

Hand in Hand for Aid and Development (HIHFAD) Maintenance Audit 2 – Report - 2025/11/10

1. General information and audit activities

Role / name of auditor(s)	Lead auditor / Meur Elisabeth	
Audit cycle	First cycle (CHS:2014)	
Opening Meeting	Date / number of participants	Any substantive issues arising
	20.10.2025 / 5	-
Closing Meeting	27.10.2025 / 5	-
Interviews	Position / level of interviewees	Number
	Managers/HO	3
	Coordinators/HO	3

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Maintenance audit 1 (MA1) in November 2024, the context of HIHFAD’s operations has changed dramatically. The fall of the Assad regime in December 2024 and the establishment of the al-Charaa government in Syria in March 2025 have had organisational and programmatic consequences. Firstly, from an organisational perspective, HIHFAD has relocated its head office from Türkiye (it still maintains one office in Hatay, Türkiye, for money transfers) to four offices in Syria (in Damascus, Homs, Aleppo, and Idleb) with all staff transitioning to Syria. Its governance system is shifting towards greater decentralisation, with increased responsibilities at the local office level. From a programmatic perspective, the organisation's scope of intervention has expanded from Northwest Syria to cover the whole country. This transition period presents the organisation with both opportunities and challenges. As a Syrian national organisation, embedded within the emergent civil society, HIHFAD is developing a new strategy that integrates early recovery into all phases of planning and implementation. Through the triple nexus approach of humanitarian aid, development, and peacebuilding, HIHFAD intends to support resilience, stability and long-term recovery. During this transition period (mid-2025 to mid-2026), HIHFAD is facing several new challenges, including financial constraints, political uncertainties and social acceptance issues in different Syrian regions.

Despite this period of change, HIHFAD has demonstrated an ongoing commitment to quality and accountability at strategic, institutional and programme levels. Since the last audit, it has continued to strengthen its Monitoring Evaluation, Accountability and Learning (MEAL), Safeguarding (SG) and Prevention of Sexual Exploitation and Abuse (PSEA) management systems. It has developed new policies, such as the “Accountability to Affected Populations Framework” and the “Program Cycle Management Manual”; new processes, such as the “SG and PSEA tracker”; and tools like the “Lessons Learned (LL) log”, the “Focus Group Discussion (FGD) Standard Operating Procedure” (SOP), and the “Multi-sectoral Needs Assessment”. During this MA2, HIHFAD has also demonstrated the concrete application of some of these new processes at project level.

Some open CARs have been impacted and delayed by the transition period. This is the case for the environment, Human Resources (HR) and the compliance functions. However, the organisation has taken concrete steps to close these CARs. HIHFAD has drafted an “Environment policy”, tested an environment impact tool, and is looking for an external audit company operating in Syria. Despite financial and political difficulties, HIHFAD ensured the implementation of its policy for staff security, health and wellbeing. It made all the severance payments in Türkiye using its unrestricted funds and ensured the smooth relocation of its staff to Syria by agreeing flexible work conditions. In addition, the organisation offers continuous staff training, it has developed the Employee of the month initiative and is looking for a health insurance coverage for its staff in Syria.

At Senior Management Team level, the strategic reflection on quality and accountability is ongoing in the new Syrian political environment and global context.

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)
<p>2023-3.7: HIHFAD has no procedures in place to identify potential unintended negative effects in the areas of livelihoods, the local economy and the environment.</p>	<p>Minor By 2026 (RA)</p>	<p>The closure of this CAR is in good progress regarding livelihoods and local economy, but efforts are still needed in the domain of the environment.</p> <p>The new “AAP framework” (2025) and the tools developed at the MA1 reflect Do No Harm (DNH) and protection well, and these tools have started to be implemented at project level. The “Multi-sectoral needs assessment tool” includes questions related to the income of households, livelihoods, and waste management. The FGD tool for communities covers potential negative effects of the projects at social, economic and environmental levels.</p> <p>However, the potential negative effects in the area of the environment are not yet fully and systematically assessed throughout all the projects. The draft “Environment Impact Framework” is not yet adopted and implemented for two main reasons: Firstly, HIHFAD tested tools such as NEAT+ at project level and found it needed to be adapted and was not relevant across different projects. Secondly, HIHFAD is waiting for clear government guidance in order to comply with the new national environmental policies.</p>	<p>Documents: ORG159-163, 171, 175-176.</p> <p>Interviews with management and staff.</p>
<p>2023-4.1: HIHFAD does not systematically ensure that information is provided to communities about the organisation's principles and how it expects staff to behave.</p>	<p>Minor By 2026 (RA)</p>	<p>HIHFAD is on track to address this CAR based on a comprehensive PSEA system. Firstly, HIHFAD has clarified its safeguarding approach in a structured way by articulating a new “AAP framework” which is supported by procedures and tools. The “FGD tool” is instrumental in this process, providing mandatory discussion topics such as “information on the organisation’s principles and the expected staff behaviour”. Additionally, HIHFAD has developed a “SG and PSEA awareness plan” supported by new visual communication materials, and it has provided staff training. Designated safeguarding focal persons ensure the effectiveness of the process at project level. HIHFAD uses a “PSEA tracker” to monitor PSEA training and awareness sessions.</p>	<p>Documents: ORG159-162, 165-167, 171.</p> <p>Interviews with management and staff.</p>
<p>2023-5.6: HIHFAD does not ensure that communities are fully aware of the expected behaviour of staff and of HIHFAD's</p>	<p>Minor By 2026 (RA)</p>	<p>The closure of this minor CAR is in good progress. Since the last audit, HIHFAD has strengthened its safeguarding functions through the systematic identification and the training of safeguarding Focal Points (FP) in head and local offices, the development of visuals and communication materials, and the organisation of</p>	<p>Documents: ORG 165-167.</p> <p>Interviews with</p>

<p>commitment to PSEAH.</p>		<p>awareness sessions for communities. To monitor the effectiveness of its safeguarding system, HIHFAD relies on checklist for communication materials and the PSEA tracker for training and awareness sessions. Safeguarding FP in offices must conduct at least two awareness sessions to communities, explaining the organisation’s PSEA commitment, expected behaviour and the Feedback and Complaints Response Mechanism (FCRM).</p> <p>During the transition period, it has been challenging to ensure systematic awareness sessions across all projects. The requirement for formal approval from the health ministry to conduct awareness sessions with health facility workers has caused some unexpected delays. Additionally, HIHFAD is attempting to increase its social acceptance within communities and organisations that are not accustomed to its working methods.</p> <p>The renewal audit will verify community awareness of expected staff behaviour.</p>	<p>management and staff.</p>
<p>2023-7.5: HIHFAD does not have effective mechanisms in place to record knowledge and experience and make it accessible throughout the organisation.</p>	<p>Minor By 2026 (RA)</p>	<p>HIHFAD has substantially strengthened its learning approach relying on the following components:</p> <ul style="list-style-type: none"> - the new “Programme Cycle Manual” embeds the learning process both in the design and in the closure phases. - the SOP for Lessons Learned (LL) describes the activities, responsibilities and deliverables. - a LL log records all the learnings at project level - structured open discussion sessions on LL are organised at the end of projects - a consolidated LL report is developed in coordination with all the relevant departments. The LL reports are on a shared folder accessible throughout the organisation. 	<p>Documents: ORG173, 182-186.</p> <p>Interviews with management and staff.</p>
<p>2023-8.9: The implementation of HIHFAD’s policy for staff security, health and wellbeing is dependent on the availability of donor funding and on donor rules and regulations.</p>	<p>Minor By 2026 (RA)</p>	<p>Progress has been made but it is still fragile due to the political and donor context. During this period of change, HIHFAD has ensured the implementation of its policy on staff security, health and wellbeing.</p> <p>HIHFAD:</p> <ul style="list-style-type: none"> - complied with the Turkish labour law and its HR policies by paying severance to all its staff in Türkiye, using its unrestricted funds. - successfully relocated its staff from Türkiye to Syria offering adaptive and flexible working conditions. - developed new HR initiatives to promote staff wellbeing in a rewarding working environment. - maintained capacity building for staff. - coordinated with representatives of the Syrian state regarding staff health insurance coverage. <p>Despite the financial challenges and the political context, the HR department has fulfilled its duty of care and remained compliant with national rules and regulations. The HR situation remains tense and several positions are unfunded.</p>	<p>Documents: ORG170, 172, 177, 178.</p> <p>Interviews with management and staff.</p>

<p>2023-9.6: HIHFAD has no policies or processes in place governing that: it (b) uses its resources in an environmentally responsible way; (d) it conducts audits, verifies compliance and reports transparently; it (f) ensures that the acceptance of resources does not compromise its independence.</p>	<p>Minor By 2026 (RA)</p>	<p>HIHFAD’s work on addressing this CAR is still on hold, partly due to contextual changes and the absence of clear state regulations and policies. However, HIHFAD has made progress in using its resources in an environmentally responsible way (b) by developing a draft “Environment framework”. HIHFAD has piloted the NEAT + tool for one of its projects, but it is still reflecting on how best to adapt it or adopt another tool for use across all projects. The external audit (d) is pending in Syria due to the changing context, and HIHFAD is seeking a new audit firm. Finally, while HIHFAD has not yet formalised a statement about accepting resources without compromising its independence (f), it has signed the “WHO Framework of Engagement with Non-State Actors”, which prevents NGOs from furthering the interests of the tobacco industry or engaging with the arms industry. As mentioned during the MA1, although the Go-No-Go scorecard considers strategic fit with donors, it does not cover ethical standards when assessing potential donors, nor does it enable the organisation to ensure that accepting funds will not compromise its independence.</p>	<p>Documents: ORG32, 175, 176, 180,181.</p> <p>Interviews with management and staff.</p>
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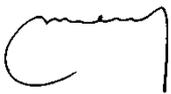
3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
<p>2023-3.7: HIHFAD has no procedures in place to identify potential unintended negative effects in the areas of livelihoods, the local economy and the environment.</p>	Minor	Open	By 2026 (RA)
<p>2023-4.1: HIHFAD does not systematically ensure that information is provided to communities about the organisation’s principles and how it expects staff to behave.</p>	Minor	Open	By 2026 (RA)
<p>2023-5.6: HIHFAD does not ensure that communities are fully aware of the expected behaviour of staff and of HIHFAD’s commitment to PSEAH.</p>	Minor	Open	By 2026 (RA)
<p>2023-7.5: HIHFAD does not have effective mechanisms in place to record knowledge and experience and make it accessible throughout the organisation.</p>	Minor	Open	By 2026 (RA)
<p>2023-8.9: The implementation of HIHFAD’s policy for staff security, health and wellbeing is dependent on the availability of donor funding and on donor rules and regulations.</p>	Minor	Open	By 2026 (RA)
<p>2023-9.6: HIHFAD has no policies or processes in place governing that: it (b) uses its resources in an environmentally responsible way; (d) it conducts audits, verifies compliance and reports transparently; it (f) ensures that the acceptance of resources does not compromise its independence.</p>	Minor	Open	By 2026 (RA)
Total Number of open CARs	6		

4. Claims Review

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

<p>In my opinion, HIHFAD 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.</p> <p>I recommend maintenance of certification.</p>	
<p>Name and signature of lead auditor:</p> <p>Meur Elisabeth </p>	<p>Date and place:</p> <p>03.11.2025</p>

6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
<p>Surveillance audit before: 2026/11/29</p>	
<p>Name and signature of HQAI Executive Director:</p> <p>Désirée Walter </p>	<p>Date and place:</p> <p>Geneva, 10 November 2025</p>

7. Acknowledgement of the report by the organisation

<p>Space reserved for the organisation</p>	
<p>Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:</p> <p>If yes, please give details:</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Acknowledgement and Acceptance of Findings:</p> <p>I acknowledge and understand the findings of the audit</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: Faddy Sahloul <div style="text-align: center;">  <hr style="border: 1px solid blue; width: 200px; margin: 0 auto;"/> <small>Faddy Sahloul (Nov 13, 2025 09:41:56 GMT+3)</small> </div>	Date and place: Syria Nov 13, 2025

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
<p style="text-align: center; font-size: 2em; font-weight: bold;">0</p>	<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 non-conformity 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>
<p style="text-align: center; font-size: 2em; font-weight: bold;">1</p>	<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 non-conformity 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>
<p style="text-align: center; font-size: 2em; font-weight: bold;">2</p>	<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 non-conformity/weakness is issued, in this case the overall score for the Commitment is 0. 	

* Scoring Scale from the CHSA Verification Framework 2024

1_HIHFAD_MA2_Summary_Report-2025-11-10

Final Audit Report

2025-11-13

Created:	2025-11-12
By:	Essam Abdely (e.abdely@hihfad.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA3aXupHo8T_oleNp9HbL58DfTm5xQk-sx

"1_HIHFAD_MA2_Summary_Report-2025-11-10" History

-  Document created by Essam Abdely (e.abdely@hihfad.org)
2025-11-12 - 1:39:19 PM GMT
-  Document emailed to faddy@hihfad.org for signature
2025-11-12 - 1:40:20 PM GMT
-  Email viewed by faddy@hihfad.org
2025-11-13 - 6:41:22 AM GMT
-  Signer faddy@hihfad.org entered name at signing as Faddy Sahloul
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-  Document e-signed by Faddy Sahloul (faddy@hihfad.org)
Signature Date: 2025-11-13 - 6:41:56 AM GMT - Time Source: server
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