

ALPHA association

Initial Audit – Summary Report - 2026/03/31

1. General information

1.1 Organisation

Type	Mandates	Verified
<input type="checkbox"/> International <input checked="" type="checkbox"/> National <input type="checkbox"/> Membership/Network <input checked="" type="checkbox"/> Direct Assistance <input type="checkbox"/> Federated <input checked="" type="checkbox"/> With partners	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy
Legal registration	NNGO (Lebanese Law, Associations, Notification n°503, 1993)	
Head Office location	Ain el Remmaneh, Beirut, Lebanon	
Total number of organisation staff	139	

1.2 Audit team

Lead auditor	Mahmoud H. Elsis
Second auditor	-
Third auditor	-
Observer	-
Expert	-
Witness / other participants	-

1.3 Scope of the audit

CHS:2024 Verification Scheme	Independent Verification
Audit Cycle	First cycle
Type of audit	Initial Audit
Scope of audit	The audit covers ALPHA Association's Head Office (HO) and all humanitarian and development programming in Lebanon. ALPHA's offices and programming outside Lebanon are not included in the scope of this audit.
Focus of the audit	Humanitarian and development programming.

1.4 Sampling*

Sampling unit	Project sites
Total number of sampling units	7
Sample size	3
Total number of onsite visits	2
Total number of sampling units for remote assessment	1
Sampling Unit Selection	
Random Sampling – onsite/remote	Purposive Sampling – onsite/remote
Project# 2: A'Risheh Know & Grow – Onsite	Project #5: Education for Syrian refugee – onsite
Project #6 : Dirassa – Remote	
Any other sampling considerations: No.	

Sampling risks identified:

Three projects were selected for this Initial Audit to ensure balanced thematic focus, ways of working, geographic and implementation coverage across ALPHA's humanitarian and development mandates in Lebanon. Two projects were verified onsite, including community consultations and structured interviews with project staff and relevant stakeholders. However, clearance for the planned onsite verification of Project #6 (Dirassa) could not be secured. As a result, this project was assessed remotely, relying primarily on review of project documentation. While this adjustment reduced opportunities for direct site observation for that project, the alternative approach provided sufficient insight into programme design and oversight arrangements. Despite this modification and given the timely management of the sampling risk identified, the auditor remains confident in the findings and conclusions of this audit based on the sample.

**It is important to note that the audit findings are based on a sample of an organisation's activities, programmes, and documentation, as well as direct observation. Findings are analysed to determine an organisation's systematic approach and application of all aspects of the CHS across different contexts and ways of working.*

2. Activities undertaken by the audit team

2.1 Opening Meeting

Date	2025/12/12	Number of participants	9
Location	Head office, Beirut, Lebanon.	Any substantive issues arising	No

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Head office	2025-12-12	Onsite
Project# 2: A'risheh, Know and Grow	2025-12-15	Onsite
Project #5: Education for Syrian refugee	2025-12-17	Onsite

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office	9	2	Onsite
Management	4	2	Onsite
Staff	5	0	Onsite
Project Sites	7	6	Onsite
Management	1	1	Onsite
Staff	3	3	Onsite
Partner staff	0	1	Onsite

Others	3	1	Onsite
Total number of interviewees	16	8	24

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
Group Discussion 1- A'risheh, Mount Lebanon.	1	1	Onsite
Group Discussion 2- Damma, Ghazze, West Beqaa.	4	0	Onsite
Group Discussion 3- Damma, Ghazze, West Beqaa.	7	0	Onsite
Group Discussion 4- Damma, Ghazze, West Beqaa.	4	4	Onsite
Group Discussion 5- Damma, Ghazze, West Beqaa.	7	0	Onsite
Group Discussion 6- Damma, Ghazze, West Beqaa.	9	0	Onsite
Total number of participants	32	5	37

2.5 Closing Meeting

Date	2026/01/12	Number of participants	7
Location	Head office, Beirut, Lebanon.	Any substantive issues arising	No

3. Background information on the organisation

3.1 General information

ALPHA is a Lebanese non-governmental organisation established in 1993 and based in Beirut. The organisation operates across humanitarian and development domains, supporting communities affected by political, economic and social crises. Its stated mandate emphasises social inclusion, non-discrimination and accountability in programme delivery.

Published organisational reporting for 2024 indicates an overall annual budget of USD 2,144,750 and 16,447 beneficiaries. These figures are presented at organisation-wide level and are not geographically disaggregated within the scope of this audit (ALPHA also operates in other countries outside Lebanon; these operations are however not covered in this audit). Within Lebanon, ALPHA delivers programmes across four principal areas: education and psychosocial support, humanitarian assistance, youth and environmental initiatives, and health-related services.

Education and psychosocial support constitute a significant share of activities. In the West Beqaa, ALPHA operates the Damma Learning Centre in Ghazze, providing early childhood education and remedial learning support to Syrian refugee children. In 2024, the centre enrolled 687 children. During periods of insecurity in 2024, delivery modalities were adapted, including remote and hybrid approaches, to maintain continuity of services.

In Southern Lebanon, ALPHA implements education programming under the UNICEF-supported Dirasa initiative across several districts. In 2024, the programme supported 1,271 out-of-school children and 46 teachers in participating schools. Additional activities in Tibnin and Kabrikha include digital literacy, arts-based education and teacher development initiatives. Environmental programming is delivered through the A'Risheh Know & Grow Youth Environmental Centre in Mount Lebanon, promoting agroecology and biodiversity awareness among youth. In response to displacement during 2024, ALPHA implemented emergency assistance in Beirut and Saida, including distribution of assistive devices, medical supplies, winter clothing and cash assistance.

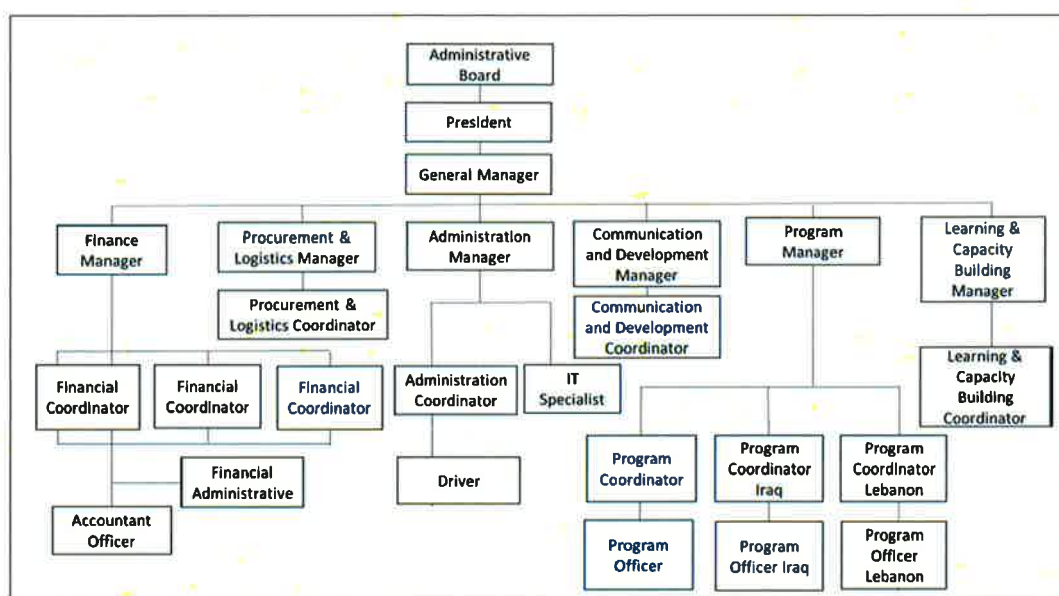
3.2 Governance and management structure

ALPHA is governed by an Administrative Board, which provides strategic oversight and holds overall legal and financial accountability for the organisation. The Board exercises authority over key decisions, including approval of budgets, financial oversight and delegation of executive responsibilities.

Day-to-day management is led by a General Manager, supported by functional departments covering Finance; Procurement and Logistics; Administration; Communication and Development; and Learning and Capacity Building. These functions define responsibilities at head office level and provide administrative and technical support to programme delivery.

Programme implementation is overseen by a Program Manager responsible for technical quality and coordination between central management and field teams. In Lebanon, programme oversight includes designated coordination roles and specialised personnel, including psychologists, social workers and educators. During periods of heightened insecurity in 2024, programme delivery modalities were adapted, including the use of remote and hybrid approaches, and resources were reallocated to respond to displacement.

The organisational chart below illustrates the intended governance and management structure.



In practice, some functions are combined and certain responsibilities are exercised flexibly in line with programme scale and available capacity. The structure is therefore partially operationalised, with elements continuing to develop as the organisation evolves.

The management arrangements in place support current programme delivery. However, institutional capacity remains concentrated within a limited number of key individuals, which may present continuity risks in the event of personnel changes. While a Human Resources Policy exists and performance management practices are sometimes applied, these elements are not yet consolidated within a fully integrated organisational human resource management framework. In several areas, coordination relies on established working relationships rather than consistently institutionalised systems. Further consolidation of workforce planning, role clarity and capacity development processes would enhance long-term sustainability and organisational consistency across programmes.

3.3 Work with partner organisations

ALPHA collaborates with institutional donors, United Nations agencies and local actors, including municipalities and community-based organisations, to support programme delivery in Lebanon. These partnerships facilitate access, coordination and implementation across thematic areas, including education, humanitarian assistance and community-based initiatives. In practice, coordination with partners is embedded within programme implementation. Field teams engage with local authorities and community actors to support outreach, beneficiary

identification and service delivery. During displacement in 2024, coordination with local authorities enabled distribution activities in affected areas. Collaboration functions effectively at operational level and contributes to programme continuity.

At institutional level, partnership arrangements are not yet governed by a consolidated organisational framework. While formal agreements exist, processes for partner selection, oversight and performance review are not supported by a unified methodology. Collaboration remains largely programme-driven and relationship-based. Mechanisms for systematically gathering and using partner feedback are limited, and shared responsibilities related to quality, accountability and the prevention of sexual exploitation, abuse and harassment (PSEAH) are not consistently formalised. The absence of a structured partnership framework may result in variability in practice and reduces predictability in the consistent application of organisational standards across collaborative arrangements.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

ALPHA maintains a set of established internal controls, particularly within financial and administrative functions. Financial procedures are defined and applied in accordance with approved frameworks, including segregation of duties, procurement controls, tender committee processes, bid comparison mechanisms, expenditure authorisation procedures and financial oversight arrangements. These measures provide a structured basis for resource management in line with donor requirements and the organisation's approved financial framework, enabling programme delivery within the existing structure. At programme level, monitoring activities are conducted routinely through technical supervision, activity tracking and periodic reporting. Data is collected at programme level, and managers exercise oversight through internal coordination and review mechanisms. These arrangements support the implementation of ongoing activities within established operational structures.

ALPHA has documented policies in several areas, including Risk Management, Human Resources, Anti-Corruption, Child Protection, PSEAH, and a Code of Conduct. Functional tools are used in specific areas, such as investigation templates for sensitive cases, risk assessment forms within programme proposals and procurement control procedures. However, review of documentation and practice indicates that several of these policies, while formally adopted, are not yet fully integrated within a consolidated organisational framework. In the area of risk management, the organisation does not maintain a unified and regularly updated organisational risk register, and risk identification and mitigation tracking remain distributed across programmes and departments. Risks are addressed at programme level, particularly within donor proposals, and mitigation measures are identified accordingly. Nevertheless, there is limited evidence of systematic, centralised monitoring of mitigation effectiveness or periodic review of risk trends at senior management or governance level.

Environmental risks are considered within programme design and implementation, and practical mitigation measures are applied where relevant. However, these practices are not managed within a comprehensive organisation-wide environmental management framework.

Safeguarding policies and supporting tools are documented, and staff demonstrate awareness of protection responsibilities. Nevertheless, complaints mechanisms and survivor-centred procedures are not embedded within a structured and documented institutional system for tracking and analysing cases at organisational level. In addition, a documented anti-corruption policy and related procedures exist; However, their consistent application is not supported by an independent internal audit function or a formalised institutional compliance review mechanism.

The Human Resource Policy is documented, though not yet fully operationalised. Performance management is conducted on an ad hoc basis rather than through a systematic and consistent process across the organisation. Workforce planning, structured capacity development and succession planning remain similarly underdeveloped within an integrated organisational framework. Certain oversight and knowledge functions are concentrated within a limited number of key individuals, and HR practices are applied with some variation across programmes.

Overall, the existing controls enable stable operational management of programmes and provide a level of financial and administrative oversight. However, the organisation has not yet established a fully consolidated institutional framework integrating risk management, quality assurance, complaints handling, organisational learning and human resource oversight. This

limits the organisation's ability to demonstrate systematic and sustainable assurance of quality and accountability across all programmes.

4.2 Level of application of the CHS

This Initial Audit establishes a baseline assessment of ALPHA's application of the Core Humanitarian Standard (CHS). Senior management demonstrated clear commitment to the Standard throughout the audit process, ensuring transparency and constructive engagement. The organisation approached the audit as an opportunity to strengthen institutional systems while maintaining its operational focus.

Overall, the score distribution indicates that ALPHA meets the majority of requirements with opportunities for improvement, alongside a defined number of minor weaknesses (Score 1), and two areas of major weaknesses (Score 0). Two requirements are fully met with organisational systems ensuring consistent application (Score 3 under 9.2 and 9.3).

Stronger application of the CHS is evident in areas linked to programme delivery and prevention of harm. Under Commitment 4, measures to identify and address potential and actual negative impacts of programmes are documented and operational in practice, including safeguarding and environmental considerations. In resource management (Commitment 9), financial oversight and internal controls are established in key areas, with risk mitigation measures partially in place. Notably, requirements 9.2 and 9.3 are fully met, reflecting functioning systems for financial management and resource oversight.

In diversity, communication and participation (Commitments 1 and 3), practices are largely functioning. Information is shared in accessible formats, communities are consulted through direct engagement, and participation occurs in programme implementation. However, under Requirement 1.6, a major weakness was identified due to the absence of a coherent organisational approach ensuring consistent and systematic information-sharing and participation across the organisation.

Programme implementation and adaptation (Commitment 2) are generally responsive, with targeting criteria applied and adjustments made in practice. Monitoring and coordination with local actors occur regularly (Commitment 6), and learning practices are present at project level (Commitment 7). However, several minor weaknesses indicate that these systems are not yet fully institutionalised or consistently documented across the organisation.

The most significant systemic gap relates to complaints handling and accountability to affected people (Commitment 5). While communities reported respectful staff conduct and indicated that they are generally able to raise concerns directly with staff, Requirement 5.6 is scored 0 (major weakness) due to the absence of a coherent, organisation-wide complaints management system aligned with recognised good practice. Related minor weaknesses under Commitment 5 indicate that structured monitoring, survivor-centred investigation processes, and predictable oversight mechanisms require strengthening.

Across commitments, a consistent pattern emerges: many CHS-aligned practices are functioning in practice, particularly at project level, but are not yet consolidated within fully integrated organisational systems with defined oversight, documentation standards and regular review mechanisms. Cross-cutting themes include the need to strengthen complaints management, formalise learning processes, consolidate risk management arrangements, and ensure consistent application of HR and accountability frameworks.

Overall, ALPHA demonstrates strong humanitarian intent, trusted relationships with communities, and operational capacity in programme delivery. The audit findings do not indicate widespread failure of practice; rather, they highlight the need to consolidate and formalise organisational systems to ensure predictability and consistent application of the CHS.

This audit raised 2 Major weaknesses (1.6 and 5.6) and 20 Minor weaknesses, reflecting targeted areas requiring system strengthening while recognising that the majority of requirements are being met with opportunities for improvement.

4.3 PSEAH

ALPHA's systems and practices for the Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) were assessed across policy, implementation and oversight levels. While certain foundational elements have been established, they do not yet constitute a coherent, organisation-wide framework capable of ensuring consistent prevention, safe reporting, survivor-centred response and structured oversight.

At policy and cultural level, there are positive features. Leadership and staff demonstrate awareness that sexual exploitation, abuse and harassment are unacceptable, and there is evidence of an organisational culture that takes such concerns seriously. Safeguarding considerations, including risks related to SEAH, are reflected in programme risk identification and mitigation measures. Certain data protection practices relevant to the management of sensitive information are in place, contributing to risk reduction. Communication with communities is generally conducted in accessible and contextually appropriate formats, providing a foundation upon which more structured and systematic PSEAH messaging can be strengthened. However, structural gaps remain across the prevention–response continuum. Information regarding organisational commitments on PSEAH, expected standards of staff behaviour and available reporting pathways is not systematically or consistently shared with communities. There is no established organisational approach that ensures transparent, regular and comprehensive information-sharing on PSEAH across all programmes. As a result, awareness among affected people cannot be assured as consistent, particularly among marginalised or less visible groups.

The most critical weaknesses relate to complaints handling and response mechanisms. Safe, confidential and accessible channels for communities to report concerns related to sexual exploitation, abuse or harassment are not formally established in line with recognised good practice. There is no structured system to monitor whether communities understand how to report concerns or how these will be addressed. Complaints related to SEAH are not managed through a predictable, organisation-wide framework with defined procedures, timelines, documentation standards and oversight arrangements. While concerns may be addressed in practice, responses rely largely on informal processes rather than institutionalised mechanisms.

Survivor-centred approaches are not embedded within a formal structure that ensures confidentiality, informed consent, safe referral pathways and protection from retaliation. This creates a material risk of inconsistent handling of cases and insufficient safeguarding of survivors’ rights and wellbeing.

Internal accountability mechanisms also require strengthening. Although expectations of conduct are generally understood and a code of conduct exists, adherence is not consistently reinforced through structured disciplinary and investigation procedures. Safe and confidential channels for staff and volunteers to report SEAH-related misconduct are not fully established. In addition, partnership arrangements do not yet ensure that partners’ roles, responsibilities and capacities to prevent and address SEAH are clearly defined, monitored and supported.

Overall, ALPHA demonstrates intent and emerging awareness in relation to PSEAH. However, prevention and response arrangements remain fragmented and insufficiently institutionalised. Addressing these gaps will require consolidating policies and procedures into an integrated PSEAH framework, clarifying roles and accountability lines, and embedding consistent monitoring and oversight mechanisms across all levels of the organisation and its partnerships.

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.	0.0
<p>ALPHA demonstrates a practical commitment to integrating diversity, equity and inclusion into its work with people and communities. Staff across projects demonstrate awareness of marginalised groups and take practical steps to reduce barriers to participation and access through context-sensitive engagement approaches. Communication with communities is conducted in accessible languages and respectful formats, with meetings, discussions and direct explanations observed across projects. People and communities are enabled to participate in decisions that affect them in practice, with engagement approaches adapted to context and community preferences.</p> <p>Community members are consulted through meetings, discussions and direct interaction, and their inputs are considered in programme implementation and adjustment. Informed consent is generally sought in implementation contexts, and people’s dignity is respected in communications. However, these practices are not embedded within a</p>	

<p>coherent organisational framework. ALPHA has not established a structured organisational approach to ensure transparent information-sharing and meaningful participation are applied consistently across programmes. There is no organisational system to plan, tailor or monitor the sharing of information on rights, entitlements and organisational commitments. Information related to expected staff behaviour and SEAH reporting pathways is not systematically communicated to communities. While consent is generally sought in practice, it is not supported by a documented organisational procedure to ensure consistent application. Participation and communication rely largely on decentralised and project-specific practices rather than a consolidated institutional methodology, and there is no consistent mechanism to ensure community participation is systematically reflected in organisational decision-making processes.</p> <p>A major weakness was identified in relation to the absence of a coherent organisational approach to ensure transparent information-sharing and meaningful participation are applied consistently across the organisation.</p>	
<p>Feedback from communities: Community consultations indicate that staff are generally accessible and engage respectfully with affected people. Community members reported being consulted through meetings, home visits and informal discussions, and many confirmed that assistance broadly reflects local needs. However, some community members indicated that information is not always shared in a timely or fully accurate manner. Awareness of organisational commitments and available entitlements varies between locations. While relationships with staff are described positively, the structure and consistency of information-sharing could be strengthened.</p>	
<p>Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.</p>	<p>1.5</p>
<p>ALPHA designs and implements programmes based on needs assessments and local knowledge, with local staff and community members contributing to understanding needs and existing capacities. Targeting criteria are established and generally based on vulnerability, and they are applied in practice. Most community members interviewed demonstrated a general understanding of selection decisions. Staff apply relevant technical standards required by donors, and programmes are implemented in a timely manner in most cases. Staff identify unmet needs and make informal referrals through personal or partner networks, demonstrating responsiveness to individual cases.</p> <p>Context, risks and vulnerabilities are analysed at project level using donor-required assessments and staff knowledge of local dynamics, informing programme design in specific locations. However, needs and contextual analysis are not routinely updated during implementation, and programme adjustments often depend on donor approval or individual initiative. The organisation lacks a structured mechanism to systematically capture and analyse changing needs across projects. Monitoring findings are not consistently consolidated to ensure programmes remain timely, accessible and responsive to evolving priorities. Referrals are not documented or systematically tracked, and there is no standardised pathway to ensure referrals are appropriate and followed up. Explanations of targeting criteria vary between locations and partners. Technical quality assurance depends largely on individual staff competence, and there is no structured organisational mechanism to systematically review and assure technical quality across projects. A coherent organisational approach to systematically understand and manage context, risks and vulnerabilities across the organisation has not been established.</p>	
<p>Feedback from communities: Communities reported contributing to the identification of local needs and to programme design through engagement with ALPHA staff. Many people indicated general understanding of targeting decisions and programme access. Staff were described as responsive to individual cases of unmet need. However, explanations of targeting criteria vary between locations, and communities have limited visibility of formal processes for ensuring that referrals to specialised services are tracked or followed up systematically.</p>	
<p>Commitment 3: People and communities are better prepared and more resilient to potential crises.</p>	<p>1.8</p>
<p>ALPHA supports formal and informal community leadership structures through engagement with municipalities, committees and local partners. Local staff and community members contribute to identifying risks and strengthening</p>	

preparedness at project level. Programmes demonstrate positive contributions to people’s lives and livelihoods, and environmental considerations are integrated within project activities. Local ownership and participation in decision-making are encouraged through partnerships and regular engagement with community representatives.

Support for locally led actions and community decision-making is evident in practice. Engagement mechanisms allow communities to play an active role in programme implementation, and local structures are involved in coordination and planning processes. These practices contribute to strengthening resilience at community level. However, these efforts are not anchored in a coherent organisational framework that systematically reinforces locally led preparedness and resilience across programmes. Support to community leadership relies primarily on relationships and project-level arrangements rather than documented institutional systems. Contributions to longer-term resilience and sustainability are not guided by a consolidated organisational approach, and there is no structured mechanism to monitor or ensure that locally led preparedness efforts are consistently planned and reinforced across projects. ALPHA has not established a coherent organisational approach to ensure its support systematically strengthens locally led actions and decision-making beyond individual project contexts.

Feedback from communities:

Community members reported that ALPHA works with local leaders, committees and community groups, and that they are involved in discussions related to programme activities. They described participating in meetings and sharing their views about local priorities. Some explained that projects help improve their daily lives and livelihoods, and that certain activities contribute to improving local conditions. Community members highlighted that their involvement usually takes place through direct interaction with staff and through project-specific meetings. Their experience of participation and locally led action depends largely on the activities implemented in their area.

Commitment 4: People and communities access support that does not cause harm to people or the environment.

2.0

ALPHA has established documented measures to identify, prevent and address potential and actual negative impacts on people and communities, including the Risk Management Policy, the Investigation Risk Assessment and Management Form, the Child Protection Policy and PSEA-related procedures. Project proposals include documented risk analyses and mitigation measures prior to implementation, demonstrating structured identification of contextual, operational and protection-related risks. Environmental risk identification and mitigation are integrated within programme design, with activities promoting agroecological practices, biodiversity protection and waste reduction. Infrastructure measures including rainwater harvesting systems, ecological construction features and sustainable land use practices further demonstrate attention to environmental impact mitigation.

The Code of Conduct and Communication Policy include confidentiality obligations, and the PSEA Policy outlines data protection requirements including restricted access and need-to-know principles. A comprehensive safeguarding policy framework is in place, encompassing the Child Protection Policy, PSEA Policy, Risk Management Policy, Anti-Corruption and Fraud Policy, Code of Conduct and defined investigation procedures supported by risk assessment and investigation plan templates. Preventive awareness sessions and corrective actions are undertaken in practice when concerns arise.

However, while these measures are documented and applied within sampled projects, they are not yet fully embedded within an integrated organisation-wide system that ensures structured monitoring of mitigation effectiveness and consolidated organisational review. Safeguarding measures are not yet supported by a consolidated organisational system integrating monitoring, periodic review and structured institutional learning across programmes. Environmental measures are not yet supported by a consolidated organisation-wide environmental management system. Data protection and confidentiality measures are not yet consolidated within a single documented organisation-wide information management policy governing data classification, retention, storage and lifecycle management across all programme data.

Feedback from communities:

Community members reported that staff treat people respectfully and that the organisation’s activities do not cause harm to individuals or to the surrounding environment. They explained that when problems or concerns arise, staff respond and take action to address them. Discussions about environmental aspects noted practical improvements

introduced through projects. Overall, communities expressed that the assistance provided is safe and that issues are addressed when identified.	
Commitment 5: People and communities can safely report concerns and complaints and get them addressed.	0.0
<p>ALPHA established Safeguarding-related policies and investigation templates, with roles defined in documentation for handling sensitive complaints. A PSEA Policy is documented, and PSEA focal points are designated with clear roles and responsibilities including awareness-raising and receiving SEA allegations. Investigation templates and SEA risk assessment tools are available to guide case handling, and defined investigation roles are referenced in documentation. When concerns arise, management and staff respond in practice, often through discussion and informal resolution. These elements demonstrate an intention to address misconduct and safeguarding-related risks.</p> <p>However, there is no coherent organisation-wide feedback and complaints system, resulting in a major weakness at requirement 5.6. No structured, safe, accessible and appropriate complaints mechanism has been implemented in line with recognised good practice. Reporting channels are not systematically designed, publicly communicated or accessible to all groups, and SEAH-specific pathways are not operationalised as a clearly communicated mechanism. Communities are not consistently informed about what behaviour to expect from staff and volunteers, including how harmful behaviours and SEAH are prevented and addressed. There is no structured mechanism to regularly monitor whether communities understand how to report concerns and complaints or how these will be addressed. Investigation roles defined in documentation are not embedded within an operational organisation-wide case management system with defined procedures, timelines, documentation standards and oversight arrangements.</p> <p>In addition, Staff are not trained to conduct investigations in line with recognised good practice, including survivor-centred approaches. There are no standardised referral pathways, documented informed consent procedures specific to complaints handling, or structured protection measures to mitigate risks of retaliation. No centralised complaints register or tracking mechanism exists, and there is no documented organisational review or oversight cycle to ensure complaints are consistently recorded, followed up and closed in a timely and appropriate manner.</p>	
<p>Feedback from communities:</p> <p>Communities reported that they can raise concerns directly with staff through informal channels and that staff generally behave respectfully. When sensitive complaints arise, staff are perceived as responding with care and discretion. However, many community members remain unclear about acceptable staff conduct and how misconduct should be identified or raised. Communities are not consistently informed about expected behaviour regarding SEAH, about formal reporting pathways, or about how complaints will be addressed, which limits their ability to safely report concerns through structured mechanisms.</p>	
Commitment 6: People and communities access coordinated and complementary support.	1.8
<p>ALPHA coordinates its work with municipalities, community groups and partners, with coordination occurring regularly across projects, helping to avoid duplication of efforts. Partners demonstrate an understanding of ALPHA's expectations in practice, supported by regular engagement, guidance, discussion and corrective dialogue when issues arise. Management and teams demonstrate ongoing assessment of partnership relationships, identifying challenges and taking corrective actions such as adjusting ways of working, reallocating roles and engaging in discussion when needed. Partnerships function effectively at an operational level, supporting day-to-day programme implementation. However, coordination primarily takes the form of information sharing, and joint planning or implementation are not consistently structured across all contexts. Participation in formal inter-agency coordination mechanisms, including sector working groups under the national humanitarian coordination structure, is limited and not guided by a defined organisational approach. The largely informal nature of coordination and the variability between projects limit consistency and reduce opportunities for institutional learning. Partner support is not underpinned by a clearly articulated organisational framework, which limits assurance of consistency and sustainability as partnerships evolve. Partnership assessments and corrective actions are managed in a largely informal manner and are not guided by a defined organisational methodology, reducing transparency and limiting structured organisational learning over time.</p>	

In addition, ALPHA has not established a coherent organisational approach to ensure that partnerships are consistently based on equitable decision-making, transparent resource sharing and clearly defined roles and responsibilities. Expectations are communicated through practice rather than formalised agreements in all cases, and partner feedback is not systematically sought or used to inform improvement. Roles and capacities related to SEAH prevention are not consistently defined and monitored through structured organisational arrangements, resulting in variability across partnerships.

Feedback from communities:

Community members explained that ALPHA works with municipalities, government entities and local groups, and that they noted the coordination between different actors during programme implementation. They also noted that services are organised in a way that avoids duplication and that roles between organisations are generally clear. In several locations, community members described seeing cooperation between ALPHA and local authorities or partners during activities.

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

1.4

ALPHA regularly listens and responds to feedback and inputs from people and communities in practice, with engagement and feedback discussions embedded in day-to-day activities. Disaggregated data are collected in practice, including by age and gender, to reflect the diversity of people and communities. Monitoring data are collected and used to track progress against project objectives, and staff make adjustments when issues arise. Learning activities take place through project reviews, monitoring discussions and staff reflection, and the organisation has articulated an intention to promote organisational learning. However, feedback and complaints data are not systematically consolidated, analysed or integrated into organisational decision-making processes. Learning from monitoring and feedback is not consistently documented, tracked or translated into revised practices across projects. Communities are not systematically informed about how their input has influenced programme design or adjustments. ALPHA has not established a coherent organisational approach for continuous learning and improvement, and lessons identified at project level are not consistently embedded at institutional level. Listening and response mechanisms vary between projects, and the collection and use of disaggregated data are not supported by a consistent organisational methodology, which may affect comparability and systematic use across programmes.

Feedback from communities:

Communities reported that their views are taken seriously and acted upon in most cases through clarification, discussion and practical adjustments within projects. However, communities were not clear on how their input has influenced programmes or led to specific changes in design or delivery. Learning is sometimes communicated verbally to communities occasionally. Most community members noted that projects have improved over time, suggesting that adaptation does occur in practice, even if not consistently documented or communicated.

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

1.4

ALPHA demonstrates leadership commitment to ethical conduct and humanitarian principles. A code of conduct is in place, and safeguarding responsibilities are formally recognised within organisational documentation. Staff generally demonstrate professional behaviour and commitment to their roles in programme implementation. Roles and responsibilities are defined in practice, and management engagement supports day-to-day supervision and operational functioning. Interviews with staff indicated that the working environment is generally perceived as respectful and inclusive, with openness to raising concerns in practice. However, awareness of the detailed content of the code of conduct is not consistent across all staff, indicating gaps in structured induction and ongoing reinforcement mechanisms. Safe and confidential reporting channels for misconduct are not fully formalised, and awareness of SEAH-specific reporting pathways among programme-level staff remains uneven. This limits organisational assurance that concerns related to misconduct can be raised safely, confidentially and through clearly defined procedures at institutional level. In addition, Disciplinary and investigation procedures are not embedded within a structured organisational framework with defined timelines, documentation standards and oversight arrangements. Although templates and roles are referenced in documentation, they are not operationalised through

a consolidated case management system aligned with recognised good practice. Staff are not systematically trained in investigation procedures, including survivor-centred approaches.

Workforce planning, structured performance management and professional development are not guided by a clearly articulated organisational methodology. Oversight of human resource systems remains largely practice-based rather than supported by an integrated institutional framework, which may affect consistency and long-term sustainability as the organisation evolves.

Feedback from communities:

Community members described ALPHA staff as respectful, professional and responsive in their interactions. Staff were perceived as knowledgeable about programme activities and capable of addressing questions and concerns. Communities expressed confidence in staff conduct and generally viewed interactions as safe and inclusive. There were no indications from community consultations of discriminatory behaviour or inappropriate treatment during programme implementation.

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

2.0

ALPHA demonstrates functioning financial oversight mechanisms at project level. Financial management processes are in place to ensure that funds are used for their intended purposes, and project expenditures are aligned with approved budgets. Internal controls operate in practice, and documentation supports traceability of expenditures. Procurement and financial procedures are applied in implementation contexts, contributing to transparency and accountability in the use of resources. These elements represent comparatively stronger areas of organisational performance, with systems functioning consistently in day-to-day operations. Management oversight allows for identification and escalation of operational issues when they arise, and financial risks are addressed through existing supervisory arrangements. Staff demonstrate awareness of accountability obligations linked to donor requirements and budget management. However, a consolidated organisation-wide risk management framework has not been established. While risks are recognised and addressed in practice at project or functional level, there is no comprehensive organisational risk register systematically identifying, analysing and monitoring risks across programmes and governance levels. Preventive risk management is not embedded within a structured institutional process, and risk oversight remains largely reactive rather than guided by a formalised, regularly reviewed framework.

ALPHA has not established a coherent organisational approach to ensure that resource management, internal control, and risk mitigation are integrated within a consolidated governance structure. As the organisation grows or expands activities, the absence of structured forward planning mechanisms and capacity analysis may affect sustainability and predictability. Organisational capacity remains concentrated within a limited number of key personnel, and succession planning or formalised capacity development strategies are not yet systematically articulated.

Feedback from communities:

Community members reported that activities are delivered as planned and that assistance reaches the intended people. They described the organisation’s work as organised and transparent in practice, with no indications of misuse of resources observed at community level. In several locations, communities expressed that projects are implemented as agreed and that materials and support are provided as expected. Some community members noted that staff are responsive when operational challenges arise and that activities continue despite local constraints.


* 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 weakness/weakness is issued, in this case the overall score for the Commitment is 0 (CHSA Verification Framework – Scoring Grid, 2024).

5. Summary of weaknesses

Weaknesses	Type	Status	Resolution timeframe
2025-1.2: ALPHA does not have a coherent, effective system to share relevant and timely information with people and communities about their rights, commitments and obligations, including PSEAH.	Minor	New	By the renewal audit 2029
M2025-1.6: ALPHA does not have a coherent organisational approach to ensure transparent information-sharing, communication and meaningful participation of people and communities in the actions and decisions that affect them, including PSEAH.	Major	New	By the renewal audit 2029
2025-2.3: ALPHA does not consistently ensure that programmes are adjusted to ensure actions are timely, accessible and address the priority needs of people and communities.	Minor	New	By the renewal audit 2029
2025-2.5: ALPHA does not have a documented and consistent referral mechanism to ensure that unmet priority needs are referred to relevant stakeholders with the technical expertise and capacity to address them.	Minor	New	By the renewal audit 2029
2025-2.6: ALPHA does not have a coherent organisational approach, including a consolidated risk analysis, to systematically understand and manage context, risks and vulnerabilities across its work.	Minor	New	By the renewal audit 2029
2025-3.5: ALPHA does not have a coherent organisational approach to ensure its support reinforces locally led actions and decision making.	Minor	New	By the renewal audit 2029
2025-5.1: ALPHA does not plan and implement safe, accessible and appropriate ways for all groups in a community to provide feedback and report concerns and complaints, including SEAH-related complaints, in line with recognised good practice.	Minor	New	By the renewal audit 2029
2025-5.2: ALPHA does not monitor whether people and communities understand how staff and volunteers are expected to act to prevent harmful behaviours, including SEAH.	Minor	New	By the renewal audit 2029
2025-5.3: ALPHA does not monitor whether people, communities and relevant stakeholders understand how to report concerns and complaints, including SEAH, and how these will be addressed.	Minor	New	By the renewal audit 2029
2025-5.4: ALPHA does not manage, investigate, address and/or appropriately refer complaints, including SEAH-related complaints, in line with recognised good practice.	Minor	New	By the renewal audit 2029
2025-5.5: ALPHA does not apply appropriate victim/survivor-centred approaches to investigate and address complaints and reports of misconduct, including SEAH.	Minor	New	By the renewal audit 2029
M2025-5.6: ALPHA does not have a coherent organisational approach to ensure any concerns and complaints, including SEAH, are welcomed and acted upon in a timely and appropriate manner.	Major	New	By the renewal audit 2029
2025-6.4: ALPHA does not have a coherent organisational approach to ensure collaboration and partnerships are based on equitable decision making and resource sharing and respect the roles, responsibilities and SEAH capacities of each partner.	Minor	New	By the renewal audit 2029
2025-7.3: ALPHA does not systematically use data from monitoring, feedback, complaints and learning to guide decision making or improve programmes and organisational ways of working.	Minor	New	By the renewal audit 2029

2025-7.4: ALPHA does not systematically share analysis and learning from feedback and monitoring and related changes with communities and relevant stakeholders.	Minor	New	By the renewal audit 2029
2025-7.5: ALPHA does not have a coherent organisational approach for continuous learning and improvement of actions and ways of working to better meet commitments to quality and accountability.	Minor	New	By the renewal audit 2029
2025-8.4: ALPHA does not ensure that all staff and volunteers consistently understand and adhere to a code of conduct that prohibits exploitation, abuse, harassment and misuse of resources, including SEAH.	Minor	New	By the renewal audit 2029
2025-8.5: ALPHA does not have clearly defined and communicated SEAH-specific reporting mechanisms that are safe, confidential and accessible to all staff and volunteers.	Minor	New	By the renewal audit 2029
2025-8.6: ALPHA does not consistently ensure that actions taken to address misconduct, including SEAH-related misconduct, are appropriate and aligned with recognised good practice.	Minor	New	By the renewal audit 2029
2025-8.7: ALPHA does not have a coherent organisational human resources management framework that ensures fair, non discriminatory and transparent people management in line with recognised good practice.	Minor	New	By the renewal audit 2029
2025-9.5: ALPHA does not have a coherent organisational risk management system to identify, prevent and manage risks, including corruption, fraud and conflicts of interest, at all levels.	Minor	New	By the renewal audit 2029
2025-9.6: ALPHA does not have a coherent organisational approach to ensure that resources are managed efficiently, effectively and ethically.	Minor	New	By the renewal audit 2029
Total Number of open Weaknesses	22		

6. Lead auditor recommendation


In my opinion, ALPHA demonstrates a high level of commitment to the Core Humanitarian Standard on Quality and Accountability and its inclusion in the Independent Verification scheme is justified.	
Name and signature of lead auditor: Mahmoud Hassanin Elsis 	Date and place: March 31 st , 2026 Doha, Qatar

7. HQAI decision

Registration in the Independent Verification Scheme:	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Refused
Next audit before: 2029/03/31	
Name and signature of HQAI Executive Director:	Date and place:

Désirée Walter 	Geneva, 31 March 2026
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8. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: <i>If yes, please give details:</i>	<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: Abir Kassis 	Date and place: Beirut 5 June 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	<p>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.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: A major weakness.</p> <p>Certification: A major weakness that compromises the integrity of the commitment which leads to a major corrective action request (CAR).</p>	<p>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.</p>
1	<p>Your organisation does not currently meet the requirement.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: A minor weakness.</p> <p>Certification: A minor weakness that compromises the integrity of the requirement which leads to a minor corrective action request (CAR).</p>	<p>To give a score 1, not all of the measurable components of the requirement are verified to be in place.</p>
2	<p>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.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met with an observation.</p> <p>Certification: Conformity with an observation.</p>	<p>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.</p>

3	<p>Your organisation meets the requirement, with organisational systems ensuring it is being met consistently throughout the organisation.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met.</p> <p>Certification: Conformity.</p>	<p>To give a score 3, all measurable components of a requirement are verified to be in place.</p>
4	<p>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.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met in an exemplary way.</p> <p>Certification: Conformity in an exemplary way.</p>	<p>To give a score 4, all measurable components of a requirement are verified to be in place.</p> <p>In addition, the following must be verified:</p> <ul style="list-style-type: none"> • An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. <p>and/or</p> <ul style="list-style-type: none"> • 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.
<p>Guidance notes for scoring commitments:</p> <ul style="list-style-type: none"> • 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 weakness/weakness is issued, in this case the overall score for the Commitment is 0. 		

* Scoring Scale from the CHSA Verification Framework 2024