

Action Aid Group (AAG)

Renewal Audit – Summary Report – 2024-04-15

1. General information

1.1 Organisation

Type	Mandates	Verified
<input checked="" type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Membership/Network <input checked="" type="checkbox"/> Direct Assistance <input checked="" 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 checked="" type="checkbox"/> Advocacy
Total number of members in group	16	Sample size 4
List of group members	ActionAid Affiliates (10): Australia, Bangladesh, Denmark, India, Ireland, Italy, Kenya, Nigeria, Palestine, United Kingdom. ActionAid Country Programmes (6): Arab Region, Ethiopia, The Gambia, Haiti, Somaliland and Zimbabwe.	

1.2 Audit team

Lead auditor	Johnny O`Regan
Second auditor	Birgit Spiewok
Third auditor	-
Observer	Claire Goudsmit
Expert	-

1.3 Scope of the audit

CHS Verification Scheme	Independent Verification
Audit cycle	Second cycle
Coverage of the audit	Group scheme covering all members, their offices and all programmes and projects including humanitarian, development and advocacy mandates.

1.4 Sampling*

Total number of Federate Members in the Group Scheme					16
Total number of sites for onsite visit					1
Total number of sites for remote assessment					3
Group member	Randomly sampled project sites	Included in final sample	Replaced by	Rationale for sampling and selection of sites	Onsite or remote
Australia	N/A	Yes	-	Australia was included in the sample to include an affiliated member, that had not been sampled previously. Document review included project documents	Remote
Palestine	N/A	No	Nigeria	Palestine was not selected due to the	N/A

				current crisis situation in Gaza.	
Nigeria	N/A	Yes	-	Nigeria was selected to replace Palestine as another AA Affiliate, covering all three mandates (development, advocacy and humanitarian). Document review included project documents.	Remote
Arab Region	N/A	Yes	Original planning had identified Arab Region for the site visit. Due to unforeseeable security concerns related to the Gaza crisis and possible impact on the region, the site visit to Jordan was cancelled and replaced by The Gambia. Arab Region was kept as remote sample.	Arab Region was included in the sample as a Country programme with large-scale humanitarian programmes in several countries (Jordan and Lebanon). Document review included project documents.	Remote
The Gambia	Strengthening CSOs to advance the advocacy of FGM & other forms of GBV (near Banjul – Network strengthening) Global Fund/ HIV/AIDS Tuberculosis-partners (near Banjul – Partner implementation) Protective services and economic alternatives to potential young people and returnees (Central River Region – direct implementation)	Yes	-	The Gambia was already selected randomly, so after cancelling the site visit to Jordan, The Gambia was selected for the site visit. Although the programme does not cover humanitarian programming, their development and advocacy work is representative of the work of ActionAid.	Onsite

Any other sampling performed for this audit:

AAG management is led by a joint delegation of AA Kenya and AA UK (which was approved by AA International), and supported by the ActionAid International Oversight Committee (OSC). The OSC is chaired by the Humanitarian Director AAI and supported by the International Humanitarian and Resilience Team (IHART) which includes several Group Members, some of whom the auditors interviewed remotely.

Sampling risk:

There is confidence that the Group Members sampled are representative of AAG members' portfolio of all three mandates. Despite some limitations with a site visit that only covered development and advocacy programming and no humanitarian programmes, the auditors are confident that the evidence obtained is sufficient and appropriate to provide a basis for their conclusions and recommendation. While the mandate for the verification was extended to all three mandates, the audit included community consultations from development programmes only.

**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 Locations Assessed

Locations	Dates	Onsite or remote
Head Office (ActionAid International) Kenya & UK	19 Oct – 10 Nov 2023	Remote
Australia	19 Oct – 10 Nov 2023	Remote
Jordan	Jan 2024	Remote
Nigeria	Jan 2024	Remote
The Gambia	22 Jan – 26 Jan 2024	Onsite

2.2 Interviews

Level / Position of interviewees	Number of interviewees		Onsite/ Remote
	Female	Male	
Group (Oversight Standing Committee)			
Management and staff	6	3	Remote
Members (Programme and Projects)			
Management	4	2	Remote and onsite
Staff	9	11	Remote and onsite
Partner staff	5	6	onsite
Total number of interviewees	24	22	46

2.3 Consultations with communities

Type of group and location	Number of participants		Onsite or remote
	Female	Male	
Community Consultation with project participants, mixed group	7	2	onsite
Individual interviews with social group peer workers	1	2	onsite
Community Consultation with project participants, mixed group	4	5	onsite
Community Consultation with youth project participants (age 18-35)	5	5	onsite
Community Consultation with female youth project participants (age 18-35)	7		onsite
Total number of participants	24	14	38

2.4 Opening meeting

Date	2023/11/01
Location	Online
Number of participants	18
Any substantive issues arising	-

2.5 Closing meeting

Date	2024/02/07
Location	Online
Number of participants	18
Any substantive issues arising	<p>The auditors noted in the meeting that there is evidence of a committed and active OSC, which has made progress in addressing the Major Weakness identified in the previous Mid-Term Audit. However, it was pointed out that there are still gaps regarding group auditing that have not been adequately defined or operationalised.</p> <p>Also, the audit team identified a number of non-compliances regarding Commitment 5. While some progress was noted toward addressing these weaknesses, there remains some significant gaps.</p>

2.6 Programme site

Briefing

Date	2024/01/22
Location	The Gambia
Number of participants	9
Any substantive issues arising	-

De-briefing

Date	2024/01/26
Location	The Gambia
Number of participants	10
Any substantive issues arising	-

3. Background information on the organisation

3.1 General information

The ActionAid Group (AAG) is comprised of ten ActionAid affiliates (Australia, Bangladesh, Denmark, India, Ireland, Italy, Kenya, Nigeria, Palestine, United Kingdom) and six ActionAid country programmes (Arab Region, Ethiopia, Gambia, Haiti, Somalia and Zimbabwe) that are managed by the Global Secretariat of ActionAid International (AAI).

The members of the ActionAid Group are also members of ActionAid International (AAI), an association established in 2003 as the central international structure of the ActionAid Federation. AAI currently (annual report 2022) comprises of 25 affiliates with full membership, 5 associates in transition to become full members and 15 country programmes. The association is united by a central structure and shared values, vision and mission. In 2017, a sub-set of AAI's members came together to form the ActionAid Group for the purpose of seeking quality assurance against the Core Humanitarian Standard.

The vision and mission of AAI applies to the ActionAid Group. The vision is to have a just, equitable and sustainable world in which every person enjoys the right to a life of dignity, freedom from poverty and all forms of oppression. The mission is to achieve social justice, gender equality, and poverty eradication by working with people living in poverty and

exclusion, their communities, people's organisations, activists, social movements and supporters.

ActionAid Group members work with communities, people's organisations, women's movements, groups and networks, social movements and other allies to overcome the structural causes and consequences of poverty and injustice. Thematic areas include: food rights, women's rights, governance, education, emergencies and conflict, climate change and HIV and AIDS. ActionAid Group members support the four priorities of AAI: addressing the structural causes of violence against women and girls and secure women's economic justice; ensuring increased civic participation and state accountability for the redistribution of resources and delivery of quality, gender-responsive public services; strengthening resilient livelihoods and secure climate justice and; driving transformative women-led emergency preparedness, response and prevention.

In 2022, ActionAid International total expenditure was EUR243 million, of which 68% was spent on programming, 16% on fundraising, 15% on support and 1% on governance.

3.2 Governance and management structure

There have been no major changes in the governance and management structure of **ActionAid International (AAI)** since the last audit. Key structures are:

- a. Affiliates are autonomous entities with their own board of directors;
- b. Country programmes have their own management structure but are line managed by the Global Secretariat and do not have their own boards;
- c. AAI has a suite of centralised policies, guidance manuals and protocols that apply to all affiliates, associates and country programmes;
- d. The Global Secretariat (GS) provides support during emergencies, coordinated by the IHART team, including fundraising, information, and deployments. The GS and delegations provide support in Communications & Media, Policy and Advocacy, and Accountability in Emergencies.
- e. Some of the AAI delegations, such as Women's Leadership and Protection in Emergencies, (formerly led by AA Australia, AA Kenya, AA Haiti & AA UK) and the Resilience Delegation, led by ActionAid Bangladesh are in the process of developing into regional forums/networked models. The current delegations include Accountability in Emergencies led by Kenya and the UK; Fundraising in Emergencies led by the UK and Communications in Emergencies led by the UK.
- f. IHART provides technical and practical support to members/country programmes on emergency preparedness, response and resilience building and includes roving humanitarian advisers. IHART also manages the Disaster Preparedness and Response Fund (DPRF) – AAI's rapid funding mechanism to initiate emergency responses;
- g. AAI's Emergency Fast Action and Support (EFAST) team are deployed from a roster to work alongside local staff and partners to implement high quality emergency response programmes. EFAST members are recruited into one of 19 sectors including accountability, finance, HR, disaster risk reduction (DRR) and resilience. In addition to the global EFAST that is managed by IHART, members/countries are encouraged to develop national EFAST rosters to cover the skills likely to be required in the event of an emergency.

The management structure of the **AAG** has not changed since the last audit:

- a. The **ActionAid Group manager** is ActionAid International Kenya (ActionAid Kenya) with support from ActionAid UK as the co-leads of the Accountability in Emergencies delegation which holds delegated responsibility by AAI to coordinate Core Humanitarian Standard (CHS) compliance for the Federation.
- b. A **CHS Oversight Steering Committee (OSC)** has been established to take responsibility for overall management and quality assurance of the AA CHS Group. The CHS OSC is convened by the Humanitarian Director of IHART from within ActionAid International.

3.3 Internal quality assurance mechanisms and risk management

Each group member has its own internal quality assurance system in place, covering reporting, monitoring and evaluation (M&E), auditing and risk management.

With regard to AAG member complying with the CHS, the CHS OSC is responsible for:

- a. Monitoring and ensuring that ActionAid Group and its members conform to the CHS commitments;
- b. Providing oversight on the centrally coordinated support to the 16 members to complete the self-assessment against the CHS and to ensure that the findings/observations of HQAI auditors are appropriately addressed;

- c. Agreeing on Country wide plans and resourcing and oversee implementation of agreed plans;
- d. Supporting the Accountability delegation (and wider Group) to raise funds for the outlined work;
- e. Formulating ways of working that will support compliance to CHS for members of the Group countries;
- f. Commissioning the internal audits on compliance and reviewing the performance of the country teams on compliance with the CHS;
- g. Deciding on continuation/discontinuation of the countries in/from the group.

Members of ActionAid Group are expected to:

- a. Avail and dedicate staff to support CHS integration within their programmes and projects;
- b. Cost share in the implementation of delegated accountability activities (specifically cover travel costs of staff and partners);
- c. Promote and strengthen local national rootedness in international engagements;
- d. Integrate CHS into their humanitarian programming, policies and practice;
- e. Participate in joint planning and monitoring.

3.4 Work with partner organisations

Working in Partnerships is a core element of ActionAid's approach, including working with people's organisations, social movements, non-governmental and community-based organisations. Working with partners to promote women's rights and leadership in humanitarian action is a particular focus.

ActionAid joined the Charter for Change in 2020 to signal its commitment to shifting power to humanitarian and resilience partners. ActionAid members use organisational capacity tools to assess potential partners' capacity. They vary by member but consider areas such as governance and leadership (e.g. human rights-based approach (HRBA), ability to mobilise, safeguarding), programming (including monitoring and evaluation), financial and operational (e.g. communication, staff skills). Results are used to develop capacity building plans.

ActionAid has committed to ten guiding principles for practical programming to ensure women's rights and leadership and shifting power to young people in humanitarian action in line with its humanitarian signature.

4. Overall performance of the Group Members

N°	Indicator	Summary of findings	Score
G1	The Group has between 3 and 20 members	Group members meet the eligibility criteria for a group.	3
G2	There are no members with more than 5 country programmes		3
G3	The group members are autonomous organisations within the scope of the audit (i.e. members have an identified central function at which the activities covered by the scope of the audit are planned, controlled or managed)		3
G4	The group manager has the legal authority to manage and enforce all the requirements of the group scheme		3
G5	The responsibilities of the group entity, manager and group members are clearly and legally attributed		3

G6	The group entity has mechanisms in place to control declarations of members in regard to their belonging to the group, verification status, use of certification mark and certificate		3
G7	The group entity has an up-to-date register of all the group members		3
Group members			
G8	Members formally commit to abide by the membership requirements	Group members commit to applying the requirements of Group membership.	3
G9	Members are aware of the rules for resignation and expulsion from the group		3
G10	Members commit to the continuous application of the standard		3
G11	Members commit to the resolution of their major weaknesses within 4 years/resolution of their CARs in due time		3
Group Quality Assurance (monitoring & auditing)			
G12	All the members are covered by the quality assurance processes of the group over a 5 years cycle	Group members commit to applying the requirements of this indicator	3
G13	The sampling rate for auditing of the group is at a minimum 80% of the square root of the number of members	Group members commit to applying the requirements of this indicator	3
G14	The procedures for auditing are defined, including: a. The criteria for sampling; b. Recruitment and training of internal auditors; c. The criteria to be monitored at each audit, covering at a minimum all the membership requirements; d. How to carry out field audits; e. The issuance of CARs; f. The quality control of the audits.	<p>In the past audits, a Major Weakness was raised related to AAG not having defined its own approach to auditing group members.</p> <p>AAG has since undertaken several steps to address this issue in a way that conforms with existing wider AAI Federation Quality Assurance processes. These existing processes include the annual attestation process, internal audits and the accountability and performance framework.</p> <p>AAG has developed an AA CHS Group Monitoring and Quality Assurance Process description, which outlines how AAG will integrate CHS group management requirements into existing AA Quality Assurance processes. As part of this, AAG has started to map the content of the existing AAI Federation internal Quality Audits against the CHS, in order to identify possible gaps and close these. This has not been finalised yet, and AAG cannot assure, at the time of this audit, that all CHS requirements are included in the Quality Audits performed by AAI.</p> <p>While these steps do not fully satisfy all requirements, they are sufficiently advanced to demonstrate the group's commitment to resolving</p>	1

		the major weakness on G14. However, minor non-conformities have been identified regarding G14, G15, G16, G17, G20 (G21 and G22 following). These will need to be addressed prior to the next CHS audit to demonstrate continuous implementation of the AA CHS group Monitoring and Quality Assurance Process.	
G15	Corrective Action Requests are issued when relevant	Quality Audit currently only include mandatory Management response and actions plans but no CAR as such.	1
G16	The resolution of CARs is followed up adequately by the group entity	See G15	1
G17	The frequency of audits is at a minimum annual, and increased if circumstances dictate, and especially when major non-conformities are issued	Frequency of Quality Audits of group members has not yet been aligned with the requirements of this indicator.	1
G18	There are sufficient resources attributed to monitoring and auditing	The Quality Audits are funded through AAI, but staff referred to some limitations in resource allocation.	2
G19	The monitoring/auditing is independent and impartial	The Quality Audits are being done by AAI staff, so not entirely independent from the group members.	2
G20	Stakeholders, especially communities and people affected by crisis, provide inputs in the monitoring and audit processes of the group	The audit manual provides comprehensive guidance on ensuring communities and people affected by crisis provide input to audit processes, which review monitoring processes as part of the audit criteria. However, as per G14, ActionAid Group has not yet defined the extent to which communities and people affected by crisis input to its monitoring and audit processes.	1
Group management			
G21	Documents related to the group management are up to date and available	Documents of the Group are up to date and recorded, mainly the ActionAid CHS Group Monitoring and Quality Assurance Process description to which several other documents are attached, e.g. Terms of Reference for the CHS OSC. Not all attachments are fully in place, as some processes are still ongoing.	1
G22	Records include information about members: a. Partnerships agreements; b. Internal audits/monitoring records; c. Project records	Records provided to the CHS audit team do not include internal audit reports. The OSC provided a Group Engagement Tracker document in the last audit, but have not provided an updated version. This gives an overview over the group members status regarding CHS self-assessments.	1
G23	Procedures to accept new members include a due diligence process to check, at a minimum, the organisational capacity to implement the CHS.	Procedures require all new members to complete CHS self-assessments.	3
G24	Procedures exist to address complaints about members	Procedures to address complaints are defined in the AA CHS Group Statement policy.	3
G25	Complaints can trigger extraordinary audits	Procedures to address complaints are defined in the AA CHS Group Statement policy.	3

5. Overall performance of the group members (CHS)

5.1 Effectiveness of the governance, internal quality assurance and risk management of the group members

The OSC has established the responsibilities of the group and its members and has drafted MoUs that describe membership requirements and commitments. The OSC has supported members and overseen a process by which the majority of members complete self-assessments and improvement plans. During its meetings, the OSC considers issues generally faced by group members in meeting their commitments. However, it does not formally monitor each members' performance compliance with group requirements. The OSC adopted the HQAI audit manual to define its approach to quality assurance and auditing of group members. However, it has not yet met the requirements of that manual in relation to quality assurance and auditing such as recruiting and training internal auditors, carrying out field audits, or issuing CARs where necessary. Nor has the OSC adapted the audit manual or proposed alternative approaches to meeting its commitments.

In past audits, a major weakness was raised in relation to performance of the group as AAG had not defined its own approach to auditing group members.

AAG has since undertaken several steps to address this issue in a way that conforms with existing AAI Federation Quality Assurance processes. These existing processes include the annual attestation process, internal audits and the accountability and performance framework. AAG has developed an AA CHS Group Monitoring and Quality Assurance Process description, which outlines how AAG will integrate CHS group management requirements into existing AA Quality Assurance processes. As part of this, AAG has started to map the content of the existing AAI Federation internal Quality Audits against the CHS, in order to identify possible gap and close these. The mapping process has not been finalised at the time of this audit.

While the steps taken by AAG do not yet fully satisfy the requirements of the CHS Group Quality Assurance and Group Management indicators, they are sufficiently advanced to remove the Major Weakness. However, Minor Weaknesses are recorded on G14, G15, G16, G17, G20, G21 and G22. These will need to be addressed prior to the next CHS audit to demonstrate continuous implementation of the AA CHS Group Monitoring and Quality Assurance Process. Particular focus will need to be given to how the OSC addresses Major and Minor Weaknesses of group members and how the OSC ensures that the AAI annual auditing plans comply with the sampling requirements of CHS group auditing.

5.2 Level of implementation of the CHS and progress on compliance

The group has taken sufficient steps to close the Major Weakness at commitment level (C5) and a number of Minor Weaknesses recorded during the previous audit cycle but has not made sufficient progress with respect to a number of other Minor Weaknesses on C5 and these have been extended. There are further positive developments in terms of the systems and procedures for group management that are sufficient to close the Major Weakness recorded during the Initial Audit. Since the last audit, AAI has developed a range of guidance regarding the establishment of complaints mechanisms and complaint management that is in line with good practice. ActionAid Group is taking steps to roll out this and other previously developed guidance however, there was variable levels of awareness of such guidance across the group members. Overall, there is sufficient evidence of progress to close the Major Weakness in relation to complaints handling. However, the audit team wish to draw attention to the need to make further progress in advance of the next audit, particularly in the areas of consultation and contextualisation of complaints mechanisms and support for partners to do same. Also critical is the need to ensure that all group members are aware of and using the guidance produced across the Federation.

This audit notes strong performance (and/or improvement) on inclusivity, coordination, resilience and countering unintended negative effects of programming. AAG generally performs well on resource management although environmental policies are not sufficiently socialised. AAG members' close and respectful working relationship with partners and

communities is an ongoing benefit to the group in terms of how it meets its commitments. The development of the Programme Quality Audit Reports include measurement against the CHS and should drive further progress as it is rolled out across members (see 5.1).

5.3 Group members performance against each CHS Commitment

Commitment	Strong points and areas for improvement	Feedback from communities	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	Strong evidence was found that group members base their work on participatory assessments. Context and stakeholders are analysed and programmes are firmly rooted in communities, addressing their needs. Analyses include vulnerabilities and capacities of communities. It was observed that project documents do not always record disaggregated data during planning and implementation.	Communities confirm that AAG understands their needs and that programmes are appropriate and relevant to them	2.8
Commitment 2: Humanitarian response is effective and timely	AAG has systems and processes in place to address emergency needs in a timely manner. Programmes are planned and executed demonstrating relevant knowledge and application of standards. Projects are monitored at output level, however, not all partners or staff were clear on how to monitor at outcome level. Also, not all AAG members have M&E policies and guidance in place. Country strategic planning is done in consultation with stakeholders, partners and community members.	Communities express satisfaction at the competence of AAG and its partners and the effective implementation of activities.	2.9
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	Programmes are community based and build on local capacities and knowledge. Group members place high priority in their programmes on capacity building of local leaders from the grassroots level to the level of national advocacy. The group follows a rights-based approach and empowerment of women is a key priority. Risks are analysed and acted upon and SEAH and safeguarding policies and procedures have been fully implemented. Not all group members have data protection systems in place to ensure that personal data collected from community members is kept safe.	Communities feel supported, empowered and safe.	2.6
Commitment 4: Humanitarian response is based on communication, participation and feedback	Programmes ensure inclusive participation and representation and systems and processes are in place to ensure that communities can give feedback. Group members communicate respectfully and in a culturally appropriate way and special attention is given to ensuring that vulnerable groups are listened to, represented and included during all stages of project work. Most, but not all communication with communities use formats that everybody could understand.	Community members state that they can give feedback and confirm that relevant, often verbal, consultation processes are in place. Most, but not all communities stated that AAG informed them about their rights, the programmes and the expected behaviour of staff.	2.9

Commitment 5: Complaints are welcomed and addressed	Group members' commitment to accepting and addressing complaints is clear. However, this audit finds that contextualised mechanisms are not systematically in place, particularly at the partner level, and that mechanisms are frequently informal. Progress in rolling out AAI-produced guidance regarding complaints handling and SEAH and safeguarding guidance is variable and therefore has not yet resulted in a strong organisational culture regarding complaints across the group and with partners. The level of complaints received also differs significantly across group members. There was variable understanding amongst communities of the scope of mechanisms though there was an understanding of the right to complain and the expected behaviour of staff.	Communities confirm they are reasonably well aware of the expected behaviours of staff and are aware of their right to report any abuse or violation but not of group members' specific commitments with regard to prevention of sexual exploitation and abuse.	1.6
Commitment 6: Humanitarian response is coordinated and complementary	Group members have a strong understanding of other actors working in their (geographical and thematic) areas of operation. Their work and that of partners is complementary to the work of national and local authorities and other actors such as NGOs and INGOs; this is facilitated by their participation in coordination forums at national and local levels. Group members demonstrate leadership in sharing information related to areas of focus such as women's rights. Partners report that group members are respectful of their independence and constraints.	Communities report that group members work well with other organisations and local authorities.	3
Commitment 7: Humanitarian actors continuously learn and improve	Group members' learning policies and processes are in line with good practice though mechanisms for harnessing learning from across the Federation are less well developed. Group members ensure that learnings are incorporated into project design and project revision. However, learnings from complaints is not well developed compared to learning from feedback processes. Group members share information appropriately with partners, communities and through coordination mechanisms.	Communities report that group members use learning from previous projects to inform project design and are willing to change projects based on learning where possible.	2.5
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	Group members' HR policies are in line with good practice and are fair and non-discriminatory; staff understand key policies and work according to the values of ActionAid. Group members do not systematically review staff gaps but have an understanding of them. Staff numbers and capacity are generally in line with commitments. Staff generally find they can access appropriate training but this can be resource dependent. Group members are committed to the Code of Conduct but are not sufficiently proactive in ensuring that staff and partners at all levels have access to the latest materials and guidance in relation to it. Although recently developed security guidance is available, not all staff have received adequate security training.	Communities say that group members' staff are capable and committed and work according to organisational values.	2.7
Commitment 9: Resources are managed and used	Group members' policies, systems and procedures for resource management and responsible use are well established, the exception being that the Environmental Policy is	Communities indicate that they have not experienced nor heard of any financial	2.3

responsibly for their intended purpose	not sufficiently socialised with consequences for how well group members' incorporate environmental considerations into project design. Systems and procedures for designing and implementing programmes that balance quality, cost and timeliness are in place and group members manage resources to minimise waste and the risk of fraud.	impropriety by group members.	
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* *Note: Average scores are a sum of the scores per commitment divided by the number of indicators in each Commitment, except when one of the indicators of a commitment scores 0 or if several scores 1 on the indicators of a Commitment lead to the issuance of a major non-conformity/ weakness at the level of the Commitment. In these two cases the overall score for the Commitment is 0.*

6. Summary of open weaknesses


Weaknesses	Type	Recommended resolution due date	Date closed out/Status
Group Level			
M2021 – G14: AAG has not defined its own approach to audit in order to meet its obligations and has not yet described how it intends to audit group requirements.	Major	2023-12-01	Closed
2024 – G14: AAG has designed an audit approach within the larger AAI quality assurance processes in order to meet CHS group verification requirements. However, the programme quality audits being an integral part of this approach are still in the process of being rolled out.	Minor	Renewal Audit 2027	New
2021 – G15: As no audits have taken place as yet it is not possible to issue CARs.	Minor	2023-12-01	Closed
2024 – G15: AAI Quality Audits do not meet the requirement of issuing CARs.	Minor	Renewal Audit 2027	New
2024 - G16: Follow-up of CARs is not possible as long as AAG has not finalised its approach regarding CARs.	Minor	Renewal Audit 2027	New
2021 – G17: AAG has not defined the nature or frequency of audits for its own purposes.	Minor	2023-12-01	Closed
2024 – G17: AAG does not ensure that the frequency of AAI Quality Audits meet the requirements of this indicator.	Minor	Renewal Audit 2027	New
2021 – G18: AAG does not have sufficient resources attributed to monitoring and auditing.	Minor	2023-12-01	Closed
2021 – G19: The independence and impartiality of monitoring and audit functions cannot be defined until AAG defines its audit approach.	Minor	2023-12-01	Closed
2024 – G20: AAG has not yet defined the extent to which communities and people affected by crisis input to its monitoring and audit processes.	Minor	Renewal Audit 2027	Extended
2024 – G21: Not all documents related to group management are available	Minor	Renewal Audit 2027	New
2021 – G22: Records do not include audit reports or up to date audit tracking documents	Minor	Renewal Audit 2027	New
2021 – G23: Due diligence processes for new members to check, at a minimum, the organisational capacity to implement the CHS are not effectively in place.	Minor	2023-12-01	Closed
Total Number	7 Minor		

Standard Commitments Level			
2018-3.6: ActionAid Group members do not systematically identify the full range of potential or actual unintended negative effects.	Minor	2023-12-01	Closed
2024-3.8: ActionAid Group members do not systematically ensure that personal data collected from communities is kept safe.	Minor	Renewal Audit 2027	New
M2021-C5: ActionAid Group members do not ensure complaints are welcomed and addressed.	Major	2023-12-01	Closed
2018-5.1 ActionAid Group members do not systematically consult communities on the design, implementation and monitoring of complaints handling processes.	Minor	Renewal Audit 2027	Extended
2021-5.2: AAG members do not systematically inform communities of the scope of complaints to be addressed by complaint mechanisms.	Minor	2023-12-01	Closed
2021-5.3: AAG members do not have effective processes in place to ensure the management of complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant at all stages	Minor	Renewal Audit 2027	Extended
2021-5.4: ActionAid Group members do not have formally documented and locally contextualised complaint handling processes systematically in place that cover programming, sexual exploitation and other abuses of power.	Minor	2023-12-01	Closed
2021-5.7: AAG members do not have formal procedures or guidance to refer complaints on a routine basis, in line with good practice.	Minor	Renewal Audit 2027	Extended
2018-9.4: ActionAid Group members do not have formal mechanisms to undertake reviews of effects of programmes on the environment.	Minor	2023-12-01	Closed
2024: 9.4 Group members do not systematically consider the environmental impact of resource usage.	Minor	Renewal Audit 2027	New
Total Number	5 Minor		

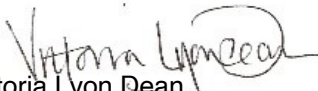
7. Recommendations for next audit cycle

Specific recommendation for sampling or selection of sites or any other specificities to be considered	<p>The selection of sites for the next audit should consider, in particular:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Group level progress on auditing and quality assurance. <input type="checkbox"/> Progress on the complaint handling mechanisms at AAG member level (documented and contextualised). <p>Any site visit should include humanitarian programming.</p>
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8. Lead auditor recommendation

INDEPENDENT VERIFICATION In our opinion, ActionAid Group continues to demonstrate 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:  <hr/>	Date and place: Dublin, 28 March 2024

8. HQAI decision

Registration in the Independent Verification Scheme maintained:	<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Refused
Next audit: before 2027/04/15	
Name and signature of Head of quality assurance:  Victoria Lyon Dean	Date and place: Geneva, 2024-04-15

9. 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:  Sara Almer	Date and place: Sweden, 29/04/2024

Appeal

In case of disagreement with the decision on certification, the organisation can appeal to HQAI within 14 days after being informed of the decision. HQAI will investigate the content of the appeal and propose a solution within 10 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform HQAI in writing within 30 days after being informed of the proposed solution, of their intention to maintain the appeal.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will constitute a panel made of at least two experts who have no conflict of interest in the case in question. These will strive to come to a decision within 30 days.

The details of the Appeals Procedure can be found in document PRO049 – Appeal Procedure.

Annex 1: Explanation of the scoring scale*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: major weakness. <input type="checkbox"/> Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p>Score 1: indicates a weakness that does not immediately compromise the integrity of the commitment but requires to be corrected to ensure the organisation can continuously deliver against it. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: minor weakness <input type="checkbox"/> Certification: minor non-conformity, leading to a minor corrective action request (CAR).
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p>Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification and certification: observation.
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification and certification: conformity.
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.	<p>Score 4: indicates an exemplary performance in the application of the requirement.</p>

* Scoring Scale from the CHSA Verification Scheme 2020