



Third-party quality assurance policy

POL114 - Third-party quality assurance policy - 2017-06-08

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Third-party quality assurance policy

Introduction

I. The Humanitarian Quality Assurance Initiative

HQAI's objective is to help organisations progress and show their effectiveness in delivering to recognised humanitarian standards. Its quality assurance services are intended to build capacity in the sector and provide consistent measurable data in the delivery of quality action, thus improving principled, accountable, efficient provision of aid to populations affected by crises.

HQAI upholds the humanitarian principles of humanity, impartiality, neutrality and independence.

To all its stakeholders, HQAI is an accountable, open and trustworthy partner, which applies the internationally recognised ground rules of auditing that are impartiality, competence, responsibility, openness, confidentiality and responsiveness to complaints. Our policies, procedures and tools for independent quality assurance procedures follow relevant ISO standards requirements.

HQAI has developed robust tools to measure efficiently where an organisation stands in relation to the [Core Humanitarian Standard \(CHS\) on Quality and Accountability](#). Tools related to other standards may be developed in the future.

II. Scope

This policy contains the process requirements applicable for HQAI third-party quality assurance services. It provides general information about the benchmarking, independent verification and certification schemes.

III. References

The following referenced documents complement this policy. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO/IEC 17021-1:2015: Conformity assessment - Requirements for bodies providing audit and certification of management systems Part 1: Requirements

ISO/IEC 12065:2012: Conformity assessment - Requirements for bodies certifying products, processes and services.

HQAI ADM104 - Certification Application Form

HQAI ADM105 - Independent Verification Form

HQAI ADM106 - Benchmarking Form

HQAI POL 200 - Subsidy Fund Policy

HQAI PRO049 - Complaints and Appeal policy

HQAI PRO 200 - Subsidy Fund procedure

IV. Terms and definitions

For the purposes of this document, the following terms and definitions (based on relevant ISO standards) and the humanitarian principles apply.

Auditor	Person who conducts an audit.
Benchmarking audit	Audit carried out by an auditing organisation independent of the organisation and the parties that rely on benchmarking, for the purpose of establishing the degree to which the organisation applies the standard at a point in time.
Certification audit	Audit carried out by an auditing organisation independent of the organisation and the parties that rely on certification, for the purpose of certifying the organisation's management system.
Certification scheme	Conformity assessment system related to management systems to which the same specified requirements, specific rules and procedures apply.
Organisation	Organisation that is being audited for quality assurance purposes.
Confidentiality	Strict non-disclosure of any confidential information.
Impartiality (auditing principle)	Presence of objectivity, making no distinction on the basis of nationality, race, gender, religious belief, class or political opinions.
Independence	Being autonomous from the political, economic, military or other objectives that might put pressure on a decision by the certification or verification body
Non-conformity	Non-fulfilment of a requirement.
Major non-conformity	Non-conformity that affects the capability of the organisation to achieve the intended results.
Minor non-conformity	Non-conformity that does not affect the capability of the management system to achieve the intended results.
Neutrality	Not taking sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.
Openness	Disclosure of appropriate and timely information about the audit, verification and certifications processes and about the verification or certification status (i.e. the granting, maintaining of quality assurance, expanding or reducing the scope of quality assurance, renewing, suspending or restoring, or withdrawing of quality assurance) of any organisation.
Principle of Humanity	The purpose of humanitarian action is to address human suffering wherever it is found, protect life and health and ensure respect for human beings.
Responsibility	Assessment of sufficient objective evidence upon which to base a certification or verification decision. <u>Note:</u> The organisation, not HQAI, has the responsibility for consistently achieving the intended results of application of the referenced standard <u>Note:</u> Any audit is based on sampling within an organisation's management system and therefore is not a guarantee of 100 % conformity with requirements
Verification audit	Audit carried out by an auditing organisation independent of the organisation and the parties that rely on verification, for the purpose of verifying the organisation's continuous improvement in the application of a standard.

Part 1 : Generalities

1 Schemes

1.1 HQAI offers three schemes:

- i. Benchmarking is a one-time independent and objective diagnosis of the situation of one or a group of organisations with regard to a given standard, good practices or commitments. It is a first step towards aligning and integrating working approaches with those outlined in the specified standard, good practices or commitments.
- ii. Independent verification (sometimes referred to as third-party verification) is an independent and objective assurance that one or a group of organisations are making demonstrated, continuous and measurable progress applying a given standard, good practices or commitments. The requirement is that the most serious weaknesses in the application of the standard are eliminated within a four-years cycle. Unlike certification, this option assesses continuous improvement, according to an agreed upon action plan and is not a pass/fail test of compliance with the standard.
- iii. Certification is the independent and objective assurance that an organisation meets the requirements specified in a given standard, good practices or commitments. A certificate is valid four years, providing periodic checks confirm the continuing conformity with the requirements of the standard.

2 Value and objectives

2.1 The dual overall objective of third-party quality assurance services, is to provide:

- i. an objective and independent assessment of where an organisation stands in the application of a reference standard so as to allow learning and improvement;
- ii. confidence to all parties that an organisation fulfils or is continuously improving in the fulfilment of specified requirements.

2.2 The value of the processes lays in their professionalism, impartiality and in the robustness of the third-party quality assurance mechanisms. The impartial and competent assessment of performances in the application of a reference standard builds stakeholders' confidence, strengthen the position of an organisation towards partners and in the sector.

2.3 HQAI third-party quality assurance services follow principles of impartiality, competence, responsibility, openness, confidentiality, responsiveness to complaints and risk-based approach. Those principles are generally agreed to create trust and public confidence in HQAI services.

3 HQAI registered auditors

- 3.1 Audits shall be undertaken by specially trained HQAI registered auditors.
- 3.2 To be registered, an auditor shall:
- i. have successfully completed an internationally recognised ISO 19011 course for auditors;
 - ii. completed an online introductory course on the Core Humanitarian Standard approved by the CHS Alliance;
 - iii. have successfully completed a HQAI webinar distant training.
- 3.3 To become Lead Auditors, Registered Auditors shall have participated successfully in at least two full audits under the supervision of a Registered Lead Auditor.
- 3.4 Audits shall be managed by Lead Auditors who have authority for the management, control and performance of audit activities including planning the process with support from HQAI's Secretariat and the management of other members of the audit team.
- 3.5 Unless exceptional circumstances, to maintain their registration, HQAI registered auditors shall:
- i. conduct a minimum of two audits per year;
 - ii. pass performances review and evaluation from audited organisations;
 - iii. comply with HQAI Code of Conduct;
 - iv. demonstrate their active understanding of the relevant standards and the third-party quality assurance processes.
- 3.6 Registered auditors carry out the site visits, prepare audit reports, make recommendations to HQAI and are responsible to collect and analyse sufficient information to generate objective and impartial conclusions in HQAI quality assurance processes.
- 3.7 The list of registered Auditors shall be published and kept up-to-date on HQAI's website, under the responsibility of HQAI's Secretariat.

Part 2 : HQAI third-party quality assurance schemes

In general terms, benchmarking, certification and independent verification schemes involve document reviews, interviews with staff, partners, the direct input of communities and affected people receiving assistance from the organisation, people not receiving assistance from the organisation, other stakeholders (donors, local authorities, etc.), and direct observation at selected country programme and project site(s). Special emphasis is given to the validation of internal quality control mechanisms, and when relevant the output of self-assessments and other control mechanisms (e.g. peer review) the organisation may undergo so as to:

- i. avoid duplicating or replacing what exists and works well;
- ii. minimise the number of assessments the staff are submitted to;
- iii. avoid the creation of "audit fatigue".

HQAI third-party quality assurance schemes follows the requirements for bodies providing audit and certification set by relevant ISO standards.

1 Benchmarking

The main steps of the benchmarking process are:

	Year 0	Year 1	Year 2	Year 3	Year 4
Benchmarking	Self Assessment Initial Audit	X	X	X	X
	Diagnosis				

- 1.1 The benchmarking process comprises the following.
 - i. The organisation undertakes a self-assessment using the HQAI tool.
 - ii. A team¹ led by a lead auditor undertakes the audit, which includes site visits at the head office and at a sample of national programme site(s). Each programme site visit also includes a visit to several project sites where the team gets the feedback of affected people.
 - iii. After the initial audit, the audit team produces an audit report, identifying strengths and weaknesses in the implementation of the standard's requirements (see section 4, for audit scores).

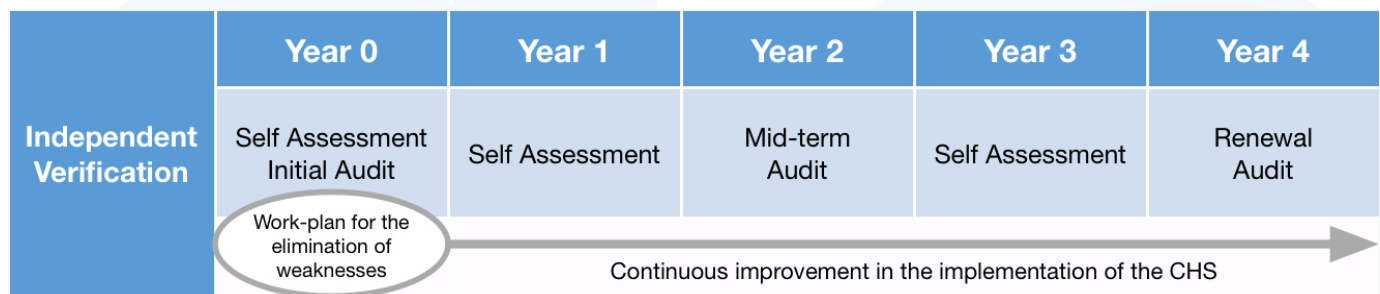
¹ Depending on circumstances (risk, complexity of the organisations, etc.) the team can be composed of only the Lead Auditor.

- iv. After receiving the feedback of the organisation, HQAI under the responsibility of its Executive Director evaluates the report, its finding, and approves the audit report. Upon consent of the organisation, HQAI publishes a public summary of the report in its web-site.

Note: At the request of the organisation, HQAI may provide a feedback on the possible management response to address identified weaknesses. This feedback addresses the adequacy of the management response to address issues, but will not provide any assurance that they will be corrected by the actions that are envisaged.

2 Independent verification

The main steps of the independent verification process are:



Note: Independent verification is not a pass/fail test. However, except under justified exceptional circumstances, an organisation can be withdrawn from the programme if it significantly fails to implement the work-plan, fails to follow the verification process in due time or if major weaknesses have not been addressed within the 4 years cycle. Exceptionally the process can be extended two years, but not more.

2.1 Initial audit and development of the work-plan.

- i. The organisation undertakes a self-assessment using HQAI's tools.

Note: A self assessment undertaken with the CHS Alliance's tools that is less than one year is equivalent and satisfies the HQAI requirement.

- ii. A team² led by a lead auditor undertakes an initial audit; The initial audit includes site visits at the head office and at a sample of national programme site(s). Each programme site visit also includes a visit to several project sites where the team gets the feedback of affected people.
- iii. After the initial audit, the audit team produces an initial audit report identifying strengths and weaknesses in the implementation of the standard requirements (see section 4 for audit scores).
- iv. After receiving the feedback of the organisation, HQAI under the responsibility of its Executive Director evaluates the report, its finding, and approves the audit report. Upon consent of the organisation, HQAI publishes a public summary of the report in its website.

² Depending on circumstances (risk, complexity of the organisations, etc.) the team can be composed of only the Lead Auditor.

- v. Within 3 months after the report is finalised, the organisation develops a 4-years work-plan for continuous improvement in the application of the standard. This work-plan shall aim at the elimination of identified major weaknesses in the implementation of the standard requirements.
- vi. With the organisation's prior consent, a public summary of the work-plan is published on HQAI website. The organisation is also encouraged to publish the summaries of the report and work-plan on its website.

2.2 Maintenance self-assessment

- i. Within one year after the initial audit report is finalised, the organisation undertakes a maintenance self-assessment using HQAI tool;
- ii. The organisation reports back to HQAI on the work-plan implementation and progress towards the application of the standard.

2.3 Mid-term audit

- i. Within two years after the initial audit report is finalised, a team³ led by a lead Auditor undertakes a third-party mid-term audit;

Note: *although HQAI will strive to send early warnings, it is the responsibility of the organisation to contact HQAI sufficiently early to organise the audit in due time*

Note: *While factors such the complexity of the organisation, the certification history or the rigour of internal control mechanisms can dictate otherwise, the mid-term audit consists at least of programme site(s) visits at a sample of site(s). The mid-term audit includes but is not limited to a review of the identified weaknesses and the measures taken to resolve them.*

- ii. The audit team produces a mid-term audit report, detailing progress in the implementation of the work-plan and the elimination of identified weaknesses (see section 4 for audit scores);
- iii. After receiving the feedback of the organisation, HQAI under the responsibility of its Executive Director evaluates the report, its finding, and approves the audit report. Upon consent of the organisation, HQAI publishes a public summary of the report in its website.
- iv. The organisation amends as relevant the initial work-plan;
- v. With the organisation's prior consent, a public summary of the new version of the work-plan is published on HQAI website. The organisation is also encouraged to publish the summaries of the mid-term audit report and work-plan on its website.

2.4 Within three years after the initial audit report is finalised, the organisation undertakes a maintenance self-assessment, as per 2.2:

2.5 Within four years after the initial audit report is finalised, the organisation can renew the process or switch to another quality assurance scheme. The process, as relevant follows then the steps described from 2.1 on.

³ Depending on circumstances (risk, complexity of the organisations, etc.) the team can be composed of only the Lead Auditor.

3. The certification process

The main steps of the certification process are:

	Year 0	Year 1	Year 2	Year 3	Year 4
Certification	Self Assessment Initial Audit	Maintenance Audit	Mid-term Audit	Maintenance Audit	Recertification Audit
	Certificate issued	Certificate maintained	Certificate maintained	Certificate maintained	Certificate renewed

3.1

3.1 Initial audit

- i. The organisation undertakes a self-assessment using HQAI's tool;
- ii. A team⁴ led by a lead auditor undertakes an initial audit; The initial audit includes site visits at the head office and at a sample of national programme site(s). Each programme site visit also includes a visit to several project sites where the team gets the feedback of affected people.
- iii. The audit team produces an initial audit report, including scores of compliance with the standard (see section 4 for audit scores).
- iv. A major CAR issued at an initial audit prohibits an organisation to be certified. However, if the major CAR is demonstratively addressed and either closed or transformed into a minor CAR within six month of the audit, a certificate can be issued without further audit. If more than six months pass between the audit and the correction of a major CAR, a full initial audit is required to issue a certificate.
- v. After receiving the feedback of the organisation, HQAI under the responsibility of its Executive Director evaluates the report, its finding, the recommendation on certification and decides whether to follow the recommendation. This decision cannot be outsourced.
- vi. A public summary is published on HQAI website, upon consent of the organisation.
- vii. As relevant, a certificate of conformity is granted, with the right to use the certification mark (logo) in organisational communications and public relations (e.g. web-site, letterheads).

Note: A certificate has a 4 year validity from the certificate issue date.

⁴ Depending on circumstances (risk, complexity of the organisations, etc.) the team can be composed of only the Lead Auditor.

3.2 Maintenance audit

- i. Within one year of the issuing of the certificate, a team⁵ led by a lead auditor undertakes a maintenance audit that consists at least a visit of a head office visit. this audit focuses on the non-conformities identified in the previous audit and the organisation's progress towards their resolution;
- ii. The audit team produces a maintenance audit report, including scores of compliance with the standard requirements (see section 4 for audit scores).
- iii. A major CAR issued at a maintenance leads to the suspension of the certificate. If the major CAR is closed or transformed into a minor CAR within 3 months of the audit, the certificate is restored. This timeframe can be extended by the lead auditor up to six months maximum for justified reasons. Passed this timeframe, the certificate is withdrawn or the scope of certification is reduced to exclude parts not meeting the requirements.
- iv. After receiving the feedback of the organisation, HQAI under the responsibility of its Executive Director evaluates the report, its finding, the recommendation on certification and decides whether to follow the recommendation. This decision cannot be outsourced.
- v. A public summary is published on HQAI website, upon consent of the organisation

3.3 Mid-term audit.

- i. Within two years of the issuing of the certificate, a team⁵ led by a lead auditor undertakes a mid-term audit. The mid-term audit consists at least of a programme site(s) visits at a sample of site(s). The mid-term audit includes but is not limited to a review of the identified non-conformities and the measures taken to resolve them;
- ii. The audit team produces a mid-term audit report, including scores of compliance with the standard requirements (see section 4 for audit scores).
- iii. A major CAR issued at a mid-term audit leads to the suspension of the certificate. If the major CAR is closed or transformed into a minor CAR within 3 months of the audit, the certificate is restored. This timeframe can be extended by the lead auditor up to six months maximum for justified reasons. Passed this timeframe, the certificate is withdrawn or the scope of certification is reduced to exclude parts not meeting the requirements.
- v. After receiving the feedback of the organisation, HQAI under the responsibility of its Executive Director evaluates the report, its finding and recommendations, and decides whether to maintain the certificate. This decision cannot be outsourced.
- vi. A public summary is published on HQAI website, upon consent of the organisation;

3.4 Maintenance audit.

- i. Within three year of the issuing of the certificate, the organisation undertakes a new maintenance audit, as per 3.2.

⁵ If the audit is not conducted within the set timeframe, HQAI suspends the certificate for a maximum duration of 6 months. If after 6 months, the audit is not conducted, the certificate is withdrawn.

3.5 Recertification audit.

- i. Within 4 years of the emission of the certificate and on request from the organisation a new cycle of certification starts with a re-certification audit, normally lighter than the initial audit. The rest of the cycle follows the steps described above. To maintain continuous certification, the re-certification audit needs to take place before the end of validity of the certificate of conformity⁶.
- iii. A major CAR issued at a re-certification audit leads to the suspension of the certificate. If the major CAR is closed or transformed into a minor CAR within 3 months of the audit, the certificate is restored. This timeframe can be extended by the lead auditor up to six months maximum for justified reasons. Passed this timeframe, the certificate is withdrawn or the scope of certification is reduced to exclude parts not meeting the requirements.

Note: At any time during the certification process, the organisation can voluntarily request a suspension of its certificate. The suspension shall not exceed 6 months.

4 Audit Scores

- 4.1 HQAI third-party quality assurance schemes uses a scoring system. It is graduated from 0 to 5 to determine the degree to which organisations apply the standard and to measure progress in this application.
- 4.2 The scores provide an indication or a basis to make a decision for improvement (independent verification, independent benchmarking) or for granting certification.
- 4.3 Establishing the scores depends on the analysis and judgement of the auditor. All scores must be clearly connected to findings, themselves based on evidence and be justified in the report.
- 4.4 The scores are as follows (see Annex 1 for details on the meaning of scores):
 - i. **Score 0:** denotes a weakness that is so significant that it indicates that the organisation is unable to meet the required commitment. This lead to:
 - Benchmarking and verification: major weakness;
 - Certification: major non-conformity, leading to a major corrective action request (CAR).
 - ii. **Score 1:** denotes a weakness that des not immediately compromise the integrity of the commitment but requires it to be corrected to ensure the organisation can continuously deliver against the commitment. This leads to:
 - Benchmarking and verification: minor weakness;
 - Certification: minor non-conformity, leading to a minor corrective action request (CAR).

Note: A minor CAR issued during an audit still allows an organisation to be certified. However, the minor CAR needs to be closed normally within 1 or 2 years, (a shorter or longer timeframe for resolution can be granted, depending on the seriousness of the CAR and its impact on the overall system). A minor CAR that is not addressed within the specified timeframe becomes a major CAR.

- iii. **Score 2:** denotes an issue that deserve future attention but does not currently compromise the conformity with the requirement. This leads to:

Benchmarking, verification and certification: observation

Note: *observations deserve to be addressed as they may deteriorate into weaknesses (verification) or non-conformities (certification) and are systematically checked by the following audit.*

- iv. **Score 3:** denotes the conformity with the requirement. This lead to:

Benchmarking, verification and certification: conformity

- v. **Score 4:** denotes an above than average, exemplary conformity with the requirement.

- vi. **Score 5:** denotes exceptional strength in the conformity of the requirement backed with an outstanding feedback from communities and people. A score of 5 is only be attributed in exceptional circumstances.

5 Public summaries

- 5.1 The principle of transparency being core to its work, HQAI publishes on its website a summary of any audit reports produced within the framework of HQAI's third-party quality assurance services.
- 5.2 Within the framework of an Independent Verification programme, HQAI publishes the work-plan and amended work-plan.
- 5.3 The public summary reports contain at a minimum:
 - i. audit scores at the level of commitments and an explanation of their meaning;
 - ii. the meaning and times for resolution of major and minor corrective action requests (CARs) or weaknesses, and observations, as relevant;
 - iii. information on visited sites and communities
- 5.4 Publication exceptions may be allowed for justified security reasons through an official request to the Secretariat.

6. Bridges between HQAI third-party quality assurance schemes

- 6.1 HQAI third-party quality assurance schemes are built on similar principles, processes and tools, which makes them compatible one with another.
- 6.2 An organisation starting with one of the three third-party quality assurance schemes can easily switch to another scheme if it sees value in doing so. Transfer opportunities are the following:
 - i. an organisation engaged in a benchmarking, independent verification or certification programme can transfer to another scheme within one year after the publication of the initial audit report;
 - ii. an organisation engaged in an independent verification programme can transfer to a certification scheme, or vice versa, at the occasion of the mid-term audit.
- 6.3 For each transfer, the process shall be concluded within one year (6.2i) or two years (6.2ii) of the publication of the initial audit report.
- 6.5 Transferring to another scheme shall not provide or create a more advantageous situation for an organisation compared to organisations that decide from the onset to apply for the said scheme and shall not add time to a four-years cycle starting at the time of the publication of the initial audit report.

Annex 1 - Detailed description of scores

Score	Key actions	Organisation responsibilities
0	<ul style="list-style-type: none"> Operational activities and actions systematically contradict the intent of a CHS requirement. Recurrent failure to implement the necessary actions at operational level. A systemic issue threatens the integrity of a CHS Commitment (i.e. makes it unlikely that the organisation is able to deliver the commitment). 	<ul style="list-style-type: none"> Policies and procedures directly contradict the intent of the CHS requirement. Complete absence of formal or informal processes (organisational culture) or policies necessary for ensuring compliance at the level of the requirement and commitment.
1	<p>Some actions respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement. Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures. 	<p>Some policies and procedures respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> Relevant policies exist but are incomplete or do not cover all areas of the CHS. Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures. Absence of mechanisms to ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.
2	<p>Actions broadly respond to the intent behind the CHS requirement:</p> <p>Actions at operational level are broadly in line with the intent behind a requirement or commitment.</p> <p>However:</p> <ul style="list-style-type: none"> Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture. There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies. 	<p>Some policies and procedures respond to the intent behind the CHS requirement. However:</p> <ul style="list-style-type: none"> Relevant policies exist but are incomplete or do not cover all areas of the CHS. Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures. Absence of mechanisms to ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.

Score	Key actions	Organisation responsibilities
3	<p>Actions respond to the intent of the CHS requirement:</p> <ul style="list-style-type: none"> The design of programmes site(s) and country programme(s) and the implementation of activities is based on the relevant policies and reflects the requirement throughout programme sites. Staff are held accountable for the application of relevant policies and procedures at operational level, including through consistent quality assurance mechanisms. 	<p>Policies and procedures respond to the intent of the CHS requirement:</p> <ul style="list-style-type: none"> Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff. Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, programmes site(s) and country programme(s) The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.
4	<p>As 3, but in addition:</p> <ul style="list-style-type: none"> Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed. Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement. 	<p>As 3, but in addition:</p> <ul style="list-style-type: none"> Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation. Relevant staff can explain in which way their activities are in line with the requirement and can provide several examples of implementation in different sites. They can relate the examples to improved quality of the programmes site(s) and country programme(s) and their deliveries.
5	<p>As 4, but in addition:</p> <ul style="list-style-type: none"> Actions at all levels and across the organisation go far beyond the intent of the relevant CHS requirement and could serve as textbook examples of ultimate good practice. 	<p>As 4, but in addition:</p> <ul style="list-style-type: none"> Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures. Policy and practice are perfectly aligned.