

AMAN

Initial Audit – Summary Report - 2025/10/28

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	RA-22234-5.5	
Head Office location	Ramallah	
Total number of organisation staff	31	

1.2 Audit team

Lead auditor	Johnn O'Regan
Second auditor (facilitator)	Mohammad Awwad
Third auditor	
Observer	
Expert	
Witness / other participants	

1.3 Scope of the audit

CHS:2024 Verification Scheme	Certification
Audit Cycle	First cycle
Type of audit	Initial Audit
Scope of audit	Whole organisation
Focus of the audit	The audit focused on activities in the West Bank due to access difficulties in Gaza.

1.4 Sampling*

Sampling unit	Describe sampling unit
Total number of Project sites included in the sampling	38
Total number of sites for onsite visit	3
Total number of sites for remote assessment	2
Sampling Unit Selection	
Random Sampling – onsite/remote	Purposive Sampling – onsite/remote
North West Bank (CASIP Youth) - remote	
South West Bank (NED- Youth) - onsite	
South West Bank (NED- ADWAR) - onsite	
South West Bank (EPICS) - onsite	
Centre West Bank (Fair for all) - remote	

Any other sampling considerations: All four ongoing AMAN programmes were sampled and the sample included project sites from across the West Bank.	
Sampling risks identified: There are no sampling risks identified except that the audit team did not interview communities in Gaza because of access issues. However, the audit team has full confidence in the findings and conclusions of this audit based on the sample outlined above.	

**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	2025/08/25	Number of participants	17
Location	Remote	Any substantive issues arising	No

2.2 Locations Assessed

Locations	Dates	Onsite or remote
HO- Ramallah	August 27-28, 2025	Remote
Community groups, Centre/North/South West Bank	Sept 16-18, 2025	Onsite and remote

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office – management and staff	3	4	Remote
Project sites	3	1	
Total number of interviewees	6	5	11

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
FGD1- Fair For All, Centre West Bank (WB)	5	4	Remote
FGD2- Fair For All, Centre WB	6	3	Remote
FGD3- CASIP- youth- North WB	6	5	Remote
FGD4 CASIP- youth- North WB	4	4	Remote

FGD5 NED – Bint Al-Reef office- Communities – South WB	14	0	Onsite
FGD6 NED – Youth – Bint Al-Reef office- South WB	5	4	Onsite
FGD7 NED – Adwar communities	13	0	Onsite
FGD8 EPICS- journalists	3	0	Onsite
Total number of participants	56	20	76

2.5 Closing Meeting

Date	2025/10/02	Number of participants	8
Location	Remote	Any substantive issues arising	No

3. Background information on the organisation

3.1 General information

AMAN is the Palestinian chapter of Transparency International. It was founded in 2000 with the overall goal of contributing to a corruption free Palestinian society. Currently AMAN employs 22 number of staff in the West Bank and 9 in Gaza.

2024 income was approximately USD 2.9 million.

The organisation's goal is underpinned by four strategic objectives:

1. Enhance the system of integrity values, transparency principles, and accountability systems; combat corruption in the management of public affairs and funds and delivery of public services to the Palestinian citizens
2. Strengthening the integrity of the governance system and holding the decisions of the political class accountable in accordance with the public interest
3. Promoting social mobilization in support of anti-corruption efforts and subjecting power to accountability.
4. Develop AMAN's institutional and organisational performance to fulfill its mission, vision, and national, international, and Arab partnerships.

AMAN has four key programmes working in the areas of civic space expansion and engagement, social accountability and social audit, governance, awareness raising and research and development and advocacy in relation to all these areas.

3.2 Governance and management structure

The General Assembly (GA) consists of 38 members, and convene at least one time every year. The Board consists of 11 members elected by the GA, and meets at least quarterly. The Board consists of 8 representatives from the West Bank and 3 from Gaza. The Board elects the chairperson, the deputy chair, and the treasurer. The Board appoints the Commissioner, the Executive Director, and the staff.

AMAN does not have separate governance structures for different mandates. Strategic and operational decisions are made centrally by the Executive Director and Board, with programme leads contributing through cross-departmental coordination.

The Board Advisor advises the management and executive director on issues relating to corruption, programme content, and evaluates studies prepared by the coalition. The advisor refers to the Board, and participates in Board meetings, but is not a member of the Board.

In addition to the Executive Director's office, AMAN has four departments:

- 1) Operations, which include four units (awareness raising and outreach, advocacy and social accountability, studies and monitoring, Media and IT)
- 2) The Gaza Branch;
- 3) Planning, Monitoring and Development; and
- 4) Finance and Administration.

3.3 Work with partner organisations

AMAN builds partnerships with local CSOs and media outlets to enhance outreach and local ownership in anti-corruption efforts. A key mechanism for collaboration is to engage partners in implementing anti-corruption activities and social accountability. These partnerships support awareness campaigns, monitoring public services, promoting integrity in local governance, and enabling social accountability initiatives.

AMAN also provides technical support and capacity development to partners to enhance programme quality and support the integration of anti-corruption, accountability, and good governance principles into their own programmes and mandates.

AMAN follows a five-stage partnership management process to ensure downstream partner activities meet its standards of transparency, integrity, and accountability.

Stage 1: Selection of Partners - due diligence assessment of potential partners, evaluating governance systems, delivery capacity, financial stability, and ability to manage delivery effectively.

Stage 2: Preparatory Meeting & Orientation to introduce selected members of staff to the project through an orientation meeting. AMAN staff and experts guide implementation and clarify expectations, reporting standards, and priority areas.

Stage 3: Proposal Development & Contracting

Partners submit proposals aligned with AMAN's project goals (e.g., promoting integrity and anti-corruption). These are reviewed by an internal ad hoc committee, revised collaboratively, and formalised through detailed MoU agreements.

Stage 4: Implementation & Technical Support

AMAN disburse for the activities according to its internal financial and procurement systems. Ongoing technical support and follow-up are provided to ensure partners meet delivery and compliance standards.

Stage 5: Evaluation

After carrying out the projects/initiatives by downstream partners, the project team undergoes internal assessment of the outcomes of the downstream partners initiatives.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

As the Palestinian national chapter of Transparency International (TI), AMAN is reaccredited every three years and undertakes other activities during the intervening time such as submitting audited financial statements to TI.

AMAN has its own quality assurance procedures including an internal audit function and monitoring and evaluation function. AMAN also undertakes risk management and mitigation at the organisational level and during project development.

4.2 Level of application of the CHS

AMAN generally performs well across CHS commitments and where this audit has identified issues and corrective actions, they are primarily related to one single issue. They are also relatively easily resolved in the team's view because of AMAN's strong systems and commitment to transparency and accountability.

AMAN has a strong focus on working to combat corruption on behalf of vulnerable individuals and it does so in a very professional and transparent manner. It shares information transparently, including on Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) and takes a strong stance against it, including specific programming to combat SEAH by authorities. The audit found strong communications to communities in relation to

reporting SEAH committed by external parties such as authorities but very limited sharing of information related to expected staff behaviour and risks of SEAH by staff. This one issue results in a number of other corrective action requests (CARs) such as in relation to informing communities about how to complain about staff behaviour and monitoring communities awareness of expected staff behaviour.

AMAN also has strong complaints mechanisms that are well socialised with communities. However, communities understanding is primarily about how to use those mechanisms to complain about external stakeholders and communities are not sufficiently aware of how those complaints mechanisms apply to AMAN and its partners.

Otherwise this audit shows that AMAN meets the CHS standard in almost all other instances, for example in relation to technical standards, impartiality, monitoring, learning, supporting local leadership and local economies. AMAN coordinates well with external stakeholders, has a strong commitment to learning, a very strong and competent staff base and manages its resources efficiently and effectively.

4.3 PSEAH

As per 4.2 above, AMAN takes a strong and public stance against SEAH and has robust systems in place to combat it, including clear communication, complaints mechanisms and a focus on protecting vulnerable individuals.

The main issue is that AMAN's commitment to prevent SEAH by staff and partners is not clear to communities. The audit team note that, because of the nature of its advocacy-based programming and its approach to combatting corruption, including sexual corruption, that the risk of SEAH by staff and partners is low risk compared to more traditional (aid-based) programming.

As described earlier, communities lacked awareness of the full scope of AMAN's complaints mechanisms and that they could be used to make complaints about AMAN and partner staff.

However, they were unanimous in their praise of AMAN's approach to combatting SEAH and confident that if an issue arose with staff or partners that AMAN would handle it impartially and professionally with a victim/survivor centred approach.

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.	2
AMAN is highly engaged with communities and makes efforts to reach all groups and their participation is meaningful and effective. AMAN has a strong commitment to transparency and information sharing and communication methods are generally effective. Communications represent communities respectfully and with informed consent. However, it has no formal information sharing plan and there were clear gaps in community awareness regarding AMAN's commitments to PSEAH related to staff and partners.	
Feedback from communities: AMAN communicates clearly and in appropriate language; communities have a strong positive impression of fairness and inclusivity though there were gaps in awareness regarding PSEAH commitments.	
Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	3
AMAN has a clear commitment to respecting local knowledge and using community capacity in design/implementation of programmes, which have impartial and transparent selection criteria. Its application of technical standards is in line with good practice and it makes credible efforts to refer unmet needs to appropriate bodies. Changes in the context, particularly the genocide¹ in Gaza required significant adaptive management capacity and AMAN was able to meet those challenges.	
Feedback from communities: AMAN is attentive to local knowledge, fair and embraces all community members. It makes technical expertise available to all communities.	
Commitment 3: People and communities are better prepared and more resilient to potential crises.	2.8
Long term resilience is a key consideration of all programmes and AMAN makes strong efforts to support formal and informal leaders. Its approach provides community members with an increased awareness of risks and preparedness tools to mitigate them. Programs are planned and implemented with a focus on lives, livelihoods and local economy with a focus on local ownership.	
Feedback from communities: Communities feel safer and better prepared for crises/shocks; interventions have a real and lasting impact and they appreciate support for local initiatives	
Commitment 4: People and communities access support that does not cause harm to people or the environment.	2
The commitment to Do No Harm is evident and AMAN generally thinks carefully about how to ensure that programmes do not cause unintended negative effects. However, it does not formally identify potential negative effects related to SEAH by staff and partners.	

¹ <https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session60/advance-version/a-hrc-60-crp-3.pdf>

AMAN has a strong understanding of and focus on data protection and ensures safe and ethical data management. It has a commitment to environmental responsibility that it puts into practice but does not have an environmental policy or tools to measure potential impacts.	
Feedback from communities: AMAN is sensitive to and proactive about identifying and preventing potential negative effects — on safety, security, livelihoods. No negative impacts of programs were observed. Communities express strong confidence in AMAN's safe management of data. However, there is limited understanding of AMAN's approach to preventing SEAH by staff or partners.	
Commitment 5: People and communities can safely report concerns and complaints and get them addressed.	2
AMAN has a range of contextually appropriate mechanisms to allow communities to make complaints. There is strong trust in AMAN to accept, welcome, manage complaints and a strong understanding of how to use mechanisms. However, there are few tangible materials or instructions regarding staff conduct. Communities are not formally made aware of expected staff behavior and there is limited understanding of how to make complaints about AMAN or partner staff. AMAN systematically refers complaints to relevant parties.	
Feedback from communities: Communities have strong awareness of and satisfaction with the complaints mechanism in general and appreciate the potential of formal and informal channels. However, as above there is limited awareness of expected staff behaviour or how to complain about inappropriate behaviour. Nonetheless, communities have strong confidence in its systems, including its victim/survivor centred approach	
Commitment 6: People and communities access coordinated and complementary support.	2.5
AMAN is committed to coordination, joint planning and complementing locally led actions provided they don't breach its red lines on transparency and accountability and its participatory approach supports contextualised programming. AMAN avoids duplication and supports partners to ensure synergies, quality and mutual accountability and is careful not to work with too many partners.	
Feedback from communities: Communities report that AMAN coordinates efforts extensively with other institutions and organisations.	
Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.	2.6
AMAN listens to feedback, responds and makes changes where feasible. It measures changes at macro and micro levels and has strong capacity to collect disaggregated data, reflecting community diversity. It is responsible in data collection, respecting participants' time and circumstances. Disaggregated data is used to inform decisions and improve program inclusivity. However, learning is not systematically shared with communities.	
Feedback from communities: AMAN listens to feedback, responds and communities have seen real improvements as a result, either during programme implementation or in subsequent activities. AMAN learns from experience and adapts programs accordingly, but communities are not clearly informed of evaluation results.	
Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed.	2.9

Leadership and staff show a clear commitment to quality and accountability and HR policies are fair and ethical and in line with law. Staff are competent and professional and AMAN takes staff development seriously though it does not undertake formal training needs analysis. AMAN takes any impropriety seriously, particularly anything that might cause reputational damage and takes decisive action when it happens. Staff understand and adhere to the code of conduct.

Feedback from communities:

Staff are respectful, transparent and responsive, experienced and competent. No instances of negative behavior were observed. There is strong confidence that AMAN prevents exploitation, abuse, harassment, discrimination or misuse of resources.

However, there was limited community awareness of the code of conduct.

Commitment 9: People and communities can expect that resources are managed ethically and responsibly.

3

AMAN has the capacity and resources to meet commitments – helped by stable and predictable funders and by only developing programmes that are in line with its strategy. Programs are cost effective, financial resources are managed in line with good practice and fundraising is ethical.

Feedback from communities:

Communities are not aware of waste or financial impropriety. They have confidence that funds are spent for intended purpose and AMAN is environmentally responsible.

* 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
2025-1.2: AMAN does not share information with communities about its commitments regarding PSEAH and the expected behaviours of staff and partners in relation to PSEAH	Minor	New	By renewal audit 2028
2025-1.3: AMAN does not communicate on PSEAH related to staff and partners in accessible and understandable ways as it does not communicate with communities about PSEAH by staff and partners	Minor	New	By renewal audit 2028
2025-1.6: AMAN has not developed a coherent organisational approach to ensure transparent information sharing with communities on PSEAH related to staff	Minor	New	By renewal audit 2028
2025-4.1: AMAN does not systematically identify potential negative impacts related to SEAH by its staff or partners	Minor	New	By renewal audit 2028
2025-4.4: AMAN has not developed a coherent organisational approach to preventing exploitation and abuse by staff	Minor	New	By renewal audit 2028
2025-5.1: AMAN does not systematically ensure that communities can report concerns and complaints related to SEAH by staff	Minor	New	By renewal audit 2028
2025-5.2: AMAN does not systematically inform communities about how staff and partners are expected to act to prevent harmful behaviours, including SEAH.	Minor	New	By renewal audit 2028

2025-5.3: AMAN does not monitor whether communities know how to make complaints about its own or partner staff.	Minor	New	By renewal audit 2028
2025-6.4: AMAN does not systematically support partners to prevent SEAH by partner staff.	Minor	New	By renewal audit 2028
2025-7.4: AMAN does not systematically share analysis and learning from feedback and monitoring and related changes with people and communities.	Minor	New	By renewal audit 2028
Total Number of open CARs		10	

* *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

CERTIFICATION In my opinion, AMAN 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:  _____ Johnny O'Regan	Date and place: Dublin 28/10/2025

7. HQAI decision

Final decision on certification:	☒ Issued ☐ Refused
Start date of the certification cycle: 2025/11/04 Next audit before 2026/11/04	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 04 November 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: <i>If yes, please give details:</i>	☐ 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:

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 issued or immediate suspension of certificate.
	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).
	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