

Sustainable Development Fund (SDF) Yemen

Initial Audit – Summary Report - 2025/03/05

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	Registered with the Ministry of Social Affairs and Labor (Yemen) #99	
Head Office location	Amant Al-Asimah (Sana'a), Yemen	
Total number of organisation staff		467

1.2 Audit team

Lead auditor	Phillip Miller
Audit Facilitators	Amatalmalik Qasim Al-Murtadha Khaled Ahmed Ishaq
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, that is, the humanitarian and development mandates of SDF Yemen.
Focus of the audit	The focus of the audit was the programming of SDF Yemen in the north of Yemen. The current political and security situation made it logistically impossible to cover SDF programming in both the north and south of the country within the timeframe. As the majority of SDF's programming (in terms of budget) was in the north of Yemen, it was decided to focus on these projects in the sample. Due to the restrictions on foreigners travelling to and within Yemen, the community level interviews and discussions were conducted by two (a female and male) trained Yemeni audit facilitators.

1.4 Sampling*

Sampling unit	Project
Total number of Project sites included in the sampling	6
Total number of sites for onsite visit	3
Total number of sites for remote assessment	0
Sampling Unit Selection	

Random Sampling — onsite	Purposive Sampling — onsite/remote
#1 Protection Monitoring and Shelter Assistance to IDPs and conflict affected individuals	Nil
#3 Education and Child Protection Activities for Refugee Children in Sana'a	
#5 Yemen Joint Response 2024-2026	
Any other sampling considerations: The current political and security situation made it logistically impossible to cover SDF programming in both the north and south of the country within the timeframe. As the majority of SDF's programming (in terms of budget) was in the north of Yemen, it was decided to focus on these projects in the sample. Thus, the three projects in the south of Yemen were excluded from the sample.	
Sampling risks identified: Apart from the need to choose to focus audit activities in either the north or the south of Yemen, no specific sampling risks were identified. 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	2024/12/04	Number of participants	28
Location	SDF Head Office at Amant Al-Asimah (Sana'a), Yemen (remotely facilitated by Lead Auditor)	Any substantive issues arising	The exact timing of the fieldwork component of the audit was not known at the time of opening meeting because SDF was still awaiting approvals from Government of Yemen. This was explained in the opening meeting.

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Amant Al Asemah (#3 Education and Child Protection Activities for Refugee Children in Sana'a)	8/12/24 to 10/12/24	Onsite (audit facilitators only)
Hajjah (#5 Yemen Joint Response)	11/12/24 to 12/12/24	Onsite (audit facilitators only)
Dhamar/Al Baydaa #1 Protection Monitoring and Shelter Assistance to IDPs and conflict affected individuals)	14/12/24 to 16/12/24	Onsite (audit facilitators only)

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office			
Management	3	3	remote
Staff	0	6	remote
Project Sites			

Management	3	2	remote
Staff	3	10	remote
Others (Stakeholders)	1	6	onsite
Others (Board Member)	1	0	remote
Total number of interviewees	11	27	38

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
FGD with refugee children (Amant Al Asemah)	5	7	onsite
FGD with female refugees (Amant Al Asemah)	6		onsite
FGD with Community Protection Committee (IDPs) (Amant Al Asemah)	4		onsite
FGD with IDP Protection and Site Monitoring Committees (Amant Al Asemah)	4		onsite
FGD with Community Committees (Hajjah)	6		onsite
FGD with beneficiaries (Hajjah)		12	onsite
FGD with refugee committee members (Amant Al Asemah)		5	onsite
FGD with refugee beneficiaries (Amant Al Asemah)		5	onsite
FGD with Social Protection Network Members (Amant Al Asemah)		4	onsite
FGD with Social Protection Network Members (Dhamar)		5	onsite
Interviews with IDP Protection Committee member (Al Baydaa)	2		onsite
Interviews with refugee beneficiaries (Amant Al Asemah)	2		onsite
Interviews with IDP beneficiaries (Al Baydaa)	3		onsite
Interviews with host community beneficiaries (Dhamar)	2		onsite
Interviews with IDP beneficiaries (Dhamar)	2		onsite
Interviews with IDP beneficiaries (Amant Al Asemah)	3		onsite
Interview with host community beneficiaries (Amant Al Asemah)	1		onsite
Interviews with beneficiary (Hajjah)	2		onsite
Total number of participants	42	38	80

2.5 Closing Meeting

Date	2025/01/15	Number of participants	16
Location	SDF Head Office at Amant Al-Asimah (Sana'a), Yemen	Any substantive issues arising	Nil

	(remotely facilitated by Lead Auditor)		
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3. Background information on the organisation

3.1 General information

SDF (Sustainable Development Fund) Yemen is a Yemeni humanitarian organisation that was formally established by Yemeni women in 2015. The antecedents of SDF Yemen date back to 2003 when the founders worked as volunteers in the development sector. SDF Yemen continues to be led by women and works in both the north and south of Yemen.

At the time of the Initial Audit, SDF had six active projects, and these were in the sectors of protection, education, shelter, camp coordination and camp management, as well as food and livelihood security. SDF Yemen activities support internally displaced persons (IDPs), refugees, host communities, and other vulnerable communities through humanitarian and development work. A number of SDF Yemen projects ended late in the 2024 due to lack of funding.

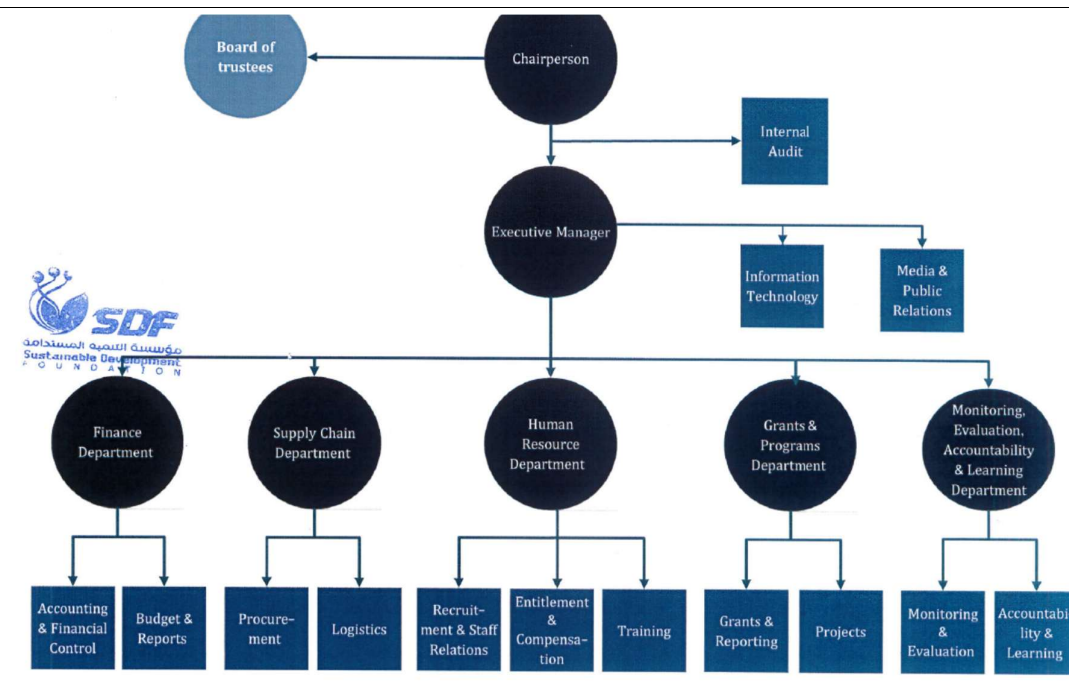
The vision of SDF Yemen is to be pioneers of humanitarian and development work. The mission of the organisation is to provide high-quality sustainable assistance to social segments according to a human rights-based approach. The current Strategic Plan of SDF Yemen runs from 2022 to 2026. It lists five strategic objectives for SDF Yemen:

- Provide safe environment to the most vulnerable groups according to human rights principles
- Enhancing the health and environmental system with communities
- Contributing to achieving food security and enhancing livelihoods
- Continuous improvement of the effectiveness and efficiency of the resources according to professional standards
- Economic empowerment of youth and enhancing women's role in the community.

According to its 2023 Annual report, during the period 2015 to 2023, SDF activities have benefitted over 2.1 million people (the majority of whom are women and girls) by implementing 45 projects in total. In 2023, SDF's work benefitted almost 180,000 people through 11 projects implemented in 9 different governorates of Yemen.

3.2 Governance and management structure

SDF Yemen is headed by the Founder and governed by a Board of Trustees which, at the time of the audit, is comprised of seven people including two employees of SDF. According to the SDF Articles of Association, trustees are appointed by the Founder and can serve terms of three years, renewable for one term. The Board of Trustees meets twice a year and the Chair of the Board of Trustees oversees the work of the Chairperson who manages the Executive Body. The Executive Body consists of departmental managers and directors who are responsible for the day-to-day operations of SDF. The Executive Body meets monthly to discuss and resolve issues arising. Meetings are conducted according to an agenda and records of meetings are maintained. The structure of SDF Yemen is represented below.



3.3 Work with partner organisations

SDF directly implements its projects. Management advised that in the past SDF has supported small associations and local NGOs using a capacity building approach. SDF intends to continue to directly implement projects for the foreseeable future.

SDF is engaged in a consortium project as the implementing partner of an international NGO. SDF also works with national and local authorities by seeking implementation and travel approvals, sharing information and liaison regarding beneficiary selection.

SDF is a member of the International Council of Voluntary Agencies (ICVA), Network for Empowered Aid Response (NEAR) and INEE.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

SDF Yemen has quality assurance systems in place which support programme quality and effective financial management. The risk management mechanisms of SDF are generally sound but there is a gap in terms of monitoring for unintended negative effects.

Through its MEAL (monitoring, evaluation, accountability and learning) processes, SDF comprehensively and systematically gathers information about the performance of its programming. This information includes feedback from beneficiaries and there are processes in place to ascertain beneficiary levels of satisfaction. There is evidence that SDF uses the information obtained through its MEAL processes to adapt programming.

SDF has financial management policies and procedures in place which reduce the risk of fraud and corruption, promote value for money purchases and also give confidence to management that funds are not being misused. Regular flows of financial information between the finance and programme teams support the tracking of use of funds as per budgets. There are systems in place to facilitate and check the allocation of expenses in line with agreed budget lines. There are clear procurement procedures with approval thresholds that are well understood by budget holders. There is an internal auditor reporting directly to the Chairperson whose checks supplements the external financial audit regime.

There are processes in place to ensure staff are aware of their obligations according to the organisation's Code of Conduct which includes Protection from Sexual Exploitation, Abuse

and Harassment (PSEAH). Although the complaints handling mechanism is widely known and utilised by beneficiaries, there are gaps in SDF's systems to ensure beneficiaries have all the information they need to hold SDF to account. Safety of beneficiaries is considered in the design of distributions but there are gaps in the routine assessment of risks to staff and beneficiaries. SDF largely relies on its complaints handling mechanism to discover unintended negative impacts and this could preclude SDF identifying issues that are beyond the perception of beneficiaries.

4.2 Level of application of the CHS

SDF has been preparing for their Initial Audit since 2023. The perseverance of management to facilitate the audit despite environmental constraints reflects a degree of commitment to meeting the CHS. The Executive Body demonstrated their understanding of the CHS in interviews and there is a degree of alignment between CHS and the policies of SDF. Practices of SDF are broadly in line with the CHS.

The processes of project design, monitoring, feedback and complaints reflect high levels of beneficiary engagement and consultation. SDF has invested in creating, promoting and maintaining a Hotline through which complaints to SDF can be made and responded to by the appropriate section of the organisation. SDF is a reliable participant in coordination forums which promotes efficient use of scarce resources across the sector. Its collaboration with local authorities supports the work of SDF.

In its Initial Audit, SDF has demonstrated satisfactory levels of conformity to the CHS despite operating in challenging environments.

In this audit, six minor corrective action requests (CARs) have been raised. No major corrective action requests have been raised. In addition, ten 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	3.0
<p>SDF has documented policies and procedures which describe how it assesses risks and needs as part of the design of projects. SDF has processes in place that promote impartiality through developing selection criteria through needs-based assessments and checking eligibility. Through seeking feedback from beneficiaries, participation in coordination meetings and its MEAL processes more broadly, SDF monitors changes in the context and checks that activities remain relevant to community needs. There is evidence that SDF regularly discusses, reports on progress and adapts its programming based on ongoing monitoring and feedback.</p>	
<p>Feedback from communities: Beneficiaries confirmed that SDF asked them about their situation and needs as part of their assessment. Beneficiaries and stakeholders perceive SDF to be acting impartially and that generally SDF had clear criteria in place which guided beneficiary selection. Stakeholders described the assistance of SDF as completely impartial and provided without bias whilst focusing on targeting the most vulnerable.</p>	
Commitment 2: Humanitarian response is effective and timely	2.9
<p>SDF undertakes planning regarding human and other resources to help ensure that it has capacity to deliver on its programming commitments. There are documented processes that promote timely responses to urgent situations. There is evidence that SDF responds quickly to humanitarian needs and tries to avoid delays. In protection cases and to support people with disability, SDF refers people to specialised organisations to ensure that their needs are met. SDF applies Standard Operating Procedures and best practice tools from UN agencies as well as Cluster guidance in designing and implementing activities. The monitoring processes include spot-checks, beneficiary feedback and checking progress of projects against projected milestones. In response to lack of progress or changes in context, SDF adapts its programming when possible. Processes of SDF ensure that the organisation consistently considers the safety of beneficiaries (including in relation to SEA) in the design of its programming but there is scope to strengthen assurance mechanisms to ensure actions are realistic for communities.</p>	
<p>Feedback from communities: Beneficiaries felt strongly that SDF delivered assistance promptly. They confirmed that SDF checked with them about whether they received what was expected. A number of capacity building beneficiaries felt that the training assistance was not realistic as it lacked important components such as marketing or business skills.</p>	
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	2.1
<p>SDF has policies in place which help prevent programming having negative effects as well as safeguarding personal information that is collected. However, SDF does not proactively seek information during implementation through which it can identify and respond to actual negative effects particularly in relation to culture, livelihoods, local economy and the environment. Similarly, SDF does not have processes to ensure specific analysis of disaster risks and preparedness planning is consistently being utilised to guide SDF project activities. Whilst the approaches of SDF support building local capacities, there is no organisational guidance to ensure this approach is adopted. Through its programming SDF supports resilience through early recovery and strengthening livelihoods of households and communities without explicitly supporting community hazard assessments, disaster preparedness planning or building the capacity of first responders. SDF undertakes exit planning, and its capacity building approach promotes the sustainability of programming.</p>	
<p>Feedback from communities: Communities were generally positive about the capacity building initiatives of SDF and described how SDF has helped strengthen their livelihoods and skills. They confirmed that SDF tended to include and engage with marginalised and disadvantaged community members throughout their programming. Beneficiaries could not identify any negative</p>	

<p>impacts of SDF programming but were largely unaware of what would happen when SDF programming ceased. Stakeholders noted that SDF has built capacity of local leaders and has enhanced the local economy. They expressed concern about what will happen when the activities of SDF finish. They could not identify any negative impacts of SDF programming.</p>	
Commitment 4: Humanitarian response is based on communication, participation and feedback	2.4
<p>SDF policies commit to providing information to communities and engaging them throughout the design and implementation phases of programming. However, SDF does not provide guidance to staff to ensure that important pieces of information (such as expected behaviour of staff) are consistently shared with beneficiaries. External communications of SDF represent beneficiaries with dignity and processes are in place to ensure that communications are accurate and shared with permission of the subject of the image or story. SDF has processes in place to help ensure that beneficiaries can understand communications and the approaches of SDF are inclusive. SDF regularly gathers feedback from beneficiaries about their levels of satisfaction through surveys and meetings.</p>	
<p>Feedback from communities: Beneficiaries confirmed that they understood communications with SDF. They appreciated that SDF staff respected their culture and asked their opinion about the assistance they received. The scope of assistance, the principles of the organisation and expected behaviours of SDF staff were not known by numerous beneficiaries. Stakeholders reported that SDF engaged with them and sought their feedback.</p>	
Commitment 5: Complaints are welcomed and addressed	2.4
<p>SDF has clear policies and documented procedures governing how it manages complaints. A variety of mechanisms are available to communities through which complaints can be made and there are very high levels of awareness of these mechanisms amongst beneficiaries. The hotline is well-resourced, and processes are in place to record and resolve complaints (on the spot where possible or through a referral to other staff). Records indicate that the hotline receives a high volume of calls and the vast majority of these relate to requests for assistance. There is a system to deal with sensitive complaints including those relating to sexual exploitation and cases of abuse in ways that respect the confidentiality and safety of complainants. Complaints boxes and posters in multiple languages spoken by refugees were observed in centres where SDF provides services. Communities were consulted about their preferences for complaint channels, but SDF does not seek feedback from complainants about their satisfaction with how their complaint was handled. Although SDF refers complaints that are out of scope to other agencies, there is no policy of operating procedures guiding this practice. Beneficiaries are aware of SDF's commitments to prevent sexual exploitation and abuse although the expected behaviours of SDF staff are not consistently conveyed to beneficiaries.</p>	
<p>Feedback from communities: Beneficiaries described the different ways they could complain and were very aware of the SDF complaints hotline number. They confirmed receiving a card with the hotline contact details and being engaged in information sessions about the complaints mechanism of SDF. Beneficiaries recalled that they have been encouraged by SDF to lodge complaints if they are not happy with SDF. Beneficiaries valued being able to approach SDF staff directly. Several beneficiaries reported that they were unable to contact SDF via the Hotline to register their complaint.</p>	
Commitment 6: Humanitarian response is coordinated and complementary	2.8
<p>SDF routinely shares and receives information to promote coordination by participating in forums and cluster meetings at project and national level. There are processes in place to liaise with local authorities, leveraging their support to identify needs and monitor the situation. Roles of different stakeholders (including government agencies) are identified in the project design process. SDF implements its projects directly and not through local implementing partners. SDF works in partnership with international organisations and these arrangements (including respective mandates) are governed by partner agreements. SDF has policy commitments to coordination, but these do not describe how humanitarian principles are not compromised through collaboration and coordination with other stakeholders.</p>	
<p>Feedback from communities: Stakeholders described how SDF engages with them throughout the design and implementation phases as well as coordinating their activities with local authorities. Beneficiaries and stakeholders confirmed that there was no overlap</p>	

or duplication between the activities of SDF and other agencies. Beneficiaries and stakeholders complimented SDF for being the only organisation providing assistance to people in remote locations.	
Commitment 7: Humanitarian actors continuously learn and improve	2.8
<p>SDF has policies and procedures in place which describe how it learns and improves practices. The MEAL system of SDF yields information about programming which is included in reports for management and donors and leads to changes in programming. SDF regularly arranges learning events for staff and 'kick-off' orientation meetings are conducted with staff prior to the start of each project. There is evidence that SDF builds on learning and experience in the design of new programming. SDF shares information and learning internally through a digital repository and meetings. SDF contributes to learning and innovation within the sector by sharing information with stakeholders through cluster meetings and publishes learning experiences on its website. SDF does not verbally share learning e.g., from assessments, with community members.</p>	
<p>Feedback from communities: Beneficiaries confirmed that SDF makes regular visits to work sites to oversee operations. They participate in meetings with SDF and explain obstacles and issues. They felt that SDF tended to resolve these issues and improve over time. Stakeholders felt that SDF was open and flexible and that they monitor their projects. Stakeholders and beneficiaries at community level reported that SDF does not share learning, such as assessment results, with them.</p>	
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	3.0
<p>SDF 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 by the Ministry of Labour. 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. Probation, onboarding, trainings and performance review processes support SDF to check that its staff work according to its mission, values and policies. Procedures are in place to deal with performance issues or breaches of Code of Conduct. SDF supports the professional development of staff by providing training opportunities as per its budget.</p>	
<p>Feedback from communities: Beneficiaries were very satisfied with the behaviour of SDF staff describing them as respectful, humble and kind. They believed that SDF staff acted professionally and were sufficiently qualified and skilled. Stakeholders described the behaviour of SDF staff as exemplary, courteous, compassionate and caring. They felt that their behaviour reflected their genuine concern for the welfare of beneficiaries.</p>	
Commitment 9: Resources are managed and used responsibly for their intended purpose	2.5
<p>SDF has policies in place which govern the use of resources including in regard to reducing risk of fraud and corruption. 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 system in place through which budget holders receive regular information about expenditure against budget from the finance team. In terms of using natural resources, there is a policy commitment to take environmental issues into account in the design of projects and consider environmental risks, but this policy is not yet in place. Nevertheless, tools are being used to help SDF consider possible impacts of activities on the environment at the project design stage. There is no process in place to systematically identify any unintended environmental impacts during the implementation of SDF projects although there was no evidence that SDF has caused negative environmental impacts.</p>	
<p>Feedback from communities: Beneficiaries were aware that SDF had budget limitations but felt that the organisation used its funds properly and efficiently. Stakeholders commended the approach of SDF to seek community contributions to supplement donor funds as they felt this built ownership, sustainability and accountability. Beneficiaries believe that the SDF projects</p>	

have not had any negative impacts on the environment. Stakeholders described how SDF activities have protected water sources and reduced water pollution.

* 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
2025-3.2: SDF does not use the results of any existing community hazard and risk assessments and preparedness plans to guide activities.	Minor	New	By the 2028 Renewal Audit
2025-3.6: SDF does not have processes in place to identify and act upon potential or actual unintended negative effects in a timely and systematic manner, including in the areas of: c. culture, gender, and social and political relationships; d. livelihoods; e. the local economy; and f. the environment.	Minor	New	By the 2028 Renewal Audit
2025-4.1: SDF does not consistently provide information to communities and people affected by crisis about the organisation, the principles it adheres to, how it expects its staff to behave, the programmes it is implementing and what they intend to deliver.	Minor	New	By the 2028 Renewal Audit
2025-4.5: SDF's policies for information-sharing are not being followed to promote a culture of open communication.	Minor	New	By the 2028 Renewal Audit
2025-9.6: SDF does not have policies and processes in place governing how it uses its resources in an environmentally responsible way	Minor	New	By the 2028 Renewal Audit
Total Number of open CARs	5		

* *Note: The CARs are completed by the audit team based on the findings. The audited partner is required to respond with a Management Response for each CAR to HQAI before a certificate is issued (reference: HQAI Procedure 114).*

6. Lead auditor recommendation

In my opinion, SDF Yemen conforms with the requirements of the Core Humanitarian Standard on Quality and Accountability.

I recommend certification.

Name and signature of lead auditor:



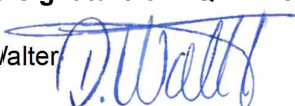
Phillip Miller

Date and place:


3 March 2025

Melbourne, Australia

7. HQAI decision

Final decision on certification:	<input checked="" type="checkbox"/> Issued <input type="checkbox"/> Refused
Start date of the certification cycle: 2025/03/05 Next audit before 2026/03/05	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 05 March 2025

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: <i>If yes, please give details:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: Asia Al-Mashreqi 	Date and place: Sana'a, 18 March 2025

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