hqai
HUMANITARIAN QUALITY
ASSURANCE INITIATIVE

Action for Humanity
Initial Audit – Summary Report - 2025/01/28

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	UK Registered Charity No. 1154881
Head Office location	Manchester, United Kingdom
Total number of organisation staff	1745

1.2 Audit team

Lead auditor	Mahmoud H. Elsisi
Second auditor	Joanne O'Flannagan
Third auditor	-
Observer	Désirée Walter
Expert	-
Witness / other participants	-

1.3 Scope of the audit

CHS:2014 Verification Scheme	Certification
Audit Cycle	First Cycle
Type of audit	Initial Audit
Scope of audit	The audit covers Action for Humanity's (AFH) Head Office (HO), Country Offices (CO) and all humanitarian and development programming implemented globally by AFH and its partners, including programming in partner-led countries where AFH does not have a staff presence. Affiliate offices and domestic programming in the UK are not covered in the audit scope.
Focus of the audit	Humanitarian and development programming.

1.4 Sampling*

Sampling unit	Country Programme
Total number of Country Programme sites included in the sampling	9
Total number of sites for onsite visit	1
Total number of sites for remote assessment	2
Sampling Unit Selection	

Random Sampling — onsite/remote	Purposive Sampling — onsite/remote
Turkey – Onsite / Northwest Syria (carried out remotely due to security situation)	Pakistan - Remote
Lebanon - Remote	
Any other sampling considerations: No.	

Sampling risks identified:
Due to the changing security context in North-West Syria the auditors and the organisation agreed that travel to Syria was no longer feasible one week prior to travel. As a result of this decision the audit team, in consultation with AFH, pivoted to a remote approach to audit activities for the conduct of interviews with staff and stakeholders, and consultations with communities, inside Syria. A comprehensive schedule of was developed covering three days of remote interviews and consultations in Syria alongside walkthrough videos of the 4 sampled project sites providing auditors with a detailed overview of facilities and services. As a result of timely planning for the move to a remote approach which closely replicated the planned onsite activities, the auditors were satisfied with the quality and extent of evidence gathered. The audit team is confident in the findings and conclusions of this audit based on the sample.

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	2024-08-21	Number of participants	12
Location	Manchester, United Kingdom	Any substantive issues arising	No

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Head Office, Manchester, UK	2024-08-21 – 2024-08-22	Onsite
Turkey / Northwest Syria	2024-09-23 – 2024-09-27	Onsite & Remote
Pakistan	2024-10-09 – 2024-10-10	Remote
Lebanon		Document review only

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office			
Management	1	5	Onsite & Remote
Staff	3	5	Onsite & Remote
Board		1	Remote
Country Programme & Country Office(s)			
Management	1	8	Onsite & Remote
Staff	8	17	Onsite & Remote
Partner staff	2	5	Onsite & Remote
Stakeholders		6	
Total number of interviewees	**15**	**47**	**62**

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
Focus Group Discussion, Aljamiaa (Male)	0	4	Remote
Focus Group Discussion, Aljamiaa (Female)	5	0	Remote

Focus Group Discussion, Aljamiaa (Male)	0	6	Remote
Focus Group Discussion, Aljamiaa (Female)	6	0	Remote
Focus Group Discussion, Aljamiaa (Female)	5	0	Remote
Focus Group Discussion, Aljamiaa (Male)	0	4	Remote
Focus Group Discussion, Aljamiaa (Female)	6	0	Remote
Focus Group Discussion, Bab al Hawa (Male)	0	5	Remote
Focus Group Discussion, Bab al Hawa (Female)	5	0	Remote
Focus Group Discussion, Bab al Hawa (Female)	5	0	Remote
Focus Group Discussion, Bab al Hawa (Female)	4	0	Remote
Focus Group Discussion, Bab al Hawa (Female)	4	0	Remote
Key Informant Interviews, Kafr Jales (Female)	5	0	Remote
Focus Group Discussion, Kafr Jales (Female)	5	0	Remote
Focus Group Discussion, Kafr Jales (Female)	5	0	Remote
Focus Group Discussion, Kafr Jales (Female)	5	0	Remote
Total number of participants	60	19	79

2.5 Closing Meeting

Date	2024-11-07	**Number of participants**	5
Location	**Remote**	**Any substantive issues arising**	No

3. Background information on the organisation

3.1 General information	Action for Humanity (AFH) is a Charitable Incorporated Organisation (CIO) registered in England and Wales under charity number 1154881. The organisation was originally established in 2011 under the name Syria Relief, in response to humanitarian needs as a result of the Syrian conflict. The organisation grew over the subsequent decade and made a decision to expand its reach to more people affected by conflict, disasters and poverty beyond Syria, and changed its name to Action for Humanity in 2020. AFH's mission is to mobilise and respond to emergencies and critical needs through humanitarian, development and peace building action, helping affected communities survive, recover, and build a better future. Its constitution outlines four primary objectives: the relief of financial hardship, the preservation of health, the advancement of education, and the other charitable purposes for the public benefit as determined by its trustees. AFH's work is primarily centred on conflict-affected regions. The primary focus is on Syria, which currently accounts for around 90% of total programme expenditure. The organisation is in a period of expansion to other countries. AFH provides essential goods and services, including food security, healthcare, education, protection, shelter, and WASH both through direct implementation and through local partners. The organisation's commitment to emergency response is complemented by initiatives in longer-term development, including livelihood support, child welfare and capacity building. These activities are designed to empower affected communities to achieve greater stability and resilience. AFH has six Country Offices: Turkey and Iraq (covering Syria), Jordan, Palestine, Pakistan and Yemen. AFH also funds programmes in three other countries: Afghanistan, Lebanon and Somalia.

As part of its operational mandate, AFH engages in a wide range of activities to further its mission. These include fundraising through donations, grants, and events; and fostering public awareness about humanitarian needs in countries where it is present. AFH is authorised by its constitution to raise funds through lawful means, acquire and manage property, and establish collaborations to deliver its programmes effectively. Its activities are guided by a commitment to transparency, ethical practice and alignment with the laws of England and Wales.

In addition to its emergency relief efforts, AFH places an emphasis on ensuring that its programmes are inclusive and focused on addressing the specific needs of marginalised groups, including women and children. The organisation also integrates education and training into its initiatives, aiming to build local capacity and support sustainable development in the communities it serves.

3.2 Governance and management structure	Action for Humanity (AFH) operates under a governance and management framework that combines central oversight with decentralised programme delivery. The organisation is governed by a seven-member Board of Trustees responsible for governance and strategic oversight and policy approval. Trustees are appointed to serve an initial probationary term of 12 months, followed by renewable three-year terms, with a maximum of three terms. The Board meets at least quarterly and has established one sub-committee: Audit, Finance and Risk (AFR) which maintains an overview of the global risk register and makes recommendations to the board on matters relating to audit and risk. The Chief Executive Officer (CEO) is appointed by and reports directly to the Board and is responsible for leading the Senior Management Team (SMT) which includes department heads for Programmes, Finance, Fundraising, Marketing, Advocacy, and Donor Care. The SMT meets biweekly to implement the Board's directives, monitor organisational performance and coordinate activities. During emergencies, the SMT functions as a Crisis Management Team, managing risks and decisions in relation to operational responses (Go/No Go). AFH's organogram is shown below:
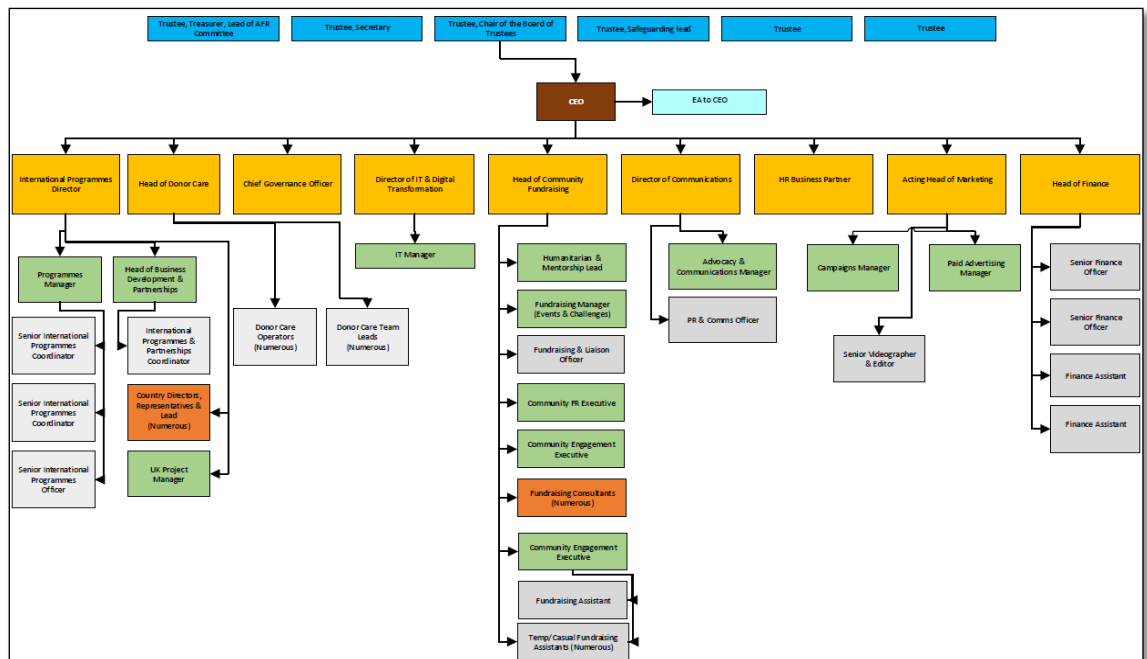
AFH's operations are coordinated through the International Office, which oversees Country Offices and partner-led programming in countries where AFH does not have an office. Country Offices are led by Country Directors who are responsible for overseeing programme implementation and ensuring they align with AFH's strategic priorities and meet quality standards including adherence to the Core Humanitarian Standard (CHS) as well as AFH's Monitoring, Evaluation, Accountability, and Learning (MEAL) protocols.

3.3 Work with partner organisations	Action for Humanity (AFH) collaborates with local and international partners to expand the scope of its humanitarian and development programmes. Partnerships are an important element of AFH's work, contributing to its efforts to respond to emergencies, supporting recovery, and fostering development. In 2023, 15% of AFH's 200 projects were implemented through partners, with the remaining 85% delivered directly by its Country Office teams. In these partnerships, AFH is responsible for oversight, monitoring progress and ensuring activities align with the Core Humanitarian Standard (CHS). While committed, under its strategic framework, to working closely with local actors and empowering community-based organisations, AFH does not currently have any policy or framework for localisation.
	AFH conducts partner assessments which consider risks and capacities of potential partnerships. These include determining that potential partners are legally registered, have programmatic experience and have appropriate governance and management systems and relevant financial, procurement, HR, security, monitoring and evaluation, PSEAH (Preventing Sexual Exploitation, Abuse and Harassment) and risk management policies and procedures. Partner assessments are reviewed periodically or when risks or significant operational changes emerge.
	AFH conducts monitoring visits and project reviews to monitor partner performance and address challenges. If issues are identified, actions may include capacity-building support, adjustments to funding, or other measures to realign activities with project objectives. AFH also supports partners through training, technical assistance and shared planning, focusing on strengthening operational and governance capabilities.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms	Action for Humanity's (AFH) systems of governance and management are grounded in established policies and procedures for financial management, internal control, quality assurance and risk management at Head Office and country programme levels. These systems are designed to support programme delivery, compliance and accountability.
	AFH's Finance Policy and associated policies and procedures outline the broader control environment. The framework of control across the organisation has a specific focus on segregation of duties with an authorisation framework adapted to the different offices and contexts. Monthly reconciliations, financial reviews, and regular monitoring by HO and country teams provide additional oversight of financial operations.
	The HO has a risk management framework in place which covers a range of high-level risks, including those in relation to safeguarding, fraud, safety and security and programme sustainability. The Risk Register is reviewed on a regular basis by the Audit, Finance and Risk (AFR) Committee. The Risk Register establishes inherent risk, mitigations and control and ranks residual risk levels and proposed actions to reduce risk exposure. Country level risk registers or risk assessments outline strategic and operational risks at the CO level.
	AFH has an Internal Audit and Compliance Unit covering its largest programme in Northwest Syria. The organisation plans to expand its internal audit capacity to cover all programme operations in the coming period. Currently, internal audit reports are not systematically shared with the AFR Committee.
	The organisation's induction process covers the HR Handbook and related policies, and onboarding includes staff briefings on code of conduct, safeguarding, finance and accountability standards. Mandatory and refresher training sessions cover safeguarding, PSEAH and programme quality standards to align staff with organisational expectations.
	The Code of Conduct and Safeguarding Standards and Procedures outline AFH's approach to upholding the safety and dignity of those who take part in its programmes to ensure that the organisation operates to high ethical standards across its programmes and operations.
	AFH's Monitoring, Evaluation, Accountability, and Learning (MEAL) framework describes processes for tracking project performance using tools such as Logical Frameworks and Performance Tracking Tables. Monthly reports generated by field staff are reviewed by HO teams. Monitoring of programmes is supported by field visits by HO staff and through external evaluations.

A Beneficiary Complaints Mechanism Policy sets out AFH's aim to ensure that the organisation recognises the value of listening to and responding to feedback and complaints, as a key component of ensuring that its programmes accomplish minimum quality standards and accountability to people and communities affected by crisis.

4.2 Level of application of the CHS	The board, management and staff of AFH demonstrate a clear understanding of and commitment to the CHS and its application across all programmes. The CHS informs a number of key policy and guidance documents and achieving CHS certification is an explicit ambition in AFH's current Strategic Framework. AFH has embedded its values across the organisation and into its ways of working, and these are reflected in how staff engage with the contexts in which they operate, their relationships (internally and externally) and with their responsibilities, demonstrating perseverance and a commitment to the humanitarian imperative and to humanitarian and partnership principles. This is also reflected in evidence generated through interviews with key stakeholders and AFH partners.

A key challenge for AFH with regard to assuring the CHS into the future is related to the availability of capacity at HO to provide an assurance framework for CHS conformity. AFH HO is continuing to refine its organisational structure to ensure it has adequate capacity to provide the relevant policy guidance and quality support to its programmes in all contexts. The programme in Syria where AFH started out, has highly developed policies and systems in place to provide programmatic management, oversight, quality assurance and accountability to affected populations, but this level of capacity is not yet fully reflected across the whole organisation and there is a risk, as the organisation expands its operations beyond Syria, that the strong systems in place in Syria that support application of the CHS may not be replicated in all contexts.

Overall, AFH performs well in relation to its commitments to ensuring communities receive assistance appropriate to their needs (C1) and to coordination and complementarity (C6), although a non-conformity is recorded in relation to the lack of programme guidance to support programme teams to carry out an assessment of risks, including risks of SEAH, and to have an understanding of the (SEAH) vulnerabilities of different groups (1.2). In general, AFH also performs well and demonstrates broad conformity against most requirements in commitments 2, 7, 8 and 9, notwithstanding some areas of weakness which are highlighted in the annex report. The area of non-conformity among these commitments relates to 9.6 as AFH does not apply a consistent approach to guidance on risk assessment and management in line with the requirements of its Risk Management Policy. While monitoring systems are broadly robust (C2) AFH MEAL capacity at HO is currently underresourced given the level of support required to partner-led countries where AFH has no staff presence and where new country programmes are in the process of being established/scaled up and do not have adequate local MEAL capacity.

The weakest areas of performance relate to commitments 3, 4 and 5. AFH is not yet systematically ensuring that communities are fully informed about its Code of Conduct and PSEAH commitments and of what behaviours they can expect from staff (4.1). Guidance on the identification of risks of unintended negative effects (3.7) and protection of personal data (3.8) is not adequately developed and risks of potential or actual negative effects to people and communities, including risks of SEAH, are not identified and acted upon in a systematic way in all programmes (3.6). AFH performs well in terms of support for local capacities (3.3) and working towards improving the resilience of communities (3.5), although the organisation has not yet fully articulated its strategy on localisation notwithstanding a strategic commitment to work closely with local actors and empower community-based organisations. The low number of serious complaints, particularly those in relation to misconduct (including allegations of SEAH), suggests that complaint handling mechanisms are not yet fully effective, and a non-conformity is recorded due to the lack of assurance that all partners have effective complaint handling mechanisms in place (5.4).

This audit:
- raises 7 Minor CARs (1.2, 3.6, 3.7, 3.8, 4.1, 5.4 and 9.6)
- notes 29 observations

4.3 Organisational performance against each CHS Commitment

Strong points and areas for improvement	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	2.5

AFH's organisational strategy commits the organisation to impartial and relevant assistance to people and communities affected by crisis and AFH programming is impartial but targeted.

AFH has guidance and tools to support the design and implementation of programmes based on an impartial assessment of needs. Context and stakeholder analysis is built into programme planning processes and embedded in Country Office reporting.

However, processes for risk assessment at the programme planning stage are not clearly defined, including risks of PSEAH, and community-level vulnerability and risk assessment data is not routinely disaggregated.

Feedback from communities:
Communities consider that programmes implemented by AFH are appropriate and based on an understanding of their needs and vulnerabilities. They confirm that AFH consults them on their needs and priorities during the programme planning phase. Communities also perceive that AFH programmes are broadly supportive of all members of the community and consider that AFH provides targeted to support to those with the highest levels of need/ most at risk.

Commitment 2: Humanitarian response is effective and timely	2.3

AFH is providing assistance that is timely, effective and is broadly in line with organisational capacities at the Country Office level. However, AFH does not have a framework to ensure sufficient organisational capacity at HO to support new and emerging country programmes and programmes in countries where AFH does not have a presence (partner-led programmes).

Monitoring and evaluation processes are defined and operationalised through effective processes and tools at the Country Office level and AFH is responsive and flexible to adapt programming on the basis of monitoring data. However, MEAL capacity at Head Office is not adequate to ensure that monitoring of activities, outputs and outcomes, in accordance with AFH's policy and guidance, can be consistently applied in all programmes.

AFH utilises relevant technical standards and good practice in its programmes as demonstrated in document evidence and staff interviews, however, the organisation lacks overarching guidance for country and programme teams on what standards are applicable across different thematic programme areas.

AFH has mechanisms in place for internal referral of unmet needs and staff demonstrate a clear commitment to addressing unmet needs where possible.

Feedback from communities:
Communities consider AFH's projects to be timely and effective and are confident that they can safely access AFH programmes without fear of harm.
Communities further report that AFH generally follows up on issues raised and provides timely response.

Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	1.9

AFH is committed to engaging with, and delivering capacity support to, local systems and services. AFH is further committed to supporting enhanced resilience of communities and to increasing the role of community members/groups in leadership of local initiatives to support recovery from shocks and for longer term resilience. However, AFH does not have any policy or guidance on localisation.

The organisation has a broad framework in place to prevent harm to communities and people affected by crisis and strong commitment to identify and act upon potential/actual risks of harm particularly in relation to dignity and rights, SEAH and Fraud and Corruption. However, AFH does not articulate a clear framework for the prevention of negative effects in programming or Do No Harm.

While there are some systems and guidance are in place to protect personal information collected from communities, AFH does not have a clear framework in place for data protection.

Feedback from communities:
In general, communities believe that AFH considers their safety, dignity and rights. Communities also consider that they are better able to cope with their circumstances due to the support and services from AFH.
Communities are not always aware of how long support from AFH will continue.

Commitment 4: Humanitarian response is based on communication, participation and feedback	2.1

AFH's Strategic Framework reflects its commitment to transparency, information-sharing and community engagement. It emphasises the importance of informing communities about programme objectives, targeting criteria and staff behaviour expectations, while fostering meaningful participation at all stages of programme design and implementation.

This commitment is operationalised through policies and tools that define AFH's approach to engagement and accountability, such as the MEAL Policy, Safeguarding Standards and Procedures, and other operational guidelines which outline how information is shared in accessible and culturally relevant ways. Communication channels include posters, banners, brochures, and digital platforms, designed to deliver critical information to diverse community groups.

AFH employs a range of feedback mechanisms, such as community consultations, focus group discussions, complaints channels (boxes, email, WhatsApp, in-person, social media) to facilitate community input and participation. In partner-led programmes, challenges were identified in ensuring conformity with information-sharing commitments. Additionally, this audit notes some limits with regard to inclusion of vulnerable groups, such as people with disabilities in participation and feedback mechanisms. Although AFH has developed tools for adult and child consent forms, these are not commonly utilised. Community members are asked for their consent before being photographed, but without clear explanations of the purpose or their right to revoke consent.

Feedback from communities:
Communities express general satisfaction with the information provided, particularly regarding programme objectives and selection criteria. They were aware of complaints and feedback channels, such as complaints boxes, hotline, and WhatsApp, and found communication materials to be clear, respectful, and accessible. However, some communities report gaps in understanding service limitations, staff behaviour expectations and the Code of Conduct.

Commitment 5: Complaints are welcomed and addressed	2.0

AFH is committed to providing safe, transparent, and responsive complaints-handling mechanisms for individuals and communities affected by crises. This commitment is outlined in key policies such as the Humanitarian Accountability SOP, Beneficiary Complaints Mechanism Policy, and PSEA Policy. These frameworks set out processes for

managing complaints, emphasising confidentiality, ethical practices, and survivor-centred approaches, particularly for cases involving sexual exploitation, abuse, and harassment (SEAH).

AFH provides accessible channels for submitting complaints, including complaint boxes, hotlines, email, and in-person reporting. Tools like the accountability reporting dashboard and feedback tracker support the documentation and follow-up of complaints, while safeguarding materials guide communities on expected staff behaviour and reporting procedures. However, the complaints-handling process is not publicly available on the organisation's website, which limits transparency and access. Sensitive complaints, including those related to SEAH and fraud and corruption, are not consistently escalated to Head Office, reducing oversight by senior leadership and trustees.

Training on sensitive investigations, including SEAH, is available but does not extend to all relevant staff and partners, which may affect the ability to manage complex cases. Although communities generally demonstrate awareness of AFH's PSEAH commitments and staff conduct expectations, the organisation does not monitor this awareness regularly, potentially resulting in inconsistencies across different contexts.

Partnership agreements reference commitments to feedback and complaints handling but lack detailed requirements or mechanisms to ensure these are implemented. There is no established framework to assess partner compliance with complaints systems. Vulnerable groups, such as persons with disabilities, are underrepresented in the design and monitoring of these mechanisms, which affects accessibility and inclusivity.

Feedback from communities:
Communities interviewed express confidence in AFH's complaints-handling processes and appreciated the accessibility of complaint boxes, hotlines, and WhatsApp channels. Communities feel safe reporting concerns and confirmed receiving information about the complaints process. While most were satisfied with the timeliness of resolutions, some noted they were not consulted on the design, implementation and monitoring of complaint-handling mechanisms, highlighting a gap in participatory approaches.

Commitment 6: Humanitarian response is coordinated and complementary	2.7

AFH prioritises collaboration with government authorities, community leaders, local partners, and other stakeholders to identify needs, design interventions, and build local capacity for sustainable outcomes. Policies such as the Partnership Policy and Programme Handbook establish roles and responsibilities across local, national, and international levels. Formal partnership agreements outline commitments, incorporating PSEAH, safeguarding, and fraud prevention standards, while tools such as the Programmes Handbook and the Multi-Sector Needs Assessment Report support the mapping of roles and responsibilities during planning and implementation. However, stakeholder mapping and capacity assessments are not consistently applied across programmes, limiting engagement and alignment with stakeholders. Additionally, the absence of mechanisms to evaluate how interventions complement those of local authorities and other actors increases the risk of fragmented coordination and duplication.

AFH participates in coordination bodies, interagency networks, and protection clusters to align interventions, minimise duplication, and address service gaps. Membership in networks such as Bond, CHS Alliance, and Scotland's International Development Alliance reflects its collaborative approach, while engagement with the Misconduct Disclosure Scheme highlights its accountability practices. Stakeholders value AFH's commitment to coordination and engagement with key structures and mechanisms that support the overall programme in NWS

Feedback from communities:
Communities interviewed report no overlaps or duplication of assistance from other organisations, noting that coordination with relevant actors at governorates and ministries occurs prior to implementation to align efforts effectively.

Commitment 7: Humanitarian actors continuously learn and improve	2.5

AFH endeavours to capture learning and to use knowledge/learning and experience from its programmes as well as it contextual understanding to innovate and to influence others. Staff are committed to ensuring that learning from

previous programmes is captured and informs future programme design. Learning is shared internally and through inter-agency working groups and informs broader humanitarian responses.

AFH demonstrates a commitment to innovation and engaging internally and externally to test and promote innovative ideas and approaches.

However, AFH does not have a learning policy or framework and mechanisms and frameworks for knowledge sharing and learning are not established across all offices or accessible to all staff.

Feedback from communities:
Communities express appreciation for knowledge and learning generated through AFH programmes; they described positive and meaningful impacts as a result of such learning and knowledge sharing.

Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	2.4

AFH has policies and guidelines that promote fair, transparent, and non-discriminatory human resource practices. The Employee Handbook outlines key procedures for workforce planning, recruitment, performance management, learning and development, health and safety, employee well-being, and termination.

The onboarding process includes inductions on HR policies, PSEAH, Safeguarding, Fraud Prevention, and Safety and Security. These sessions aim to help staff understand organisational expectations and prepare them to navigate risks in operational contexts. Job Descriptions provide clarity on roles and responsibilities, while a performance appraisal system, supported by tools such as Personal Development Reviews (PDRs), assesses and monitors individual contributions in alignment with organisational objectives.

Training initiatives focus on technical skills, safeguarding principles, the PSEA Policy, and the Code of Conduct, which establish behavioural standards and accountability mechanisms. However, inconsistencies in implementing capacity-building initiatives across Country Offices and partner-led programmes limit their overall effectiveness. Partner Agreements do not consistently include safeguarding requirements or clearly define consequences for non-compliance, creating gaps in accountability.

AFH supports staff well-being through the Health and Safety Policy and initiatives like the Staff Assistance Programme. While these measures benefit Head Office staff, their inconsistent application across operational contexts, including partner-led programmes, results in disparities in support.

Feedback from communities:
Communities praise the professionalism, technical expertise, and respectful conduct of AFH staff. Staff were described as skilled, responsive and considerate, with a sensitive approach to addressing community needs.

Commitment 9: Resources are managed and used responsibly for their intended purpose	2.3

AFH has systems in place for tracking and reporting of expenditure against budget at all levels and there is evidence of close financial monitoring processes. AFH maintains a reasonably robust control environment and staff understand their responsibilities and limits of authority and are committed to following established procedures. However, AFH does not apply a consistent approach to risk assessment and management in line with the requirements of its Risk Management Policy, and risk management is not effectively implemented across all contexts. Further, internal audit capacity is limited and does not yet cover all offices. This means that the conduct of internal audits and compliance checking are not fully and effectively established.

Processes are in place to manage the risks of corruption and staff are aware of their obligations to manage associated risks and to act on any suspicions of fraudulent or corrupt behaviour. Most, though not all, staff are aware of confidential whistleblowing channels to report suspected fraud or corruption.

Partner assessment and due diligence processes are established and generally applied in practice and partner expenditure is monitored and reported against the budget. Partners are clear on expectations regarding prevention of Fraud and Corruption.

AFH has an Environmental Policy however, the organisation does not ensure that environmental issues are consistently considered across all operations and programmes.

Feedback from communities:
Communities consider that AFH uses resources efficiently and do not waste resources. Communities understand that AFH's support and services are provided free of charge and confirm that staff have not engaged in corrupt activities or extortion. They express confidence in the integrity of AFH staff.

* Note: 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 of 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 non-conformities

Corrective Action Request (CAR) / Weaknesses	Type	Status	Resolution timeframe
2025-1.2: AFH does not have mechanisms in place to ensure that programmes 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	New	By 2028 (RA)
2025-3.7: AFH does not have a clear policy framework or guidance in place to prevent programmes having any negative effects, nor to strengthen local capacities.	Minor	New	By 2028 (RA)
2025-3.8: AFH does not have effective systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	Minor	New	By 2028 (RA)
2025-3.6: AFH does not systematically identify potential unintended negative effects at the community level in all of the areas described in this requirement.	Minor	New	By 2028 (RA)
2025-4.1: AFH does not ensure that information, including about how it expects staff to behave and the programmes it is implementing, is systematically provided to communities in all contexts.	Minor	New	By 2028 (RA)
2025-5.4: AFH does not ensure that complaints-handling processes for people and communities affected by crisis are documented and in place in all programmes.	Minor	New	By 2028 (RA)
2025-9.6: Policies and processes governing the use and management of resources are not in place regarding how AFH assesses, manages and mitigates risk on an ongoing basis.	Minor	New	By 2028 (RA)
Total Number of open CARs	7		

* _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, AFH conforms with the requirements of the Core Humanitarian Standard on Quality and Accountability. I recommend certification.	
Name and signature of lead auditor: Mahmoud Hassanin Elsisi	**Date and place:** 13 December 2024 Doha, Qatar

7. HQAI decision

Final decision on certification:	☒ Issued ☐ Refused
Start date of the certification cycle: 2025/01/28 Next audit before 2026/01/28	
Name and signature of HQAI Executive Director: Désirée Walter	**Date and place:** Geneva, 28 January 2025

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	☒ Yes ☐ No
I accept the findings of the audit	☒ Yes ☐ No
Name and signature of the organisation's representative:	**Date and place:**
Othman Moqbel CEO *DocuSigned by:* *Othman Moqbel* C8609852B0A6492...	2/2/2025

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	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