

Developmental Action Without Borders – Naba’a Maintenance Audit 2 – Report – 2024/09/25

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Phillip Miller	
Audit cycle	Third Cycle	
Opening Meeting	Date / number of participants	Any substantive issues arising
	21 August 2024 / 5	Nil
Closing Meeting	28 August 2024 / 5	Nil
Interviews	Position / level of interviewees	Number
	Senior Management at Head Office	3
	Staff at Head Office	2

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Overall, Naba’a continues to make progress in aligning its work to the CHS. The organisation remains committed to learning and improvement and has developed new policies, processes and instruments in key areas to promote greater compliance with the CHS. Naba’a has made significant advancements on four of the seven open CARs. With regard to these CARs, Naba’a has developed tools, policies and procedures and revised documentation that evidences that the framework is in place to be able to demonstrate compliance at their next audit. In regard to the other three CARs, Naba’a has also taken some actions, but these improvements have not yet directly or fully addressed the gaps identified in the 2022 Renewal Audit.

As well as working to implement the corrective actions, Naba’a has also recently completed a new Strategic Plan (2024-29) after a thorough consultation process. The Plan reaffirms Naba’a’s core values of accountability and impartiality in achieving its strategic goals in education, emergency, protection and livelihood sectors.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2022-2.5: MEAL activities are not implemented systematically across Naba’a and its projects.	Minor / by Renewal Audit 2025	<p>Naba’a continues to make sound progress in the implementation of actions to correct this gap. Naba’a has now recruited three MEAL Assistants and each one brings a relevant sectoral speciality. The MEAL team has developed standard MEAL tools and management advised that these are now in use in all of Naba’a’s projects. The increased human resources in the MEAL team has allowed it to train project staff in using the tools and support their implementation.</p> <p>In regard to partner organisations, Naba’a reported that they assess their MEAL systems and work with them to enhance their own tools or to adopt Naba’a’s tools</p>	<p>NAB1 NAB3 NAB7 NAB9 NAB11 NAB12 NAB13 NAB17 NAB21</p> <p>Interviews with staff</p>

		<p>depending upon their existing systems. Naba'a described undertaking capacity building of partners to ensure that their MEAL systems meet requirements as per the agreed Logical Framework Analysis (<i>Logframes</i>).</p> <p>Whilst the evidence indicates that this gap is being addressed, the consistent application of the new tools will need to be assessed in the next audit.</p>	
2022-3.8: Naba'a does not have data management procedures in place to ensure the safeguarding of personal information.	Minor / by Renewal Audit 2025	<p>Naba'a continues to make progress in addressing this CAR. As per its Data Protection Action Plan, Naba'a has now developed a Data Protection Policy. The policy includes data protection measures regarding access, data storage, data transfers, protection against, and response to, data breaches. The policy states that partners' responsibilities to comply with this policy will be described in partner agreements.</p> <p>Naba'a advised that the most sensitive of beneficiary data relates to their protection work. Only the relevant caseworker has access to this information regardless of whether it is stored in hard copy in locked drawers or password protected computers. Caseworkers have been trained in the data protection measures.</p> <p>Naba'a has developed an Information Sharing Policy in January 2024 which details the procedures deciding what and how information can be shared to protect identities and not endanger data owners as well as the principles that underpin the procedures.</p> <p>Whilst the data management procedures reviewed indicate that this gap is being addressed, the understanding and application of the new procedures will need to be assessed in the next audit.</p>	<p>NAB18 NAB19 NAB20 NAB24</p> <p>Interviews with staff</p>
2022-5.4: Naba'a CHM Policy and procedures do not detail the scope of the CHM to specifically include complaints regarding other abuses of power or operational complaints.	Minor / by Renewal Audit 2025	<p>A revised Complaints Mechanism policy was approved by Naba'a in January 2024. The policy is focused on serious complaints related to allegations of harm but covers any inappropriate or harmful behaviour. However, the revised complaint policy does not make clear that the scope of the CHM of Naba'a includes operational issues, shortcomings in performance or other non-sensitive complaints. Thus, the CAR has not been addressed through the changes to policy made by Naba'a to date.</p> <p>Naba'a reported that they have also made enhancements to the implementation of their CHM by:</p> <ul style="list-style-type: none"> - Designating and training Protection Focal Persons in each of their centres - Making complaints boxes opaque - Developing a customised complaints and feedback form for use at their Shelter for Vulnerable Women and Children 	<p>NAB7 NAB22</p> <p>Interviews with staff</p>
2022-5.7: Naba'a has no guidance or procedure to identify referral pathways and ensure a systematic referral for complaints falling outside Naba'a's CHM scope.	Minor / by Renewal Audit 2025	<p>Naba'a reported that they are engaged in the inter-agency Referral Information Management System which allows organisations working in Lebanon to refer people affected by crises to other organisations if Naba'a is not the right organisation to provide assistance to them. They also receive referrals through this same mechanism.</p> <p>Naba'a advised that if they receive a complaint about another organisation, they refer the complainant to the</p>	<p>NAB22</p> <p>Interviews with staff</p>

		<p>right organisation. They are also part of the PSEA Network and share information about any SEA complaints they receive (without identifying information) with that network.</p> <p>However, although Naba'a might be referring complaints appropriately, Naba'a has not yet documented guidance or procedures that describe the complaint referral process for out-of-scope complaints. Thus, the CAR raised has not yet been addressed.</p>	
2022-6.6: Naba'a partner agreements do not include reference to the expected staff behaviour standards and the need to abide by Naba'a's CoC.	Minor / by Renewal Audit 2025	<p>Naba'a reported having revised their agreements with suppliers to include protection measures. These are customised for each supplier and contextualised for the different services they provide. Training has also been provided to suppliers and they have been informed of the contact details of the Protection Officer of Naba'a.</p> <p>Naba'a has revised its Partner MoU. The revised Partner MoU mentions the responsibilities of both Naba'a and the partner organisation. The Partner MoU states that partners must abide by policies relating to the protection of people from sexual abuse and exploitation and take measures to prevent sexual exploitation and abuse. The MoU requires partners to abide by the Code of Conduct.</p> <p>Whilst the sole partner MoU that was reviewed indicates that this gap has been addressed, the consistent application of the revised arrangements with partners will need to be assessed in the next audit.</p>	<p>NAB25</p> <p>Interviews with staff</p>
2022-7.5 Naba'a does not systematically manage information to ensure its full accessibility.	Minor / by Renewal Audit 2025	<p>Naba'a advised that their Documentation and Archiving Guide was still in draft form and they plan to finalise and start implement of the Guide in 2025.</p> <p>The new Information Sharing Policy does not describe procedures relating to naming conventions, dating, version control, and access paths which are the gaps that were identified in the renewal audit. Thus, Naba'a has not evidenced taking steps to ensure that information is consistently managed effectively and accessible.</p>	<p>NAB15</p> <p>Interviews with staff</p>
2022-9.6: Naba'a does not have policies and processes in place governing risk management, the environment, and the acceptance of funds.	Minor / by Renewal Audit 2025	<p>Naba'a has evidenced that it has addressed the three aspects described as gaps within this CAR.</p> <p>Naba'a has developed an Environmental Policy which focuses on measures the organisation will take at the office level to reduce its impact on the environment. There is also a commitment to incorporate environmentally sustainable practices into the design and implementation of Naba'a programming and engage with communities to promote local environmental initiatives. Staff have been made aware of the policy through an induction undertaken with all staff.</p> <p>Management advised that due to the current unpredictability of the emergency situation in Lebanon, the time is not right to develop a more ambitious Environment Management System which was their original plan.</p> <p>Naba'a reported that they have enhanced their Safeguarding Risk Management Policy and developed an Anti-Corruption policy.</p>	<p>NAB4 NAB16 NAB23 NAB26</p> <p>Interviews with staff.</p>

		<p>The Safeguarding Risk Management Policy describes how Naba'a will identify and assess risks and the types of risks that will be analysed. The policy also describes preventative measures Naba'a will take and how they will monitor and evaluate the effectiveness of their risk management measures.</p> <p>The Anti-Corruption Policy applies to everyone employed and engaged by Naba'a (including board members and volunteers) as well as suppliers and vendors. The policy describes the different types of corruption within its scope and which includes conflict of interest, fraud and different ways of misusing resources. Anyone who observes a corrupt practice is encouraged to report it. There are provisions in the policy to ensure people who make a report remain anonymous and are protected from retaliation. In the Policy there are commitments to train all staff and stakeholders and to introduce the Policy to new staff in the onboarding process.</p> <p>Naba'a has developed and approved its Partnership Standards Policy. The policy documents Naba'a criteria for accepting donations from other organisations with the purpose of ensuring alignment between the source of donations and the core values of Naba'a. The document includes a checklist which must be applied before engaging with a potential donor. The policy describes that Naba'a will not accept donations that are:</p> <ul style="list-style-type: none"> - intended to advance political agendas - from organisations engaged in immoral or illegal activities - intended to promote religious conversion <p>Whilst the policies and procedures reviewed indicate that these gaps have been addressed, assessing how Naba'a applies the policies will need to be included in the next audit.</p>	
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3. Summary of non-conformities


Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2022-2.5: MEAL activities are not implemented systematically across Naba'a and its projects.	Minor	Open	by Renewal Audit 2025
2022-3.8: Naba'a does not have data management procedures in place to ensure the safeguarding of personal information.	Minor	Open	by Renewal Audit 2025
2022-5.4: NABA'A CHM Policy and procedures do not detail the scope of the CHM to specifically include complaints regarding other abuses of power or operational complaints.	Minor	Open	by Renewal Audit 2025
2022-5.7: Naba'a has no guidance or procedure to identify referral pathways and ensure a systematic referral for complaints falling outside Naba'a's CHM scope.	Minor	Open	by Renewal Audit 2025
2022-6.6: Naba'a partner agreements do not include reference to the expected staff behaviour standards and the need to abide by Naba'a's CoC.	Minor	Open	by Renewal Audit 2025

2022-7.5 Naba'a does not systematically manage information to ensure its full accessibility.	Minor	Open	by Renewal Audit 2025
2022-9.6: Naba'a does not have policies and processes in place governing risk management, the environment, and the acceptance of funds.	Minor	Open	by Renewal Audit 2025
Total Number of open CARs		7	

4. Claims Review

Claims Review conducted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5. Lead auditor recommendation

In my opinion, Naba'a has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit(s) and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability. I recommend maintenance of certification.	
Name and signature of lead auditor:  Phillip Miller	Date and place: 29 August 2024, Melbourne, Australia

6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
Surveillance audit before: 2025/09/29	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 25 September 2024

7. 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: Dr Qassem Saad (Chairperson)  	Date and place: 15-11-2024 Saïda - Lebanon

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.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: major weakness. <input type="checkbox"/> Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p>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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: minor weakness. <input type="checkbox"/> 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.	<p>Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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.	<p>Score 4: indicates an exemplary performance in the application of the requirement.</p>

* Scoring Scale from the CHSA Verification Scheme 2020