.	2.2

ADO has established a coherent organisational approach to ensure that all groups can provide feedback and report concerns and complaints in a safe, accessible and appropriate way. The CFM is in place and operational at both BO and project levels, as confirmed by stakeholders and communities. ADO has developed various communication materials to inform people and communities about its CFM. A victim/survivor-centred method is in place for managing and investigating complaints, led by dedicated, trained staff. The main areas for improvement relate to the lack of systematic community engagement in the design of the CFM and monitoring of people's understanding of expected staff behaviour and SEAH complaints. ADO lacks specific communication materials and/or processes related to SEAH complaints.

Feedback from communities: The communities explained that ADO staff had provided them with information on feedback and complaint mechanisms, specifically highlighting the use of a free hotline. While most communities viewed these phone lines as safe and easy to use, some were reluctant to file complaints in case it harmed partners or the ADO staff. Furthermore, although some communities would prefer to use suggestion boxes, these have not been installed. Communities said that ADO staff acted with them kindly and respectfully, but they did not inform them about how they should behave and act to prevent harm.

Commitment 6: People and communities access coordinated and complementary support.	2.8
ADO has established a coherent organisational approach to coordination and complementarity. This commitment is supported by policies, tools and practices. The Partnership Policy, Memoranda of Understanding (MoUs) and agreements with partners and stakeholders include humanitarian principles, a zero-tolerance approach to SEAH and a commitment to supporting the development of partners' capacities. For instance, ADO provides training on CFM to partners and stakeholders. ADO has effective coordination mechanisms in place and regularly shares information and organises meetings with local authorities and other stakeholders. ADO participates in relevant clusters, such as the Protection Cluster. The organisation is also well represented in national and international networks and forums. It leads the Yemen Women Network, which supports women's empowerment and organises capacity assessments and capacity building for civil society organisations in Yemen. ADO also works with partners to advocate for funding. While the organisation performs very well in terms of strategic and operational coordination at national and governorate levels, some project staff report the need for more structured and routine coordination at tactical levels and with community-based actors in the day-to-day implementation of projects.	
Feedback from communities: Communities have confirmed that ADO is the only organisation in the region providing these services. They have also noted the absence of duplicated services, and effective coordination with stakeholders.	
Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.	2.4
ADO has processes and tools in place to continually adapt and improve its projects and programmes based on feedback and lessons learned. However, ADO's organisational documents do not provide sufficient detail on data disaggregation and the process of sharing learning and analysis from feedback and monitoring with communities and stakeholders. Community meetings, coordination meetings with local authorities and supervisory meetings with partners are regularly organised to monitor project activities and share information. Data collected from CFM is systematically recorded, and lessons learned from feedback, monitoring visits and surveys are discussed internally during workshops. As stakeholders and partners have stated, ADO actively engages with them to seek feedback and takes their suggestions seriously. The SOP on Information Sharing and Best Practices specifies this process with communities and partners. However, stakeholders and community members state that ADO does not always share analysis and learning from feedback and monitoring with them. ADO is committed to inclusion and collects disaggregated data at different stages across projects. However, the ADO Quality and MEL Policy neither requires nor provides guidance on data disaggregation. This could lead to inconsistent data disaggregation.	
Feedback from communities: Communities can provide feedback, which ADO's staff actively encourage. Some communities provided examples of changes to operational procedures that were driven by feedback. However, they noted that they did not receive any communication of lessons learned. Finally, communities confirmed that, when asked to participate in a discussion or requested to provide information, ADO staff were respectful of their time, availability and willingness to share information.	
Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed.	2.7
ADO has established a coherent organisational approach to ensure that human resources are managed effectively and in a fair, non-discriminatory and transparent manner. The Human Resources Manual, staff security protocols, the Whistleblowing Policy, the Code of Conduct, training records and staff appraisals all contribute to ensure that staff are safe, competent and well managed. However, some staff do not trust the effectiveness of the Whistleblowing	

Policy or its non-retaliation mechanism. Another area for improvement concerns partnership agreements that do not reference ADO's Code of Conduct or any other method for ensuring partners share a common understanding in relation to expected staff behaviour.
Feedback from communities: Communities unanimously have a positive view of ADO's staff, who are considered to be respectful, competent and professional. They stated that the staff strive to provide perfect assistance, paying close attention to detail, and encourage them to make complaints and raise concerns if needed. They also confirmed that the staff were skilful and knowledgeable, and able to perform their tasks well. Finally, they said that the ADO staff acted respectfully, fairly, ethically and professionally.

Commitment 9: People and communities can expect that resources are managed ethically and responsibly.	2.8
ADO has policies and mechanisms in place to ensure that resources are managed efficiently, effectively and ethically. The ADO Finance Manual is complemented by the Anti-Fraud and Anti-Corruption Policy and the Procurement Policy. ADO's programme and budget documents ensure adequate capacity and resources. However, some stakeholders emphasised the need to budget for infrastructure maintenance to ensure the safe storage and delivery of products. ADO has a robust control environment that relies on internal audit compliance functions, the segregation of duties, and regulations governing financial and administrative authority. This environment is supported by monthly financial reporting for projects and programmes. The Risk Manual includes financial and liquidity risks. ADO's fundraising approach and fund allocation ensure that its commitments and values are not compromised. Finally, ADO's environmental commitment is described in organisational documents such as the Environment Policy, Procurement Policy and Safety, Health and Environment Quality Charter.	
Feedback from communities: They confirmed that project resources were well managed, with no shortage of products or waste. They also stated that products are being delivered according to plan, as confirmed by partners and stakeholders.	

** 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 non-conformities

Corrective Action Request (CAR)	Type	Status	Resolution timeframe
2026-1.2: ADO does not systematically share PSEAH information with people and communities.	Minor	New	By the 2029 Renewal Audit
2026-1.3: ADO does not communicate about PSEAH in languages and formats that are easily accessible, understandable, respectful and contextually appropriate for people and communities.	Minor	New	By the 2029 Renewal Audit
2026-1.6: 2026-1.6: ADO does not have a coherent organisational approach to ensure transparent information sharing on PSEAH and the meaningful participation of people and communities in the actions and decisions that affect them.	Minor	New	By the 2029 Renewal Audit
2026-2.6: ADO does not have a coherent organisational approach to ensure support is based on an understanding of SEAH risks faced by people and communities, with attention to the most marginalised.	Minor	New	By the 2029 Renewal Audit

2026-3.2: ADO does not systematically support local capacities to anticipate and reduce risks of potential crises or disasters.	Minor	New	By the 2029 Renewal Audit
2026-4.1: SEAH considerations are not incorporated into programme design, implementation and evaluation.	Minor	New	By the 2029 Renewal Audit
2026-4.2: ADO does not have a system in place that ensure the systematic identification, prevention and mitigation of potential and negative impact of programmes on the environment.	Minor	New	By the 2029 Renewal Audit
2026-4.5: ADO does not have a coherent organisational approach to reduce the negative environmental impact of the organisation and its work, in line with recognised good practice.	Minor	New	By the 2029 Renewal Audit
2026-5.2: ADO does not regularly monitor people's understanding of how staff and volunteers are expected to act to prevent harmful behaviour and protect people from SEAH.	Minor	New	By the 2029 Renewal Audit
2026-5.3: ADO does not have a system in place to monitor that people and communities understand how to use the channels available to report concerns and complaints related to SEAH.	Minor	New	By the 2029 Renewal Audit
2026-7.4: ADO does not share analysis and learning from feedback and monitoring with people and communities and other relevant stakeholders.	Minor	New	By the 2029 Renewal Audit
Total Number of open CARs	11		

* *Note: The CARs are completed by the audit team based on the findings. The audited partner is required to respond with a Management Response for each CAR to HQAI before a certificate is issued (reference: HQAI Procedure 114).*

6. Lead auditor recommendation

In my opinion, ADO demonstrates no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability. I recommend certification.	
Name and signature of lead auditor: Elisabeth Meur	26 May 2026, Rochejean

7. HQAI decision

Start date of the certification cycle: 2026/05/27 Next audit before 2027/05/27	
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: *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: Dr. Aisha Thawab	**Date and place:** Sana'a, 24 June 2026

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	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. **For third-party auditing schemes:** Independent verification: A major weakness. Certification: A major non-conformity that compromises the integrity of the commitment which leads to a major corrective action request (CAR).	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.
1	Your organisation does not currently meet the requirement. **For third-party auditing schemes:** Independent verification: A minor weakness. Certification: A minor non-conformity that compromises the integrity of the requirement which leads to a minor corrective action request (CAR).	To give a score 1, **not all** of the measurable components of the requirement are verified to be in place.
2	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. **For third-party auditing schemes:** Independent verification: Requirement is met with an observation. Certification: Conformity with an observation.	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.

3	Your organisation meets the requirement,-with organisational systems ensuring it is being met consistently throughout the organisation. **For third-party auditing schemes:** Independent verification: Requirement is met. Certification: Conformity.	To give a score 3, **all measurable components** of a requirement are verified to be in place.
4	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. **For third-party auditing schemes:** Independent verification: Requirement is met in an exemplary way. Certification: Conformity in an exemplary way.	To give a score 4, **all measurable components** of a requirement are verified to be in place. **In addition**, the following must be verified: • An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. and/or • 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.
	Guidance notes for scoring commitments: • 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