Building Foundation for Development (BFD) Renewal Audit – Summary Report – 2026/09/01

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	Civil non-governmental foundation registered under the Ministry of Social Affairs and Labour, Yemen	
Head Office location	Sana'a, Yemen	
Total number of organisation staff		64

1.2 Audit team

Lead auditor	Mahmoud H. Elsisi
Second auditor	-
Third auditor	-
Observer	-
Expert	-
Audit Facilitator / Witness / other participants	Hayat Nosair

1.3 Scope of the audit

CHS:2024 Verification Scheme	Certification
Audit Cycle	Second cycle
Type of audit	Renewal Audit
Scope of audit	The renewal audit covers BFD's humanitarian and development activities in Yemen. BFD's operational presence in Sudan is outside the scope of this audit.
Focus of the audit	BFD's conformity with the revised CHS (2024 edition) across Humanitarian and development programming in Yemen.

1.4 Sampling*

Sampling unit	Projects
Total number of sampling units	6
Sample size	3
Total number of sampling units visited onsite	1
Total number of sampling units assessed remotely	2
Sampling Unit Selection	
Random Sampling — onsite/remote	**Purposive Sampling — onsite/remote**
Project 2 – Reproductive and Maternal Health, Ma'rib (UNFPA) – Remote	Project 3 – Women and Youth Livelihoods, Abyan and Lahj (DKH) – Onsite

Project 5 – BRIGHTLY: Community Resilience and Livelihoods, Ma'rib (CARE) – Remote	

Any other sampling considerations:
Yemen continues to face volatile security conditions, movement restrictions and differing levels of access between northern and southern areas. As BFD operates across governorates with distinct administrative and operational contexts, the audit combined remote assessment with locally facilitated community consultations. Three projects were selected for this Renewal Audit based on the scoping and risk assessment, providing balanced thematic, geographical and operational coverage of BFD's work. The sample covered reproductive and maternal health; food security, livelihoods and resilience; and women's and youth economic empowerment across Ma'rib, Abyan and Lahj. Projects 2 and 5 were selected randomly, while Project 3 was selected purposively to enable onsite community consultations in Lahj and Abyan.

Sampling risks identified:
The principal sampling risks arose from security and access restrictions, limited direct observation, variable connectivity and reliance on locally facilitated consultations, which could have reduced representativeness or left blind spots in implementation practice. These risks were mitigated through combined onsite and remote assessments, broader coverage of stakeholder groups and locations, additional documentary checks, and systematic triangulation of community feedback with staff and stakeholder interviews. Given these measures, the auditor is confident that the evidence obtained provides a sufficient and reliable basis for the findings and conclusions of the audit within its defined scope.

**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	2026/07/01	**Number of participants**	27 (9 Female, 18 Male)
Location	Remote	**Any substantive issues arising**	No

2.2 Locations Assessed

Locations	**Dates**	**Onsite or remote**
BFD Head Office, Sana'a, Yemen	2026/07/01, 2026/07/02, 2026/07/13 and 2026/07/16	Remote
Project Sites: Ma'rib Governorate, Yemen	2026/07/06 and 2026/07/07	Remote
Project Sites: Lahj Governorate, Yemen	2026/07/08	Onsite
Project Sites: Abyan Governorate, Yemen	2026/07/09	Onsite

2.3 Interviews

Level / Position of interviewees	**Number of interviewees**		**Onsite or remote**
	Female	**Male**	
Head Office	**2**	**11**	
Management	2	8	Remote
Staff	0	3	Remote

Project Sites / country-office(s)	**0**	**3**	
Management	0	2	Remote
Staff	0	1	Remote
Stakeholders	**0**	**3**	
Partner interview – UNFPA, Project 2	0	1	Remote
Partner interview – DKH, Project 3	0	1	Remote
Government health-facility stakeholder – Project 2	0	1	Remote
Total number of interviewees	**2**	**17**	**Grand Total: 19**

2.4 Consultations with communities

Type of group and location	**Number of interviewees**		**Onsite or remote**
	Female	**Male**	
Group discussion 1 – Health workers, reproductive and maternal health project, Ma'rib Governorate, Yemen	5	3	Remote
Group discussion 2 – Female community members, reproductive and maternal health project, Ma'rib Governorate, Yemen	8	0	Remote
Group discussion 3 – Female community members, reproductive and maternal health project, Ma'rib Governorate, Yemen	6	0	Remote
Group discussion 4 – Health workers, reproductive and maternal health project, Ma'rib Governorate, Yemen	4	2	Remote
Group discussion 5 – Female community members, women's and youth livelihoods project, Lahj Governorate, Yemen	8	0	Onsite
Group discussion 6 – Female community members, women's and youth livelihoods project, Lahj Governorate, Yemen	8	0	Onsite
Group discussion 7 – Male community members, women's and youth livelihoods project, Lahj Governorate, Yemen	0	10	Onsite
Group discussion 8 – Community committee members, women's and youth livelihoods project, Lahj Governorate, Yemen	4	4	Onsite
Group discussion 9 – Female community members, women's and youth livelihoods project, Abyan Governorate, Yemen	8	0	Onsite
Group discussion 10 – Female community members, women's and youth livelihoods project, Abyan Governorate, Yemen	8	0	Onsite
Group discussion 11 – Male community members, women's and youth livelihoods project, Abyan Governorate, Yemen	0	12	Onsite
Group discussion 12 – Community committee members, women's and youth livelihoods project, Abyan Governorate, Yemen	7	5	Onsite
Group discussion 13 – Female community members, food security, livelihoods and resilience project, Ma'rib Governorate, Yemen	3	0	Remote
Group discussion 14 – Male farmers and agricultural extension workers, food security, livelihoods and resilience project, Ma'rib Governorate, Yemen	0	5	Remote

Group discussion 15 – Community members, food security, livelihoods and resilience project, Ma'rib Governorate, Yemen	4	5	Remote
Group discussion 16 – Agricultural extension workers and local authority representatives, food security, livelihoods and resilience project, Ma'rib, Yemen	1	5	Remote
Group discussion 17 – Male community members, food security, livelihoods and resilience project, Ma'rib Governorate, Yemen	0	5	Remote
Total number of participants	**74**	**56**	**Grand total: 130**

2.5 Closing Meeting

Date	2026/07/28	**Number of participants**	30 (9 Female, 21 Male)
Location	Remote	**Any substantive issues arising**	No

3. Background information on the organisation

3.1 General information

Building Foundation for Development (BFD) is a Yemeni civil non-governmental organisation established by Yemeni public health professionals in 2014 and formally registered as a non-profit organisation with the Ministry of Social Affairs and Labour in 2015. Its Head Office is in Sana'a. BFD supports vulnerable and crisis-affected communities through humanitarian and development programmes intended to improve access to essential services, strengthen livelihoods and support sustainable recovery and resilience.

BFD's strategic direction has evolved since the initial certification audit. The organisation has moved from its 2022–2024 Strategy to its current Strategic Plan 2025–2029, which brings together humanitarian response, sustainable development and peacebuilding. The new strategy places clearer emphasis on community resilience, climate adaptation, innovation and digital transformation, alongside governance, risk management, financial sustainability and organisational learning.

BFD's programme portfolio covers health and nutrition; food security and livelihoods; water, sanitation and hygiene; protection; emergency response; education; economic empowerment; and peacebuilding. The 2024 Annual Report was the latest comprehensive annual report available for this audit. It reports that BFD implemented 33 humanitarian and development projects across eight sectors and reached 1,007,345 people in Yemen during the year. BFD operates in a Yemeni context characterised by sustained humanitarian needs, security and access challenges, a constrained humanitarian funding environment and changing donor priorities. BFD reported that reduced funding had contributed to fewer active projects and the closure or reduction of some interventions. Nevertheless, the organisation continued to maintain a multisectoral programme portfolio.

Since the initial certification audit, BFD has continued to develop its organisational systems. This has included strengthening governance and risk oversight, updating policies and procedures, expanding the use of digital systems to manage programmes, human resources, risks and complaints, and clarifying responsibilities and internal controls. These developments indicate a progression from establishing core frameworks and systems towards improving the consistency of their application and monitoring their effectiveness.

BFD has also progressed from planning a presence in Sudan, as reported during the previous audit cycle, to establishing active operations there. Sudan operates through separate information-management arrangements and was not included in the scope of this renewal audit.

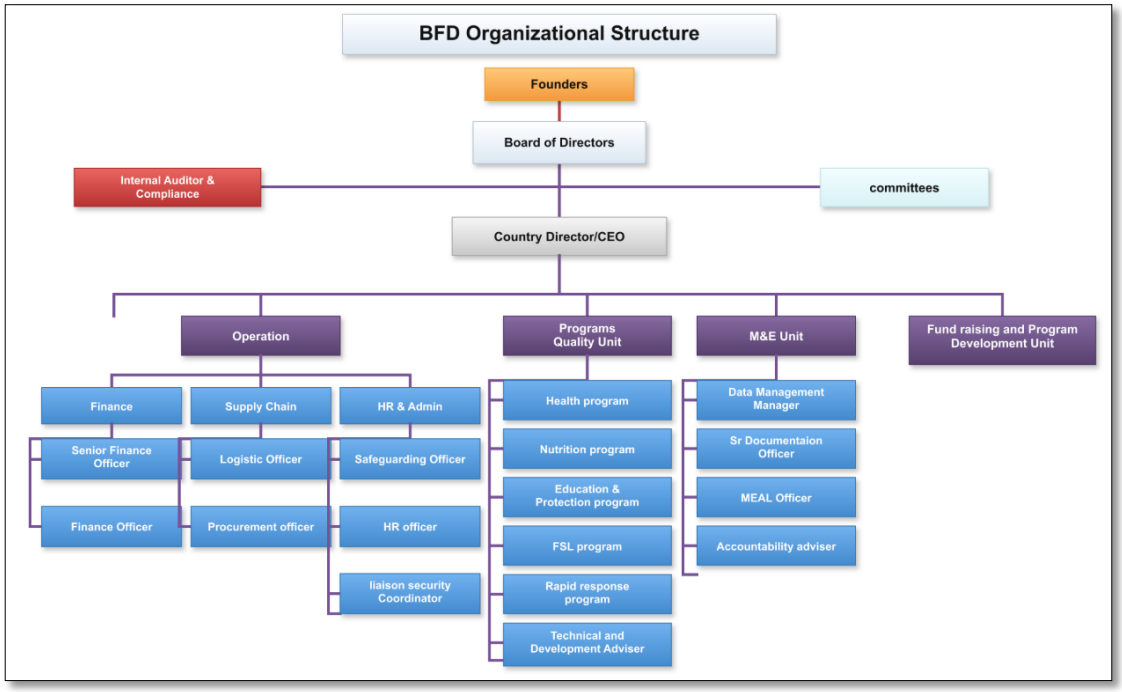
Its operations were therefore not assessed for conformity. The findings, conclusions and certification recommendation in this report apply only to BFD's operations in Yemen.

3.2 Governance and management structure

Under BFD's Constitution, the Founders constitute the organisation's highest governing authority. They appoint the three-member Board of Trustees, also referred to in BFD documents as the Board of Directors. Board members do not hold employment positions within BFD. The Board approves the organisation's strategic direction, annual plans and budgets, policies and regulations, and appoints and oversees executive management.

The Board is supported by the Risk and Compliance Committee. A September 2024 appointment record identifies a three-member Committee comprising a Chair and two members; subsequent Board records revised its membership and remit. The Committee reviews organisational risks, compliance, internal controls and internal audit reports before their presentation to the Board. BFD's governance framework also provides for a Policy Development Committee and a Programme Development Committee, whose documented roles include supporting the development and review of organisational policies, the strategic framework and programme development. Internal Audit and Compliance is positioned at Board level, outside the executive reporting lines. The Internal Audit Manager reports to the Board, providing a direct route for internal assurance matters to reach the governing body and supporting organisational separation between internal assurance and operational management.

Day-to-day management is delegated to the Country Director/CEO, referred to as the Executive Director in some governance documents. This role is responsible for implementing Board decisions, managing organisational resources and coordinating programme and support functions.



The latest organisational chart available for the audit, dated 2025, places four principal functions under the Country Director/CEO: Operations; the Programmes Quality Unit; the Monitoring and Evaluation Unit; and the Fundraising and Programme Development Unit. Operations brings together Finance, Supply Chain, and Human Resources and Administration. The Programmes Quality Unit covers BFD's main technical areas, while the Monitoring and Evaluation Unit includes data management, documentation, MEAL and accountability functions. Safeguarding is positioned within Human Resources and Administration, and the Accountability Adviser is located within the Monitoring and Evaluation Unit. These arrangements establish formal reporting and oversight lines from the Founders and Board through executive management to BFD's

operational, programme and support functions. They also distinguish the Board's governance and oversight responsibilities from executive responsibility for operational delivery.

3.3 Work with partner organisations

BFD delivers its programmes directly and does not currently work through implementing partners. It maintains funding, technical and oversight relationships with institutional partners and UN agencies, and coordinates with ministries, local authorities, clusters and other sector actors to support programme delivery, complementarity and referrals.

Compared with the arrangements described at the initial certification audit, BFD now has a more structured framework for managing partnerships. Its Grant Policy, Sub-grant Policy and Partnership Standard Operating Procedure address due diligence, agreed roles and responsibilities, monitoring, capacity support, safeguarding and PSEAH, accountability and resource management. These arrangements provide a basis for mutual accountability and for respecting the mandates, characteristics and capacities of the organisations concerned.

Representatives of institutional partners interviewed during the audit described constructive working relationships involving regular communication, reporting, field verification, complaints follow-up and adjustments during implementation. Their feedback also indicated confidence in BFD's delivery and coordination with relevant authorities. This evidence supports the operation of BFD's institutional relationships, coordination arrangements and oversight processes.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

BFD uses a range of quality-assurance and internal-control arrangements covering programme and operational management, MEAL, accountability, safeguarding, information management, finance, procurement, risk and compliance, and Internal Audit. Responsibilities are distributed across management and technical functions. The Board of Trustees and its Risk and Compliance Committee oversee organisational risks, internal audit and the follow-up of agreed actions. Departmental operational plans define objectives, indicators and responsibilities and are subject to periodic management review. Programme monitoring, complaints and feedback, financial reporting and internal reviews provide information on implementation and performance. Relevant staff responsibilities are communicated through policies, job descriptions, induction and training.

During the audit, BFD was progressively extending its ERP across programme and support functions to bring together operational information and support follow-up. Project, complaints, referral, investigation and other sensitive records were not yet fully integrated or consistently reconciled across the relevant systems. The Internal Audit Charter provides for risk-based planning, reporting and follow-up. The Internal Audit function reports to the Chair of the Board, and its reports are reviewed by the Risk and Compliance Committee before presentation to the Board. Other control arrangements include financial procedures, procurement requirements, delegated authorities, segregation of duties and compliance monitoring. BFD's risk-management framework includes an established methodology, departmental risk registers and management-review arrangements. The registers reviewed during the audit were at different stages of completion, approval and follow-up. The evidence did not show a complete organisation-wide record connecting identified risks with mitigation measures, responsible owners, implementation dates, completed actions and management verification. This limits the organisation-wide view available to management and the Board on the status of risks and related actions.

Policies and procedures are also in place for safeguarding, PSEAH, staff conduct, complaints, whistleblowing and investigations. However, sampled programme records did

not consistently identify project-specific SEAH risks arising from delivery arrangements and staff or volunteer contact with communities, or connect those risks with documented mitigation, monitoring and closure. Community understanding of expected staff behaviour and sensitive reporting arrangements also varied across the groups consulted.

Overall, BFD has arrangements covering the principal areas of quality assurance, internal control and risk management. The audit identified variation in how risk, performance, safeguarding and learning information is consolidated and followed through to completed and verified action across departments, programmes and systems.

4.2 Level of application of the CHS

BFD has organisational arrangements for applying the CHS through its strategy, governance, policies, programme-management systems, technical guidance, accountability mechanisms and internal controls. Since the previous audit cycle, the organisation has revised procedures in areas including complaints handling, safeguarding and programme management, introduced guidance on partnerships and environmental and climate considerations, revised risk and compliance oversight, and progressively extended digital systems across programme and support functions. Documentary evidence, interviews and community consultations confirmed the application of these arrangements in practice, although implementation and management assurance varied across the areas assessed.

More consistent application was found in the provision of timely and technically appropriate support, coordination with relevant authorities and stakeholders, programme monitoring and adaptation, and staff management. Sampled projects were informed by needs assessments and supported by technical guidance. Monitoring and feedback records provided examples of adjustments during implementation. Staff demonstrated awareness of their responsibilities, communities generally described BFD personnel as respectful, and institutional stakeholders reported regular communication, reporting, field verification and follow-up.

The principal gaps concerned the regular communication of PSEAH commitments, meaningful community participation and ownership, environmental risk assessment, monitoring of community understanding of expected staff conduct and sensitive reporting, responses to community feedback, and organisation-wide risk follow-up. Programme-level SEAH risk mitigation, referral feedback, data management, complaints procedures, locally led action and the communication of learning were also identified as areas requiring continued attention.

Community participation was evident, but influence over final decisions and ownership of resources remained limited. Environmental assessment did not fully address potential pressure on scarce water resources. Community understanding of expected conduct and SEAH-related reporting was uneven, while responses to community feedback were not always completed. Departmental risk registers were also at different stages of completion, approval and follow-up.

This audit raises eight Minor CARs under requirements 1.2, 1.4, 3.4, 4.2, 5.2, 5.3, 7.1 and 9.5. No Major CAR is raised.

4.3 PSEAH

BFD addresses the prevention of and response to sexual exploitation, abuse and harassment through its Code of Conduct, safeguarding and PSEA policies, complaints and whistleblowing arrangements, human-resource procedures and investigation processes. These documents define expected conduct, reporting responsibilities, confidentiality, escalation and disciplinary action. Safeguarding and accountability responsibilities are assigned, and recognised SEAH-investigation training certificates were provided for relevant personnel. Multiple community reporting channels were available, and most consultation

groups knew at least one way to contact BFD. Communities generally described staff as respectful, and no group reported being asked for money, services or other benefits in exchange for assistance. However, BFD did not regularly communicate its PSEAH commitments and expected staff and volunteer behaviour throughout programme implementation. Programme records did not always connect risks arising from delivery arrangements and staff or volunteer contact with documented mitigation and monitoring. Community understanding of expected conduct, SEAH-related reporting and how sensitive concerns would be addressed was uneven and was not regularly monitored. Procedural differences also remain in the handling of sensitive and anonymous complaints.

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.	**2.0**
BFD provides information through assessments, meetings, community structures, Arabic-language materials and complaints channels. Inclusion and vulnerability criteria are used in targeting, and organisational guidance addresses communication, participation and consent. However, BFD's PSEAH commitments and the behaviour expected of staff and volunteers were not communicated regularly throughout programme implementation. Community participation was evident but largely took place within options already defined by BFD or its funding partners. People did not consistently influence final decisions or receive explanations of how their views were considered. Consent records also varied in the information provided about purpose, withdrawal and future use.	
Feedback from communities: People understood the main activities, targeting criteria and available complaints channels and described communication with BFD personnel as respectful. Their involvement was mainly during assessment and implementation, with limited influence over initial design and final decisions. Awareness of PSEAH commitments and expected staff behaviour was uneven. The consultation sample did not include direct representatives from some marginalised and displaced groups, limiting the audit's ability to reflect their experience.	
Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	**2.8**
Needs assessments, local knowledge, vulnerability criteria and technical guidance informed programme design and targeting. Selection and verification controls were applied, monitoring records showed adjustments during implementation, and technical standards were evident in the activities reviewed. BFD also referred unmet priority needs through authorities, coordination bodies and service providers. However, people were not always informed of the status or outcome of these referrals, which may leave them unclear whether their need was taken forward and limit their ability to seek other support.	
Feedback from communities: Consulted groups generally considered the assistance relevant and understood the main selection criteria. They also raised unmet priorities relating to health, education, flood protection and water-saving technologies. Some implementation changes were recognised, but people did not always know whether unmet needs had been referred or why certain priorities could not be included.	
Commitment 3: People and communities are better prepared and more resilient to potential crises.	**2.0**
BFD addresses local capacity, resilience, sustainability and transition through its programme guidance. Sampled projects involved community committees, authorities and technical actors and included training, productive assets, market linkages and follow-up arrangements. However, community structures mainly supported identification,	

communication and implementation rather than community-led decision making, and communities did not consistently share authority over key decisions or ownership of resources from the outset. Programme monitoring did not clearly distinguish operational participation from increasing local leadership. In addition, the gap identified in considering pressure on scarce water resources may affect the sustainability of intended livelihood and environmental benefits.
Feedback from communities: People valued the training and livelihood support and expected these activities to strengthen future income and productive capacity. Community committees described their role mainly as liaison and beneficiary identification, with limited involvement in wider decisions. Participants also raised the need for modern agricultural and water-saving technologies and for benefits and services to continue after programme closure.

Commitment 4: People and communities access support that does not cause harm to people or the environment.	**1.8**
BFD has organisational arrangements covering Do No Harm, safeguarding, PSEA, environmental and climate risks, data protection and consent. Measures addressing safety, dignity and environmental effects were present in Sampled projects. Programme risk records did not always link risks arising from delivery arrangements and staff or volunteer contact with documented mitigation and monitoring. The environmental assessment of sampled agricultural activities did not address their potential pressure on scarce water resources or define related mitigation and monitoring measures. Data controls were in place, although the relationship between ERP, project databases and separate files did not always identify the master record. Environmental responsibilities were distributed across policies and functions without clearly defined coordination and overall accountability.	
Feedback from communities: Participants described their direct interactions with BFD personnel as respectful and did not report discrimination, exploitation, harassment or demands for payment or other benefits. Permission was generally sought before photography, although participants described both verbal and written consent practices. Their awareness of the conduct they should expect from personnel and of BFD's PSEAH commitments was less consistent. Environmental concerns were most evident in the agricultural consultations, where participants repeatedly referred to water scarcity, flood irrigation and the need for water-saving or solar-powered solutions. Communities did not describe these concerns as evidence of deliberate harm; rather, they questioned whether programme choices sufficiently reflected environmental conditions and longer-term resource pressures.	

Commitment 5: People and communities can safely report concerns and complaints and get them addressed.	**1.8**
BFD's complaints mechanism provides several reporting channels, including confidential and anonymous options. Organisational procedures define complaint categories, responsibilities, response periods, referral, escalation and the handling of sensitive concerns. Complaint records reviewed showed follow-up and closure, and designated personnel had received relevant training. However, BFD did not regularly monitor whether communities understood expected staff behaviour or how SEAH-related concerns would be reported and addressed. Differences between procedures concerning the classification of SEA complaints, the assessment of anonymous reports and which procedure takes precedence may affect the predictable handling of a future sensitive complaint.	
Feedback from communities: People generally knew at least one way to contact BFD and considered staff approachable. Complaint boxes, telephone channels and direct reporting to project staff were commonly recognised, with many preferring direct contact. Formal use was nevertheless very limited, and no person consulted described experience of completing a complaint process. Communities could not therefore assess response times, confidentiality or closure from direct experience. Their understanding of how sensitive and SEAH-related complaints would be handled was also uneven.	

Commitment 6: People and communities access coordinated and complementary support.	**3.0**

BFD implements its programmes directly and does not currently work through implementing partners. It coordinates with authorities, clusters and other actors and maintains funding, technical and oversight relationships with institutional partners. Partnership procedures address due diligence, agreed roles, monitoring, capacity support, accountability, safeguarding, PSEAH and resource management. Institutional stakeholders described regular communication, reporting, field verification and follow-up.

Feedback from communities:
From the community perspective, coordination was visible mainly through BFD's direct implementation and its engagement with community committees, local authorities, health facilities and agricultural actors. People recognised these local relationships and described BFD personnel as the main point of contact for the sampled activities. Where needs fell outside project scope, however, participants did not always know whether BFD had referred them to another organisation, authority or service provider or what resulted from such coordination.

Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.	**2.4**

BFD collects feedback and programme information through assessments, monitoring, community structures, complaints channels and direct engagement. MEAL records and project evidence showed that feedback informed operational adjustments, while organisational monitoring and review arrangements supported learning and improvement. However, BFD did not regularly provide a response, reason or outcome when community input could not be incorporated. Some consulted participants were also unclear about how feedback influenced decisions or what had changed as a result, limiting the extent to which learning and related changes were communicated back to communities.

Feedback from communities:
Communities interviewed generally indicated that they could raise issues directly with BFD, with some identifying changes made during implementation. However, feedback was mixed on whether explanations were provided about decisions taken or why requests relating to irrigation and needs outside project scope could not be addressed. Communities had limited information on how their feedback influenced subsequent decisions or changes.

Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed.	**3.0**

BFD's human-resource arrangements cover recruitment, roles, induction, performance management, training, staff welfare, conduct, safeguarding and PSEAH. Personnel samples included orientation records and signed conduct and PSEAH acknowledgements across different worker categories. Staff described access to technical and managerial support, while confidential reporting routes, protection provisions, investigation responsibilities and disciplinary processes were established.

Feedback from communities:
Respectful and professional staff conduct was consistently reported across the consultation groups. People did not report discrimination, exploitation, harassment or demands for payment or another benefit. Some community members had not, however, received specific information about the conduct they should expect from staff and volunteers, BFD's PSEAH commitments or the related reporting options.

Commitment 9: People and communities can expect that resources are managed ethically and responsibly.	**2.5**

BFD manages resources through financial, procurement, delegated-authority, cash-management, reconciliation, asset-management, anti-fraud, conflict-of-interest, compliance and internal-audit arrangements. Sampled financial and procurement records demonstrated these controls in operation. Environmental considerations were evident in selected technical and disposal records but were not routinely recorded in the procurement decisions reviewed. Risk management operates through organisational policy, Board and committee oversight, departmental ERP registers and programme records; however, departmental registers were at different stages of completion, approval and follow-up and did not provide a complete organisation-wide trail of mitigation and closure.

Feedback from communities:
People did not report being asked to pay for assistance or provide another benefit in return. Their comments focused on whether available resources adequately addressed local priorities and whether planned livelihood equipment would become operational within the project period. No community feedback indicated diversion or misuse of resources.

** 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 open non-conformities

Corrective Action Request (CAR)	Type	Status	Resolution timeframe
2026-1.2: BFD does not regularly share relevant and timely information with people and communities about its PSEAH commitments and the expected PSEAH-related behaviour of staff and volunteers.	Minor	New	By the 2029 Renewal Audit
2026-1.4: BFD does not ensure that people participate in decisions and actions in ways that are meaningful for them and correspond to their preferred ways of engaging.	Minor	New	By the 2029 Renewal Audit
2026-3.4: BFD does not consistently support local ownership of resources and local decision making from the outset of its work with people and communities.	Minor	New	By the 2029 Renewal Audit
2026-4.2: BFD does not systematically identify, prevent and mitigate potential negative impacts of programmes on the environment.	Minor	New	By the 2029 Renewal Audit
2026-5.2: BFD does not regularly monitor that people and communities understand how staff and volunteers are expected to act to prevent harmful behaviours, including sexual exploitation and abuse, and harassment.	Minor	New	By the 2029 Renewal Audit
2026-5.3: BFD does not regularly monitor that people, communities and other relevant stakeholders understand how to report SEAH-related concerns and complaints and how these will be addressed.	Minor	New	By the 2029 Renewal Audit
2026-7.1: BFD does not regularly respond to feedback and inputs from people and communities about the organisation and its work.	Minor	New	By the 2029 Renewal Audit
2026-9.5: BFD does not systematically identify, prevent and manage risks at all levels of the organisation, including corruption, fraud, misuse of resources and conflicts of interest.	Minor	New	By the 2029 Renewal Audit
Total Number of open CARs	**8**		

6. Claims Review

Claims Review conducted	☒ Yes ☐ No	**Follow-up required**	☒ Yes ☐ No

7. Lead auditor recommendation

In my opinion, BFD demonstrates no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability. I recommend renewal of certification.	
Name and signature of lead auditor: Mahmoud Hassanin Elsisi 	**Date and place:** 31 August 2026, Doha, Qatar

8. HQAI decision

Certificate renewed:	☒ Issued ☐ Preconditioned (Major CARs)
Start date of the current Certification cycle: 2026/06/06 (based on the previous audit cycle) Maintenance Audit 1 to be completed by: 2027/06/06 Maintenance Audit 2 to be completed by: 2028/06/06 Next Renewal Audit to be completed by: 2029/06/05	
Name and signature of HQAI Executive Director Désirée Walter 	**Date and place:** Geneva, 01 September 2026

9. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: *If yes, please give details:*	☐ Yes ☑ No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit	☑ Yes ☐ No

I accept the findings of the audit	☑ Yes ☐ No
Name and signature of the organisation's representative: Ali Al Mandleey CEO - BFD	**Date and place:** Yemen,02-09-2026

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