Appui Moral, Matériel et Intellectuel à l'Enfant (AMMIE) - Summary Report - 18 June 2025

1. General Information

1.1 Organisation

Type	Mandates	Audited
☐ International ☒ National ☐ Membership/network ☐ Direct support ☐ Federation ☐ With partners	☒ Humanitarian ☒ Development ☐ Advocacy	☒ Humanitarian ☒ Development ☐ Advocacy
Legal registration	A national, non-profit, secular and apolitical humanitarian association.	
Headquarters location	396 Avenue de Chambéry, Ouahigouya Burkina Faso	
Total number of staff members		40

1.2 Audit team

Lead auditor	Elisabeth Meur
Second auditor	-
Third auditor	-
Observer	-
Expert	-
Witness / other participants	Local facilitators: - Kazienga Salamata - Savadogo Wendpanga Alain

1.3 Scope of the audit

CHS:2014 Audit framework	Independent verification
Audit cycle	First cycle
Type of audit	Initial Audit
Scope of the audit	This audit covers the entire organisation. AMMIE's humanitarian and development mandates, as well as its various areas of work, are covered by this audit.
Subject of the audit	The selection process for AMMIE's programmes takes into account the diversity of its mandates, areas of activity, and the locations in which it operates. The security and humanitarian aspects of its operational context are also taken into account when selecting participants at the operational level.

1.4 Sampling*

Sampling unit	National programmes
Total number of projects included in the sample	5
Total number of sites for on-site visits	1
Total number of sites for remote assessment	2
Selection of sampling unit	
Random sampling – on-site/remote	**Systematic sampling – on-site/remote**
Provision of critical emergency healthcare for internally displaced persons (IDPs) and their host communities in the Northern Region, Ouahigouya Health District – remote.	Strengthening emergency social and health assistance for displaced populations and host communities in the Northern Region – on-site.

Integrated protection, education and training response project for children aged 5 to 17, both internally displaced and in host communities – remotely.	
Sampling risks identified: -	

**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 on direct observation. The findings are analysed to determine the organisation's systematic approach and the application of all aspects of the Core Humanitarian Standards (CHS) across different contexts and working methods.*

2. Activities undertaken by the audit team

2.1 Opening meeting

Date	14/01/2025	**Number of** participants	5
Location	Online	**Any substantive issues** raised	-

2.2 Sites assessed

Location of sites	**Dates**	**On-site or remotely**
Burkina Faso, Zondoma, Gourcy	**14–15 February 2025**	In person

2.3 The interviews

Level / Position of interviewees	**Number of interviewees**		**Onsite or remote**
	Women	**Men**	
Head office and offices			
Management	1	2	Remote
Staff		2	Remote
Sampling unit (project sites / local office(s))			
Management		1	On-site
Staff		2	On-site
Others: financial and government partners, members of the Provincial Directorate for Humanitarian Action.		4	Remote and on-site
Total number of interviewees	1	11	12

2.4 Consultations with communities

Type of group and location	**Number of interviewees**		**Onsite or remote**
	Women	**Men**	
Learning and Monitoring Groups for Infant and Young Child Feeding Practices (GASPA) Pregnant women, Tangay	11		On-site
GASPA for mothers of children aged 0 to 23 months, Tangay	12		
IDPs and hosts, Ouahigouya		7	

IDPs and host families (women benefiting from support through Income-Generating Activities (IGAs)), Ouahigouya	12		
Total number of participants	35	7	42

2.5 Closing meeting

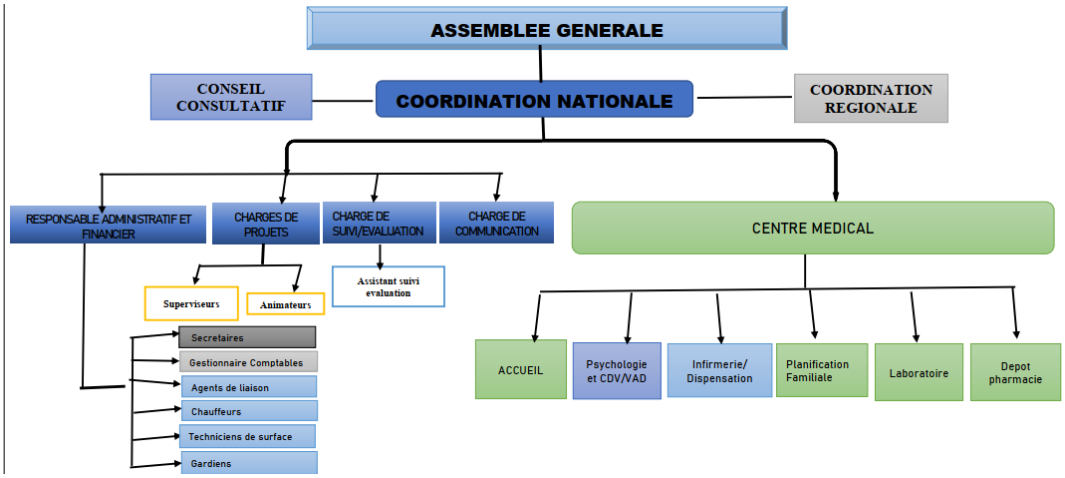
Date	15 May 2025	**Number of participants**	7
Location	Online	**Any substantive issues arising**	-

3. Background information on the organisation

3.1 General information	AMMIE is a national, non-profit, secular and apolitical organisation. It was founded in 1992 to address the problems faced by vulnerable populations, particularly children, by providing them with medical, psychological and social support. Indeed, prompted by the widespread malnutrition among young children in Burkina Faso in the 1980s, the initial aim of the founding members – including the current national coordinator – of the association Appui Moral, Matériel et Intellectuel à l'Enfant (AMMIE) was to intervene in the areas of health and nutrition. Gradually, its work has expanded to include literacy and education for mothers, HIV/AIDS, and other areas such as human rights, socio-economic recovery, and environmental protection. Its mission is implemented through a five-year strategic plan drawn up on the basis of an evaluation of the results of the previous plan, an analysis of the socio-economic, security and humanitarian situation, and the prioritisation of the issues identified. Drafted by a team from the Executive Board, this plan is submitted to the General Assembly (GA) for adoption. AMMIE's vision is that of an organised civil society committed to the protection, health and well-being of vulnerable groups. Its mission is to contribute, alongside public services, to a fraternal and supportive community life that guarantees the survival, resilience and development of communities. Its principles include accountability, good governance, capacity building, quality and collaboration. AMMIE upholds the values of humanism, equity and social justice. AMMIE's headquarters are located in Ouahigouya in the Northern Region of Burkina Faso, an area facing significant security challenges due to the presence of jihadist groups. The organisation therefore operates in an extremely difficult political and security context to provide assistance to both host communities and displaced populations. Due to this security emergency, and since 2019, AMMIE has incorporated a humanitarian mandate into its mission. Staff members have received training, and AMMIE's national coordinator has served as a member of the national humanitarian coordination team. AMMIE also has emergency mandates supported, amongst others, by the World Health Organisation and the Regional Humanitarian Fund for West and Central Africa (FHRAOC). The organisation employs 40 people and operates a medical centre. In 2024, its budget stood at €999,715, a decrease of 28.5% compared to its 2023 budget, which stood at €1,399,713.
3.2 Governance and management structure	AMMIE comprises three main governing bodies. Firstly, the General Assembly (GA) is AMMIE's supreme body; it meets annually and comprises all active members of the association (82). It has extensive powers in strategic matters, as it defines the association's direction and elects from among its members the members of the National Coordination Committee (NCC) and the Advisory Council (AC). It also has oversight responsibilities, as it reviews and approves activity and financial reports and elects the auditors. Next, the Advisory Council (AC), comprising five members of the association, provides technical and

strategic advice to the GA and the NC. Finally, the NC is the body responsible for implementing the decisions of the GA. Comprising seven members elected for a three-year term, the NC must be led by a woman, the National Coordinator. It meets twice a year, decides on responses to calls for projects and sets strategic directions.

In addition to these governing bodies, AMMIE has regional coordination bodies that implement projects on its behalf in local communities and define actions in line with AMMIE's general guidelines.



It should be noted that the position of Communications Officer is currently vacant and certain communications tasks are assigned to an external consultant.

3.3 Work with partner organisations

Partnership is a strategic focus of AMMIE's *2020–2024 Five-Year Plan*. The association's foundations, as described in its statutes, are based, amongst other things, on collaboration with key stakeholders and coherence with other programmes and interventions.

AMMIE works with around ten regional and international financial and technical partners active in the fields of health, education, development, emergency response, and assistance to displaced persons, among others. AMMIE receives financial support and, from certain partners, capacity-building assistance. It collaborates with international NGOs, UN agencies, and also the FHRAOC. AMMIE sometimes works in consortia to learn from its partners in areas where its expertise is still developing.

AMMIE is a member of the Permanent Secretariat of NGOs (SPONG) in Burkina Faso and participates in various relevant thematic clusters. Finally, AMMIE collaborates with various ministries, such as the Ministry of Health and Humanitarian Action, as well as with local authorities and government technical departments, such as those responsible for the environment and agriculture.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

With regard to quality assurance and risk management, responsibilities and roles are established at various levels. Numerous good practices are in place; however, they are not always systematised or formalised, and certain weaknesses were identified during this audit.

In terms of finance and accounting, the *Manual of Administrative, Accounting and Financial Procedures* (MPACF) sets out the financial management mechanisms and budgetary procedures. Other policies are designed to prevent risks associated with fraud, corruption and conflicts of interest. The National Committee (CN) oversees financial management, assisted by two auditors elected by the General Assembly. The auditors submit an annual audit report to the General Assembly. Whilst the *MPACF* requires the association to undergo an external financial audit, AMMIE has not yet complied with this requirement. That said, at project level, external audits are conducted in accordance with partners' requirements and funding conditions. At the operational level, accountants are dedicated to monitoring project budgets and recording expenditure in accounting software. On a monthly basis, the chief accountant and the project coordinator carry out a bank reconciliation and check that expenditure complies with the project's Terms of Reference (ToR). The chief accountant, for his part, reports to the NC. A *Five-Year Plan* includes an analysis of the situation, identified issues, and a report on the physical and financial achievements of the previous year. It then sets out multi-year planning and budgeting.

AMMIE's protection system is documented, notably through the *Policy on Protection against Sexual Exploitation and Abuse* (PEAS), the *Safeguarding Policy,* and the *Gender Policy*. A staff safety policy is currently being developed. Some of these policies and the *Code of Conduct* are appended to employment contracts and are highlighted to staff during meetings. In 2024, all staff received training on the PEAS. However, weaknesses in its complaints mechanism pose a risk to its community protection system (see below).

AMMIE has a *Monitoring, Evaluation (M&E) and Quality Management Manual.* That said, its quality assurance system has certain weaknesses. Indeed, this *Manual* is not accompanied by operational tools, and monitoring relies mainly on the various reporting frameworks of its partners. Furthermore, AMMIE has no specific requirements regarding the conduct of evaluations and lacks a system enabling it to draw and share lessons learnt across the organisation and projects. Some staff members have recently received training in SE provided by a partner. The absence of a robust organisation-wide learning system constitutes a limitation of its quality assurance and risk management system.

Finally, AMMIE lacks a robust system for analysing and mitigating governance, organisational, financial and programmatic risks. This is all the more important given that AMMIE faces significant constraints in terms of human and financial resources, as well as security. AMMIE operates in areas with significant security challenges and, as the communities consulted have indicated, it is sometimes the only organisation providing them with assistance. However, AMMIE does not have a system enabling it to identify, analyse and address operational risks. The identification of programme risks depends on the varying requirements of financial partners, and certain risks are not systematically identified across all projects.

4.2 Level of implementation of the CHS

The CHS standard is new to AMMIE, but it has been well received throughout the organisation, by both management and staff. AMMIE is a reflective organisation that is clear-sighted about its strengths and weaknesses in relation to the standard. Through its development mandate and since its creation in 1992, AMMIE has developed a strong approach to community- nd accountability. This is based on well-established participatory processes such as the organisation of community meetings and various committees – targeting, management, complaints, etc. Strengthening local leadership and capacity, particularly through Community Health Workers (CHWs), GASPA, or AGR, is central to its

approach. Its programmes are also designed to promote empowerment and sustainability, and the communities surveyed, as well as stakeholders, report a high degree of satisfaction and very good relations with AMMIE. AMMIE has also demonstrated complementarity and coordination with state actors, civil society, and other NGOs.

That said, systemic weaknesses affect AMMIE's performance in relation to certain CHS commitments. These are found at four levels: in rapid response to emergencies, in the complaints management system, in the monitoring and evaluation (M&E) and learning system, and, finally, in risk analysis (see above). Overall, whilst good practices are observed, they are not always documented. Furthermore, the lack of staff, procedures or implementation mechanisms prevents the consistent and systematic application of all its policies across the organisation and its programmes.

AMMIE makes every effort to respond to emergencies in its areas of operation, but the organisation suffers from structural weaknesses that prevent it from providing a rapid response that meets the requirements of the CHS. Apart from its statutory role in healthcare, AMMIE does not have its own system or funding that would enable it to respond to urgent crises without unnecessary delay. AMMIE's own funds account for approximately 1% of its budget. Some of its policies and procedures are not suited to emergency response in a security crisis context. AMMIE nevertheless advocates with its partners and within clusters to ensure that crises are addressed.

AMMIE has a PEAS system in place, with specific policies and trained staff. The staff interviewed demonstrate a good understanding of the relevant policies. Awareness-raising sessions on PEAS and Gender-Based Violence are organised for communities, who demonstrate an understanding of the behaviour expected of staff. That said, the absence of a robust complaints management system, personal data protection measures, and a structured system to systematically identify the potential negative impacts of programmes on communities jeopardises the effectiveness of AMMIE's protection system.

Furthermore, the monitoring, evaluation (M&E) and learning system is not applied in a systematic and consistent manner. Beyond monitoring indicators of activity implementation, AMMIE does not have its own M&E system linked to a learning mechanism. Currently, M&E and lessons learnt depend on the various reporting frameworks of its partners. This also impacts the analysis of programme risks, which is not systematised across all projects.

Some of the weaknesses outlined above are partly offset by very strong local and community roots, as well as good practices at operational sites. However, against a backdrop of turnover among qualified staff, constraints in human resources (HR) (see Commitment 8) and financial resources, and given the region's geopolitical context, these systemic weaknesses pose a risk to the organisation, its mission and its employees.

4.3 Organisational performance against each CHS commitment

Strong points and areas for improvement	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	2.7
Communities are targeted on the basis of lists provided by the ministry, but also through community targeting committees. AMMIE's programmes are developed on the basis of the needs expressed and the capacities of the communities, in consultation with various stakeholders, including the departments of the Ministries of Health and Humanitarian Action, local authorities, and community representatives. Using various mechanisms and tools, AMMIE conducts a context analysis and sets out, in its five-year plan, all the issues to be addressed in its programmes. However, AMMIE does not carry out a formalised and systematic assessment of programme risks, nor does it regularly reassess the needs and capacities of the population. This weakness is, however, offset by its participatory approach and the use of community liaisons.	
Feedback from communities: Communities state that their needs are taken into account and that their choices, as expressed, have been respected. They understand the selection criteria and confirm that there is no discrimination. Furthermore, communities highlight that AMMIE takes into account the diversity of the community, including the most vulnerable people such as those living with a disability, widows, orphans, and older people.	
Commitment 2: Humanitarian response is effective and timely	2,3
Socialisation, participatory planning and the establishment of various community committees enable AMMIE to take constraints into account so that the proposed action is realistic and does not put communities at risk. AMMIE has a monitoring system in place that enables it to collect and analyse the implementation rate of its activities. That said, AMMIE's policies do not cover the conduct of systematic evaluations and the use of results to adapt and improve programmes. AMMIE has a trained and competent technical team. However, despite the budgetary planning of HR requirements in the *Five-Year Plan*, AMMIE does not have a sufficient budget to fill all posts at the national coordination level or to develop its staff. Similarly, these financial constraints and the lack of emergency procedures prevent it from acting without unnecessary delay across all its areas of intervention. AMMIE nevertheless demonstrates its commitment to providing an emergency response, as evidenced by its presence in the clusters and some of its projects supported by the FHRAOC. Finally, it has been audited by this fund, which has made recommendations to improve its procedures regarding emergency humanitarian response.	
Feedback from communities: They confirm the effectiveness and relevance of the interventions. They explain that the programmes are adaptable, responding to needs and capacities: "The AGR training was followed by support and monitoring from AMMIE. AMMIE encourages us," says one person consulted.	
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.5
AMMIE has a range of policies on protection, safeguarding and gender. These policies are well known and supported by staff training and awareness-raising on PEAS and GBV aimed at communities. AMMIE's participatory approach not only strengthens local capacities—for example, through the establishment of management committees, the use of ASBCs and GASPA—but also helps prevent certain potential negative impacts. AMMIE promotes recovery and the local economy, for example, through AGRs. Furthermore, sustainability is embedded in the sampled projects. The weaknesses associated with this commitment relate, on the one hand, to the lack of a robust system for protecting community data and, on the other hand, to the systematic identification of potential negative impacts caused by the programmes.	
Feedback from communities: Communities confirm that the activities have strengthened local leadership, particularly that of community health workers. Support, training, and food production and processing have helped lift children out of malnutrition. As one person explains, "Even if the project were to end, with the awareness-raising and	

training we have received, we can still continue to practise these methods, as everything is made using local foodstuffs."	
Commitment 4: Humanitarian response is based on communication, participation and feedback.	2.6
AMMIE's project documents, staff interviews and community consultations demonstrate its participatory approach at every stage of its work. AMMIE staff communicate with communities in local languages, and the organisation regularly shares information externally. For example, it contributes to OCHA's humanitarian alerts in the region. AMMIE has good practices in terms of internal communication – staff and management meetings, etc. – and external communication – outreach workshops, website, and use of social media, etc. AMMIE's commitment to PEAS is well communicated, notably through the organisation of awareness-raising sessions for communities. Its *Communication Manual* promotes a culture of open communication, and the analysis of external communication reveals communication that is ethical and respectful of the dignity of communities. However, this Manual is not fully operationalised. Indeed, the communications department is understaffed and the tools outlined in this document – such as consent forms for the collection and use of images – are not all in place.	
Feedback from communities: Communities have a good understanding of the programme and receive information at meetings held three to four times a year; they are consulted on their expectations. One person reports regular visits from AMMIE: "They visit our sales outlets to monitor our AGRs and bring us together to discuss our difficulties."	
Commitment 5: Complaints are welcomed and addressed.	2
AMMIE has a strong organisational culture of protection, as attested to by staff and management. This culture is supported by several policies and the systematic establishment of community complaints committees at project level. That said, its complaints management system is not sufficiently documented and certain practices are not aligned with its policies. Thus, whilst it appears to be the main mechanism, the composition, role, responsibilities, training and effective functioning of the complaints committees are not documented. Furthermore, operational details, such as processing times, the right to appeal a decision, and the system for referring complaints that do not fall within AMMIE's remit, are not made explicit. Finally, it should be noted that insufficient evidence of the operationalisation and monitoring of the complaints mechanism was gathered during this audit.	
•**Feedback from communities:** Communities are aware of prohibited behaviours (EAS, fraud, corruption) but have limited knowledge of the scope and the complaints mechanism itself. They explain that in the event of a problem, they approach the community facilitator but do not mention the complaints committee.	
Commitment 6: Humanitarian response is coordinated and complementary.	3
AMMIE's strategic documents demonstrate a commitment to strengthening multisectoral and partnership-based coordination. Its work is coordinated and complementary. It is based on a range of public, private, technical, national and international partnerships, as well as partnerships with civil society. AMMIE has clear agreements with international partners and shares useful information through various networks, such as clusters. The stakeholders interviewed highlight good communication and collaboration with AMMIE.	
Feedback from communities: Communities find that AMMIE cooperates with the authorities, notably through the Ministry of Humanitarian Action, on targeting.	
Commitment 7: Humanitarian actors continuously learn and improve.	2.2
Review meetings and regular meetings with community committees enable AMMIE to share lessons learnt, but also to learn and adapt its activities based on feedback from communities. AMMIE participates in national exchange platforms, such as SPONG, and in clusters. That said, in the absence of formal requirements regarding evaluation, a learning framework and tools, and a robust complaints reporting system (see Commitment 5), there is a risk of failing to capitalise on past experiences for future planning.	

Feedback from communities: Communities report that activities complement each other well and follow a logical progression. They appreciate the on-the-ground monitoring carried out by AMMIE staff, which enables difficulties to be addressed.	
Commitment 8: Staff are supported to carry out their work effectively and are treated fairly and equitably.	2.2
AMMIE's HR management system suffers from structural weaknesses linked to a lack of its own financial resources and a reliance on financial partners for skills development. Consequently, although it has fair, transparent HR policies and procedures that comply with the law, AMMIE lacks the tools and resources to support its staff in carrying out their work. Whilst at project level staff are funded by partners, the HR situation at national coordination level is strained, with unfilled posts, excessive workloads, and an accumulation of tasks and responsibilities. Finally, staff are familiar with the organisation's policies, including the *Code of Conduct*, and participate in refresher training sessions.	
Feedback from communities: The communities surveyed consider the staff to be "very efficient, highly competent and experienced". They report transparency in communication regarding prohibited behaviours.	
Commitment 9: Resources are managed and used responsibly for their intended purpose.	2.3
AMMIE has a set of policies and procedures designed to ensure efficient resource management and prevent the risks of fraud, corruption and conflicts of interest. Auditors carry out an annual audit of AMMIE's financial management, whilst various levels of control are implemented by accountants at project and coordination levels. That said, external financial and accounting oversight is limited. Indeed, the conduct of external project audits depends on the requirements and funding of AMMIE's partners. AMMIE does not undergo an external financial audit of its accounts as a whole, even though this obligation is included in its *MPACF*. Finally, with regard to prevention, AMMIE does not have a system for assessing organisational, governance and financial risks. Furthermore, despite good practices, trained staff and programming that is sensitive to environmental protection, the system governing the responsible use of resources with regard to the environment is not documented and relies on the requirements of AMMIE's partners.	
Feedback from communities: The communities consulted believe that AMMIE makes good use of the funds available and informs communities about existing resources: "It is the only organisation that has helped us and we can say that they use resources well," states one person consulted. AMMIE ensures respect for the environment, for example, by installing bins in gathering places.	

* 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 weaknesses

Weaknesses	Type	Status	Resolution timeframe*
2025-2.7: AMMIE does not have policies in place to ensure that systematic evaluations are carried out. AMMIE does not have policies ensuring that monitoring findings are used to adapt and improve programmes and that decisions are taken in a timely manner and supported by the necessary resources.	Minor	New	2028
2025-2.2: AMMIE does not have its own system and funding enabling it to act without undue delay.	Minor	New	2028

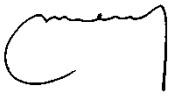
2025- 3.8: AMMIE does not have a robust system in place to ensure the protection of data collected from communities and individuals affected by crises.	Minor	New	2028
2025-3.6: AMMIE does not have a system in place to systematically identify, across all its projects, the potential negative impacts of its activities in relation to the areas of security, dignity and human rights; culture, gender issues, social and political relations; livelihoods; the local economy; and the environment.	Minor	New	2028
2025-4.7: Consent from community members for the publication of images is not systematically sought and recorded.	Minor	New	2028
2025-5.4: Processing times, the right to appeal a decision, and the system for referring complaints that do not fall within AMMIE's remit are not documented. The complaints management process as documented is not aligned with practices at project level.	Minor	New	2028
2025-5.2: Communities have limited knowledge of the scope of the complaints mechanism and how to access it.	Minor	New	2028
2025-5.3: AMMIE does not ensure that complaints committees operate effectively in terms of fair and appropriate management and prioritising the safety of complainants.	Minor	New	2028
2025-7.4: AMMIE's policies do not cover apprenticeships.	Minor	New	2028
2025-8.4: AMMIE does not have the necessary human resources at the coordination level to provide the support required for the implementation of its projects.	Minor	New	2028
2025-8.8: AMMIE does not have the resources to ensure the implementation of its staff skills development policy.	Minor	New	2028
2025-8.9: AMMIE's *safety policy* is currently being developed. AMMIE does not have a policy regarding the well-being and health of its employees.	Minor	New	2028
2025-9.6: AMMIE does not have a system governing the responsible use of resources with regard to the environment. AMMIE does not conduct an external financial audit of the entire organisation, even though this is a requirement of its MPACF. AMMIE does not have a system for assessing organisational and financial risks.	Minor	New	2028
Total number of weaknesses	13		

** Note: Resolution times are provided for information purposes only as they are not relevant in the context of a benchmarking audit*

6. Lead auditor's recommendation

INDEPENDENT VERIFICATION

In our opinion, AMMIE demonstrates a high level of commitment with the Core Humanitarian Standard for Quality and Accountability (CHS), and its inclusion in the independent verification scheme is justified.

Name and signature of the lead auditor: Elisabeth Meur 	**Date and place:** 06.06.2025, Malbuisson

7. HQAI Decision

Registration in the Independent Verification cycle:	☒ Granted ☐ Rejected
Next audit due by: 18 June 2028	
Name and signature of the HQAI quality assurance manager: Victoria Lyon	**Date and place:** **18 June 2025**

8. Endorsement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any comments regarding the conduct of the HQAI audit team: *If yes, please specify:*	☐ Yes ☒ No
Acknowledgement and acceptance of the findings: I acknowledge and understand the audit findings I accept the audit findings	☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative:	**Date and place:** Ouahigouya 30/04/2026

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.	**Score 0:** indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to: • **Independent verification:** major weakness. • **Certification:** major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	**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: • **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.	**Score 2:** indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to: • **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.	**Score 3:** indicates full conformity with the requirement. This leads to: • **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.	**Score 4:** indicates an exemplary performance in the application of the requirement.

* Scoring Scale from the CHSA Verification Scheme 2020