

## REPORT OF THE ASSESSMENT AT BODY'S LOCATION

|                               |  |                   |                                  |  |                                |
|-------------------------------|--|-------------------|----------------------------------|--|--------------------------------|
| <b>CAB</b>                    | HQAI - Humanitarian Quality Assurance Initiative           |                   |                                  |  |                                |
| <b>Site/full address</b>      | 7, Ch. De Balexert – CH1219 Châtelaine (Switzerland)       | <b>Modalities</b> | On site <input type="checkbox"/> | Remote <input checked="" type="checkbox"/> | Mixed <input type="checkbox"/> |
| <b>Date of the assessment</b> | 2025/09/22, 2025/09/23, 2025/09/24, 2025/09/25 (half days) |                   |                                  |  |                                |

### SCOPE OF THE ASSESSMENT AND REFERENCE STANDARDS FOR ACCREDITATION <sup>1</sup>

|  | SCHEMES | MS | PRD | PRS | INSP | V&V | GHG | NOTES |
|--|---------|----|-----|-----|------|-----|-----|-------|
| <b>SCOPE OF THE ASSESSMENT</b>         |         |    |     |     |      |     |     |       |
| Initial                                |         |    |     |     |      |     |     |       |
| First surveillance                     |         |    |     |     |      |     |     |       |
| Second surveillance                    |         |    |     |     |      |     |     |       |
| Third surveillance                     |         |    | X   |     |      |     |     |       |
| Fourth Surveillance (where applicable) |         |    |     |     |      |     |     |       |
| Renewal                                |         |    |     |     |      |     |     |       |
| Supplementary                          |         |    |     |     |      |     |     |       |
| Extraordinary                          |         |    |     |     |      |     |     |       |
| Cross Frontier                         |         |    |     |     |      |     |     |       |
| Recognition                            |         |    |     |     |      |     |     |       |
| Maintenance of recognition             |         |    |     |     |      |     |     |       |
| Other                                  |         |    |     |     |      |     |     |       |

Specify if the transition to another standard is the object of the assessment (if affirmative, complete the information in accordance with note 1a) of this part of the report):

Other normative references:

<sup>1</sup> Reference standards for accreditation: ISO/IEC 17021 (MS) ISO/IEC 17024 (PRS), ISO/IEC 17065 (PRD), ISO/IEC 17020 (INSP), ISO 14065 (GHG/ETS), ISO/IEC 17029 (V&V).

See also the lists of standards and reference documents for the accreditation for CABs ([LS-02](#)), [IBs](#) (LS-03) and Verification and Validation Bodies (LS-12), available in ACCREDIA's website.

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Proposed scope of accreditation (to be completed only in case of extensions, new accreditations or other proposed variation for the scope of the accreditation certificate):

### ACTIVITIES OF THE ACCREDIA ASSESSMENT TEAM

| Position            | Name                   | Schemes assessed                               | Dates and sites assessed                       | Days | Days for the report |
|---------------------|------------------------|--|--|------|---------------------|
| Lead assessor       | Giorgio Arneodo        | PRD - Core Humanitarian Standard Certification | 2025/09/22-25; CH1219 Châtelaine (Switzerland) | 2    | 1                   |
| Assessor 1          | //                     |  |  |      |                     |
| Expert              | //                     |  |  |      |                     |
| Observer            | Paolo di Francia (SAS) | PRD - Core Humanitarian Standard Certification | 2025/09/23; CH1219 Châtelaine (Switzerland)    | 0,5  |                     |
| Competent Evaluator | //                     |  |  |      |                     |
| Interpreter         | //                     |  |  |      |                     |

### PRESENT FOR THE CAB

|     | Name                    | Position   |
|-----|-------------------------|--|
| 1.  | Victoria Lyon Dean      | Head Quality Assurance                                 |
| 2.  | Désirée Walter          | Executive Director & Head of Marketing & Communication |
| 3.  | Samanta Morais          | Research and Development Project Manager               |
| 4.  | Sarah Kambarami         | Supervisor Auditor and Lead Auditor for DRC audit      |
| 5.  | Birgit Spiewok          | Supervisor Auditor                                     |
| 6.  | Philip Miller           | Supervisor Auditor                                     |
| 7.  | Jorge Ménendez Martinez | Lead Auditor for Diakonia audit                        |
| 8.  | Anila Caca              | Budget and Finance Officer                             |
| 9.  | Gezim Kurteshi          | Accounting and Finance Officer                         |
| 10. | John Mulei              | Logistics Assistant                                    |
| 11. | Marie Chiche            | Project Manager  |
| 12. | Mirela le Dortz         | Head of Support Services                               |
| 13. | Alba Shopi              | Audit Co-ordinator                                     |

### LIST OF FILES EXAMINED<sup>2</sup>

| Scheme/Sector | Name of organization and activities assessed  |
|---------------|---|
| CHS           | DANISH RED CROSS - COPENAGHEN, DENMARK; Renewal certification based on Core Humanitarian Standard on Quality and Accountability 2024 Edition (first time with new version), Certificate No. DRC-CHS-18-02 |
| CHS           | DIAKONIA - STOCKHOLM, DENMARK; Renewal certification based on Core Humanitarian Standard on Quality and Accountability 2024 Edition (first time with new version), Certificate No. DIAKONIA-CHS-20-02     |

<sup>2</sup> In the event that, to cover a sector/category/technical area, etc., files have not been sampled but only the skills for the critical phases of the process, it is required that the information is in any case reported in the table with the relative specification of the competencies evaluated.

## REPORT OF THE ASSESSMENT AT THE BODY'S LOCATION

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|----|--|
| // |  |
|----|--|

### LIST OF FILES EXAMINED (for ETS)

| Scheme | Scope | Organization | Authorization number | Issuance reference year | Items verified |
|--------|-------|--------------|----------------------|-------------------------|----------------|
| NA     |       |              |                      |                         |                |

### TABLE WITH SUMMARY OF WITNESS ASSESSMENTS PERFORMED ON THE OCCASION OF THIS OFFICE ASSESSMENT

| Site of the assessment | CAB auditor/s | ACCREDIA assessor/s | Type of assessment/exam session |
|------------------------|---------------|---------------------|---------------------------------|
| NA                     |               |                     |                                 |

### DOCUMENT REVIEW / CLOSURE OF FINDINGS RAISED DURING THE DOCUMENT REVIEW

| Finding | Management and outcome (report the findings opened. <u>For closed findings, refer to the report of the document review that must be sent to the ACCREDIA technical office complete with the records of the evidence assessed that accounts for their closure</u> ) |
|---------|--|
| NA      |  |

### CLOSURE OF FINDINGS AND CONSIDERATION OF PREVIOUS COMMENTS

*Note for completion: the CAB must transmit on file, before the assessment, to the ACCREDIA team all the open findings which regard it (office and witness) filled in each section (treatment, cause, CAs, PAs, evidence of closure).*

*Note for a correct and uniform management of the closure of the findings:*

*A Concern that was not closed during the surveillance/renewal assessment must be reclassified as a NC in one of the following cases:*

- when the CAB has not implemented any of the treatments/corrective actions proposed;
- when the CAB has implemented the proposed CAs, but they have proved ineffective in removing the root cause.

*In other cases where the proposed CAs have been only partially completed by the CAB (except in cases of waiting necessary to perform the next planned audit at the client organization or the next planned training session for internal staff/auditors), the Concern must be closed for actions already completed and a new Concern issued limited to actions still in progress. Concerns which remain open due to the exceptions described above must in all cases be closed during the subsequent surveillance assessment scheduled at the CAB's head office.*

|                        |                                |  |   |   |  |                     |   |
|------------------------|--------------------------------|--|---|---|--|---------------------|---|
| 1                      | NC<br><input type="checkbox"/> | Cn.<br><input checked="" type="checkbox"/> | Standard/point:<br>ISO/IEC<br>17065:201<br>2 p. 7.3 | Scheme:<br>CHS (Core<br>Humanitarian<br>Standard)   | Office <sup>3</sup> : 7, Ch. De Balexert -<br>CH1219 Châtelaine CH | Date: 18-19/09/2024 | Acceptance by ACCREDIA    yes <input checked="" type="checkbox"/> no <input type="checkbox"/><br>Name: Loris Nardella<br>Date: 13/10/2024<br>Notes: |
| Description of finding |                                |  |   | <ol style="list-style-type: none"> <li>1. Treatment and timeline;</li> <li>2. Root Cause Analysis,</li> <li>3. Analysis of the extent of the failure</li> </ol> |  | CAs - timeline      |   |

<sup>3</sup> If it is a multisite CAB, specify if the finding raised regards a specific accredited site or if it belongs to the head office.

## REPORT OF THE ASSESSMENT AT THE BODY'S LOCATION

|   |   |  |
|---|---|--|
| <p>The Certification Body does not provide adequate evidence of having defined how the information related to the application review is recorded.</p>   | <ol style="list-style-type: none"> <li>1. HQAI will start recording who has conducted application and risk assessment reviews and when by the end of 2024 (either via on-line information management system or individual records).</li> <li>2. Audit feasibility is assessed by a Lead Auditor and documented via ADM 138 – this is systematically reviewed by HQAI, as per documented procedures. However, no record of the review is currently maintained.</li> <li>3. A system to review an application and carry out a related risk assessment of carrying out an audit exists and functions well. The issue is that we do not have evidence to show a review by HQAI has taken place beyond the documented procedure mandating it.</li> </ol> | <p>We expect to have introduced a system of documenting when an application review/feasibility risk assessment covering HQAI capacity to carry out an audit of a particular organisation by the end of 2024 and to be able to demonstrate its application during the next audit.</p> |
| Evidence of closure / effectiveness   |   | Closure<br>C <input checked="" type="checkbox"/> O <input type="checkbox"/> If O - clarify   |
| <p>Seen form ADM 138 – Audit Scoping Risk prepared in its current version. It is composed by the following sheets, each of them reporting all due information necessary to organize and then manage the audits to the Applicant organizations:</p> <ul style="list-style-type: none"> <li>• IA/RA risk assessment (Initial Audit / Renewal Audit)</li> <li>• IA audit feasibility</li> <li>• IA/RA scoping</li> <li>• IA/RA recommendations</li> <li>• Post audit recs</li> <li>• Claims review</li> <li>• MAJOR CAR REPORT</li> </ul> <p>The form is pre-filled form with instructions to give guidance to the Auditor during its filling in his pre examination of the project and what is added in relation to this finding are two rows in the MS Excel folders named. IA/RA recommendations (Initial Audit, Renewal Audit) with the following information: Reviewed by and Date of review. This consents to have direct evidence that the Supervisor control has been done (only Supervisors can fill this field).</p> <p>Seen also the example of compilation named ADM138_NUSANED Audit_Scoping Risk_Form_2025-08-18-SK reviewed, issued on 18/08/2025: the IA risk assessment and audit feasibility are both confirmed by Supervisor Sarah Kambarami.</p> |   |  |

|  |                                   |   |  |                     |
|--|-----------------------------------|---|--|---------------------|
| 2  | Description / Comment (year 2023) | Scheme & point of standard: CHS; ISO/IEC 17065:2012 § 8.2 | Office: 7, Ch. De Balxert – CH1219 Châtelaine CH | Date: 30-31/10/2023 |
| It could be useful to associate the detectability of the risk with the parameters already used (Impact and Probability) in the Risk Analysis to give greater significance in calculating the priority index. |                                   |   |  |                     |

<sup>4</sup> See the above note

## REPORT OF THE ASSESSMENT AT THE BODY'S LOCATION

|  |  |
|--|--|
| Analysed:    yes <input checked="" type="checkbox"/> no <input type="checkbox"/> | <b>Implementation status:</b> Seen ref. TRK003-Risk_matrix_and_follow-up-2025-09-11, approved on 2025/09/11. The CAB has implemented the new Risk Matrix which is still based on the risk coming from the evaluation of the Impact versus Probability estimated values but now the risk matrix has an additional column named Risk Owner (column D) to guarantee that the requirements of the detectability and also responsibility assignment are fulfilled.<br>If compared to the previous version, another change made in the Risk Matrix is that now the table with all the detected risks is unique and then is reported in one sheet and not spread in many obtaining an obvious advantage in readability and comprehension. |
| Implemented: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |  |

|  |                                   |   |   |                     |
|--|-----------------------------------|---|---|---------------------|
| 3  | Description / Comment (year 2024) | Scheme & point of standard: CHS; ISO/IEC 17065:2012 § 8.3 | Office: <sup>5</sup> 7, Ch. De Balexert - CH1219 Châteline CH | Date: 18-19/09/2024 |
| The CAB is recommended to take greater care in indicating changes in the documentation in use, e.g. the document ADM131-General contract conditions for audit agreement – 2024-01-29 reports elements in the Nature of change field that do not correspond to the changes actually made.   |                                   |   |   |                     |
| Analysed:    yes <input checked="" type="checkbox"/> no <input type="checkbox"/> tracking  |                                   |   |   |                     |
| Implemented: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>   |                                   |   |   |                     |
| <b>Implementation status:</b> This comment has been closed updating the tracking file relevant to all the HQAI quality system documents and procedures with the correct revision date of the quoted document ADM131-General contract conditions for audit agreement – 2024-01-29. Seen the MS Excel file TRK000-HQAI_List_of_docs-2025-06-08 reporting that ADM131-General contract conditions for audit agreement of 2024-01-29, has the Current version date (column C) on 2024-01-29. Seen also document ADM131-General contract conditions for audit agreement in its current version and in its second page there is that table of revision stating: <ul style="list-style-type: none"> <li>ADM131-General contract conditions for audit agreement - 2024-01-29</li> <li>Replaces: ADM131-General contract conditions for audit agreement - 2022-09-26</li> <li>Nature of change: Updated III. Simplification of items</li> <li>Approval of the original document: 2017-06-23</li> <li>Approval of the current version: 2024-01-29</li> </ul> |                                   |   |   |                     |

### COMPLAINTS/FEEDBACK RECEIVED BY ACCREDIA

| Party presenting the complaint or feedback (ref. code ACCREDIA) | Date of the complaint or feedback | Handling | Outcome (indicate if the complaint/feedback is open or closed) |
|---|-----------------------------------|----------|--|
| NONE  |                                   |          |  |

**~~1a) State of progress of the transition to the requirements of the accreditation and/or certification standards and/or inspection and/or validation/verification:~~**

The completion of the activities relating to compliance with the requirements of the standard ..... was verified by evaluating the applicable documents:-

<sup>5</sup> See the above note

## REPORT OF THE ASSESSMENT AT THE BODY'S LOCATION

1. Documents that define the minimum competences of the persons involved in the certification/inspection/validation/verification process (.....)
2. Record of the training session held on (date) .....
3. etc..

**Conclusion:**

On the basis of the assessment performed on the above documentation, a positive opinion is expressed on the transition of the CAB's accreditation against the requirements of the standard .....

**1b) OTHER CHECKS (also applicable to Certification and Inspection Bodies for the purpose of notification with the request to specify the status of conformity with the requirements of Document EA-2/17 M: 2020):**

**2) GENERAL NOTES:** None

**3) OTHER COMMENTS** (e.g. accidents or other situations of safety and security danger that occurred to the detriment of the ACCREDIA team during the assessment, reports relating to the ACCREDIA Code of Ethics and Conduct): None

**4) LIST OF DOCUMENTS OF WHICH THE ACCREDIA ASSESSMENT TEAM KEPT A COPY:** None

**4a) ATTACHMENTS:** None

**Number of findings:    0 NCs    0 Concerns    0 Comments**

### PROPOSAL OF THE ACCREDIA ASSESSMENT TEAM

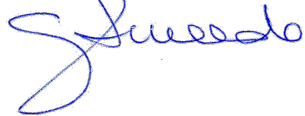
| Supplementary activities are recommended   | Explanation and description of the objectives of the supplementary assessment |
|--|---|
| <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><br><input type="checkbox"/> office <input type="checkbox"/> witness <input type="checkbox"/> documental <input type="checkbox"/> other |   |

| SPACE RESERVED FOR THE CAB  |
|---|
| Reservations regarding the findings/feedback concerning the behavior of the ACCREDIA team <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><br>Motivations: |

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The ACCREDIA assessment team shall not disclose to third parties any confidential information concerning the assessment without the written authorization of the CAB except in cases where the law provides for such information to be made known without consent (ISO 17011, 8.1). The assessment team also confirms its independence from commercial or other interests and from any ties, past or present, with assessed CABs (ISO 17011, 6.2.2). The assessment team also confirms its compliance with the ACCREDIA Code of Ethics and Conduct and of the applicable regulations (such as the ACCREDIA Statute and the contractual agreement for assessors and experts).

ACCREDIA  
Lead assessor  
Giorgio Arneodo



ACCREDIA  
Assessor/expert  
//

ACCREDIA  
Assessor/expert

ACCREDIA  
Assessor/expert

Representative of the CAB  
Executive Director  
Désirée Walter



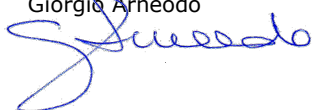
## REPORT OF THE ASSESSMENT AT THE BODY'S LOCATION

### RESULTS OF THE ASSESSMENT<sup>6</sup>

|                                     |   |   |   |   |   |  |
|-------------------------------------|---|---|---|---|---|--|
| 1                                   | NC <input type="checkbox"/><br>Cn. <input type="checkbox"/> | Standard/point:<br>ISO/IEC 17065:2012 § | Scheme: CHS (Core Humanitarian Standard)  | Office <sup>7</sup> : 7, Ch. De Balexert – CH1219 Châtelaine CH | Date: 2025/09/22-25   | Acceptance by ACCREDIA    yes <input type="checkbox"/> no <input type="checkbox"/><br>Name:<br>Date:<br>Notes: |
| Description of finding              |   |   | 1. Treatment and timeline,<br>2. Root Cause Analysis,<br>3. Analysis of the extent of the failure |   | CAs - timeline  |  |
|                                     |   |   |   |   |   |  |
| Evidence of closure / effectiveness |   |   |   |   | Closure<br>C <input type="checkbox"/> O <input type="checkbox"/> If O - clarify |  |
|                                     |   |   |   |   |   |  |

|   |                       |   |                       |       |
|---|-----------------------|---|-----------------------|-------|
| 1   | Description / Comment | Scheme & point of standard:<br>ISO/IEC 17065:2012 § | Office <sup>8</sup> : | Date: |
|   |                       |   |                       |       |
| Analysed:    yes <input type="checkbox"/> no <input type="checkbox"/>                               |                       |   |                       |       |
| Implemented: yes <input type="checkbox"/> no <input type="checkbox"/> <b>Implementation status:</b> |                       |   |                       |       |

ACCREDIA  
Lead assessor  
Giorgio Arneodo



Representative of the CAB  
Executive Director  
Désirée Walter



<sup>6</sup> *Note for completion: the ACCREDIA team shall complete the description of the finding and the acceptance and closure and the CAB shall complete the rest (treatment, cause, CAs/PAs, evidence of closure). In the case of NC and Concern, the CAB must send the treatment and the ACs to ACCREDIA for acceptance. After acceptance and before the next office assessment the CAB shall complete the evidence of closure and send a file to the ACCREDIA team with all the findings (office and witness) received over the year, in the schemes regarding the office assessment.*

<sup>7</sup> If it is a multisite CAB, specify if the finding raised regards a specific accredited site or if it belongs to the head office.

<sup>8</sup> See the above note