

# WE-Action Renewal Audit – Summary Report – 2025/01/22

## 1. General information

### 1.1 Organisation

| Type   | Mandates   | Verified   |
|--|--|--|
| <input type="checkbox"/> International<br><input checked="" type="checkbox"/> National<br><input type="checkbox"/> Membership/Network<br><input checked="" type="checkbox"/> Direct Assistance<br><input type="checkbox"/> Federated<br><input type="checkbox"/> With partners | <input checked="" type="checkbox"/> Humanitarian<br><input checked="" type="checkbox"/> Development<br><input type="checkbox"/> Advocacy | <input checked="" type="checkbox"/> Humanitarian<br><input checked="" type="checkbox"/> Development<br><input type="checkbox"/> Advocacy |
| Legal registration   | Registered as a Local Organisation with the Ethiopian Agency for CSOs  |  |
| Head Office location   | Addis Ababa, Ethiopia  |  |
| Total number of organisation staff   |  | 141 FT   |

### 1.2 Audit team

|                              |                |
|------------------------------|----------------|
| Lead auditor                 | Ivan Kent      |
| Second auditor               | Hana Abul Husn |
| Third auditor                |                |
| Observer                     |                |
| Expert                       |                |
| Witness / other participants |                |

### 1.3 Scope of the audit

|                              |   |
|------------------------------|---|
| CHS:2014 Verification Scheme | Verification  |
| Audit Cycle                  | Second Cycle  |
| Type of audit                | Renewal Audit   |
| Scope of audit               | The audit covers all humanitarian and development programming implemented by WE-Action  |
| Focus of the audit           | WE-Action has expanded its programming since the last audit. Sampling for this audit therefore made sure to include humanitarian activities in a new area of operation and projects funded by a range of donor partners. The audit also focused on areas of weaknesses identified during previous audits and the function of recently introduced tools and processes. |

### 1.4 Sampling\*

|   |   |
|---|---|
| Sampling unit   | Project   |
| Total number of Project sites included in the sampling              | 11  |
| Total number of sites for onsite visit                              | 3   |
| Total number of sites for remote assessment                         | 1   |
| Sampling Unit Selection   |   |
| Random Sampling   | Purposive Sampling – onsite/remote                        |
| 'Strengthening the Response to GBV' (Debub Ari) - onsite assessment | 'Gender Equality Matters' (Debub Ari) – onsite assessment |
| 'Her Empowerment, Her Protection' (Dassenech) - onsite assessment   |   |





|   |  |
|---|--|
| 'Her Time to Grow' (Oromia) - not-selected  |  |
| 'Pathways to Peace' (Tigray) – remote assessment  |  |
| <b>Any other sampling considerations:</b><br>The project 'Her Time to Grow' was not selected from the random sample because of security risks in Oromia. Insecurity also prevented the audit team from visiting communities for the project entitled 'Her Empowerment, Her Protection.' However, a visit was made to the relevant sub-office managing this project and interviews carried out with staff and facilitators drawn from the community.   |  |
| A fourth project: 'Support Her Empowerment for Gender Transformation' was added to the sample to incorporate further community interviews in a safe location.   |  |
| <b>Sampling risks identified:</b><br>All focus group discussions took place in one Woreda (the local administrative area). This may have created a sampling risk regarding the representation of community stakeholders. However, the interviews made sure to select those engaged in different projects operating under different time periods, and the inclusion of further interviews with representatives from an additional project minimised this risk. Given these mitigating factors, the auditor is confident in the findings and conclusions of the audit based on this sample. |  |
| <i>*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.</i>  |  |

2. Activities undertaken by the audit team

2.1 Opening Meeting

|          |                                |                                |    |
|----------|--------------------------------|--------------------------------|----|
| Date     | 2024/11/04                     | Number of participants         | 13 |
| Location | Addis Ababa, Ethiopia / Onsite | Any substantive issues arising | -  |

2.2 Locations Assessed

| Locations                          | Dates      | Onsite or remote |
|------------------------------------|------------|------------------|
| Addis Ababa Office                 | 2024/11/04 | Onsite           |
| Tigray Office                      | 2024/11/05 | Remote           |
| Jinka Office                       | 2024/11/06 | Onsite           |
| Ayda Kebele, Debub Ari (community) | 2024/11/07 | Onsite           |
| Dimeka Office                      | 2024/11/08 | Onsite           |

2.3 Interviews

| Level / Position of interviewees | Number of interviewees |      | Onsite or remote |
|----------------------------------|------------------------|------|------------------|
|                                  | Female                 | Male |                  |
| Head Office                      |                        |      |                  |
| Management                       | 3                      | 3    | Onsite           |
| Staff                            | 1                      | 5    | Onsite           |
| Project Offices                  |                        |      |                  |
| Management                       | 3                      | 2    | Onsite & remote  |





|                              |    |    |                 |
|------------------------------|----|----|-----------------|
| Staff                        | 11 | 6  | Onsite & remote |
| Total number of interviewees | 18 | 16 | 34              |

2.4 Consultations with communities

| Type of group and location               | Number of interviewees |      | Onsite or remote |
|--|------------------------|------|------------------|
|  | Female                 | Male |                  |
| Men’s Self-Help Group, Debub Ari         | -                      | 8    | Onsite           |
| Complaints Handling Committee, Debub Ari | 4                      | 5    | Onsite           |
| Women’s Self-Help Group, Debub Ari       | 8                      | -    | Onsite           |
| Women’s Self-Help Group, Debub Ari       | 8                      | -    | Onsite           |
| Total number of participants             | 20                     | 13   | 33               |

2.5 Closing Meeting

|          |                                |                                |    |
|----------|--------------------------------|--------------------------------|----|
| Date     | 2024/11/11                     | Number of participants         | 19 |
| Location | Addis Ababa, Ethiopia / Onsite | Any substantive issues arising | -  |

3. Background information on the organisation

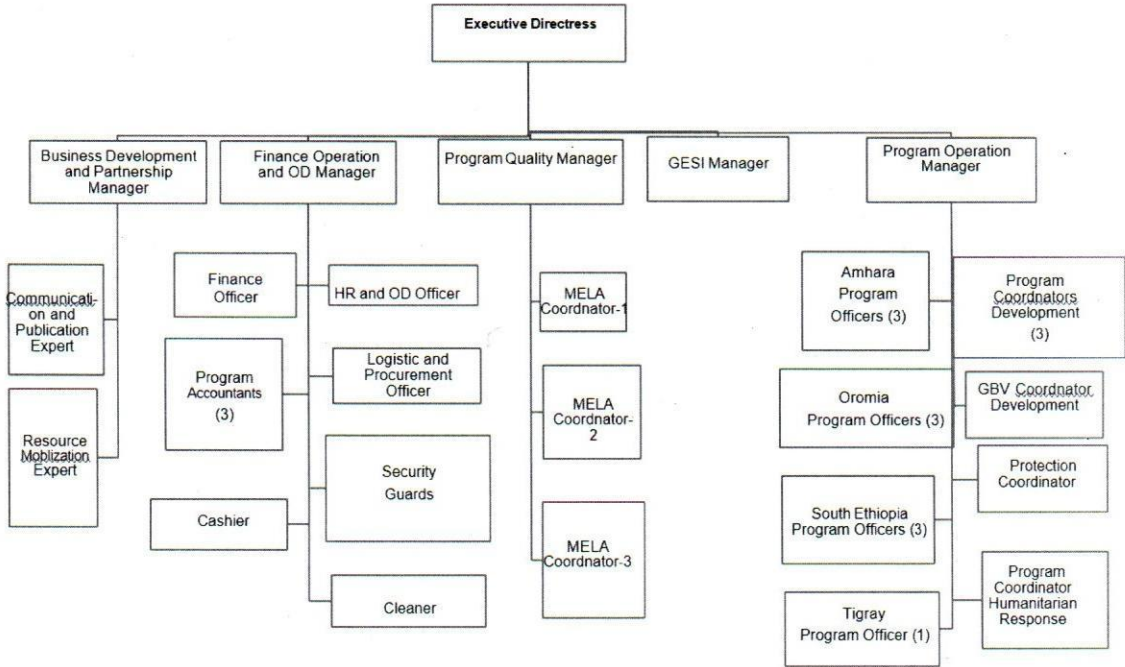
|   |  |
|---|--|
| 3.1 General information                 | <p>Women Empowerment – Action (WE-Action) was established in 1995 and is registered and licensed by the Federal Democratic Republic of Ethiopia’s Agency for Civil Society Organizations (ACSO).</p> <p>WE-Action positions itself as a feminist intersectional organization. It is a local non-political, non-religious, non-profit organisation, with a portfolio of both humanitarian and development programming. WE-Action envisions a gender-just Ethiopia, and its mission is to empower men and women for gender transformation, sustained livelihoods and resilience to humanitarian crises. It cites the following values: accountability, compassion, equity and inclusivity. Its principles are do no harm; equity for equality outcome; empowering for self-reliance; and promoting justice; citing inequality as the root cause of poverty.</p> <p>As outlined in its new Strategic Plan 2022-2026, WE-Action’s Theory of Change centres on empowerment and gender transformation by building agency at an individual level, transforming power differences at the household level, transforming structures at the institutional level and improving social norms at the community level. WE-Action’s intervention model and approach to gender transformative programming promotes secure safe spaces, challenging power differences and collective voice and influence. WE-Action uses Community Transformation Conversation Groups and Gender and Development Model Family approaches in its work.</p> <p>WE-Action has an annual budget of 320m Birr (EUR 2.45m) and 15 donors. Its budget is divided between 20% for administration, and 80% for programmes, in line with the requirements of ACSO.</p> |
| 3.2 Governance and management structure | <p>WE-Action’s General Assembly (GA) has 35 members The GA designates the Board of Directors. The Board of Directors has a mandate to ensure organisational accountability, direction, governance, oversight and transparency and meets physically twice per year. On an annual basis, and at its most recent GA in March 2024, the Board reviewed various reports and presentations of programme and financial achievements, and challenges from the previous year. It also assesses the organisation’s overall impact and sustainability and provides guidance on strategic priorities and initiatives.</p>  |





The ‘Executive Management Body’ includes the Executive Director plus the heads of WE-Action’s departments.

In 2024, WE-Action underwent a restructuring, and its five departments now include: Business development and partnerships; Gender Equality and Social Inclusion (a new section since the last audit); Quality; Program operations, (which includes humanitarian response); and Organisational development and finance.



WE-Action’s Strategic Plan 2022-2026 presents a strategic framework with four goals: 1) Fight gender inequality, 2) Gender equitable secured livelihoods, 3) Protection and lifesaving, 4) Organisational excellence.

WE-Action now has 10 branches in 4 regions. A policy has been developed under which WE-Action’s executive management delegates authority for decision making to middle management. The expectation is that by fulfilling these responsibilities, all section managers and field office coordinators share power and are accountable for their actions.

3.3 Work with partner organisations

WE-Action continues to work in close collaboration with the Ethiopian government at various levels (kebele, woreda, district), and implements its projects in coordination with local authorities and through supported and self-organised community groups. This remains unchanged since the Initial Audit in 2017.

WE-Action is currently leading a consortium funded by UNOCHA with one consortium partner ‘ESD’. It is also in a consortium for a grant for ‘Joint Action on Gender Safe School Bill’ with 3 partners: HIOT Ethiopia, Centre of Concern, Education for sustainable development and ESD.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

WE-Action has made significant improvements to its mechanisms for quality assurance and risk management since the previous (2021) audit. New policies have been drafted, including on anti-corruption, risk management and environmental responsibility. Those on human resource management, financial processes (including procurement) and on quality and





accountability have been revised according to new legislation and identified gaps. Several of these respond directly to minor CARs and observations raised in the last CHS audit.

A new set of standard operating procedures (SOPs) are in the process of being drafted and rolled out. These have been introduced to set quality standards for project activities, including on leadership training, self-help group formation, and target group registration. WE-Action maintains a focus on building staff capacity – with clearly identified focus areas and a budgeted programme to support this activity. Annual progress on capacity building goals is reported to the Board and to supporting donors.

The audit found that mechanisms for quality control were generally working well alongside the recent investments in management systems. A new delegated authority process and an online budgeting and reporting system have been introduced to support improved communication, decision-making and efficiency. Staff in sub-offices are in regular contact with colleagues at the head office.

The WE-Action *Complaints Policy and Procedures* was finalised in 2023, which includes tools for consulting with communities on local complaints mechanisms. The audit found this to have been successfully translated into new systems, which have been adapted to local preferences. There remain some challenges in supporting the capacity for front-line community facilitators at the sub-office level due to a reliance on staff at the head office, where there have also been recent changes.

Several policies have yet to be signed off and some SOPs have yet to be finalised. To a large extent, WE-Action now has a comprehensive suite of policies in place, and the task remains to roll these out fully, whilst maintaining their coherence and relevance.

## 4.2 Level of application of the CHS

WE-Action's senior management continues to demonstrate a strong commitment to the CHS, despite some logistical challenges to audit visits in recent years (COVID and insecurity). The Quality and Accountability Section uses the CHS as the foundation for its work and the manager of that workstream is a member of the Executive Management Team.

WE-Action's organisational vision is a 'gender-just Ethiopia' and WE-Action performs well in gender equality. This commitment is very evident in WE-Action's programming, but also in its policies – including those relating to administration; the financial policy for example, also includes a section on WE-Action's organisational values and principles. The representation of women is strong in all community engagement and feedback processes and there is a deliberate action to promote women's leadership at community level, as well as to support female staff as part of the human resources policy. Staff are highly aware of WE-Action's gender approach, although some staff working at community-level consider that they need further training in this area. Less evident is an emphasis on the inclusion of other marginalised groups in project at the community level, such as disabled people.

WE-Action's programme experience in PSEAH, including the support, protection and referral for survivors of gender-based violence (GBV), equips staff with a good understanding of this area of the CHS. However, a weak point is in communicating WE-Action's commitments on the behaviour of staff and on PSEAH to communities. There have been strong improvements in processes to safeguard personal information for GBV survivors within WE-Action's programme, but the processes for protecting personal information of project participants in general are not consistent in all locations.

As a national NGO, WE-Action is well placed to play a key role in localisation processes, and has recently led a consortium project funded by the European Union, with an INGO playing a minor role as sub-contractor. WE-Action's operating model works closely with local administrative structures and aims to build capacity for local delivery and leadership.

This audit:

- closes five Minor Weaknesses (2017-1.6; 2017-2.1; 2021-2.5; 2021-5.7; and 2017-5.1)
- extends five Minor Weaknesses (2017-3.8; 2017-3.6; 2017-4.1; 2017-5.6; and 2017-7.3)
- records four Minor Weaknesses (2024-5.4; 2024-5.2; 2024-8.9; and 2024-9.4)
- clears 14 observations
- maintains 3 observations
- notes 16 new observations






4.3 Organisational performance against each CHS Commitment

| Strong points and areas for improvement  | Average score* |
|--|----------------|
| <b>Commitment 1: Humanitarian assistance is appropriate and relevant</b><br><br>WE-Action’s policies, strategies and draft standard operating procedures relating to programme quality, accountability, monitoring and evaluation, have been updated to reflect its commitment to impartiality and diversity. WE-Action has developed processes for regular assessments of the stakeholders and of the programme context which are embedded into its practice.<br><br>However, planning for projects does not consistently include assessments of SEAH risks.<br><br><b>Feedback from communities:</b> Communities confirm that they are invited to express their needs. They give examples of changes made to programming on this basis and perceive We-Action’s work as improving their lives.   | 2.8            |
| <b>Commitment 2: Humanitarian response is effective and timely</b><br><br>WE-Action promotes good practice and the use of relevant technical standards, through training and continued high visibility of the CHS. However, WE-Action does not consistently equip its staff with adequate and timely information and training to deliver on all programme commitments.<br><br>WE-Action has invested in monitoring and evaluation and related decision-making through updated policies and procedures. However, the connection between the data collected from assessments and its use for adapting programmes is not consistently evidenced in programme design.<br><br>WE-Action acts on programme delivery without unnecessary delay. Staff give due consideration to constraints and refer unmet needs.<br><br><b>Feedback from communities:</b> Communities confirm the positive impact of project activities and generally describe being satisfied with the programmes and training received.   | 2.7            |
| <b>Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects</b><br><br>WE-Action’s projects have a focus on developing women’s leadership and on strengthening the capacities of local community structures, especially in addressing gender inequality.<br><br>Several recent policies make a commitment to ‘Do No Harm’ principles. However, WE-Action does not have practical guidelines to check on the potential negative effects of project activities during design and planning stages. While several tools have been introduced such as needs assessments and post-distribution surveys for assessing impact, these do not explicitly probe for potential unintended consequences of WE-Action’s work prior to implementation.<br><br>WE-Action takes care to safeguard the personal information from GBV cases as part of its project activities. However, while WE-Action has an information and sharing policy in place, practices to safeguard personal information contained in ‘beneficiary lists’ is not systematic at the local level.<br><br><b>Feedback from communities:</b> | 2.6            |





Communities did not report any negative effects of projects. They acknowledged the positive effect of WE-Action's work on developing the capacities of individuals and its close linkage with structures (e.g. Kebele administration)

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

2.4

WE-Action has embedded participation and community-based decision-making within its model of project delivery. Interviews confirm that WE-Action consistently seeks and receives feedback, particularly on community satisfaction. WE-Action has also diversified the ways in which it communicates with project participants, using social media, videos and translated visibility materials. However, not all locations provide information in local languages.

Although there are further processes in place for communication such as project kick-off meetings and training, this audit found shortcomings in the provision of key information. Specifically, inconsistent information is received by communities on expected staff behaviours, project deliverables, duration, scope and exit strategies.

**Feedback from communities:** Communities feel comfortable to give feedback to WE-Action staff. They describe their participation in assessments, satisfaction surveys, and via self-organised community groups.

**Commitment 5: Complaints are welcomed and addressed**

2

WE-Action's overall approach to complaints handling has been finalised and new tools have been developed for consulting with communities on appropriate mechanisms at the local level. Staff and communities are aware of WE-Action's general complaints processes and report that they would be confident to use them. There are also good referral maps and processes in some locations, especially for GBV given WE-Action's expertise in this area.

A central register has recently been introduced to collate and track complaints received across WE-Action's programmes, although this is yet to be used systematically.

We-Action is consulting with communities on the design of complaints-handling mechanisms. However, complaints mechanisms at the community level are not well documented. In addition, some pull up boards providing telephone numbers are not working, and the website does not provide details on how to provide feedback or make a complaint about WE-Action's staff or programmes.

Communities are not fully aware of the expected behaviour of WE-Action staff and its commitment to the prevention of sexual exploitation and abuse.

**Feedback from communities:** Communities feel safe to communicate with community complaints structures and staff: "you have the right to express any views and get a response without any consequences". They state that WE-Action staff are responsive to feedback.

**Commitment 6: Humanitarian response is coordinated and complementary**

3

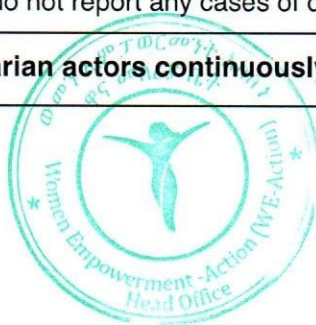
WE-Action co-ordinates closely with government bodies, especially at the local level. It is an active member of protection cluster mechanisms and the PSEAH network.

Staff participate in the Government-NGO fora in all regions and contribute data about its activities to help assess humanitarian coverage. WE-Action's website has now been revived and contains updated news about its programmes. A YouTube channel also provides examples of WE-Action's work and issues of concern.

**Feedback from communities:** Communities confirm WE-Action's close engagement with government and community structures, they do not report any cases of duplication with the work of other agencies.

**Commitment 7: Humanitarian actors continuously learn and improve**

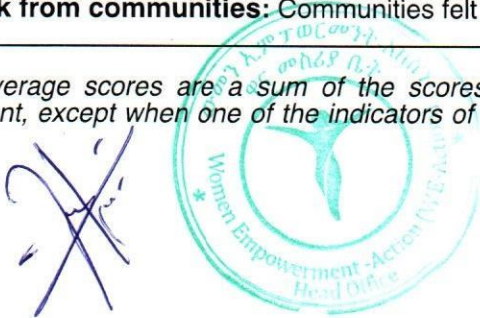
2



|   |            |
|---|------------|
| <p>WE-Action has a strong organisational appetite for learning, which is supported by management processes, including annual review and reflection meetings, which share learning internally, and draw on lessons for project design. WE-Action has a good oversight of the gaps in knowledge management systems and several initiatives have been started to address these gaps. However, while WE-Action has taken steps in digitalizing its monitoring data, current levels of documented knowledge, lessons learnt, and experience are minimal, and often held at an individual level.</p> <p>There continue to be shortcomings in WE-Action's practices for sharing learning and innovation externally and with communities. Additionally, WE-Action does not have a systematic process for contributing to learning and innovation at humanitarian response and sector levels.</p> <p>Although monitoring functions have been strengthened, WE-Action has limited guidance on managing, conducting and utilising evaluations.</p>                         |            |
| <p><b>Feedback from communities:</b> Community members confirm that WE- Action's work is adapting and improving over time.</p>  |            |
| <p><b>Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably</b></p>   | <p>2.4</p> |
| <p>WE-Action's current strategic plan includes a specific goal on organisational excellence, it understands key capacity gaps and provides multiple training opportunities for staff.</p> <p>Human resource policies are regularly updated in-line with legislation and benefit packages have been adjusted to respond to recent challenges regarding the sharp rise in the cost of living. The staff turnover rate has been reduced, although there have been continued recent changes at the head office.</p> <p>Staff are knowledgeable about the content of WE-Action's Code of Conduct although the duty to report on concerns regarding SEAH is variable. Some staff have undertaken online refresher training on PSEAH although this is not systematic.</p> <p>WE-Action has an organisational policy on security although adapted plans are not in place in all sub-offices which operate in insecure areas. The audit found instances of staff working for long periods under a heavy workload and annual leave entitlements are not always taken.</p> |            |
| <p><b>Feedback from communities:</b> Communities describe WE-Action staff as 'responsible and committed'</p>  |            |
| <p><b>Commitment 9: Resources are managed and used responsibly for their intended purpose.</b></p>  | <p>2.3</p> |
| <p>WE-Action's financial policies have been recently updated and staff with purchasing responsibilities are fully aware of processes to deliver value for money and minimise risks of corruption. A new online budget reporting system has also been introduced to improve communication and efficiency in project management.</p> <p>Policies on risk management, anti-corruption, and environmental protection have also been introduced, although the latter two are yet to be approved by the Board.</p> <p>The Environmental Policy has not been translated into targets or concrete actions to guide staff tasked with operational or programmatic decisions. Although policies are in place to avoid conflicts of interest for staff making purchases, WE-Action does not have a policy to ensure that donations at the organisational level do not compromise its independence.</p>   |            |
| <p><b>Feedback from communities:</b> Communities felt that resources were used well.</p>  |            |

\* *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*





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 open weaknesses

| Weaknesses  | Type  | Status   | Resolution timeframe |
|---|-------|----------|----------------------|
| 2017 – 1.6: There are no clear processes in place for routine, ongoing analysis of the context  | Minor | Closed   |                      |
| 2017 – 2.1: Processes do not ensure that constraints are taken into account to design realistic proposed actions  | Minor | Closed   |                      |
| 2021 – 2.5: WE-ACTION does not have adequate processes in place to ensure routine monitoring of projects at activity, output and outcome level to adapt programmes and to address poor performance          | Minor | Closed   |                      |
| 2017-3.8: WE-ACTION does not have systems in place for safeguarding all personal information collected from communities.  | Minor | New      | by 2027 (RA)         |
| 2017 – 3.6: WE-ACTION does not systematically identify and act upon potential or actual unintended negative programme effects   | Minor | Extended | by 2027 (RA)         |
| 2021 – 4.1: WE-ACTION does not systematically share information on the expected behaviour of staff with communities   | Minor | Extended | by 2027 (RA)         |
| 2024 – 5.4: Complaints handling processes at project / community-level are not fully documented   | Minor | Extended | by 2027 (RA)         |
| 2017 – 5.6: Communities and people affected by crisis are not fully aware of the expected behaviour of staff, including organisational commitments made on the prevention of sexual exploitation and abuse  | Minor | Extended | by 2027 (RA)         |
| 2021 – 5.7: WE-ACTION Complaint Handling Policy does not provide details on how complaints that are out of scope are referred to relevant third parties in a manner consistent with good practice           | Minor | Closed   |                      |
| 2017 – 5.1: Communities and people affected by crisis were not consulted on the design of the complaints handling processes, and the organisation does not consult them on the monitoring of the processes. | Minor | Closed   |                      |
| 2024-5.2: WE-Action’s communications regarding access to complaints mechanisms and the scope of issues it can address are not up to date.   | Minor | New      | by 2027 (RA)         |
| 2017 – 7.3: Learning and innovation are not consistently shared with communities and other stakeholders   | Minor | Extended | by 2027 (RA)         |
| 2024-8.9: Security policies and plans are not fully in place for all sub-offices operating in insecure locations  | Minor | New      | by 2027 (RA)         |
| 2024-9.4: WE-Action does not systematically consider the impact on the environment when using resources   | Minor | New      | by 2027 (RA)         |
| Total Number of Weaknesses  | 9     |          |                      |


6. Claims Review





|                         |   |                    |   |
|-------------------------|---|--------------------|---|
| Claims Review conducted | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Follow-up required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------|---|--------------------|---|

7. Lead auditor recommendation

|  |   |
|--|---|
| In our opinion, WE-ACTION demonstrates a high level of commitment to the Core Humanitarian Standard on Quality and Accountability and its continued inclusion in the Independent Verification scheme is justified. |   |
| Name and signature of lead auditor:<br><br>Ivan Kent<br>  | Date and place:<br><br>12-December-2024<br><br>Canterbury, UK |

8. HQAI decision

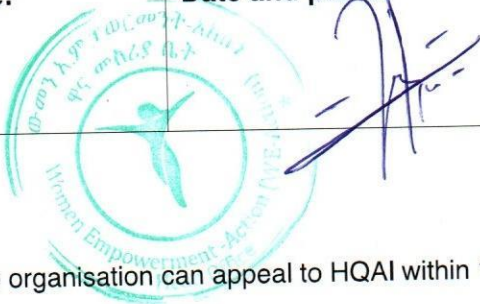
|   |  |
|---|--|
| Registration in the Independent Verification Scheme maintained:   | <input checked="" type="checkbox"/> Accepted<br><input type="checkbox"/> Refused |
| Start date of the current verification cycle: 2025/01/23<br>Renewal audit completed by 2028/01/22   |  |
| Name and signature of HQAI Head of quality assurance:<br><br> | Date and place:<br><br>22 Jan 2025, Geneva                                       |

9. Acknowledgement of the report by the organisation

|  |   |
|--|---|
| Space reserved for the organisation  |   |
| Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:<br><br>If yes, please give details: | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Acknowledgement and Acceptance of Findings:<br><br>I acknowledge and understand the findings of the audit  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |





|  |  |
|--|--|
| I accept the findings of the audit   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Name and signature of the organisation's representative:</b><br><br>MARSHA NEMERA | <b>Date and place:</b><br><br> |

## 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><b>Score 0:</b> 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"> <li>• <b>Independent verification:</b> major weakness.</li> <li>• <b>Certification:</b> major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.</li> </ul>              |
| 1      | Your organisation is making efforts towards applying this requirement, but these are not systematic.   | <p><b>Score 1:</b> 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"> <li>• <b>Independent verification:</b> minor weakness</li> <li>• <b>Certification:</b> minor non-conformity, leading to a minor corrective action request (CAR).</li> </ul> |
| 2      | Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.  | <p><b>Score 2:</b> 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"> <li>• <b>Independent verification and certification:</b> observation.</li> </ul>   |
| 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><b>Score 3:</b> indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>• <b>Independent verification and certification:</b> conformity.</li> </ul>  |
| 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><b>Score 4:</b> indicates an exemplary performance in the application of the requirement.</p>  |

\* Scoring Scale from the CHSA Verification Scheme 2020