LM International
Maintenance Audit 1 – Report - 2025/04/10

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Dorte Busch	
Audit cycle	First cycle	
	Date / number of participants	**Any substantive issues arising**
Opening Meeting	2025/03/10: 8 participants	No
Closing Meeting	2025/03/14: 10 participants	No
	Position / level of interviewees	**Number**
Interviews	Head Office Managers	3
	Head Office Staff	6

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

LM International (LM) is strongly committed to ensure sustained compliance, continuous enhancement and institutional integration of CHS.

LM has established a CHS Task Force to oversee the implementation of the CHS across LMs operations. The aim of the Task Force is to ensure accountability and embedding the CHS principles into all aspects of LMs processes. The objectives of the Task Force include to strengthen institutional accountability, to operationalise CHS in programme operations, to enhance staff and partners' understanding of CHS, and to mainstream CHS in LM's advocacy. The Task Force also oversee the follow-up on CHS audit findings and establish systems to track CHS integration, measure progress and document best practices and lessons learned. The Task Force meets bi-monthly and reports to the LM leadership team. The Secretary General is responsible for informing the Executive Board.

LM follows up on the CARs though a dash board with a time plan and with tasks assigned to managers and staff. Progress is monitored by the Task Force on a quarterly basis.

Finally, LM has conducted CHS trainings for Executive Board members and the Board of Directors, and it has an increased number of staff who have undergone the CHS Alliance Training of Trainers.

As mentioned in the Initial Audit (IA), in 2019 International Aid Services Sweden (IAS) and its country offices were incorporated into LM, and in 2024 LM was still in the process of harmonising policies, procedures and systems previously used by IAS and LM. Since the IA, LM has further strengthened a joint LM culture with unified systems and procedures. LM has established a global HR system (Bamboo) and a global finance management system allowing LM to use unified procedures for HR and finance management across the organisation. The programme management system (LIME) provides access to project documentation as well as templates and guidelines across LM and LM's partners have access to project documentation though LIME. LM is also finalising its Programme Handbook. A final version 1.1 of the Handbook will be accessible online by the end of 2025. LM engages its country offices and regional offices (hereinafter LM's offices) in the development of the Programme Handbook, its guidelines and templates. The co-creation process helps LM to establish a unified organisational culture.

LM has increased its portfolio substantially over the last four years, and has, as a result, also instigated organisational changes at management level. The new order of delegation will be presented for approval by the Executive Board in April. LM has experienced some managerial staff turnover during the last year.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
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	LM has made good progress to resolve this CAR. Following the IA, LM has strengthened its focus on diversity of communities and inclusion of vulnerable groups. The Programme Handbook includes instructions to consider the diversity of communities in needs assessments. Project Concept Note Templates and Application Guidelines have been updated to better consider disaggregation of project target groups, and LM's Instruction to Accountability to Affected People gives consideration to diversity of communities and disadvantaged and marginalised people. LM is developing a Protection Assessment Guide which together with the Gender Impact Assessment Guide will strengthen focus on target group diversification. The Protection Guide will be finalised within the next year. LM's offices will have easy access to programme guidelines when the electronic version of the Programme Handbook is rolled out during 2025.	03 05 08 12 14 19 Interviews
2024-2.1: LM's project designs do not systematically address constraints of different community groups.	Minor / by the Renewal Audit 2027	LM has made some progress to resolve this CAR. The IA found that gender impact assessments were not systematically used and that project needs assessments were not systematically translated into actions addressing constrains of different community groups. As a result, some community members questioned if projects were appropriate in terms of leading to the expected results. To systematically address constraints of different community groups, LM has the intention to integrate additional practices during project design and implementation. LM also plan to build capacity of LM's offices to systematise the use of needs assessment tools and monitoring of target group inclusion. These actions will be in focus during the next years as part of the roll out of the Programme Handbook. LM has established a surge task force to assist in design of humanitarian responses, including addressing constraints of different community groups (see 2.6).	12 Interviews
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	LM has plans in place to address this CAR. The IA noted that LM uses its partner assessment tool to ensure that partner's capacity to engage in LM supported projects is in accordance with LMs policies. Assessments are carried out at the start of a partnership. However, the IA observed that LM did not have an overview of partner assessments undertaken, and it did not systematically follow-up on capacity gaps detected based on the risk profile of the partner. LM will use its programme management system (LIME) to monitor partner capacities	Interviews

systematically over time and based on risks. LM will further develop guidelines for co-creation of partner capacity development plans.

The IA also observed that Country Office's humanitarian plans did not systematically consider existing surge capacity. LM is exploring establishing consortia with other humanitarian actors for an effective and coordinated rapid response. To be able to respond quickly, LM has also established a surge task force who will help country offices with the design of humanitarian interventions in a rapid onset crisis. A revision of country humanitarian plans is awaiting the strategic decisions regarding the engagement in consortia.

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	LM has made some progress to resolve this CAR. The IA found that while LM had processes in place to identify unintended negative effects of its activities including context analysis, gender impact analysis and environmental impact analysis, these processes were not used systematically in all projects. The IA also found that risks of sexual exploitation and abuse (SEAH) were not analysed systematically and that feedback and complaints received at project level were not recorded systematically. LM has an integrated project risk matrix in the Programme Handbook. The instruction to the integrated risk matrix will include SEAH. LM also plans to strengthen and document its practices and collaboration with partners to collect and respond to complaints (see 5.3). Finally, LM plans to use the project management system LIME to follow up on the identified risks.	24 Interviews
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	LM has made progress in resolving this CAR. LM applies cloud-based data management systems with a built-in data security system. LIME will be used to share project data across LM's offices and with partners. LM also plans to include data security in the global instruction for risk assessments and LM has since 2023 integrated data risk assessments in some of its projects. LM expects to have data security for personal data in all projects by end of 2025. For LM's self-implemented projects LM will implement a centralised procedure for effective survey data collection and LM will develop capacity of its partners to ensure safeguarding of personal data.	Interviews
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	LM has made progress in resolving this CAR. The IA found that LM did not ensure that partners consulted communities on their preferred feedback mechanisms although most communities found that the provided complaints handling processes were in line with their preferences. LM's Instruction to Accountability to Affected People Policy includes that feedback systems should be tailored to local needs and preferences and that LM and its partners should ensure that feedback mechanisms are safe to use for communities to also report sensitive issues like SEAH. The roll out of the	05 12 Interviews

		Instruction to Accountability will help ensure that partners consult communities.	
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	LM has made progress in resolving this CAR. LM has chosen to use a Complaints TEAMs Channel to handle complaints received by LM's offices and its partners. Each of LM's offices will have its own channels for handling of complaints in the Complaints TEAMS Channel system. The system is being tested in South Sudan and Sudan and will be rolled out to more countries in 2025. The Complaints TEAMS Channels has built in data security measures. The IA also observed that complainants were not systematically informed about LMs response time frames. LM's Instruction to the Complaints Policy includes time frames for handling responses and commits LM to acknowledge receipt of the complaints within two days. The Complaints TEAMS Channel can establish an overview of complaints received. This will allow LM Head Office to monitor complaints and complaints mechanisms, when the system is rolled out to all LM's offices. LM also plans to support its partners on complaint handling processes as part of the partner capacity development planning (see 2.6).	04
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	LM has made good progress in resolving this CAR. Since the IA, LM has developed its Instruction to Complaints Policy. The instruction provides details on how complaints are managed and includes reporting channels, and processes for dealing with complaints, time frames for handling of complaints and when to refer complaints to other services providers. The Complaints Handling Instruction includes requirements for LM's offices and its partners to have a local mechanism in place for communities to provide feedback and launch complaints as relevant. Project Agreement Templates also include clauses that partners must ensure that all stakeholders including community members have clear and accessible means to provide feedback or report complains. Finally, LM plans to reinforce community consultation in its humanitarian capacity building for country offices and partners.	04 06 07 Interviews
2024-8.5: Staff policies and procedures that are fair, transparent, non-discriminatory and compliant with local employment law are not systematically in	Minor / by the Renewal Audit 2027	LM has made good progress in resolving this CAR. Since the IA, LM has completed the Global Personnel Handbook and LM applies a global recruitment package to ensure that recruitment procedures are transparent and fair for staff across LM. LM uses the cloud-based HR tool (Bamboo) to store HR data and monitor performance. The IA noted that LM's Great Place to Work survey (2022) for the LM Head Office showed that some staff disagreed that leaders and managers avoided	09 23 27 29 Interviews

place in LM and partners' offices.		favouritism. LM's Head Office Great Place to Work Certificate was renewed in 2024. The underlying survey shows substantial improvements in Head Office staff's appreciation that LM has fair and transparent HR procedures.	
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	LM has made good progress in resolving this CAR. Since the IA, LM has included considerations about environmental risks and potential negative effects on the local ecosystem in its Project Concept Note Template and the Proposal Template for LM partners. LM aligns its considerations of a project's environmental impact with the ECHO Minimum Environmental Requirement and Recommendations. The ECHO framework gives preference to local procurements. In line with this, the IA found that procurements in general were done locally, but it also noted that some procurements were undertaken in Sweden.	02 14 19 Interviews
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	LM has made good progress in resolving this CAR. The IA found that LM has a whistle blower function in place, and that LM shares information about corruption cases with the Board of Directors and its back donors. However, it was also observed that not all partners and not all of LM's offices did document and report potential fraud and corruption cases to the Head Office. LM could, therefore, not systematically establish an overview of fraud and corruption cases. LMs project agreement templates include paragraphs stating that the partner must actively work to resist, prevent and detect all forms of fraud and corruption and must immediately inform LM on such matters. LM has also decided to use the TEAMS Channels to track reports on fraud and corruption from LM offices and partners.	06 07 Interviews

3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024-1.5: LM's guidelines do not systematically take into account the diversity of communities including disadvantaged and marginalised people.	Minor	Open	By the Renewal Audit 2027
2024-2.1: LM's project designs do not systematically address constraints of different community groups.	Minor	Open	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	Open	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	Open	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	Open	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	Open	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	Open	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	Open	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	Open	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	Open	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	Open	By the Renewal Audit 2027
Total Number of open CARs	11		

4. Claims Review

Claims Review conducted	☒ Yes	☐ No	**Follow-up required**	☐ Yes	☒ No

5. Lead auditor recommendation

In my opinion, LM has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.

I recommend maintenance of certification.

Name and signature of lead auditor:	**Date and place:**
Dorte Busch (signature)	Hellerup, 20 March 2025
Dorte Busch	

6. HQAI decision

☒ Certificate maintained	☐ Certificate reinstated
☐ Certificate suspended	☐ Certificate withdrawn

Surveillance audit before: 2026/04/10	
Name and signature of HQAI Executive Director: Désirée Walter	**Date and place:** -7- Geneva, 10 April 2025

7. 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 I accept the findings of the audit	 ☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative: Josephine Sundqvist, Secretary General E-signature	**Date and place:** 2025-04-16, Stockholm

Appeal

In case of disagreement with the quality assurance decision, the organisation can appeal to HQAI within 14 workdays after being informed of the decision.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will confirm that the basis for the appeal meets the appeals process requirements. The Chair will then constitute an appeal panel made of at least two experts who have no conflict of interest in the case in question. The panel will strive to come to a decision within 45 workdays.

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

Annex 1: Explanation of the scoring scale*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	**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

The following documents were signed Thursday, April 17, 2025

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Signatures

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