

# Action for Humanity

## Maintenance Audit 1 – Report - 2025/12/31

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Lead Auditor / Mahmoud Hassanin Elsis	
<b>Audit cycle</b>	First cycle (CHS:2014)	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	20 November 2025 / 5 (Male)	No
<b>Closing Meeting</b>	04 December 2025 / 5 (Male)	No
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Senior Managers	5
	Staff	3

### 2. Actions and progress of organisation

#### 2.1 Significant change or improvement since the previous audit

Since the Initial Audit, Action For Humanity (AFH) has introduced a range of adjustments that relate directly to how it conforms with the CHS requirements and follows up on the Corrective Action Requests (CARs) raised. These adjustments reflect a continued emphasis on clarifying governance arrangements, consolidating policies, enhancing internal oversight, and strengthening systems that support accountability and programme quality. Updated organisational materials indicate a clearer delineation of leadership roles, with oversight functions reinforced through positions related to operations, governance, programme quality, digital transformation and international finance. The revised organisational structure shows more defined reporting lines between executive and technical leadership, including responsibilities linked to policy oversight, compliance follow-up and the coordination of information flows across departments.

Alongside these revisions, AFH has adopted a tiered policy framework that organises policies into three levels: (1) policies meeting statutory and regulatory requirements; (2) policies reflecting CHS and donor-related commitments; and (3) Standard Operating Procedures at country office level. A centralised policy database has been established to track the status of policies, and there is an articulated intention to rationalise the overall volume of policies and align international and headquarters documents. Drafts have been developed or revised in areas such as localisation, partnerships, learning and development, policy development and review, beneficiary data protection and complaints, and work is planned on policies related to Prevention of Sexual Exploitation and Abuse (PSEA) and complaints. The framework outlines roles for the Board of Trustees, the chief executive, the chief operating officer, directors and heads of department in relation to policy review, approval and implementation, and is supported by governance documents that describe committee structures and decision-making routes.

In parallel, AFH has established a CHS Audit Task Force to coordinate activities related to CHS compliance, gap analysis, evidence collection, policy updates and audit readiness. The Task Force Terms of Reference and meeting notes show a structured approach that includes collecting policies and procedures from country offices, sequencing stages of review, monitoring staff training progress and linking audit requirements to internal workplans. Senior leadership and directors' meeting notes indicate regular follow-up on CHS-related issues, including the status of policy consolidation, progress on programme-design tools and actions linked to complaints handling, safeguarding, learning and risk management.

Adjustments have also been noted in a number of internal systems and tools. Programme design and budgeting templates have been revised to require clearer documentation of needs assessments, vulnerability criteria and basic risk considerations, as well as stronger links between planned activities, assessed needs and expenditure lines. A Standard Operating Procedure for project-cycle management using Microsoft Teams and Planner

describes steps for concept approval, documentation of design decisions and coordination between headquarters and field staff.

In the area of digital systems, AFH has progressed with an IT and digital transformation agenda, including preparation for an Enterprise Resource Planning (ERP) system, deployment of single sign-on, upgrades to network infrastructure and testing access to key systems such as the CRM. These initiatives are intended to support more consistent access to policies and procedures, improve data security and provide a platform for future integration of complaints, risk and programme management processes. An organisational capacity assessment has further identified areas for development in governance, policy management, learning, risk and quality systems and links them to planned improvement actions.

Training and learning initiatives have continued to evolve. AFH has adopted an annual training plan covering topics closely linked to the CHS, including safeguarding, risk management, complaints mechanisms and organisational responsibilities. Learning and development documents include tools for measuring training outcomes, tracking completion rates and linking learning content to job requirements. Onboarding materials require new staff to review core policies and complete CHS e-learning and other mandatory modules. At senior level, CHS-focused sessions and briefings have been held for leadership, and the CHS Audit Task Force tracks training requirements as part of its remit.

With regard to partnerships, AFH has taken steps to clarify humanitarian commitments within partner arrangements. An implementing partners' capacity-building plan sets out a structured approach that starts with organisational assessments and continues through modules on programme management, monitoring and evaluation, safeguarding, risk management, compliance, communications and financial reporting. Annexes to partnership agreements articulate partners' commitments to humanitarian standards, including CHS-related expectations on participation, feedback, safeguarding and accountability during implementation and monitoring. Taken together, these adjustments indicate that AFH is using the period since the Initial Audit to consolidate and further structure its approach to CHS conformity, particularly in relation to governance and policy frameworks, programme tools, risk management, training and partner capacity.

At this stage, most changes are visible in the form of revised structures, drafted or updated policies, strengthened roles, new tools and planned system investments. The consistent application of these measures across country offices and programme contexts, and the extent to which the observed changes lead to verifiable improvements in practice, will need to be assessed in subsequent audits.

## 2.2 Summary on corrective actions

<b>Corrective Action Requests (CAR)</b>	<b>Type and resolution timeframe</b>	<b>Progress made to address the CAR and in response to the findings of the indicator</b>	<b>Evidence (doc no., KII)</b>
<p>2024-1.2: AFH does not have mechanisms in place to ensure that programmes are systematically designed and implemented on the basis of an impartial assessment of needs and risks, and an understanding of the vulnerabilities and capacities of different groups.</p>	<p>Minor / By 2027 (RA)</p>	<p>AFH shows progress to address this CAR:</p> <ul style="list-style-type: none"> <li>Programme design templates have been revised to prompt staff to document the sources and methods used for needs assessments, including contextual analysis, vulnerability criteria and basic risk considerations. These additions are intended to help programme teams demonstrate how the evidence base informs their proposals.</li> <li>Budget templates have been adjusted to align more closely with the structure of the revised proposals and to support clearer links between expenditure lines, planned activities and assessed needs.</li> <li>The role of Programmes Quality Manager has been created with responsibilities that include supporting programme design processes, guiding staff on the use of templates and carrying out internal checks on the completeness and consistency of needs-assessment documentation. This role is</li> </ul>	<p>178, 179, 182, 183, 184, 188, 190, 202, 203, 208, 209, 212, 222, Interviews with staff</p>

		<p>expected to strengthen internal oversight of how impartiality and risk analysis are taken into account.</p> <ul style="list-style-type: none"> <li>• AFH has introduced a Standard Operating Procedure for project-cycle management using Microsoft Teams and Planner. The SOP sets out steps for concept approval, documentation of design decisions and coordination between headquarters and field staff. It is designed to support a more consistent approach to recording needs-related justifications.</li> <li>• The CHS 2025-26 Road Map sets out a structured plan for reviewing programme design tools, collecting missing policies and aligning them with CHS requirements, including criteria related to needs assessments and risk analysis.</li> <li>• AFH leadership team encourages staff to complete CHS training and apply the updated programme tools once they are issued. These communications indicate organisational intent to standardise how needs assessments are integrated into programme design. Interviews with staff indicate general awareness of the revised templates and new roles.</li> <li>• The extent to which these tools, roles and procedures lead to programmes that are consistently designed and implemented on the basis of impartial, risk-informed needs assessments across different contexts will need to be verified in subsequent audits.</li> </ul>	
<p>2023-3.6: AFH does not systematically identify potential unintended negative effects at the community level in all of the areas described in this requirement.</p>	<p>Minor / By 2027 (RA)</p>	<p>AFH shows progress to address this CAR:</p> <ul style="list-style-type: none"> <li>• Documentation indicates that AFH has started to integrate the consideration of potential unintended negative effects into its assessment tools. A draft Emergency Rapid Needs Assessment template includes fields for community context, vulnerability groups, potential risks and unintended effects, and an updated multi-sector needs assessment template prompts teams to consider adverse impacts during data collection.</li> <li>• An Environmental Policy Review summarises existing environmental guidance and identifies areas where climate-related considerations should be strengthened. This review is intended to inform updates to environmental and risk-management policies.</li> <li>• The CHS 2025–26 Progress Workplan foresees further policy work related to environmental risk and “do no harm”, and the Policy Framework and Compliance Structure clarifies responsibilities for the approval and revision of such policies.</li> <li>• A CHS Audit Task Force has been mandated to coordinate policy reviews and compliance monitoring, providing a cross-departmental</li> </ul>	<p>183, 184, 190, 196, 211, 217, Interviews with staff</p>

		<p>mechanism to follow up on corrective actions to address this CAR. Interviews suggest that the revised tools are at a piloting or early implementation stage. Further verification during MA2 and the Renewal Audit (RA) will be required to confirm whether these arrangements adequately respond to the original CAR and are applied systematically across the organisation.</p>	
<p>2024-3.7: AFH does not have a clear policy framework or guidance in place to prevent programmes having any negative effects, nor to strengthen local capacities.</p>	<p>Minor / By 2027 (RA)</p>	<p>AFH shows progress to address this CAR:</p> <ul style="list-style-type: none"> <li>• AFH has drafted a Localisation Policy that sets out commitments to devolve decision-making where appropriate and to strengthen the capacities of local partners. A Partnership Policy Review analyses existing partnership practices, highlights areas where roles and risk management need clarification and recommends improvements to better support partners.</li> <li>• The CHS 2025–26 Progress Workplan outlines a policy overhaul in which departments collect, consolidate and align policies with CHS commitments, including commitments related to preventing negative effects and strengthening local capacities.</li> <li>• AFH has compiled a Policies Main Database to track organisational policies and their status, enabling the identification of gaps and priorities for revision.</li> <li>• Senior leadership meeting notes record an intention to reduce the overall number of policies and to align international and headquarters policies, with an indicative timeline for publishing updated policies.</li> <li>• A capacity-building plan for implementing partners sets out structured training modules on needs assessment, project management, monitoring and evaluation, safeguarding, risk management, communications and financial reporting. An annex to partner agreements defines commitments to humanitarian standards, including CHS adherence and strengthening local capacities.</li> <li>• The CHS Audit Task Force provides a mechanism for coordinating policy revision and ensuring that policies addressing negative effects and localisation are consolidated within the wider policy framework.</li> <li>• The Policy Framework and Compliance Structure sets out a tiered policy hierarchy and clarifies responsibilities for policy approval and review, supporting the development of a more coherent policy environment. A Governance Briefing Note summarises committee structures and decision-making pathways that will oversee policy development and implementation.</li> </ul>	<p>180, 183, 197, 198, 199, 214, 208, 211, 217, 218, Interviews with staff</p>

		<ul style="list-style-type: none"> <li>Interviews suggest that the localisation and partnership policies are currently under development, with progress primarily focused on drafting, planning, orientation and partner capacity-building initiatives. Additional validation will be necessary during future audits.</li> </ul>	
<p>2024-3.8: AFH does not have effective systems in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.</p>	<p>Minor / By 2027 (RA)</p>	<p>AFH shows progress to address this CAR:</p> <ul style="list-style-type: none"> <li>AFH has developed a draft Beneficiary Data Collection and Management Policy that defines personal data, assigns responsibilities to data controllers and processors and sets out proposed legal bases and procedures for collecting, storing, sharing and disposing of information. The draft policy sets out standards consistent with recognised data-protection principles, including lawfulness, fairness and transparency, data minimisation, storage limitation, security and accountability. The policy remains in draft and is undergoing internal review.</li> <li>The organisation has created a Director of IT and Digital Transformation role to provide senior-level oversight of digital systems, data security and IT governance, including beneficiary information systems.</li> <li>A board report on IT and digital transformation notes that the ERP requirements-gathering phase is complete and that vendor selection is under way. It also highlights initiatives such as single sign-on, VPN testing, network upgrades and CRM access audits to strengthen cyber-security.</li> <li>The CHS 2025–26 Progress Workplan calls for staff training on CHS commitments, including awareness of data-protection requirements, and AFH has established a CHS Audit Task Force and a Policy Framework and Compliance Structure that together provide mechanisms for integrating data-protection requirements into organisational policies.</li> <li>Interviews indicate that the data-protection policy and related systems are being introduced. As of the MA1, consistent implementation across country offices had not yet been fully established and will require additional verification in future audits.</li> </ul>	<p>183, 186, 195, 205, 208, 211, 217, Interviews with staff</p>
<p>2024-4.1: AFH does not ensure that information, including about how it expects staff to behave and the programmes it is implementing, is systematically provided to communities in all contexts.</p>	<p>Minor / By 2027 (RA)</p>	<p>AFH shows progress to address this CAR:</p> <ul style="list-style-type: none"> <li>AFH has revised its Employee Handbook to further clarify its code of conduct, safeguarding obligations and whistle-blowing procedures, and is communicating the key amendments to staff.</li> <li>Onboarding checklists have been updated so that new staff are required to read core policies and complete mandatory training modules.</li> </ul>	<p>176, 183, 200, 202, 203, 204, 206, 207, 208, 211, 213, Interviews with staff</p>

		<ul style="list-style-type: none"> <li>• AFH has prepared a Training Plan and a Learning and Development Measurement Plan to schedule and monitor training sessions on safeguarding, accountability and CHS commitments. These tools are intended to support a more consistent understanding among staff of their expected behaviour.</li> <li>• The CHS 2025–26 Progress Workplan sets targets for staff to complete CHS training and includes actions to brief senior leadership and department heads on these commitments. Senior leadership meeting notes indicate a commitment to encourage CHS training for relevant staff.</li> <li>• AFH’s Learning and Development Plan indicates that additional leadership and technical training and learning-measurement tools are planned.</li> <li>• The CHS Audit Task Force coordinates policy revision and tracks training requirements related to staff conduct and organisational commitments.</li> <li>• Interviews indicate that these measures are contributing to improved staff awareness of expected conduct. However, the systematic process for sharing information about staff behaviour and programme activities with affected communities has not been verified across all contexts during the MA1. Community consultations during the RA (2027) will further assess the extent to which information about expected staff behaviours is routinely shared with communities.</li> </ul>	
<p>2024-5.4: AFH does not ensure that complaints-handling processes for people and communities affected by crisis are documented and in place in all programmes.</p>	<p>Minor / By 2027 (RA)</p>	<p>AFH shows progress to address this CAR:</p> <ul style="list-style-type: none"> <li>• AFH has drafted recommendations for a unified complaints web page that would explain how crisis-affected people, staff and donors can select the relevant category of complaint and be directed to the appropriate channel, clarifying routing and responsibilities between safeguarding, HR and donor-care functions.</li> <li>• A review of the beneficiary complaints mechanism clarifies complaint categories, proposes indicative timeframes for handling sensitive and non-sensitive cases, emphasises confidentiality and recommends that the recording and tracking of complaints be integrated into the planned ERP system.</li> <li>• Planning documents for the ERP and complaints mechanism indicate that the future system is expected to support logging, routing and monitoring of complaints cases, to provide management information on volumes, categories, timeliness and outcomes, and to incorporate whistle-blowing and misconduct-tracking functionalities which can be linked to safeguarding and PSEA-related processes.</li> </ul>	<p>183, 193, 194, 208, 211, 213, 217, Interviews with staff</p>

		<ul style="list-style-type: none"> <li>• The CHS 2025–26 Progress Workplan highlights the need to update complaints and PSEA related policies, align complaints procedures with CHS commitments and provide staff training on revised mechanisms.</li> <li>• Senior leadership and directors’ meeting notes discuss plans to streamline accountability and CHS-related policies, publish updated guidance on complaints and feedback and clarify responsibilities for oversight of these mechanisms.</li> <li>• The CHS Audit Task Force and the Policy Framework and Compliance Structure provide mechanisms for coordinating, approving and monitoring policy changes in this area and for following up on related corrective actions.</li> <li>• Interviews with staff indicate that awareness materials and training on the updated complaints mechanism are being prepared. However, the unified complaints page and centralised system is not yet finalised, and consistent programme-level use of complaints mechanisms could not be verified. Progress is therefore mainly reflected in design work, policy revision and systems planning at this stage.</li> </ul>	
<p>2024-9.6: Policies and processes governing the use and management of resources are not in place regarding how AFH assesses, manages and mitigates risk on an ongoing basis.</p>	<p>Minor / By 2027 (RA)</p>	<p>AFH shows progress to address this CAR:</p> <ul style="list-style-type: none"> <li>• AFH has updated its organisational Risk Register for 2025, expanding the categories of risks to include financial, operational, programmatic, safeguarding and risks. The register sets out mitigation measures and assigns risk owners, providing a clearer reference point for tracking and managing reputational risks. In addition, a Risk Register Presentation has been prepared and used to facilitate discussion with senior leadership and relevant oversight committees, indicating increased attention to structured risk review at organisational level.</li> <li>• AFH has initiated a financial management reform process and issued a request for proposals for an ERP system that specifies integrated modules for finance, procurement, HR and risk management. A consolidated list of required ERP features includes functionalities such as risk dashboards and role-based access permissions, reflecting an intention to embed risk-management processes in core administrative systems.</li> <li>• A board proposal on financial management and governance reform sets out a revised oversight model that introduces direct reporting lines for international finance functions, joint financial-programmatic oversight for higher-value projects, risk-based approval thresholds and a RACI model clarifying roles and responsibilities, together with a phased implementation roadmap. A Delegation of Authority Matrix</li> </ul>	<p>181, 183, 185, 187, 189, 191, 205, 211, 216, 217, 219, 220, 221, 224, Interviews with staff</p>

		<p>complements this by setting out approval levels and decision-making thresholds.</p> <ul style="list-style-type: none"> <li>• Revised job descriptions for senior operational and finance roles clarify responsibilities for internal controls, financial stewardship and risk oversight.</li> <li>• The Policy Development and Review procedure, together with the Policy Framework and Compliance Structure, sets expectations for how organisational policies – including those relating to risk – are created, reviewed and updated. The CHS 2025–26 Road Map includes commitments to develop a more coherent resource-risk management framework. The CHS Audit Task Force provides a mechanism for monitoring the implementation of CHS-related corrective actions, including those linked to risk management.</li> <li>• Governance documents, including the Governance Briefing Note, risk-related presentations and Board minutes, indicate that audit and risk committees receive information from a range of risk sources, including external audit observations and financial risk summaries.</li> <li>• Interviews with staff indicate that ERP procurement, financial-management reforms and policy-consolidation processes are under way. At this stage, however, consistent application of these measures across different parts of the organisation could not yet be verified. The measures described therefore represent important steps towards a more systematic approach to assessing, managing and mitigating organisational risks, rather than a fully established framework.</li> </ul>	
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### 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024-1.2: AFH does not have mechanisms in place to ensure that programmes are systematically designed and implemented on the basis of an impartial assessment of needs and risks, and an understanding of the vulnerabilities and capacities of different groups.	Minor	Open	By 2027 (RA)
2023-3.6: AFH does not systematically identify potential unintended negative effects at the community level in all of the areas described in this requirement.	Minor	Open	By 2027 (RA)
2024-3.7: AFH does not have a clear policy framework or guidance in place to prevent programmes having any negative effects, nor to strengthen local capacities.	Minor	Open	By 2027 (RA)

2024-3.8: AFH does not have effective systems in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	Minor	Open	By 2027 (RA)
2024-4.1: AFH does not ensure that information, including about how it expects staff to behave and the programmes it is implementing, is systematically provided to communities in all contexts.	Minor	Open	By 2027 (RA)
2024-5.4: AFH does not ensure that complaints-handling processes for people and communities affected by crisis are documented and in place in all programmes.	Minor	Open	By 2027 (RA)
2024-9.6: Policies and processes governing the use and management of resources are not in place regarding how AFH assesses, manages and mitigates risk on an ongoing basis.	Minor	Open	By 2027 (RA)
<b>Total Number of open CARs</b>	<b>7</b>		

## 4. Claims Review

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

In my opinion, Action for Humanity has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.

I recommend maintenance of certification.

<b>Name and signature of lead auditor:</b>	<b>Date and place:</b>
 Mahmoud Hassanin Elsis	14 December 2025 Beirut, Lebanon

## 6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn
<b>Surveillance audit before: 2026/12/31</b>	
<b>Name and signature of HQAI Executive Director:</b>	<b>Date and place:</b>
Désirée Walter 	Geneva, 31 December 2025

## 7. Acknowledgement of the report by the organisation

<b>Space reserved for the organisation</b>	
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
<b>Acknowledgement and Acceptance of Findings:</b> 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
<b>Name and signature of the organisation's representative:</b> Othman Moqbel  CEO	<b>Date and place:</b> 07-01-2026 Manchester, UK <small>DocuSigned by: Othman Moqbel C8609852B0A6492</small>

## 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><b>Score 0:</b> 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"> <li>• Independent verification: major weakness.</li> <li>• <b>Certification:</b> major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.</li> </ul>
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p><b>Score 1:</b> 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"> <li>• Independent verification: minor weakness.</li> <li>• <b>Certification:</b> minor non-conformity, leading to a minor corrective action request (CAR).</li> </ul>
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p><b>Score 2:</b> 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"> <li>• Independent verification and certification: observation.</li> </ul>
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><b>Score 3:</b> indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>• Independent verification and certification: conformity.</li> </ul>
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><b>Score 4:</b> indicates an exemplary performance in the application of the requirement.</p>

\* Scoring Scale from the CHSA Verification Scheme 2020