

Al Sham Humanitarian Foundation

Initial Audit – Summary Report – 2024-10-17

1. General information

1.1 Organisation

Type	Mandates	Verified
<input type="checkbox"/> International <input checked="" type="checkbox"/> National <input type="checkbox"/> Membership/Network <input type="checkbox"/> Direct Assistance <input type="checkbox"/> Federated <input type="checkbox"/> With partners	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy
Legal registration	Al Sham Humanitarian Foundation (AHF) is registered with the Istanbul Provincial Directorate of Civil Society Relations - registration (<i>kütük</i>) number 34-195-143	
Head Office location	Istanbul, Türkiye	
Total number of organisation staff	605	

1.2 Audit team

Lead auditor	Phillip Miller
Audit Facilitator	Ezdehar Kanjo
Third auditor	
Observer	
Expert	
Witness / other participants	

1.3 Scope of the audit

CHS:2014 Verification Scheme	Certification
Audit Cycle	First cycle
Type of audit	Initial Audit
Scope of audit	The audit covers the whole of organisation including humanitarian and early recovery programming (which AHF considers as development programming) in both Syria and Türkiye.
Focus of the audit	Considering this is an Initial Audit, the audit needed to focus on AHF's programming in north-west Syria which constitutes the vast majority of the overall programming (AHF has only one project in Türkiye as well as 3 offices). In order to focus on AHF programming in Syria where there is insecurity and severe limitations on foreigners accessing the area, an audit facilitator based in north-west Syria was engaged to conduct the audit in project sites there.

1.4 Sampling*

Sampling unit	Project
Total number of Project sites included in the sampling	7
Total number of sites for onsite visit	5 (4 by audit facilitator, 1 by lead auditor)
Total number of sites	5

Total number of sites for remote assessment		0 (4 key staff interviews conducted remotely) but community discussions, site visit and other staff interviews were conducted in person by audit facilitator
Sampling Unit Selection		
Random Sampling – onsite/remote	Purposive Sampling – onsite/remote	
	Project #1 Improved Access to Health and Nutrition – onsite	
	Project #3 Operating Dar al Mahmoud – onsite	
	Project #8 – Provision of Specialised Internal Medicine - onsite	
	Project #9 – Sustainable access to PHC – not selected	
	Project #10 – Sustaining Access to PHC services through 2 health facilities - onsite	
	Project #13 – Supporting earthquake affected Atarib community to recover through short term job opportunities and rehabilitating markets - onsite	
Any other sampling considerations:		
Projects #2, 4, 5, 6, 7, 11 were included in list of projects to be sampled by AHF but excluded by the auditor in consultation with AHF when it became clear that the projects would end prior to the audit commencing as no further funding had been secured.		
Purposive sampling was used because there were severe limitations on travelling within Syria due to security concerns. As a result, minimising risks to the audit facilitator and beneficiaries was prioritised in the selection of sites.		
Sampling risks identified:		
Although purposive sampling has been exclusively used, the Lead Auditor is confident that the sample adequately represents the different types of work undertaken by the organisation. The Lead Auditor is confident in the findings and conclusions of this audit based on this 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	2024/09/16	Number of participants	5
Location	Istanbul	Any substantive issues arising	Nil

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Istanbul, Turkiye	16/9/24 and 20/9/24	Onsite
Sarmada (AHF Office) and Atarib (Project #13), Syria	17/9/24	Onsite
Gaziantep (AHF Office), Turkiye	17/9/24	Onsite
Sarmada (AHF Office) and Atarib (Project #10), Syria	18/9/24	Onsite
Adana, (AHF Office and Project #3), Turkiye	18/9/24	Onsite
Tal Elkaramaj (Projects #1 and #8), Syria	19/9/24	Onsite (audit facilitator) and remote (lead auditor)

Atarib (Project #13), Syria	19/9/24	Onsite
Tal Elkaramelj (Project #1), Syria	22/9/24	Onsite
Tal Elkaramelj (Project #8), Syria	23/9/24	Onsite

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office and Program Office			
Management	0	9	Onsite
Staff	0	1	Onsite
Board member		1	Remote
Sampling Unit - Project Sites			
Management	1	4	Onsite and remote
Staff	10	8	Onsite and remote
Partner staff	0	0	
Others – local government officials	2	20	Onsite
Total number of interviewees	13	43	

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
Group discussions with refugees receiving medium to long term accommodation, training and other supports (Adana)	6	0	Onsite
Group discussion with shopkeepers from market rehabilitation project (Atarib)	0	7	Onsite
Group discussions with cash for work participants (Atarib)	0	21	Onsite
Group discussions with people with disabilities receiving rehabilitation and prosthetics (Tal Elkaramelj)	12	19	Onsite
Questionnaire/survey of hospital inpatients and outpatients (Tal Elkaramelj and Atarib)	25	5	Onsite
Total number of participants	43	52	Onsite

2.5 Closing Meeting

Date	2024/09/25	Number of participants	9
Location	Remote	Any substantive issues arising	Nil

3. Background information on the organisation

3.1 General information

Al Sham Humanitarian Foundation (AHF) is a national humanitarian organisation that was founded in 2011 in response to the Syrian humanitarian crisis. The organisation presently provides humanitarian assistance for displaced, and conflict affected people in north-west Syria and medium to long term accommodation, training and other support to Syrian refugee women (and their families) in Adana, Türkiye. At the time of audit AHF has seven active projects – six of which are in Syria, and one is in Türkiye. AHF has been registered with the Turkish government since 2013. It maintains a Head Office in Istanbul and a programme office in Gaziantep in Türkiye as well as two offices in Azaz and Sarmada in Syria.

The majority of current programming of AHF (6 of 7 current projects) relate to the health sector, providing primary, secondary and tertiary health services in north-west Syria through hospitals, primary health centres and community outreach. Within the health sector they are providing in-patient and out-patient services, internal and surgical services, dispensaries and ambulance services. Their allied health services include physical and audio rehabilitation for people with disabilities, and nutritional support. They also are in the final stage of an early recovery (livelihoods) project in response to the Syrian/Turkish earthquake in 2023 and recently completed a WASH infrastructure project.

The current Strategic Plan of AHF covers the period 2022 to 2025. The plan articulates five goals:

- Organisation development
- Improving services and programs
- Improving financial sustainability and grants
- Strengthening internal structures and capacity building
- Communication development

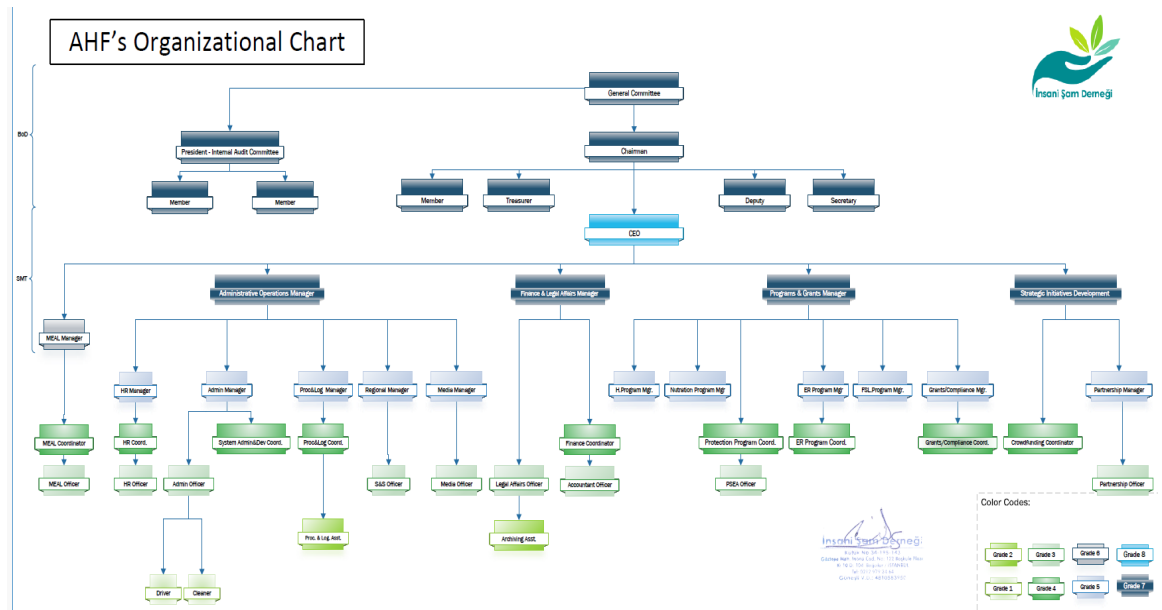
According to its 2023 Annual Report, AHF raised over USD12 million in donations and reached over 4.2 million beneficiaries in 2023.

3.2 Governance and management structure

Al Sham Humanitarian Foundation (AHF) is governed by a Board which is elected by a General Assembly. The Board consists of five people and their role is mostly related to the strategic direction of the organisation. The Chair of the Board approves all new projects, donor contracts and reports to donors. The CEO is appointed by, and reports to, the Chair of the Board.

AHF has a documented organisational structure reflecting the five departments (MEAL, Administrative and Operations, Finance and Legal Affairs, Programs and Grant Management, and Strategic Initiatives Development). All departments, with the exception of Strategic Initiatives Development, are headed by a manager who reports to the CEO. The Senior Management Team (SMT) is comprised of this group of managers plus the CEO and are based in either Istanbul or Gaziantep. The SMT meets monthly to discuss operations and monthly project and financial reports as well as other matters according to a set agenda. Managers and Coordinators who are based in Türkiye are expected to travel regularly to Syria but this is dependent on obtaining permissions from the Turkish authorities and the type of visa held by the staff member.

The organigram of AHF at time of audit is shown below.



3.3 Work with partner organisations

At the time of audit, AHF was only directly implementing projects. The organisation has recently completed a WASH project which was implemented through local partner organisations in Syria. As the project was completed it was not included in the sample for the Initial Audit (IA). Based on the positive experience of working with local partners, AHF intends to implement projects through local partners again in the future if the opportunity arises.

AHF has a policy governing how it works with local partner organisations as well as a template for partner agreements.

AHF describes its donor organisations as partners. AHF is a member of a numerous networks and forums both in Syria and internationally. These include NGO Forum for organisations working in northern Syria and Syrian NGO Alliance. They are also a member of ICVA (International Council for Voluntary Agencies), PSEA Network, CHS Alliance and NEAR Network.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

AHF has quality assurance systems in place which include clear processes for internal controls and risk management. Its internal quality assurance system in relation to programming and financial management are particularly robust.

The financial management policies and procedures aim to ensure accountability, manage risks of misuse of funds and promote value for money. The procedures for procurement, thresholds of authorised expenditure, financial budgeting and reporting were well understood by relevant staff. Risk management procedures include minimising cash payments, training of staff on their fraud prevention obligations and systems of internal and external (statutory and donor required) financial auditing.

AHF works in a complex cross-border context and manages risks at different levels to promote the safe delivery of critical humanitarian assistance without disruption. Organisational risks (including security, funding, access, SEAH, staffing etc) are primarily managed through a comprehensive risk matrix which is developed on an annual basis and reviewed in monthly Senior Management and Board meetings. There is a dedicated Safety

and Security Officer in place in Syria who provides ongoing general and location specific risk assessments and updates about precautions to relevant staff. Risks to projects are considered in project proposals and AHF promotes a Do No Harm approach by obtaining ongoing feedback from beneficiaries about their safety.

There is widespread understanding and application of the AHF Code of Conduct within the organisation. AHF checks adherence to expected standards of staff behaviour as well as service quality commitments through facilitating ongoing feedback from beneficiaries. The MEAL department operates as an independent unit and employs Accountability Officers and Field Observers whose primary role is to facilitate beneficiary feedback, promote and check complaints about services including those relating to sexual abuse and exploitation. Feedback about quality of services is reported to project managers and there are mechanisms to link feedback with service improvement. There is a clear and well-understood complaints management process which allows for responses based on the seriousness of the complaint. The process requires that serious complaints (including SEAH) are channelled to the CEO for action with oversight from the governing body.

4.2 Level of application of the CHS

The Senior Management Team and governing body demonstrated their commitment to the CHS in interviews. Key policies and processes are aligned directly with aspects of the CHS, notably in relation to MEAL and beneficiary feedback and complaints. It is evident that AHF has invested in its human resources and processes to promote application of the CHS, and this is despite the challenges of dealing with diminishing funding opportunities for humanitarian response in Syria.

AHF has developed processes which place the needs and experience of their beneficiaries as central to how its humanitarian services and programming is delivered. Well-developed feedback loops with beneficiaries are complemented by coordination and consultation mechanisms with stakeholders especially local authorities in Syria to ensure external perceptions shape programming. The provision of information to beneficiaries and active facilitation of feedback and complaints about service provision is highly regarded by beneficiaries of AHF programming.

In its Initial Audit, AHF has demonstrated high levels of conformity to the CHS with respect to delivering critical and lifesaving services despite operating in a context characterised by insecurity, political and funding constraints and uncertainty.

In this Initial audit, evidence of exemplary performance against one indicator has been found and six minor corrective action requests (CARs) have been raised. No major corrective action requests have been raised. In addition, 11 observations have been recorded.

4.3 Organisational performance against each CHS Commitment

Strong points and areas for improvement	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	2.8
<p>AHF has processes in place to understand risks, needs and context as it designs programming, and practice is in line with its policy commitments. There are also measures in place to promote ongoing understanding and adaptation to ensure its humanitarian assistance remains impartial, appropriate and relevant. AHF undertakes needs, context and stakeholder analyses, and information about the relevance of programming to beneficiaries is captured through comprehensive processes of gathering and responding to beneficiary feedback. However, the documented procedure and tools to capture contextual changes during project implementation are not in place.</p> <p>Disaggregated data about sex, age and ability/disability is gathered at the outset and with respect to beneficiary feedback.</p> <p>Approaches to service delivery are adapted based on beneficiary and stakeholder feedback, and changing context.</p>	
<p>Feedback from communities: Users of AHF services felt that AHF provided services that met their needs, and everyone had equal access. They reported that they valued how services respect the privacy and dignity of women and appreciated the provision of separate areas for men and women. They welcomed that the gynaecological services were moved to a larger area to accommodate demand and privacy considerations.</p>	
Commitment 2: Humanitarian response is effective and timely	3.0
<p>AHF delivers effective and timely humanitarian responses. The consultations, assessments and planning during the project design and implementation ensures there is alignment between commitments and capacity to deliver and safety of participants is assessed. Project documents describe the required resourcing and technical standards as well as the processes to monitor and evaluate the project. There is documented evidence of systematic monitoring of application of agreed technical standards, and progress against expected outcomes and outputs. There was evidence that AHF adapts programming based on monitoring findings and beneficiary feedback. AHF earthquake response commenced on Day 1 of the disaster and no delays were reported in the delivery of humanitarian assistance in other projects.</p> <p>Referral to other services is built into the system of health services delivery in Syria. AHF ensures that beneficiary refugees in Türkiye receive holistic services by actively linking them with other NGOs, services and Turkish government departments.</p>	
<p>Feedback from communities: Beneficiaries and stakeholders confirmed that AHF responded to issues such as surplus materials in an infrastructure project and relocation of gynaecological services in response to over-crowding. AHF health service users described being referred to specialist treatment services appropriately. Refugee beneficiaries described being supported to access legal, health, and education services in Türkiye.</p>	
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.3
<p>AHF policies and systems generally meet the requirements, but some aspects of the indicators are not fully addressed. Its policies and procedures that prevent negative impacts (including SEAH) are supported by practice that pro-actively monitors for negative impacts. There are mechanisms in place to safeguard personal data. However, there are policy gaps relating to ensuring local capacities are strengthened and that beneficiaries give consent before AHF takes and uses their photos.</p>	

The work of AHF generally builds more resilient and healthier communities, local leadership as well as confidence and skills of individuals. However, approaches to building resilience are not consistently applied to infrastructure projects. AHF promotes early recovery through livelihood activities which are designed to multiply benefits. Although AHF has robust processes to gather information about, and respond to, negative impacts related to safety, SEAH, culture, gender, social and political relationships, these processes do not adequately collect information to ensure that AHF activities do not have negative impacts on livelihoods, the local economy and environment.

Although AHF considers sustainability and risks of dependency, exit planning is not consistently being documented. AHF does not use community hazard and preparedness plans in regard to disaster risks to guide their activities.

Feedback from communities:

Beneficiaries confirmed that AHF programming promoted early recovery by providing cash for work opportunities and rehabilitating the market. They also felt that AHF is having a positive impact on livelihoods by providing free health care, training, accommodation and monthly income.

Commitment 4: Humanitarian response is based on communication, participation and feedback

2.7

AHF has policies covering information sharing and engaging communities and these are known and being applied. However, the policy is not sufficiently clear about engaging communities specifically to understand their priorities and risks. The documented procedures do not fully describe how AHF will ensure that external communications are accurate, ethical and respectful.

The feedback system of AHF is well-resourced and ensures AHF receives regular and continual feedback from beneficiaries. Feedback includes insights into beneficiaries' levels of satisfaction and ideas for improvement. Information about age, gender and ability/disability of people who provide feedback is gathered. AHF has a comprehensive process and designated staff that provides beneficiaries with necessary information over the course of programming. This is provided verbally and in posters so that people with limited literacy can also understand. Women and people with disability are targeted specifically through AHF programming and they are engaged through MEAL activities.

Feedback from communities:

Beneficiaries reported that they were aware of how staff of AHF should behave and what AHF services were available to them. They described that AHF staff speak with them respectfully and in ways they can understand. Beneficiaries were very positive about being asked for feedback and some described feeling empowered as a result. Women and people with disability confirmed that they were actively accessing AHF services and being asked for feedback.

Commitment 5: Complaints are welcomed and addressed

2.4

AHF has a complaints mechanism in place which is accessible, known about and monitored as per the policy commitments of the organisation. There is documented evidence that complaints are addressed effectively by AHF. Although AHF has had no complaints about sexual, abuse or exploitation, there is sufficient evidence that AHF has the capacity to manage these confidentially and safely for the complainant.

Although staff reported that they refer complaints that are out of scope and this was observed during the audit, the policies of AHF do not make clear the requirement to refer out of scope complaints to the appropriate organisation. The complaints mechanism of AHF includes numerous channels through which complaints can be made and provisions are made for people with limited literacy. In designing and monitoring its complaints mechanism, AHF consults with local authorities but there is no mechanism through which AHF consults with communities or checks with them to monitor the appropriateness of the mechanism.

Feedback from communities:

<p>Beneficiaries expressed their confidence in the complaints mechanism of AHF and felt AHF took complaints seriously. Beneficiaries who had lodged a complaint expressed satisfaction about how their complaint was handled by AHF. They confirmed that AHF proactively invited complaints and supported them to make a complaint. Beneficiaries described the broad expectations of behaviours and confirmed that this information was made known to them by AHF.</p>	
<p>Commitment 6: Humanitarian response is coordinated and complementary</p>	<p>2.3</p>
<p>AHF is an active participant in coordination forums and takes steps to ensure its work is complementary to other organisations. AHF consults and shares information with local authorities through regular meetings with them. This practice aligns with the policies and strategies of AHF which commit to coordination and collaboration, but policies do not explicitly describe how this is done without compromising humanitarian principles.</p> <p>Although AHF presently does not work with local implementing partners, they have in the past and there is an expectation that they will implement through local partners in the future. The partner agreement template of AHF does not articulate how the partners mandate, obligations and independence will be respected.</p> <p>AHF does not have in place a process through which it always identifies roles, responsibilities, capacities and interests of different stakeholders.</p>	
<p>Feedback from communities: Beneficiaries confirmed that AHF worked with other stakeholders to ensure the best outcomes for the beneficiaries. This included making beneficiaries aware of the other services that they could access. Beneficiaries did not describe any duplication between assistance provided by AHF and other humanitarian actors.</p>	
<p>Commitment 7: Humanitarian actors continuously learn and improve</p>	<p>2.7</p>
<p>AHF has policies, procedures and mechanisms in place which ensure learning is recorded (largely through project monitoring and evaluations reports) and shared within the organisation. To some extent AHF contributes to learning in the sector by sharing needs assessments, annual reports and reports of its activities. However, AHF does not make evaluation findings available to other organisations or share learning with communities that it works with.</p> <p>In designing new projects there is evidence that AHF incorporates learning from its previous work. Through the internal sharing of MEAL and accountability reports, there is a system in place through which AHF adapts its programming based on feedback and complaints from beneficiaries, plus monitoring and evaluation activities.</p>	
<p>Feedback from communities: Beneficiaries described instances of AHF adapting or modifying its approach in order to improve how services were provided. Beneficiaries valued the opportunities to provide feedback to AHF, felt they were listened to and that their suggestions for improvements were respected.</p>	
<p>Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably</p>	<p>3.0</p>
<p>AHF has policies and procedures in place which ensure their staff have the capacity to deliver programming and mechanisms are followed to identify and address poor performance. Human resources policies promote fairness and are checked for compliance with local labour laws in Türkiye. There is a system to ensure all staff have job descriptions and understand their role through induction and review processes. There is wide understanding amongst staff of the Code of Conduct which includes obligations to not exploit, abuse or discriminate and report this misconduct to management. Policies support the security and well-being of its staff and AHF has processes in place to promote the safety of staff, particularly in insecure contexts.</p> <p>Probation, onboarding, trainings and performance review processes support AHF to check that its staff work according to its mission, values and policies. AHF promotes the professional development of staff by encouraging them to participate in free and other trainings.</p>	

Feedback from communities:

Beneficiaries reported that staff of AHF were competent and had the skills to perform their job well. Beneficiaries praised AHF staff for their caring and respectful attitude towards them.

Commitment 9: Resources are managed and used responsibly for their intended purpose

2.7

AHF has in place a comprehensive suite of policies which govern the use of resources. Knowledge of, and adherence to procedures to prevent and address corruption and misuse of funds was evident in staff training, budgeting, reporting, audit and procurement procedures. The procurement, asset management, budgeting and financial reporting processes promote efficient use of resources as per their intended purposes. There is a clear system in place through which budget holders receive regular information about expenditure against budget and provide them with the tools and information to manage their budgets.

In terms of using natural resources, there is a clear commitment to take environmental issues into account in the design of projects and consider environmental risks. However, review of project documentation and interviews with staff indicated that possible impacts on the environment are not consistently being considered at the project design stage. There is also no process in place to systematically identify any unintended environmental impacts during the implementation of AHF projects.

Feedback from communities:


Beneficiaries felt that AHF tended to use their resources properly. Stakeholders confirmed that medical wastes are being disposed of in a way that local authorities consider safe for the environment.

* 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 of 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).


5. Summary of non-conformities

Corrective Action Request (CAR)	Type	Status	Resolution timeframe
2024-4.7: The policies and procedures of AHF do not ensure that external communications, including those used for fundraising purposes, are accurate, ethical and respectful, presenting communities and people affected by crisis as dignified human beings	Minor	New	By 2027 Renewal Audit
2024-5.1: AHF does not consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.	Minor	New	By 2027 Renewal Audit
2024-5.7: Out of scope complaints are not consistently referred to a relevant party in line with good practice.	Minor	New	By 2027 Renewal Audit
2024-6.1: AHF does not identify the roles, responsibilities, capacities and interests of different stakeholders.	Minor	New	By 2027 Renewal Audit
2024-9.4: AHF does not consider impact on the environment when using local and natural resources.	Minor	New	By 2027 Renewal Audit
Total Number of CARs	5		

6. Lead auditor recommendation

<p>In our opinion, Al Sham Humanitarian Foundation (AHF) conforms with the requirements of the Core Humanitarian Standard on Quality and Accountability.</p> <p>We recommend certification.</p>	
<p>Name and signature of lead auditor:</p>  <p>Phillip Miller</p>	<p>Date and place:</p> <p>17 October 2024</p> <p>Melbourne, Australia</p>

7. HQAI decision

<p>Final decision on certification:</p>	<input checked="" type="checkbox"/> Issued <input type="checkbox"/> Refused
<p>Start date of the certification cycle: 2024/12/03 Next audit before 2025/12/03</p>	
<p>Name and signature of HQAI Executive Director:</p> <p>Désirée Walter</p> 	<p>Date and place:</p> <p>Geneva, 03 December 2024</p>

8. 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><i>If yes, please give details:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Acknowledgement and Acceptance of Findings:</p> <p>I acknowledge and understand the findings of the audit</p> <p>I accept the findings of the audit</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Name and signature of the organisation's representative:</p>	<p>Date and place:</p>

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Appeal

In case of disagreement with the quality assurance decision, the organisation can appeal to HQAI within 14 workdays after being informed of the decision.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will confirm that the basis for the appeal meets the appeals process requirements. The Chair will then constitute an appeal panel made of at least two experts who have no conflict of interest in the case in question. The panel will strive to come to a decision within 45 workdays.

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

Annex 1: Explanation of the scoring scale*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p>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"> • Independent verification: major weakness. • 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"> • Independent verification: minor weakness • 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"> • 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"> • 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