

Takaful Al Sham

Maintenance Audit 1 – Report – 2026/08/06

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor/ Gertrude Dendere-Chibwe			
Audit cycle	Third Cycle			
Opening Meeting	Date / number of participants	Any substantive issues arising		
	2026/07/15 – 6	None		
Closing Meeting	2026/07/22/– 5	None		
Interviews	Position / level of interviewees	Number of interviewees		Onsite or remote
		Female	Male	
	Managers		3	Remote
	Officers		2	Remote
Totals:		0	5	Grand Total: 5

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Takaful Al Sham (TAS) has continued to implement its Strategic Plan 2025-2029 titled, “Building an Empowered and Resilient Community.” An integral part of this strategy includes relocating its operational and governance centre from Turkey to Syria, hence since the 2025 Renewal Audit, TAS has increased its geographical footprint from mainly operating in Northwest Syria to having operations in 13 governorates within Syria. This resulted in most staff relocating from Turkey to Syria and the streamlining of duplicate or redundant staffing positions. The organisation’s employees have increased from approximately 281 at the previous audit to 294. TAS’ offices in Syria have increased from 2 to 6 and it is now operating 9 community centres in the country.

TAS has also established a separate board of trustees for its Syrian operations and is currently developing a comprehensive Terms of Reference that will govern all the existing trustee boards in Syria, Turkey and Germany. Since the 2025 Renewal Audit, TAS has established and operationalised the Internal Audit and Development department. The department provides an integrated function that links audit outputs with organisational development and continuous improvement processes and reports directly to the General Director to maintain its independence and autonomy.

Key changes in programming have been informed by the changes in needs of the communities returning to Syria and are in line with the Strategic Plan. These changes include a stronger focus on empowerment and early recovery, and initiatives that promote social cohesion within communities to reduce tensions and strengthen resilience.

TAS remains committed to the CHS and strives to enhance programme quality. As part of the organisational changes and efforts to address gaps identified in the previous audit, the organisation is in the process of improving its quality assurance processes. The Internal Audit and Development department oversees the facilitation of audits

and follows up on actions to address outstanding Corrective Action Requests (CARs). Since the 2025 Renewal Audit, the department has developed a centralised organisational gap tracking system that consolidates findings from multiple reports, such as internal and external monitoring, evaluations, complaints and feedback analyses, HQAI audits, and other assurance activities. The findings are reviewed with relevant departments to agree on corrective and preventive actions, assign responsibilities, monitor implementation, and integrate improvement measures into annual operational plans.

TAS is in the process of digitising its monitoring and accountability trackers within its ERP System, enabling automated workflows, dashboards, reminders, and trend analysis. These mechanisms are designed to strengthen organisational learning, evidence-based decision-making, and the sustainable implementation of the CHS.

The organisation has continued to implement actions to address the findings from the previous audit. However, progress in implementing some corrective actions has been slower than anticipated due to the relocation of a significant portion of the organisation's operations from Turkey to Syria at the beginning of the year, together with associated staffing changes. These organisational transitions have affected implementation capacity and the prioritisation of some improvement initiatives. TAS expects to make further progress in implementing the remaining corrective actions during the coming year as operational structures stabilise and planned improvement activities are completed.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the Corrective Action Request (CAR) and in response to the findings of the requirement	Evidence (document no., Key Informant Interview etc)
2025-2.5: TAS does not ensure that unmet priority needs of people and communities are referred to relevant stakeholders with the technical expertise and capacity to address them.	Minor /by the 2028 Renewal Audit	TAS is in the initial stages of addressing this finding as follows: - As part of the organisation's relocation to Syria, TAS is in the process of developing an integrated organisational referral system to standardise referral processes across all departments. - The system will define referral criteria, procedures, roles, and responsibilities, and ensure that unmet needs identified through complaints and feedback mechanisms, monitoring, and evaluations are managed through a coordinated organisational approach. Progress in addressing this finding has been limited following the organisation's relocation of its operations from Turkey to Syria at the beginning of 2026. The dynamic operating environment, in which stakeholder presence, service availability, and coordination structures continue to evolve, has further slowed progress.	Interviews with staff
2025-4.5: TAS does not have a coherent organisational approach to reduce the negative environmental impacts of its operations and programmes, in line with recognised good practice.	Minor /by the 2028 Renewal Audit	TAS is making progress to address this finding as follows: The organisation has now developed an Environmental Responsibility Framework to manage and reduce the environmental impacts of its operations and programmes. The framework has been approved by management however; it is yet to be integrated into organisational processes and procedures to ensure consistent application across all programmes and functions. This is expected to be implemented during the year 2027.	88 Interviews with Staff

2025-5.2: TAS does not regularly monitor whether all people and communities understand the expected behaviour of staff and volunteers in preventing harmful practices, including SEAH.	Minor /by the 2028 Renewal Audit	TAS is in the initial stages of addressing this finding, the organisation has plans to incorporate relevant questions on community understanding of expected staff behaviours into Monitoring, Evaluation, Accountability, and Learning (MEAL) and Accountability data collection tools used during interviews with target communities. The findings will be documented in monitoring reports and shared with senior management for review and follow-up. This is planned to start by the end of 2026.	82 83 89 Interviews with Staff
2025-7.4: TAS does not systematically share analysis and learning from feedback and monitoring, or related programme changes, with communities and relevant stakeholders.	Minor /by the 2028 Renewal Audit	TAS is making progress to address this finding as follows: - TAS Internal Audit and Development department established a centralised organisational gap tracking system that consolidates findings from multiple assurance reports and other internal meetings. - The consolidated learnings are captured in the mid-year and annual organisational learning reports that are shared with the relevant departments to support learning, evidence-based decision-making, strengthen organisational systems and procedures, enhance programme quality, and integrate improvement actions into annual operational plans. - TAS also compiled an Accountability report, that consolidates key findings from community complaints and feedback to identify key lessons learned and inform programme changes. Following up on this, TAS is planning to share the key findings, lessons learnt, programme improvements and changes with communities and relevant stakeholders through appropriate communication and engagement mechanisms, ensuring that learning is shared beyond the organisation.	81 84 86 87 90 Interviews with Staff
2025-8.3: TAS does not systematically ensure that staff have the necessary support, skills and competencies to fulfil their roles and responsibilities effectively.	Minor /by the 2028 Renewal Audit	TAS is making progress to address this finding as follows: - Since the 2025 Renewal Audit, TAS has reviewed and updated its performance appraisal system to incorporate both quantitative and qualitative performance indicators. The revised performance management system is currently being finalised prior to implementation in the following year. - In addition, TAS has reviewed and updated all staff job descriptions to align them with the organisation's competency framework, thereby strengthening consistency between role expectations, performance assessment, and staff development. - The organisation has also developed a 2026 Training Plan based on an assessment of staff competencies, identified learning needs, and recent staffing changes following the relocation to Syria. - TAS has established and maintains a central training archive containing annual training plans,	77 78 92 93 Interviews with Staff

		attendance records, and reports of completed training activities to support monitoring of staff capacity development.	
2025-9.5: TAS does not systematically identify, prevent, or manage risks at all organisational levels, and actions are not consistently taken in response to known or emerging risks.	Minor /by the 2028 Renewal Audit	TAS is making progress to address this finding as follows: - TAS's internal Audit department has conducted updated organisational and departmental risk assessments to identify weaknesses in key processes, emerging risks, and opportunities for improvement. - The updated risk matrix form and findings were shared with the relevant departments, and corrective and improvement actions were initiated as part of the organisation's quality improvement process. - TAS is currently finalising the updated organisational Risk Register that will define risk categories and levels, mitigation measures, risk owners, priorities, and monitoring arrangements to support a consistent and systematic approach to risk management across the organisation. - TAS is currently in the process of strengthening the integration of risk management into organisational processes and plans to fully implement these changes by the Maintenance Audit 2.	80 81 86 91 Interviews with Staff

3. Summary of non-conformities

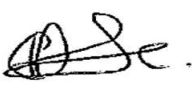
Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2025-2.5: TAS does not ensure that unmet priority needs of people and communities are referred to relevant stakeholders with the technical expertise and capacity to address them.	Minor	Open	By the 2028 Renewal Audit
2025-4.5: TAS does not have a coherent organisational approach to reduce the negative environmental impacts of its operations and programmes, in line with recognised good practice.	Minor	Open	By the 2028 Renewal Audit
2025-5.2: TAS does not regularly monitor whether all people and communities understand the expected behaviour of staff and volunteers in preventing harmful practices, including SEAH.	Minor	Open	By the 2028 Renewal Audit
2025-7.4: TAS does not systematically share analysis and learning from feedback and monitoring, or related programme changes, with communities and relevant stakeholders.	Minor	Open	By the 2028 Renewal Audit
2025-8.3: TAS does not systematically ensure that staff have the necessary support, skills and competencies to fulfil their roles and responsibilities effectively.	Minor	Open	By the 2028 Renewal Audit

2025-9.5: TAS does not systematically identify, prevent, or manage risks at all organisational levels, and actions are not consistently taken in response to known or emerging risks.	Minor	Open	By the 2028 Renewal Audit
Total Number of open CARs	6		

4. Claims Review

Claims Review conducted	☒ Yes ☐ No	Follow-up required	☒ Yes ☐ No
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5. Lead auditor recommendation

In my opinion, Takaful Al Sham has demonstrated that it is taking the necessary steps to address the CAR(s) identified in the previous audit and continues to demonstrate no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability. I recommend maintenance of certification.	
Name and signature of lead auditor: Gertrude Dendere-Chibwe 	Date and place: 2026/08/05 Johannesburg, South Africa

6. HQAI decision

☒ Certificate maintained ☐ Certificate suspended	☐ Certificate reinstated ☐ Certificate withdrawn
Maintenance Audit 2 to be completed by 2027/08/16 Renewal Audit to be completed by 2028/08/16	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 06 August 2026

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:	☒ Yes ☐ No

If yes, please give details:	
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: Abdullatif Alzalek 	Date and place: 11/08/2026

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