regenagri

for the health & wealth of the land

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Regenagri Document and Integrity Control procedure

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Misuse of Claims

Organisations can make claims related to Regenagri only when they have a valid license Agreement with Regenagri C.i.C. Claims shall be made according to the terms of the license Agreement.
Regenagri C.i.C. may suspend the license Agreement temporarily with immediate effect while a suspicion of breaching the terms of the Agreement or the Regenagri® standards and principles are being investigated.

In the case of misuse or suspicious misuse of Regenagri claims the licensed organisations will receive a written request for clarifications accompanied by a notification of the temporary suspension of the license. The licensed organisation has two weeks from the date of notification to confirm receipt and provide Regenagri C.i.C. with the required clarifications. The temporary suspension shall remain in effect for a maximum period of one month after the licensed organisation has provided clarifications. If the misuse is confirmed, the temporary suspension is extended for an additional three months, during which the licensed organisation shall provide Regenagri C.i.C. with confirmation of correcting and preventive measures. Regenagri C.i.C. will review these corrective and preventive actions and will confirm in writing to the licensed organisation whether the license is reinstated or terminated.

Edit history

Version 1.0 - February 2024

Log of Updates

Update	Update date	Effective date

I. Scope

Effective management of documents relevant to the Regenagri system and standards to ensure integrity and that the correct and latest version is available in usage by associated parties.

II. Introduction

~ Regenagri helps secure the health of the land and the wealth of those who live on it ~

This Regenagri control procedure outlines the processes and guidelines for managing documents within an organization. Effective document control ensures that documents are created, reviewed, approved, distributed, and maintained in a systematic and controlled manner to support business operations, compliance requirements, and quality management.

III. Acronyms

CB – Certification body
CEO – Chief Executive Officer
MEL – Monitoring, Evaluation and Learning
ToC- Theory of Change
ISO – International Organisation for Standartization
ISEAL - International Social and Environmental Accreditation and Labelling Alliance
QA/ QC – Quality asurance/ quality control
NGO - Non-Governmental Organisation
KPIs - Key Performance Indicators
L – Likelihood
S – Severity

IV. Definitions

Accreditation - Formal recognition that a Certification Body meets Regenagri and ISO standards for competence, impartiality, and performance.

Internal Assessment - initial and periodic research process to gather baseline data, stakeholder feedback, and external context to indicate required ToC updates.

Claims Requirement - Document defining the rules for how Regenagri certification claims may be made in marketing, packaging, and communications.

Confidentiality Level - Classification of an internal document specifying who can access it (e.g., Internal, Internal + CBs).

Continuous Improvement Actions - Actions identified during reviews to enhance program effectiveness, compliance, or efficiency.

Corrective Action - Measures taken to eliminate the cause of a detected non-conformity or other undesirable situation.

Governance Committee - Group responsible for overseeing the governance review, ensuring structure is fit-for-purpose, and monitoring compliance with internal and ISEAL governance requirements.

Impact Indicators - Quantitative or qualitative measures used to assess long-term outcomes in MEL reporting.

Internal Assessment Report - Document summarising the results of the internal governance, risk, and performance review, including findings, status, and recommended actions.

Mitigation Measures - Steps taken to reduce the likelihood and/or severity of a risk identified in the risk register.

V. Responsibilities

CEO: approval of documents related to Regenagri standards, system and internal company procedures & working instructions, including implementation of new or updated documents. Coordinates the annual governance review and updates.
Standards manager: maintaining of Regenagri system, development and maintaining documents associated to Regenagri standards and company's internal procedures and instructions, implementation of new or updated documents, filing. Oversees MEL framework, ensures alignment with ToC, collects and analyses impact data. Conducts risk assessments and maintains risk register.
Program Manager: supporting the maintaining of Regenagri system, supporting the development and maintaining documents associated to Regenagri standards and company's internal procedures and instructions, implementation of new or updated documents, filing. Identify overlapping program scopes and opportunities for alignment.
Other staff (Data Integrity Officer, Project manager etc.): implementation of new or updated documents, filing.
Governance Committee – ensure correct recommendation and oversight of Regenagri system and programme

VI. Document Control procedure steps

1. There is one valid version of all active documents, in electronic version on Regenagri SharePoint and publicly on the website, which is used by all employees and all external stakeholders when applicable. Only approved documents are placed on the website.
2. Every employee or stakeholder can make suggestions for new documents or updates of new documents to existing documentation for the Regenagri standards and procedures, to the Standard Manager and to the Program manager.
3. The Standard Manager and/ or Program manager prepares documents by making a draft. On all pages of the document the date, version-number, page-number and the total number of pages, the initials of the person who made the draft and who review it and the date are mentioned. Every initial document must start as version one-zero (ver. 1.0).
4. The draft document is sent to someone different from the one that drafted the document and with sufficient knowledge to review.
5. Changes in the documents are marked through track-changes in the document.
6. The Managing Director approves the document in writing.
7. Standards Manager record all changes, incl. date of approval on the Document control file; and this document is kept with restricted access by rest employees.
8. Translations are approved by the Managing Director and Standard Manager and registered on the Document control file.
9. The website is updated with the new version of the document by responsible staff.
10. The Regenagri SharePoint is updated with the new version of the document by the Standard Manager, and all employees are informed by e-mail of the changes by Standards Manager
11. When applicable licensed and certified organocations and subcontracted parties will be informed of any changes by the responsible staff or Standard Manager.
12. All responsible staff implements the new version of the document.
13. Obsolete versions are kept to date by the Standards Manager on the Regenagri SharePoint.
14. Standards Manager or Program Manager, or any other staff dedicated this activity shall provide training and support to employees on the document control procedure to ensure understanding and compliance. Communicate the importance of following established processes and guidelines for document management and provide resources for assistance as needed.
15. Standards Manager regularly audit document control processes to ensure compliance with internal policies, regulatory requirements, and standards. Identify areas for improvement and take corrective action as necessary to maintain the effectiveness of the document control system.

VII. Governance, Internal assessment, Risk identification and MEL alignment with Theory of change

1. Procedure

1.1. Internal Assessment & ToC Development

Timing: Conducted at inception of ToC and every 5 years thereafter.

Steps:

- Standards manager gathers baseline sector data, stakeholder feedback, and relevant market trends.
- Standards manager reviews existing program outcomes and external developments and analyse stakeholder needs and systemic challenges.
- Standards manager documents findings in an Internal Assessment Report.

Update Process:

- Standards manager presents report to CEO and Program Manager and integrate findings into the ToC revision, ensuring logic model, pathways, and assumptions are still valid.
- CEO authorise the updated ToC.
- Publish updated ToC on the Regenagri website.

1.2. Identification of Overlapping Programs

Timing: Annually

- Program manager and Standards manager review internal and external program scopes annually.
- Assess where objectives, target groups, or geographies overlap.
- Document potential areas for:
    - Shared activities or indicators
    - Distinct roles that enhance overall impact
- Record opportunities.
- Present proposals to the CEO for potential collaboration.

1.3. Governance Structure review

Timing: Annually

Governance Committee meets annually to assess:

- Composition and expertise of members.
- Decision-making processes.
- Transparency and accountability mechanisms.
- Conduct a fit-for-purpose assessment.
- Publish any changes on the Regenagri website.

1.4. Risk Assessment

Timing: Conducted annually by the Standards manager and CEO.

Process:

- Standards manager and CEO identify risks to operations, supply chain, and program delivery.
- Standards managers rate each risk by Likelihood (Low/Med/High) and Severity (Low/Med/High) and assign a risk rating and recommended mitigation measures (see Annex I).
- Standards managers maintain an up-to-date risk register.
- Submit findings to the CEO for action planning.

1.5. MEL Alignment with ToC Goals

Integration: MEL framework indicators must directly reflect ToC outcomes, outputs, and impact pathways.

Annual MEL Cycle:

- Data Collection: Field audits, stakeholder surveys, and performance metrics.
- Analysis: Compare actual progress against ToC milestones.
- Learning: Document success factors, gaps, and external changes affecting the ToC.
- Feedback Loop: Use insights to refine program design and risk mitigation strategies.
- Analyse and assess needs to cease, prevent or mitigate risks from occurring (including, but not limited to, soil disturbance, human right's harm, indigoes people' right harm, gender-sensitive or gender-based violence or harassment, living wages gaps, identify any negative interactions with trade union, forced labour, etc.

Link with Risk Policy:

- High-risk areas flagged in the risk assessment are prioritised for monitoring.
- MEL data informs likelihood/severity reassessments and vice versa.

Public Reporting: Annual Impact Report published on the website, showing MEL findings in context of ToC progress.

2. Records

- Internal Assessment Report (5-year cycle)
- Updated Theory of Change Document
- Annual Governance Review Report
- Risk Register
- MEL Annual Report & Learning Brief

3. Review & Continuous Improvement

3.1. Governance Committee oversees adherence to this instruction.

3.2. Lessons learned from MEL, risk reviews, and governance assessments feed into next ToC update.

3.3. Updates to this procedure occur as needed, with major reviews every 3 years.

Annex I - Risk assessment rating scale

Likelihood Scale:

Likelihood	*Score*	*Description*
Rare	1	Highly unlikely to occur
Unlikely	2	Possible under specific conditions
Possible	3	Could occur occasionally
Likely	4	Will probably occur in some circumstances
Almost Certain	5	Expected to occur in most cases

Impact Scale:

Impact	*Score*	*Description*
Insignificant	1	Negligible impact on sustainability or compliance
Minor	2	Minor, localized impact, reversible
Moderate	3	Noticeable impact, may affect audit outcome
Major	4	Serious disruption, undermines trust or integrity
Critical	5	Severe impact, long-term or systemic damage

Risk Matrix:

Likelihood \ Impact	1	2	3	4	5
1 (Rare)	1	2	3	4	5
2 (Unlikely)	2	4	6	8	10
3 (Possible)	3	6	9	12	15
4 (Likely)	4	8	12	16	20
5 (Almost Certain)	5	10	15	20	25

Risk Levels:

Risk Score	*Risk Level*	*Action Required*
1–4	Low	Monitor through regular oversight
5–14	Medium	review required; enhanced mitigation and monitoring
15–25	High	Intensive review & verification

Annex II - Internal Assessment Report

1. ***Report Details***

Field	***Description***
Report Title	Internal Assessment Report – Regenagri [Year]
Version & Date	e.g., V1.0 – 15 March 2025
Prepared by	Name, Role
Reviewed by	Governance Committee
Approved by	CEO
Confidentiality Level	Internal / Internal + CBs

2. ***Executive Summary***

Purpose of the Assessment:
Key Findings:
Priority Actions for Next Period:
(High-level actions required before next review.)

3. ***Scope of the Assessment***

Element	***Description***
Time Period Covered	e.g., Jan–Dec 2024
Standards & Program Areas Reviewed	e.g., Farm Standard v3.0, Chain of Custody v2.1
Geographic Coverage	Regions/Countries included
Stakeholder Groups Considered	Farmers, CBs, Brands, NGOs, Internal Teams
Exclusions	Areas not covered in this review

4. ***Methodology***

Assessment Framework: (E.g., Based on ISEAL Code of Good Practice, ISO 17065/17067 elements, Regenagri internal policies.)
Information Sources: (Audit reports, MEL data, stakeholder surveys, governance minutes, risk registers.)
Assessment Methods:
Document review:
Interviews / focus groups:
Data analysis from MEL system:
Site visits (if applicable):

5. ***Governance & Strategic Oversight***

Criteria	***Evidence Reviewed***	***Findings***	***Status*** (Met / Partially Met / Not Met)	***Recommendations, Reponsibility and deadlines for actions***
Governance structure is fit-for-purpose	Annual Governance Review Report			
Decision-making is transparent and documented	Board minutes, policy updates			
Stakeholder engagement is systematic and inclusive	Stakeholder engagement plan & records			

6. Program Integrity & Standard Development

Criteria	***Evidence Reviewed***	***Findings***	***Status***	***Recommendations, Reponsibility and deadlines for actions***
Standards reviewed at least every 5 years	ToC, background assessments			
Changes are evidence-based and stakeholder-informed	Consultation reports			
Standards are publicly available and accessible	Website publications			

7. ***Monitoring, Evaluation & Learning (MEL)***

Criteria	***Evidence Reviewed***	***Findings***	***Status***	***Recommendations, Reponsibility and deadlines for actions***
MEL indicators align with ToC outcomes	MEL framework, ToC document			
Annual impact reports published	Website reports			
MEL findings inform program improvements	Examples of MEL-driven changes			

8. Risk Management

Risk Area	*Likelihood*	*Severity*	*Risk Rating*	*Evidence Reviewed*	*Current Controls*	*Gaps*	*Actions Required, Reponsibility and deadlines for actions*
Program credibility risk							
Operational capacity risk							
Supply chain integrity risk							

9. ***Compliance & Certification Body Oversight***

Criteria	*Evidence Reviewed*	*Findings*	*Status*	*Recommendations, Reponsibility and deadlines for actions*
CB accreditation and monitoring in place	CB contracts, audit reports			
CB training on updated standards conducted	Training logs			
Complaints and appeals managed according to policy	Complaints log			

10. ***Stakeholder Feedback Summary***

Farmer Feedback: (*Main themes, satisfaction level, concerns.)*
Certification Body Feedback: (*Performance observations, support needs.)*
Brand/Buyer Feedback: (*Market acceptance, claims usage, improvement areas.)*

11. ***Continuous Improvement Actions***

Action	Responsible Person	Target Date	Priority (High/Med/Low)	Status

12. Annexes
Annex 1 – Stakeholder Consultation Summary
Annex 2 – MEL Results Summary Table
Annex 3 – Updated Risk Register
Annex 4 – Governance Review Report Extracts
Annex 5 – Evidence Checklist

Notes for Use

This template should be filled annually by the Standard Owner.
The Governance & Strategic Oversight, MEL, and Risk sections should directly pull from existing Regenagri documents (ToC, MEL Policy, Risk Policy) to ensure consistency.
Evidence columns should link to exact files in Regenagri's internal repository.

Annex III- MEL System Annual Review report

Field	*Description*
Year	*Reporting year*
Purpose	*Objectives of MEL review*
Indicators Tracked	*Outcome, output, and impact indicators*
Data Collection Method	*Sources, sampling, and tools used*
Quantitative Results	*Figures for each indicator*
Qualitative Findings	*Insights, stories, case studies*
Challenges & Gaps	*Barriers encountered in achieving targets*
Links to ToC	*Which ToC outcomes these results relate to*
Recommendations	*Actions to improve program effectiveness*
Actions Taken	*Changes implemented as a result of the review*
Responsible Department	*Team responsible for MEL follow-up*
Publication	*Where results are shared publicly/internally*

Annex IV – Risk Assessment & Management template

Field	*Description*
Assessment Year	*Year of risk review*
Purpose	*Why risk assessment is being conducted*
Risk Categories	*Operational, strategic, reputational, programmatic*
Identified Risks	*Each risk with description*
Root Causes	*Underlying reasons for each risk*
Likelihood Rating	*Low/Medium/High*
Severity Rating	*Low/Medium/High*
Overall Risk Rating	*Based on combined likelihood and severity*
Mitigation Measures	*Actions to reduce risk likelihood/severity*
Responsible Parties	*Who is responsible for mitigation*
Monitoring Method	*How ongoing tracking will be done*
Residual Risk	*Level of risk after mitigation*
Links to MEL & ToC	*How MEL data informs risk, and vice versa*
Review Date	*Date for next risk assessment*

Annex V – Risk Register template

Risk Category	Risk Description	Likelihood (L)	Severity (S)	Risk Rating (L×S)	Root Cause(s)	Current Controls	Gaps in Controls	Mitigation Actions	Responsible Person/Team	Monitoring Frequency	Residual Risk After Mitigation