HUMANITARIAN QUALITY ASSURANCE INITIATIVE

Society for Inclusion and Development in Communities and Care for All (SIDC)
Initial Audit – Summary Report - 2026/03/16

1. General information

1.1 Organisation

Type	Mandates	Verified
☐ International ☒ National ☐ Membership/Network ☐ Direct Assistance ☐ Federated ☐ With partners	☒ Humanitarian ☒ Development ☒ Advocacy	☒ Humanitarian ☒ Development ☒ Advocacy
Legal registration	National NGO	
Head Office location	Sin El Fil – Beirut, Lebanon	
Total number of organisation staff		

1.2 Audit team

Lead auditor	Hana Abul Husn
Second auditor	
Third auditor	
Observer	
Expert	
Witness / other participants	

1.3 Scope of the audit

CHS:2024 Verification Scheme	Independent Verification
Audit Cycle	First cycle
Type of audit	Initial Audit
Scope of audit	Whole organisation
Focus of the audit	n/a

1.4 Sampling*

Sampling unit	Project
Total number of sampling units	15
Sample size	3
Total number of onsite visits	5 different locations - KIIs and FGDs took place in person either on SIDC or partner premises or in a neutral location chosen by SIDC in line with their service delivery model.
Total number of sampling units for remote assessment	0
Sampling Unit Selection	
Random Sampling — onsite/remote	**Purposive Sampling — onsite/remote**
Provision of Lifesaving, Integrated Services on Sexual and Reproductive Health and Gender-Based Violence in Lebanon – (UNFPA-ECHO/UNFPA-SIDA) – onsite	

Provision of protection and health services to women, girls and marginalized communities in North, Akkar, Beirut, Mount Lebanon and South Governorates – (ECHO) – onsite	
Gateway to better health-Improving access to healthcare for vulnerable populations in Lebanon-Phase 2 – (Expertise France) – onsite	
Any other sampling considerations: Sampling considerations included representation of programmes implemented directly and through partners, a range of thematic areas of work, coverage across mandates and geographical locations. Although most audit activities were conducted onsite, the location of key informant interviews (KIIs) and focus group discussions (FGDs) was not tied to project locations as projects are not limited to specific sites as mobile outreach units are often employed. FGD participants came to a location in Beirut selected by SIDC for better security and confidentiality purposes.	
Sampling risks identified: There are no sampling risks identified other than the limitations to interviewing key population groups due to the difficulty in bringing stigmatized groups together. This was mitigated by switching to surveys and phone interviews.	

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

2. Activities undertaken by the audit team

2.1 Opening Meeting

Date	2025/07/31	**Number of participants**	7
Location	SIDC Head Office	**Any substantive issues arising**	Nil

2.2 Locations Assessed

Locations	**Dates**	**Onsite or remote**
SIDC Head Office - Beirut	31/07/25, 01/08/25, 05/08/25 and 07/08/25	Onsite
Partner Office - Beirut	07/08/2025	Onsite
FGDs Venue - Beirut	07/08/25	Onsite
Partner Offices (2) - Beirut	08/08/2025	Onsite

2.3 Interviews

Level / Position of interviewees	**Number of interviewees**		**Onsite or remote**
	Female	**Male**	
Head Office			
Management	4	1	Onsite and remote
Staff	6	1	Onsite
Sampling Unit (Project Sites)			

Partner staff	2	1	Onsite
Others			
Total number of interviewees	12	3	15

2.4 Consultations with communities

Type of group and location	**Number of interviewees**		**Onsite or remote**
	Female	**Male**	
FGD 1 – Venue provided by SIDC	3		Onsite
FGD 2 – Venue provided by SIDC	Undisclosed: 6		Onsite
FGD 3 – Venue provided by SIDC	5		Onsite
Online questionnaire respondents	Undisclosed: 4		Remote
Phone interview / questionnaire respondents	Undisclosed: 22		Remote
Total number of participants	Female: 8 Undisclosed: 32*		Total: 40

* Out of respect for the diversity of gender identities of SIDC beneficiaries, people were not asked to disclose their gender.

2.5 Closing Meeting

Date	2025/09/10	**Number of participants**	7
Location	Remote	**Any substantive issues arising**	Nil

3. Background information on the organisation

3.1 General information

SIDC is a Lebanese nonprofit civil society organisation founded in 1987 and started as a home nursing care association. Community health and wellbeing programs and expanded outreach and testing services have been incorporated since 2002. SIDC is officially registered in Lebanon and operates in line with the regulations of the Ministry of Interior, Ministry of Social Affairs, and Ministry of Public Health. It offers a range of programs and services addressing HIV/AIDS, sexual and reproductive health, harm reduction, mental health, protection and youth development.

Its vision is to ensure that vulnerable populations access their health, gender and human rights in a society free of stigma and discrimination at the national and regional levels. SIDC's mission is to meaningfully engage vulnerable populations and promote their health and wellbeing.

SIDC has four strategic orientations, they are: strengthen and cultivate organisational excellence and growth by working on organizational and institutional capacities; promoting the health and wellbeing of vulnerable populations; advancing human rights and gender equality for vulnerable populations; and, meaningfully engaging with vulnerable populations towards an inclusive society.

Its strategic axes are: protection and care services, mental health, meaningful engagement, reduction of stigma and discrimination, sexual and reproductive health, harm reduction services, and advocacy for human and gender rights.

It operates across the country, with services accessible in its main centre in Sin El Fil (in Mount Lebanon governorate) and mobile outreach units that provide nationwide coverage. Through its direct implementation and work with twelve active partners, it reaches five regions.

Funding is distributed across its integrated humanitarian, development and advocacy mandates, and advocacy is seen as an outcome of projects. SIDC's annual budget was 2,320,935 in 2024, and 1,714,084 in 2025. There has been a stronger focus on humanitarian work over the last year, though sustainability of services remains a constant goal.

Its humanitarian response includes addressing urgent needs of vulnerable populations affected by conflict, displacement, or socio-economic crises, such as emergency case management, protection services, and cash assistance. Its development programming focuses on health promotion, stigma reduction, capacity-building of healthcare providers and community actors, and sustainable support services for key populations including People Living with HIV (PLHIV), People Who Use/Inject Drugs (PWUD), Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other identities (LGBTIQ+), and survivors of gender-based violence of any nationality and status. Its advocacy and policy engagement efforts aim to influence policies, reduce stigma and discrimination, and strengthen multisectoral coordination through partnerships with government bodies, syndicates (professional associations) and international agencies among other parties.

3.2 Governance and management structure

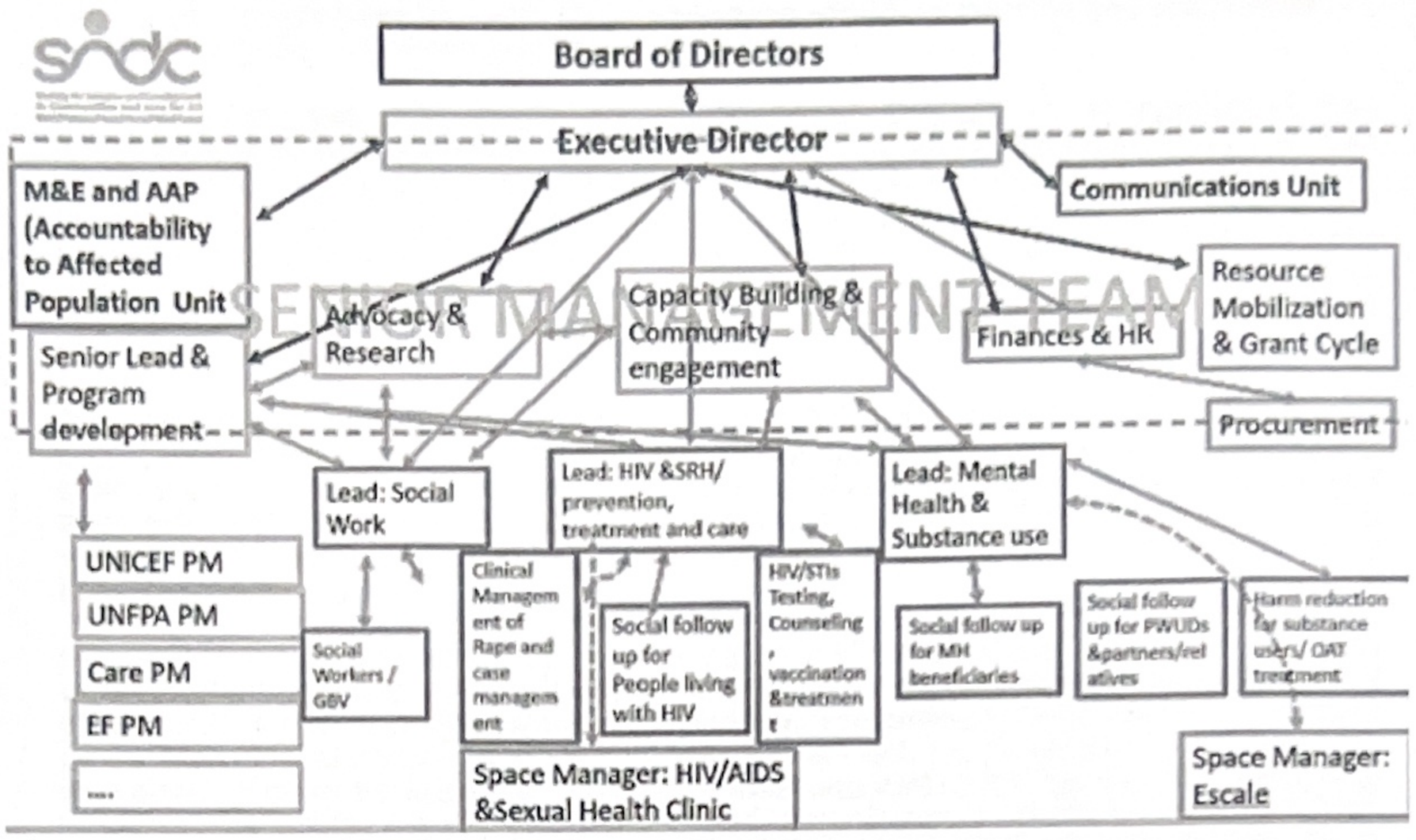
SIDC's governing bodies include a General Assembly (GA) with 55 members, which elect the Board every three years. The GA meets annually to review the progress and financial report and approve the Board's continued work.

The Board of Directors has six members (including the President and Vice President) specialised in law, public relations, social work, human rights and finance. At quarterly intervals, the Executive Director (ED) briefs members on strategic issues affecting SIDC's operations. They are informed of audits, approve policies, oversee financial management, ensure legal compliance, and are specifically concerned with sustainability and the status of funding. A Board member joins the annual organisation-wide review meeting where plans for the following year are discussed.

SIDC's organisational structure separates governance, leadership, support functions and technical/service delivery teams. The ED and Financial Manager have direct reports within the Senior Management Team, made up of several program managers / project coordinators, and ensures coherence between programmes, services, and organisational development.

SIDC's internal systems are supported by the Finance & HR, Resource Mobilisation & Grant Cycle, and Communications units. Technical leadership is structured around three key areas: Social Work / Case Management, HIV & Sexual and Reproductive Health (SRH) prevention, treatment and care, and Mental Health & Substance Use. Crosscutting areas include monitoring and evaluation (M&E) and Accountability to Affected Populations unit and two other planned units: Advocacy & Research, and Capacity Building & Community Engagement. This is illustrated in the below organogram noting that SIDC is currently restructuring and recruiting staff accordingly.

ORGANIGRAM



3.3 Work with partner organisations	SIDC works with local implementing partners, international funding partners and community-based organisations. A key ambition of SIDC is to embed its expertise within government structures through sensitisation and training of relevant personnel. SIDC engages at the national and regional level and has founded or takes part in several forums including LANA, MENAHRA, RANA, UNAIDs, and Frontline AIDS (as a council member), sharing expertise, hosting research exchanges and working on joint projects. SIDC plays a range of roles: leading or taking part in consortiums, providing direct implementation and technical expertise, and providing or receiving support from partners with capacity building, monitoring and technical assistance. Several partnership agreements are in place, and a significant portion of SIDC's activities (40-50% of program expenditure) is implemented through partnerships. SIDC selects implementing partners from coordination bodies and thematic networks that it takes part in as well advocacy stakeholders based on alignment of mission, geographical coverage, activities and target groups. Its due diligence process includes assessing policies and capacities and providing support accordingly. SIDC collaborates with partners to align on accountability and quality, with a strong focus on PSEAH. Partnerships are robust, built on complementarity, trust and regular communication, though there is an opportunity to strengthen partner capacity in key accountability functions such as complaints mechanisms.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms	Overall responsibility for SIDC's conformity with CHS requirements sits with the ED, who is supported by the Financial Manager and Senior Management Team and informs the Board of progress. SIDC is strong in its organisational approach to partnerships and supporting locally led actions. Its systems are built to ensure that there are protective measures for people and communities in place. The organisation prioritises learning and improvement to better meet quality and accountability commitments. SIDC conducts organisational risk assessments annually through internal organisation-wide reviews using SWOT exercises. These are complemented by management and project meetings. SIDC has an opportunity to improve its understanding of risks across projects and prioritize risk at the organisational level. SIDC also conducts regular spot checks and monitors its activities and those of partners. The M&E and Accountability to Affected Persons (AAP) Unit assesses feedback and complaints, needs and gaps. However, there is an opportunity to strengthen oversight of the concerns and complaints for timely and appropriate action. Recruitment processes ensure that all relevant policies are understood and adhered to. SIDC provides training for its staff, volunteers and partners on key accountability and quality topics such as safety and security and PSEAH. SIDC could strengthen its organisational approach to sharing information on PSEAH with communities. SIDC is aware of existing weaknesses in its approach to handling misconduct of staff and plans to strengthen its incident reporting system. Financial oversight is managed by SIDC's Finance & HR Unit and each project is assigned an accountant. Financial controls include segregation of duties, workflow approvals, internal reconciliations and monthly reviews of expenditure. Procurement processes are managed by an internal focal point. The ED is in regular contact with the Board's Finance specialist, who signs off on all transactions. There are annual financial checks by the GA who review financial statements, donor compliance, and organizational governance. SIDC also commissions annual independent financial audits by accredited external auditors. Audit reports are shared with relevant stakeholders.
4.2 Level of application of the CHS	Overall, SIDC performs well across CHS commitments and where this audit has identified issues and corrective actions SIDC is well-positioned to resolve them. SIDC shows a clear commitment to evolving its systems for stronger accountability and quality. It has undertaken several improvement-oriented projects over the last period, for example, to enhance Diversity, Equity and Inclusion across its operation and in strengthening its approach to PSEAH through updated policies, training and national reporting commitments. SIDC also dedicates significant attention and resources to its complaints mechanisms and has built internal capacity related to PSEAH. However, more could be done to ensure that people understand how to report complaints and how they will be addressed, and to ensure that complaints are handled in line with good practice. SIDC is also required to strengthen its approach to identify, prevent, mitigate and address potential and actual negative impacts of programmes on the environment. As a leader in its areas of expertise, SIDC cooperates with stakeholders across divides in Lebanon to support its advocacy messages, aiming to shape anti-discrimination legislation and create lasting impact for key population groups. It is a highly regarded and trusted organisation and adapts quickly to Lebanon's volatile context. However, it could strengthen its support to local capacities to anticipate and reduce risks of crises and disasters. Generally, SIDC is reputed for its provision of niche services. It applies national and international standard operating procedures in its areas of expertise, has a strong focus on locally led action and is integrated in civil society.
4.3 PSEAH	All staff, volunteers and consultants are required to adhere to a code of conduct and policies relevant to expected behaviours, particularly in relation to PSEAH and consequences of misconduct. There is a Safeguarding focal point and two investigators on staff. SIDC has a confidential whistleblower mechanism in place though improvements to their incident reporting system are planned. Incidents are reported to the Executive Director and Finance Manager, and investigations take place through a PSEA network when needed. SIDC reports using systems at the national (RIMs, for case management referrals internally and externally) and international (REAct for documenting human rights violations) levels and conduct post-distribution monitoring calls that include PSEAH related survey questions. As

noted in section 4.2, SIDC can strengthen how it ensures that people, communities and other relevant stakeholders understand how to report concerns and complaints related to SEAH and how these will be addressed.

HUMANITARIAN QUALITY ASSURANCE INITIATIVE

4.4 Organisational performance against each CHS Commitment

Strong points and areas for improvement	Average score*
Commitment 1: People and communities can exercise their rights and participate in actions and decisions that affect them.	2.7
Key population groups are regularly engaged in SIDC's work and the organisation finds innovative ways of conducting outreach, raising awareness and sharing information, including through mainstream and customised digital applications. SIDC ensures that its multiple communication channels, such as social media, QR codes that lead to information and surveys, posters and talking points, are accessible and contextually appropriate for its key populations. Communications represent communities respectfully and are sensitive to the highly stigmatized key populations that SIDC works with. However, there is an opportunity for SIDC to strengthen its approach to ensuring that information on PSEAH is shared in a regular and timely way, particularly the rights of communities in relation to staff behaviours under SIDC's commitments on PSEAH.	
Feedback from communities: SIDC communicates respectfully and regularly with the people who access their services although there were gaps in awareness regarding PSEAH commitments. Communities have a strong positive impression of confidentiality and inclusivity at SIDC and gave examples of how they have shaped SIDC's decisions around services they receive through meaningful participation.	
Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	2.7
SIDC, together with its partners and stakeholders, have a clear commitment to building on local knowledge and using local capacity, infrastructure and initiatives to plan and implement its programmes. SIDC uses impartial and transparent selection criteria, ensures that its services are accessible (e.g. by provides transport), and applies technical standards such as national standard operating procedures in line with good practice. SIDC monitors and adjusts its programmes based on needs and adapts quickly to account for the rapid changes in the Lebanese context. A stronger understanding of risks and proactive mitigation is, however, needed across projects. SIDC is well-positioned and connected to relevant organisations to refer unmet needs. Due to the volume and extent of needs there is an opportunity to strengthen referral systems.	
Feedback from communities: SIDC incorporates local knowledge and capacities in its project delivery, for example by engaging members of key population groups in its outreach work. Communities are confident that SIDC staff welcome people in all their diversities to their services and apply good practice to their work. They find SIDC responsive to their needs where possible.	
Commitment 3: People and communities are better prepared and more resilient to potential crises.	2.2
SIDC emphasises long-term resilience and sustainability in its strategic vision and programme modalities, which are set up to ensure service continuation, and local ownership of resources and decision making, independent of the restrictions of project timeframes. Although programmes are planned to contribute to long-term positive effects, SIDC's documentation of its impact can be improved. In its planning and programme design, SIDC anticipates and raises awareness of risks of potential crises or disasters. There is a gap, however, in supporting and equipping communities with tools to anticipate and reduce risks.	
Feedback from communities: Communities feel better prepared for potential crises because of some of the services received, particularly in terms of their mental health. They also shared examples of SIDC's support and protection that led to long-term positive outcomes.	
Commitment 4: People and communities access support that does not cause harm to people or the environment.	2.2

SIDC considers potential and actual negative impacts of its programmes on key population groups through its planning and design processes. It assesses risks (except in relation to the environment), puts in mitigation plans and adapts programming in response to potential and actual negative impacts, in accordance with donor requirements and through regular project reporting mechanisms. SIDC has in place a policy and related contractual agreements with service providers to support efforts to reduce its negative impacts on the environment. However, there is a gap in actively identifying, preventing, mitigating and addressing potential and actual impact on the environment and ensuring strong enough awareness and prioritisation in its approach to addressing environmental impact in line with good practice.
Feedback from communities: Communities feel well supported and protected by way of their interactions with SIDC. SIDC has a strong reputation for confidentiality and puts communities at ease in its management of data and information. However, there is limited awareness of any actions taken by SIDC to reduce its negative environmental impacts.

Commitment 5: People and communities can safely report concerns and complaints and get them addressed.	1.7

SIDC has invested in multiple safe, accessible and appropriate channels through which key populations can report feedback and make complaints. Adherence to policies and protocols is emphasised among staff, volunteers and service providers. However, there are gaps in monitoring key population groups' understanding of how staff, volunteers and service providers are expected to act in terms of PSEAH, as well as how to report concerns and complaints and how these will be addressed. SIDC can strengthen its practice for logging complaints, particularly those that relate to PSEAH and staff misconduct. There is a PSEAH focal point and investigators on staff, and SIDC is well connected to the national PSEA network and reporting systems. However, there are gaps in ensuring oversight over the range of options available for receiving complaints and ensuring appropriate victim/survivor-centred approaches are applied.
Feedback from communities: Communities feel confident that SIDC would treat complaints confidentially and apply appropriate victim/survivor centred approach. However, there is a clear gap in understanding of expected behaviours of staff, volunteers and service providers and the process of using existing complaints mechanisms.

Commitment 6: People and communities access coordinated and complementary support.	2.5

SIDC is strongly committed to national and regional efforts in line with its mission and vision. It has a clear dedication to integrating its work in existing infrastructures and works with a wide range of local actors and stakeholders to realise this. SIDC has long-standing and strategic partnerships that are built on trust, respect and shared values, and where coordination, complementarity and equitable decision-making are key. SIDC actively supports its partners' efforts to improve quality and accountability in areas where it has technical expertise, PSEAH, and safety and security. However, there is a gap in its support to partner capacities in managing complaints.
Feedback from communities: There is a high regard for the work of SIDC and its partners and communities share examples of staff going to great lengths to ensure smooth referral processes where needed. Communities recognise the unique services that SIDC provides and the importance of its role in Lebanese civil society as one of the only organisations that advocates for LGBTQI+ rights.

Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.	2.8

SIDC has in place several formal and informal ways of listening and responding to feedback and adapts programming based on disaggregated data. SIDC incorporates data from needs assessments in its project design and adjusts service delivery, for example changing the contents of distribution kits, based on feedback. Post distribution

monitoring, data from its accountability tracker and frequent checks on satisfaction levels also support SIDC's decision-making. It applies responsible data collection practices, with consideration for people's time and circumstances. However, there is an opportunity to strengthen how analysis, learning and related changes are shared with communities.
Feedback from communities: SIDC regularly asks for feedback and checks satisfaction levels. It is described as an organisation that evolves and improves based on individual feedback. Communities were, however, not aware of wider organisational impact or learning. Communities feel listened to and the majority believe that they can influence the work of SIDC in relation to the services they receive.

Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed.	2.7
SIDC embodies its mandate with a safe and inclusive environment in which staff feel well-supported. Staff and leadership, including the senior management team and Board members, actively contribute to a culture of quality and accountability. SIDC has several measures in place to maintain a safe and inclusive working environment. SIDC enforces a Code of Conduct and ensure that partners are aligned. There is an opportunity to strengthen SIDC's approach to handling misconduct to ensure that it is in line with good practice, including incorporating anonymous reporting of misconduct. SIDC has robust hiring practices in place and retains competent staff in line with good practice.	
Feedback from communities: Staff are seen as highly competent, caring and effective; they treat people with dignity and respect. There is a lot of trust in how SIDC conducts its work.	

Commitment 9: People and communities can expect that resources are managed ethically and responsibly.	2.2
SIDC has a comprehensive set of policies and procedures in place (related to accounts payable / receivable, asset inventory, cash management, and payroll). They are regularly audited to ensure that financial resources are managed responsibly and in line with good practice. Staff and partners describe good practice in terms of budget monitoring, monthly reporting, and bank reconciliation, and every project is assigned an accountant. SIDC's Procurement Policy mentions value for money, requires three quotations from suppliers that check on quality, service provision, pricing and contract-based work. SIDC's approach to risk planning lacks prioritisation and there is an opportunity to track progress and target resources towards addressing the most important issues that are raised. SIDC's staff perform multiple roles and risk being overstretched in areas such as complaints and response mechanisms. SIDC draws on Board and staff time for fundraising and has an ambition to strengthen its resource mobilisation. However, there is a gap in how funds are vetted and allocated ethically.	
Feedback from communities: Communities are not aware of fraud or wasteful practices; they expressed confidence that funds are spent for intended purpose.	

* Note: Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0 (CHSA Verification Framework – Scoring Grid, 2024).

5. Summary of weaknesses

Weaknesses	Type	Status	Resolution timeframe
2026-3.2: SIDC does not support local capacities to anticipate and reduce risks of potential crises or disasters	*Minor*	*New*	*By the 2029 Renewal Audit*
2026-4.2: SIDC does not ensure that potential and actual negative impacts of programmes on the environment are identified, prevented, mitigated and addressed across all its projects.	*Minor*	*New*	*By the 2029 Renewal Audit*
2026-4.5: SIDC does not have an up-to-date and coherent approach to reduce negative environmental impacts of the organisation.	*Minor*	*New*	*By the 2029 Renewal Audit*
2026-5.2: SIDC does not regularly monitor if communities understand how staff and volunteers are expected to act to prevent harmful behaviours.	*Minor*	*New*	*By the 2029 Renewal Audit*
2026-5.3: SIDC does not regularly monitor if communities understand how to report concerns and complaints, and how they will be addressed.	*Minor*	*New*	*By the 2029 Renewal Audit*
2026-5.4: SIDC does not have a system in place to manage records of complaints in line with recognised good practice.	*Minor*	*New*	*By the 2029 Renewal Audit*
2026-6.2: SIDC does not provide sufficient support to partners to apply commitments to quality and accountability to managing complaints.	*Minor*	*New*	*By the 2029 Renewal Audit*
2026-9.3: SIDC does not have a system in place to ensure that fundraising, resource mobilisation and fund allocations are ethical.	*Minor*	*New*	*By the 2029 Renewal Audit*
Total Number of open Weaknesses	8		

6. Lead auditor recommendation

INDEPENDENT VERIFICATION

In my opinion, SIDC demonstrates a high level of commitment to the Core Humanitarian Standard on Quality and Accountability and its inclusion in the Independent Verification scheme is justified.

Name and signature of lead auditor: Hana Abul Husn	**Date and place:** 2026/01/29, Turin, Italy

www.hqai.org
Ch. de Balexert 7-9, 1219 Châtelaine (Geneva), Switzerland

7. HQAI decision

Registration in the Independent Verification Scheme:	☒ Accepted ☐ Refused
Next audit before: 2029/03/16	
Name and signature of HQAI Head of Quality Assurance: **Victoria Lyon Dean** Victoria Lyon Dean	**Date and place:** **16th March 2026, Geneva**

8. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: *If yes, please give details:*	☐ Yes ☒ No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative: Nadia Badeen Society for Inclusion and Development in Communities and care for All جمعية العناية الصحية للتنمية المجتمعية الشاملة	**Date and place:** 16 March 2026, Lebanon

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.

HUMANITARIAN QUALITY ASSURANCE INITIATIVE

Annex 1: Explanation of the scoring scale*

Scores	Meaning for all verification scheme options, including self-assessment and third-party audits	Guidance for scoring requirements
0	Your organisation does not currently meet the requirement and indicates a major issue that is so significant that the organisation's ability to meet the commitment is compromised. **For third-party auditing schemes:** Independent verification: A major weakness. Certification: A major non-conformity that compromises the integrity of the commitment which leads to a major corrective action request (CAR).	To give a score 0, **not all** of the measurable components of the requirement are verified to be in place **and** the issue(s) identified are so significant that the organisation's ability to meet the **commitment** is compromised.
1	Your organisation does not currently meet the requirement. **For third-party auditing schemes:** Independent verification: A minor weakness. Certification: A minor non-conformity that compromises the integrity of the requirement which leads to a minor corrective action request (CAR).	To give a score 1, **not all** of the measurable components of the requirement are verified to be in place.
2	Your organisation currently meets the requirement, but there is an opportunity for improvement that deserves attention so that the requirement is not compromised in the future. **For third-party auditing schemes:** Independent verification: Requirement is met with an observation. Certification: Conformity with an observation.	To give a score 2, **all measurable components** of a requirement are verified to be in place, however, one or more opportunities for improvement are observed which deserve attention so that the requirement is not compromised in the future.

3	Your organisation meets the requirement,-with organisational systems ensuring it is being met consistently throughout the organisation. **For third-party auditing schemes:** Independent verification: Requirement is met. Certification: Conformity.	To give a score 3, **all measurable components** of a requirement are verified to be in place.
4	Your organisation meets the requirement in an exemplary way, demonstrating innovation and/or special recognition of performance, and organisational systems ensure this high quality throughout the organisation. **For third-party auditing schemes:** Independent verification: Requirement is met in an exemplary way. Certification: Conformity in an exemplary way.	To give a score 4, **all measurable components** of a requirement are verified to be in place. **In addition**, the following must be verified: • An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. and/or • The organisation has been awarded special recognition of performance in relation to meeting the requirement at a high standard, and this is built into organisational systems so that the high quality is ensured throughout the organisation.
	Guidance notes for scoring commitments: • Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. • Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0.	

* Scoring Scale from the CHSA Verification Framework 2024