LM International
Initial Audit – Summary Report – 2024/05/16

1. General information

1.1 Organisation

Type	Mandates	Verified
☒ International ☐ National ☐ Membership/Network ☒ Direct Assistance ☐ Federated ☒ With partners	☒ Humanitarian ☒ Development ☒ Advocacy	☒ Humanitarian ☒ Development ☒ Advocacy
Legal registration	LM International (LM) is registered in Sweden as a Foundation with registration number 802005-9989	
Head Office location	Stockholm, Sweden	
Total number of organisation staff	300	

1.2 Audit team

Lead auditor	Dorte Busch
Second auditor	Agnes Konrat
Third auditor	
Observer	
Expert	
Witness / other participants	

1.3 Scope of the audit

CHS Verification Scheme	Certification
Phase of the audit	Initial Audit, First cycle
Coverage of the audit	The audit covers: • LM's head office, fundraising offices, regional offices and country offices. • LM's humanitarian, development and advocacy mandates.
Extraordinary or other type of audit	-

1.4 Sampling*

Total number of Country Programmes in scope			25
Total number of sites for onsite visit			2
Total number of sites for remote assessment			3
Name of Country Programme (CP)	**Included in final sample (Y/N)**	**Rationale for sampling and selection / de-selection decision**	**onsite or remote**
Random sampling			
Sudan	Y	Sudan was selected for the auditors to assess a substantial humanitarian County Programme (CP) with a LM country office. Sudan has a high trip risk level and was selected for a remote assessment.	Remote

Moldova	Y	Moldova was selected as it represents a smaller CP with development programmes where LM does not have a representation and operates through partners only. Moldova also represents the Europe region. Moldova was selected for an on-site visit considering the low trip risk level and logistics.	On-site
Paraguay	N	Paraguay was not selected as it is a very small CP.	
South Africa	N	South Africa was not selected as it is a very small CP with operation modalities resembling those in Moldova with LM having a regional representation.	
Mozambique	N	Mozambique was not selected as it is a very small CP with operation modalities resembling those in Moldova.	
Purposive sampling			
Brazil		Brazil was purposively selected to assess a LM CP in Latin America, where all projects are implemented through partners with remote overview by LM's regional office in Panama.	Remote
Uganda		Uganda was selected to allow the auditors to assess a larger country programme where LM has a country office, implement development projects and humanitarian actions and operates directly and through partners. Uganda has a low trip risk level and logistics allow for on-site visit.	On-site
Kenya		Kenya was selected to assess a country programme implemented through partners, in a country where LM also has a regional office.	Remote
Any other sampling performed for this audit: None			
Sampling risks identified: Based on the sampling and evidence collected from onsite observations, document reviews and interviews, the auditors are confident of the robustness of audit findings and conclusions.			

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 Locations Assessed

Locations	Dates	onsite or remote
Head Office in Sweden	22 – 24 January 2024	Onsite
LM Sudan country office and partners; partners in Kenya and Brazil	12 – 28 February 2024	Remote
Moldova with visit to local partner's head office in Romania	4 – 8 March 2024	Onsite
Uganda	9 – 16 March 2024	Onsite

2.2 Interviews

Level / Position of interviewees	Number of interviewees		onsite or remote
	Female	Male	
Head Office			
Governance		1	Onsite

Management	3	7	Onsite
Staff	5	7	Remote & Onsite
Country programmes			
Country Office management	2		Remote & Onsite
Country Offices staff	1	7	Remote & Onsite
Partner management	3	9	Remote & Onsite
Partners staff	5	3	Remote & Onsite
Other stakeholders	6	4	Onsite
Total number of interviewees	**25**	**38**	**Total: 63**

2.3 Consultations with communities

Type of group and location	Number of participants		onsite or remote
	Female	Male	
Parent group, Purcari, Moldova	9	3	Onsite
Children after school activity group, Purcari, Moldova	5	3	Onsite
Children art school activity, Purcari, Moldova	5	1	Onsite
Refugee community group, Omugo, Rhino Camp, Uganda	10		Onsite
Refugee community group, Omugo, Rhino Camp, Uganda		10	Onsite
Refugee community group, Yelulu, Rhino Camp, Uganda	10		Onsite
Refugee community group, Yelulu, Rhino Camp, Uganda		11	Onsite
Refugee and host community group, Yelulu, Rhino Camp, Uganda	8	7	Onsite
Refugee community group, Kyangwali settlement	10		Onsite
Refugee community group, Kyangwali settlement		12	Onsite
Refugee water committee members, Kyangwali settlement	8	14	Onsite
Total number of participants	**65**	**61**	**Total: 126**

2.4 Opening meeting

Date	2024/01/22
Location	Stockholm
Number of participants	19
Any substantive issues arising	No

2.5 Closing meeting

Date	2024/03/22
Location	Remote
Number of participants	5
Any substantive issues arising	No

3. Background information on the organisation

3.1 General information

LM International (LM, then Läkamissionen) was established as a foundation in 1958 in support of hospitals run by churches in South Africa and India. In 2019 International Aid Services Sweden (IAS) and its country offices were incorporated into LM. LM is still in the process of harmonising policies, procedures and systems previously used by IAS and LM.

As of 2024 LM supports programmes in 25 countries through its head office, three regional offices located in Panama City, Dubai and Nairobi, and nine country offices. Country offices are registered with national authorities. The mandates of LM include development programmes, humanitarian actions and advocacy. LM's primary target groups are marginalised groups in society and vulnerable women and children in Africa, Latin America, the Middle East region and Europe.

LM's vision is "Dignified Life – Sustainable World" and its mission is to save lives and empower people. Its vision and mission build on LM's Christian values of: Courage; Integrity; Relationships; Creativity; Learning; and Empathy.

LM's draft Global Strategy "Our Vision towards 2030" (hereinafter Global Strategy 2030) states that LM's work is rights-based and wishes to comply with the CHS. The strategy also describes LM's technical focus on food security and livelihood, health and wellbeing, education and training, and water and sanitation, and it reflects that LM's work is community centrered, promoting resilience, innovation and digital transformation, with integrated and rooted advocacy, and religious and faith literacy. LM works across the triple nexus and engages with the public and the private sector, civil society, and academia.

According to the Annual Report 2022, LM's total revenue was SEK 297 million in 2022 (equalling EUR 26 million as of February 2024). The revenues are comprised of donations from the public (42%), grants from institutional donors (54%) and public grants (4%). In 2022, direct project costs constituted 87% of revenue, while fundraising costs constituted 7%, and administrative costs constituted 6%.

3.2 Governance and management structure

LM's organisational structure is depicted below.
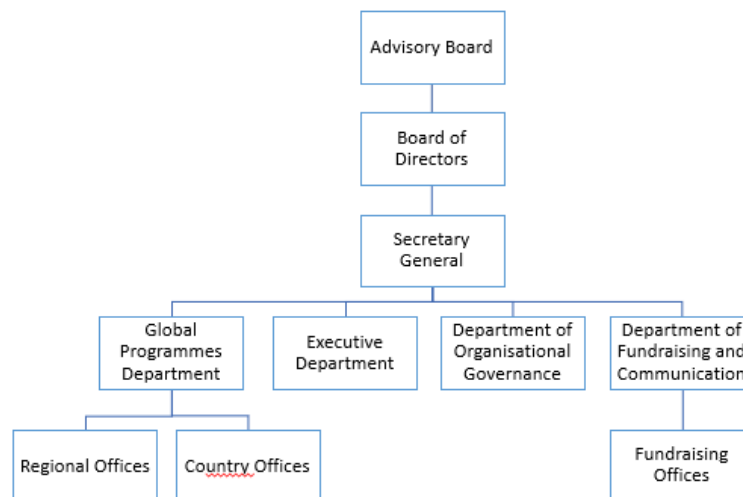
According to LMs statues, the Advisory Board is responsible for appointing the Board of Directors and the external auditors as well as for deciding on liability discharge issues related to the Board of Directors. The Advisory Board consists of 20-50 principals who are elected for a three-year period. The election is prepared by an Advisory Board Election Committee who identifies potential members. According to the statutes, members of the

Advisory Board should be called from a diverse range of churches, denominations and other Christian organisations. The Advisory Board meets annually.

The Board of Directors comprises 7-12 members who are appointed for a three-years period. The Board of Directors contract the Secretary General. It sets the overall strategic direction for LM and holds the overall responsibility for its work. The Board of Directors meets five to six times a year. The Board appoints the Chairman, Vice Chairman, and members of the International and the National Working Committees. Members of the working committees prepare and follow up on board decisions. The committees also act as strategic support for LM's management. The International Working Committee focuses on organisation, operations, funding, partnerships, and collaborations for international development and humanitarian actions, while the National Working Committee focuses on cooperation in Sweden and administration, human resources, overall governance, and activities in Sweden such as finance, cash flow, capital investments, fundraising and marketing, quality and security management.

The Secretary General leads and is responsible for the organisation and operations of LM. Responsibilities include the global programmes, strategic development, partner relations, finance and fundraising, personnel, and external and internal communication. The Secretary General safeguards that LM follows established policies, procedures and plans. In close consultation with the board the Secretary General has the right to initiate changes to the organisation and the operation.

The Global Management Team is established by the Secretary General. It includes the Secretary General, the Deputy Director for the Executive Department, the Director of Global Programmes, the Director of Organisational Governance and the Director of Fundraising and Communication and the Regional Directors for MENA, Latin America and Africa. The Global Management Team sets and approves the strategy, goals, and budgets, and it regularly evaluates progress against indicators. The Global Management Team also ensures accountability and makes overarching decisions about changes in LM's country engagements. The Global Management Team meets on a weekly basis.

LM's head office has four departments:

- The Executive Department responsible for the overall executive management support. The Department includes the Unit for Global Advocacy and Protocol.

- The Global Programmes Department responsible for institutional donor grants and LM's overall global programme activities. Main areas of responsibility are in quality development and humanitarian interventions, capacity development, networking, and donor relations. The Department consists of three units: the Global Program Management and Europe, Humanitarian Affairs and Triple Nexus, and Innovation and Digital Transformation.

- The Department of Organisational Governance manages and provides strategic development of organisational finances, assets, daily operations and HR. The Department consists of three Units: Financial management, Digitalisation, and Compliance and internal control. The latter addresses the performance against the CHS.

- The Department of Fundraising and Communication is responsible for managing, developing and coordinating the public fundraising and communication work. The department consists of two units: Donor Care and Communication. In addition to the fund raising undertaken in Sweden, LM has fundraising offices in Norway and Germany.

LM's Regional Offices coordinate projects and programs carried out in their respective regions. Regional offices are located in Dubai for the Middle East region, in Panama City for the work in Latin America and in Nairobi for the African region. Partner cooperation in

Eastern Europe is managed directly from the head office. The regional directors report to the Secretary General.

LM has established a matrix structure with four teams. The matrix teams are linked to the four departments and are composed of directors, heads of units, managers and staff from the global office, regional offices, and country offices The matrix structure is established to improve global coordination, teamwork, and provide opportunities for sharing strategic information across the organisation. The teams are also engaged to align systems and structures and building a joint organisational mindset. Teams are planned to meet bi-weekly.

3.3 Key internal quality assurance, internal control and risk management mechanisms	LM's internal control systems are based on a clear division of tasks and responsibilities between the head office, regional offices and country offices to approve projects and other engagements, as well as for internal quality assurance and risk management. LM's Risk Management Policy is inspired by the ISO Risk Management Principles and Guidelines, and provides the framework for how LM identifies and manages operational, financial, compliance, and reputational and branding risks. LM undertakes risk assessments at project, country and regional office levels on an annual basis. Every year, country and regional offices must report the key risks identified to the head office. The risks are identified by partner and country office staff and is consolidated and approved by the country or regional directors. The likelihood and potential impact of each identified risk are established with a timeframe for mitigating them. Country and regional offices monitor how risks are mitigated as part of their quarterly reporting on the operational plan. Risk identified at regional and country office level are further aggregated by the Global Management Team who presents the top-10 risks to the Board of Directors. Developments in risks and risk mitigation is reported to the Board of Directors quarterly. When working with partners, LM undertakes a partner assessment and project risks are considered during project design and through LM's Monitoring, Evaluation, Accountability, and Learning (MEAL) processes. The responsibility for compliance, financial management and internal controls rests with the Organisation and Governance Department. Guided by its Global Financial Handbook, LM has established internal budget and assets control processes between head, country, and regional offices. Country and regional offices develop operational plans and budgets on an annual basis. The operational plans must be approved by the head office. Resource management at project level follows a go-no-go approval process at the concept note stage, a quality assurance process for project proposals, and requirements for frequent project progress reporting. LM is in the process of rolling out a new programme management system (LIME) which, amongst others, will provide an overview of project performance against budgets. LM has policies on anti-corruption, conflict of interest, anti-fraud and bribery, anti-terrorism and money laundering and exchange rate handling. The Global Financial Handbook requires segregation of duties. The Procurement Policy and the Instructions for Procurement require that a due diligence is undertaken of suppliers and service providers and include thresholds for procurement decisions. LM also has policies guiding its acceptance of funds and barring acceptance of funds from donors engaged in amongst others munition and tobacco industries. LM's annual accounts are audited by external auditors on an annual basis. The audits are carried out in accordance with international standards and include audits of country and regional offices and of the foundation as a whole. Partner-implemented projects are audited annually in line with instructions from the auditor of the Foundation. The consolidated audit report is depicted in LM's annual report, publicly available on the LM website. In 2020, after an audit of LM's operations, the European Civil Protection and Humanitarian Aid Operations (ECHO) and LM signed a new seven-year humanitarian partnership agreement for 2021-2027.

LM has safeguarding policies in place, including a global PSEAH (Protection from Sexual Exploitation, Abuse and Harassment) policy, a child safeguarding policy, and the Code of Conduct. The policies state LM's zero tolerance to SEAH. LM staff must sign the Code of Conduct. This is also annexed to LM's project agreements with partners and to agreements with service providers and contractors.

LM's whistleblowing reporting mechanism is displayed on its website in line with LM's whistle blowing policy. Complaints sent through the whistleblowing mechanism are first received by an independent body, before it is sent to the Investigations Committee, composed by the Heads Global Assurance and Compliance, the Head of Global Program Management and Europe, and the Secretary General. Complaints are handled by the Complaints Committee comprising the Secretary General, the Director of Programmes and the Head of Unit for Compliance and Internal Controls. Reporting from the Complaints Committee is a standing agenda point on the Board of Directors meetings.

3.4 Work with Partner organisations	LM has country offices in nine of the 25 countries in which LM has programmes. Where LM does not have a country office, it works exclusively through implementing partners with supervision from regional offices. In countries where the organisation has an office, it both implements projects directly and also works through implementing partners. Approximately 16% of LM's programmes are implemented though partners.

LM has a strong commitment towards localisation and works through implementing partners that adhere to its vision, mission and guiding beliefs where possible. LM engages in different types of partnerships, such as local partnerships to implement projects, agreements with multiple stakeholders, framework agreements.

Work with partners is guided by LM's Partner Policy which outlines criteria and conditions for partner selection, collaboration, and programming, including general principles and mandatory requirements for partners (e.g. non-discrimination). Before entering a partnership, LM conducts a partner due diligence or partner assessment to verify partners adherence to the Partner Policy, its capacity to comply to LM's financial management requirements and to relevant aspects of the CHS (i.e. do-no-harm, complaints mechanism). The assessment is also used to identify areas of risks and gaps that could affect the performance of partners, and is the basis on which LM and partners can develop Capacity Development Plans. LM signs agreements with its implementing partners that include expectations in terms of financial and narrative reporting. Monitoring of projects is also done through regular partner visits.

LM's Partner Policy foresees that LM and implementing partners evaluate the collaboration every three years and the latest after five years.

4. Overall performance of the organisation

4.1 Effectiveness of the governance, internal quality assurance and risk management of the organisation	LM has strong internal quality assurance and risk management processes in place with the Board of Directors being involved in risk assessments and management in dialogue with the Global Management Team and risk frameworks being reviewed annually, as described under 3.3.
	The audit finds that LM's programme management and financial management processes, with annual audits, segregation of duties, financial monitoring and budget revisions are effectively implemented, as are the project level control processes for quality assurance and performance monitoring.

The audit also identified some gaps in the effectiveness of internal quality assurance and risk management, including that:

- While the risk assessments consider programmatic risks, organisational risks and reputational risks, LM does not have guidance in place to ensure that key risks including of SEAH, corruption and fraud, risks to the local economy and environmental harm are systematically considered.

- A number of policies and procedures including the Global Programme Handbook are still in draft versions and LM does not have a system where staff can easily establish the actual status of its policies and procedures. LM has engaged in a process where new policies are established based on a review of former IAS/Läkamissionen policies. The consultative process, where staff across the organisation is engaged in the review, creates ownership and understanding of the LM policies. However, at the time of the audit, there is some uncertainty about which policies LM's operations rest on.

- LM does not have procedures ensuring that partner assessments are systematically repeated based on the partner's risk profile, and it does not have an overview of when individual partner assessments were undertaken and the identified needs for capacity development. LM undertakes partner assessments when engaging with new partners, but while its policies state that partner assessments should be repeated every 3 – 5 years, this audit found that this is not done systematically.

- LM does not systematically document feedback and non-sensitive complaints from communities and therefore cannot fully use this information to adapt programmes if necessary and to learn and improve its performance.

4.2 Level of implementation of the CHS	LM's Global Management Team is responsible for LM's CHS certification process and the Board of Directors has been fully informed about LM's commitment to be CHS certified and the audit process. LM has dedicated staff resources in the Organisation and Governance Department and the Programmes Department to ensure an organisational understanding of the CHS and its requirements, including CHS trainings for staff and partners. LM is also in the process of merging policies from IAS and Läkamissionen. LM's new policies and accountability framework refer to the CHS.

LM's PSEAH policy and Code of Conduct establish the obligation of staff, partners and service providers/contractors not to exploit, abuse or in other ways discriminate against people and to report suspicions of misconduct. These requirements are well known by staff and partners. LM's whistleblowing mechanism is accessible on its website and is supported by guidelines on how LM handles sensitive complaints. However, complaints handling processes for communities are not systematically documented and in place at country offices and partner levels, complaints are not systematically monitored, and LM's risk assessments do not systematically consider risks of SEAH. LM and partners coordinate with humanitarian actors and local authorities and have local arrangements to refer survivors/victims as relevant, however, guidance on the provision of assistance to survivors/victims of SEAH is not systematically in place. LM does not have a system to ensure that sensitive information from communities is safeguarded.

LM's strategy and position papers demonstrate its commitment towards building on local capacities and working towards improving the resilience of communities. They also encourage that representatives of marginalised groups take leadership positions in LM supported projects. LM supports its partners to develop their capacity based on partner assessments and capacity development plans. LM also supports them to engage and take

leadership in local coordination mechanisms. LM promotes the development of the local economy though local procurements and employing national staff for its country offices.

LM's strategic policies have a strong focus on gender and diversity, including youth. LM adapts its communication to needs and preferences of diverse community groups and its staff communicates in appropriate languages and formats, thereby also allowing marginalised community groups to be part of communications. However, this audit found that vulnerabilities and capacities of different community groups are not always considered to ensure that projects will realistically lead to the expected results. While LM has a gender impact assessment tool to facilitate the inclusion and active participation of women and vulnerable community members, this is not systematically used. LM's project management tools require that data shall be disaggregated by age and gender as a minimum. However, there is no specific requirement to report on numbers of other vulnerable people for projects where such groups have been identified.

4.3 Performance against each CHS Commitment

Stockholm 21 May 2024

Commitment	Strong points and areas for improvement	Feedback from communities	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	LM's policies commit to provide impartial assistance based on needs and capacities. LM and its partners conduct ongoing analysis of the context and stakeholders in the locations where they operate, and they engage in humanitarian coordination mechanisms and consult with local authorities to ensure that support provided is appropriate and relevant. LM's projects are based on joint needs assessment where available, and in situations with changes to the context, projects are adapted to ensure their continued relevance and appropriateness. While LM's policies commit to provision of impartial assistance, LMs procedures do not systematically ensure that the diversity of communities including disadvantaged and marginalised groups is considered, and while LM consistently disaggregates data on sex and age, data disaggregation against other vulnerabilities is not undertaken for projects with a focus on such groups.	Communities reported that activities were relevant to their needs although not all communities recalled being asked about their needs.	2.5
Commitment 2: Humanitarian response is effective and timely	The timeliness of humanitarian responses is facilitated by LM's procedures and Rapid Response Fund which provides flexible funding for LM to start an emergency response operation. LM's policies and procedures commit LM to design projects which are realistic and safe for communities, and LM and partners consult stakeholders and communities in this regard. However, not all of LM's projects realistically consider the capacity and needs of different community groups. LM and partners systematically monitor project implementation and adapt activities in response to changes in the context or needs. LM has a number of processes in place to ensure that its country offices and partners have capacity to effectively implement projects	Communities reported that it is safe for different community groups to participate in LM supported projects and stated that project activities are adapted if necessary, based on their dialogue with LM and partners during monitoring visits. Some community members, however, questioned if activities will lead to the expected results.	2.0

	and undertake humanitarian actions. While these processes include a due diligence assessment of partners prior to a project engagement with LM, LMs systems do not ensure that the partner's capacity is systematically considered over time and based on risks. LM also do not have an overview of its country offices capacity to engage in humanitarian actions.		
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	LM's strategy and position papers demonstrate its commitment towards building on local capacities and working towards improving the resilience of communities. LM designs programmes that promote early recovery, benefit the local economy, and promote local and community driven solutions. Whenever possible, programmes use existing hazard and risk assessments. Although LM instructs its staff to consider the potential negative effects that its interventions might have on a communities, its processes to identify and act upon potential and actual unintended negative effects are not applied systematically across all programmes and at all stages of the work. LM does not have a comprehensive system in place to safeguard personal information collected from communities that could put them at risk.	Communities, including disadvantaged and marginalised members, reported being encouraged to participate in activities and take leadership roles in LM supported projects. They gave examples of activities that had enabled them to recover after a crisis and benefit the local economy. Stockholm, 21	2.3
Commitment 4: Humanitarian response is based on communication, participation and feedback	LM's policies commit to sharing information, engaging communities, and ensuring that LM's external communications are accurate, ethical and respectful. Communication towards communities is contextualised and produced in appropriate languages. LM shares information about the programmes it is implementing and about its principles, although it does not always inform communities about how it expects its staff to behave. LM's guidelines support the inclusion of groups that are traditionally excluded from power and decision-making processes, although LM does not systematically ensure that vulnerable communities are included at all stages of the work. Staff regularly ask communities for their feedback and generally create a welcoming atmosphere around feedback. However, systems to collect, document and analyse feedback are not systematically in place in LM supported projects.	Communities reported being well informed by LM and its partners on their principles, programmes, activities, timeframes, and also knew what to expect from staff behaviour when working in their community. They reported that all members of their community, including the most vulnerable, are welcomed and included in programmes, although some had not been consulted in the design of projects.	2.4
Commitment 5: Complaints are welcomed and addressed	LM is open to discussing complaints and has developed complaints mechanisms from its head office. Serious concerns about any aspect of LM's work, such as corruption or sexual exploitation, abuse, and harassment, are covered by LM's Whistleblowing Policy and its secure and independent channel for reporting online. Other complaints are covered by the Complaints Policy. Complaints that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice. LM's country offices and partners develop their own complaints mechanisms and inform	Communities reported knowing about several options to complain about LM and its partners, including about the behaviour of staff. Communities stated feeling safe to make complaints to or about LM and its partners and having no fear of any repercussions in doing so. However, they did not know how their complaints would be handled and addressed.	1.7

	communities on how and why to complain verbally and through whistleblowing posters. However, complaints mechanisms are not yet systematically in place in all the country offices of LM and its partners. LM does not systematically consult with communities on the design, implementation and monitoring of complaints mechanisms. In countries where LM receives complaints, they are not systematically recorded, tracked, and monitored. LM does not have a system to ensure the effectiveness of its management of complaints, considering its timeliness, fairness, appropriateness, and safety.		
Commitment 6: **Humanitarian response is coordinated and complementary**	LM's strategy, policies and position papers, make clear its commitment towards coordination and collaboration with humanitarian and development actors and national and local authorities. LM is active within strategic networks, cluster and working groups at national and international levels. LM supported projects consider and integrate stakeholder analysis into their design and delivery. LM signs agreements with its partners that describe respective commitments, roles and responsibilities. LM communicates and shares information with partners regularly and through various channels. However, some partners reported they did not always receive timely, transparent and documented information about LM, its programs and the partnership.	Communities reported that they experienced a well-coordinated assistance. They did not experience duplication or gaps that could be filled with better coordination.	2.7
Commitment 7: Humanitarian actors continuously learn and improve	LM has a strong focus on learning and innovation, and it is member of a number of international networks, including the CHS Alliance. Its strategy has a specific focus on innovative partnerships. LM has established a matrix structure to facilitate improved global coordination, teamwork and sharing of strategic information across the organisation, and has monthly all staff meetings, supplemented by thematic meetings. New policies and procedures are shared by email with regional and country offices. While LM has a number of internal mechanisms for learning, including its intranet and its project management system (LIME), these systems were established recently and are not yet fully rolled out. At project level, LM and partners consider learning from previous projects when designing an intervention, and LM supports partners to take part in learning events.	Communities reported that achievements, challenges faced, and learnings are discussed with LM and partners during monitoring visits.	2.7
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	LM staff adhere to LM's Code of Conduct and work according to agreed objectives and performance standards. Annual performance review processes are in place and enable staff to get and provide feedback. LM promotes staff development and provides regular training opportunities to its staff and partner staff. However, it does not have a dedicated training strategy, policy or budget,	Communities reported that they perceive LM and partner staff to be competent and effective in their work, in terms of knowledge, attitude, behaviour and skills.	2.3

	and not all partners have capacity development plans in place. LM has a process for reviewing its organisational capacity needs, however it does not systematically analyse its management and staff gaps and turnover. Staff policies and procedures are fair, transparent, non-discriminatory and compliant with local employment law, but are not systematically in place in all of LM and partner offices.		
Commitment 9: Resources are managed and used responsibly for their intended purpose. Josephine Sundqvist Secretary-General	LM's policies and strategies ensure that LM and partners manage and use resources responsibly and for their intended purpose, and LM balances quality, costs and timeliness in project designs and in procurements. LM's monitoring reports consider expenditures against budgets. However, LMs procedures do not fully ensure that different types of risks and the environmental impact are considered and not all partners were informed about LM's requirements about this. While LM's policies commit to preventing and addressing fraud and corruption and require that suspicion of fraud and corruption is reported to LM, potential fraud and corruption cases are not systematically documented by country offices and partners.	Communities reported that LM and partners use resources for the assigned purposes.	2.3

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 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	Resolution due date
2024-1.5: LM's guidelines do not systematically take into account the diversity of communities including disadvantaged and marginalised people.	Minor	By the Renewal Audit 2027
2024-2.1: LM's project designs do not systematically address constraints of different community groups.	Minor	By the Renewal Audit 2027
2024-2.6: LM's systems do not systematically assess if programme commitments are in accordance with partners' capacities.	Minor	By the Renewal Audit 2027
2024-3.6 LM's processes to identify and act upon potential and actual unintended negative effects are not applied systematically across all programmes and at all stages of the work.	Minor	By the Renewal Audit 2027
2024-3.8: LM does not have a comprehensive system in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	Minor	By the Renewal Audit 2027
2024-5.1: LM does not systematically consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.	Minor	By the Renewal Audit 2027
2024-5.3: LM does not have a system to ensure the effectiveness of its management of complaints, considering its timeliness, fairness, appropriateness, and safety.	Minor	By the Renewal Audit 2027
2024-5.4: Complaints handling processes for communities are not systematically documented and in place in the country offices of LM and its partners.	Minor	By the Renewal Audit 2027
2024-8.5: Staff policies and procedures that are fair, transparent, non-discriminatory and compliant with local employment law are not systematically in place in LM and partners' offices.	Minor	By the Renewal Audit 2027

2024-9.4: LM and partners do not systematically consider the impact on the environment when using local and natural resources	Minor	By the Renewal Audit 2027
2024-9.5: LM's does not manage potential risks of fraud and corruption of partners and country offices.	Minor	By the Renewal Audit 2027
Total Number of CARs :	**11 Minor**	

* 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. Recommendation for next audit

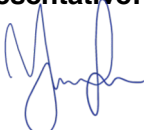| **Sampling**	The next audit should follow HQAI standard sampling processes.
Any other specificities to be considered in the next audit	No

7. Lead auditor recommendation

Stockholm, 2

In our opinion, ORG conforms with the requirements of the Core Humanitarian Standard on Quality and Accountability. We recommend certification.	
Name and signature of lead auditor: Dorte Busch	**Date and place:** 2027/04/23 Copenhagen, Denmark

8. HQAI decision

Final decision on certification:	☒ Issued ☐ Refused
Start date of the certification cycle: 2024/05/16 Next audit before: 2025/05/16	
Name and signature of HQAI Executive Director: **Désirée Walter**	**Date and place:** Geneva, 16 May 2024

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: *If yes, please give details:*	☐ Yes ☒ No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit	☑ Yes ☐ No
I accept the findings of the audit	☑ Yes ☐ No
Name and signature of the organisation's representative: Josephine Sundqvist Secretary-General Läkarmissionen/LM International	**Date and place:** Stockholm, 21 May 2024

Appeal

In case of disagreement with the decision on certification, the organisation can appeal to HQAI within 14 days after being informed of the decision. HQAI will investigate the content of the appeal and propose a solution within 10 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform HQAI in writing within 30 days after being informed of the proposed solution, of their intention to maintain the appeal.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will constitute a panel made of at least two experts who have no conflict of interest in the case in question. These will strive to come to a decision within 30 days.

The details of the Appeals Procedure can be found in document PRO049 – Appeal Procedure.

Annex 1: Explanation of the scoring scale*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	**Score 0:** indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to: • **Independent verification:** major weakness. • **Certification:** major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	**Score 1:** indicates a weakness that does not immediately compromise the integrity of the commitment but requires to be corrected to ensure the organisation can continuously deliver against it. This leads to: • **Independent verification**: minor weakness • **Certification:** minor non-conformity, leading to a minor corrective action request (CAR).
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	**Score 2:** indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to: • **Independent verification and certification:** observation.
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.	**Score 3:** indicates full conformity with the requirement. This leads to: • **Independent verification and certification:** conformity.
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.	**Score 4:** indicates an exemplary performance in the application of the requirement.

* Scoring Scale from the CHSA Verification Scheme 2020