

Médecins du Monde France (MDM)

Initial Audit – Summary Report – 2026/07/28

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	Association registered under Law 1901.	
Head Office location	Paris (France)	
Total number of organisation staff		1.983

1.2 Audit team

Lead auditor	Jorge Menéndez Martínez
Second auditor	Roshan Dahal
Third auditor	Mohammed Ezaldeen
Observer	-
Expert	-
Witness / other participants	-

1.3 Scope of the audit

CHS:2024 Verification Scheme	Certification
Audit Cycle	First cycle
Type of audit	Initial Audit
Scope of audit	This audit covers all international humanitarian and development projects and programmes; domestic projects are excluded from the scope of this audit. The scope is limited to Médecins du Monde France and does not include other member organisations of the Médecins du Monde International Network.
Focus of the audit	The audit focused on assessing international projects and programmes implemented directly, in a consortium and through partners.

1.4 Sampling*

Sampling unit	Country Programme
Total number of sampling units	24
Sample size	5
Total number of onsite visits	2
Total number of remote assessments	3
Sampling Unit Selection	

Random Sampling – onsite/remote	Purposive Sampling – onsite/remote
Tanzania - Not selected	Philippines - Onsite
Yemen - Remote	
Myanmar - Remote	
Colombia – On Site	
Democratic Republic of the Congo (DRC) - Remote	
Any other sampling considerations: None	
Sampling risks identified: There is no sampling risk identified. The audit team has full confidence in the findings and conclusions of this audit based on the sample as outlined above.	

**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 Opening Meeting

Date	2026/04/08	Number of participants	48
Location	Remote	Any substantive issues arising	None

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Head Office – Paris	2026/04/09 – 2026/05/11	Remote
Philippines	2026/04/19 – 2026/04/25	Onsite
Colombia	2026/05/11 – 2026/05/15	Onsite
Myanmar	2026/05/13 – 2026/05/15	Remote
DRC	2026/04/09	Remote
Yemen	2026/05/08	Remote

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office			
Board members		1	Remote
Management	11	6	Remote
Staff	9	3	Remote

Country Programme			
Management	8	1	Onsite and Remote
Staff	14	7	Onsite and Remote
Partner staff	2	0	Onsite and Remote
Stakeholders	5	1	Onsite
Total number of interviewees	49	19	68

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
Group discussion #1 User of Health Station - Philippines	2	1	Onsite
Group discussion #2 Barangay Health Worker - Philippines	10	0	Onsite
Group discussion #3 Barangay Health Worker - Philippines	10	0	Onsite
Group discussion #4 Ewaste Dismantlers - Philippines	0	8	Onsite
Group discussion #5 Ewaste Dismantlers - Philippines	3	7	Onsite
Group discussion #6 Ewaste Advocacy - Philippines	2	6	Onsite
Group discussion #7 Ewaste Dismantler Group - Philippines	0	1	Onsite
Group discussion #8 Ewaste Dismantler Group - Philippines	0	1	Onsite
Group discussion #9 Community Leaders – Colombia	0	2	Onsite
Group discussion #10 Health service users – Colombia	2	0	Onsite
Group discussion #11 Health service users – Colombia	0	2	Onsite
Group discussion #12 Health prevention workshops participants – Colombia	0	3	Onsite
Interview #1 Community Focal Point - Colombia	0	1	Onsite
Total number of participants	29	32	61

2.5 Closing Meeting

Date	2026/06/03	Number of participants	60
Location	Remote	Any substantive issues arising	None

3. Background information on the organisation

3.1 General information

Médecins du Monde France (MDM) is a French association founded in 1980 registered under Law 1901. It operates both in France and in 24 additional countries, supported by 1,983 employees and 1,516 volunteers. MDM owns the Médecins du Monde brand and is the founder of the MDM International Network, which brings together 17 independent civil society organisations across Europe, North America, and Latin America. These organisations collaborate under the Médecins du Monde brand to deliver humanitarian, development and advocacy interventions worldwide.

MDM's vision is a world where health is recognised as a fundamental right and where barriers to healthcare have been overcome. MDM works under 3 core values:

- Militancy – *“human beings at the heart of our work”*
- Independence
- Transparency

Its work is structured around six priority causes:

1. Healthcare System and Rights
2. Migration, Exile, Rights and Health
3. Harm Reduction
4. Sexual Reproductive Health and Rights
5. Humanitarian Space
6. Environmental and health

MDM's Strategic Plan 2024–2027 is built around three key commitments:

- **Preparing for Action.** It focuses on strengthening governance, fostering cohesive and inclusive organisational leadership, enriching internal engagement, safeguarding political independence, expanding influence and funding, and advancing digital transformation.
- **Taking Action.** It prioritises the design and implementation of high-quality, impactful health interventions aimed at reducing social, health, and environmental inequalities, while advocating for equitable access to healthcare and rights in France and globally, in close collaboration with local partners and the MDM international network.
- **Improving its Action.** It aims to enhance the use of knowledge and data for strategic decision-making, reinforce accountability in line with MDM's values, and strengthen compliance frameworks to enable agile and principled management.

In 2025, MDM reached more than 4.2 million people. According to its audited 2024 financial statements, total revenues amounted to €143.24 million, while total expenses reached €146.92 million, resulting in a deficit of approximately € 3,68 million for the year.

3.2 Governance and management structure

MDM is governed by a Board of Directors that operates under a governance framework which sets out the distribution of responsibilities and decision-making authority among the General Meeting, the Board of Directors, and the Executive Committee, with support from the General Director.

The General Meeting is the highest decision-making body, responsible for approving the Association's strategic orientations, annual budget, financial statements, membership fees, and electing the Board of Directors.

The Board of Directors is responsible for the overall administration and strategic management of the organisation, overseeing financial administration, approving major

operational decisions, establishing organisational policies, and supervising implementation of the Association's mandate. The Board consists of twelve elected members serving three-year terms, with one-third renewed annually.

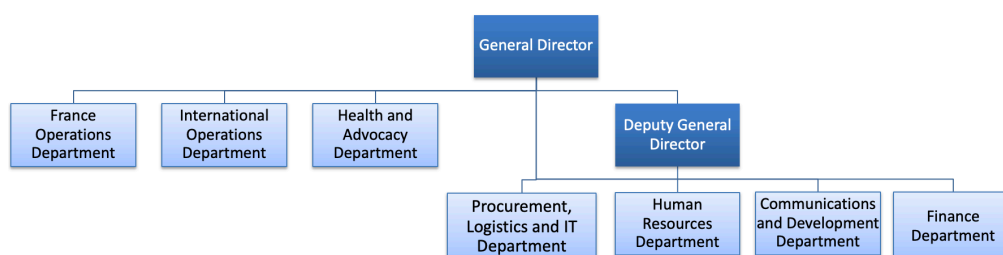
The Executive Committee is elected from among Board members and comprises the President, Vice-President, Treasurer, and Secretary-General. It supervises the implementation of Board decisions and exercises powers delegated by the Board.

The President serves as the legal representative of the Association, chairs both the Board of Directors and the Executive Committee and oversees the implementation of their decisions.

The General Director is appointed by the President following consultation with the Board of Directors and is responsible for overseeing the Association's operations and day-to-day activities. At the time of this audit, MDM is in the process of appointing a new General Director, following the resignation of the previous Director in January 2026.

Operations are managed by a permanent structure under the General Directorate, supported by a Management Committee of nine directors:

- General Director
- Deputy General Director,
- International operations director, who oversees all international humanitarian and development programmes.
- French operations director, who oversees all domestic programmes
- Health and advocacy director, responsible for technical guidance, advocacy orientations, health-related norms, and programme quality support.
- Finance and legal director, handles budgeting, accounting, controls, and donor audits.
- Human Resource director,
- The informatics/procurement/logistics director is responsible for procurement and logistics.
- Communication and development director



3.3 Work with partner organisations

MDM implements its programmes through a combination of direct implementation and partnerships with international, national and local civil society organisations. The organisation engages in various partnership types, including operational partnerships linked to project implementation, strategic partnerships focused on long-term social change, project-transfer partnerships aimed at sustainability and local ownership, and partnerships within the MDM International Network. MDM also participates in consortium arrangements, acting either as Lead Partner or Implementing Partner depending on the context.

The Partnership Guidelines describe how MDM selects, assesses, and contractually formalises its relationship with its local and international partners. The Partnership Guidelines require that all partnerships involving the transfer of funds conduct the partner assessment through the Partner Assessment tool. The assessment consists of two phases: a due diligence exercise and a risk and capacity assessment exercise. The assessment only needs to be completed once, but it must be reviewed at least every three years. Based on the assessment findings, MDM should develop a capacity-building plan. However, at the time of this audit, not all Country Programmes are conducting the assessment and developing the capacity-building plan for all their partners.

Partnership agreements, consortium agreements, and pre-agreements clearly define roles and responsibilities, resource allocation, governance arrangements, and accountability mechanisms.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms	MDM maintains a structured internal quality and risk management system, grounded in its founding statutes and network agreements. The General Assembly, Board of Directors, and Executive Committee provide strategic oversight with clear responsibilities for financial accountability, programme approval, and external audit. Quality and accountability commitments are articulated in its strategic plan, charter of ethics, and a dedicated accountability framework referencing the Core Humanitarian Standard on Quality and Accountability (CHS). Programme quality is supported by a health project planning guide, an evaluation policy, and regular monitoring through an internal tracking tool and community satisfaction surveys. The risk management architecture addresses security, crisis response, anti-corruption, and environmental responsibility, the latter backed by a dedicated eco-responsibility reserve. However, the organisation lacks an updated risk framework. Financial controls include key policies, such as an Anti-bribery and Corruption policy, clear procurement procedures that include the segregation of duties and detailed accounting procedures. Statutory audits are conducted annually. In addition, project-specific financial audits are carried out whenever requested by the donor. The internal audit function is governed by an Internal Audit Charter, revised in 2024, which defines its mission, scope, and independence. The internal audit team operates independently from operational management and reports directly to the Board of Directors' Audit Committee, ensuring objectivity and impartiality in its assessments. However, at the time of this audit, the internal audit function and team are currently inactive. Reactivation is expected before the end of 2026. Safeguarding is governed by a Code of Conduct, Protection from Sexual Exploitation and Abuse (PSEA) policy, and a whistleblowing platform, with mandatory training. MDM human resources procedures detail the procedures for recruitment and selection, including induction, to ensure staff have a clear understanding of key policies and procedures, including the Code of Conduct and PSEA policy. The organisation has clear security procedures known to all staff that minimise safety risks for its staff; all staff must complete security training.
4.2 Level of application of the CHS	MDM demonstrates a clear commitment to the CHS across its work. Strengths identified in the audit: • Impartial assistance: MDM provides assistance based on community needs and

capacities, considering diversity and including marginalised groups.

- Collaboration: MDM effectively collaborates with network members, partners, NGOs, UN agencies, local and national authorities, and donors, ensuring their projects and programmes complement other humanitarian efforts.
- Community participation and programme adaptation. MDM consistently integrates community participation throughout the project cycle. Communities are consulted and their feedback is used to adapt the programmes.
- Community capacity building: MDM strengthens local capacities and resilience, empowering local leaders.
- Strong ethical culture and competent staff. Staff are perceived as respectful, skilled, and aligned with organisational principles and values.

Weaknesses identified in the audit:

- Complaints Mechanism: MDM does not consistently ensure that communities have access to safe, confidential, and accessible mechanisms to raise concerns. Furthermore, there is insufficient monitoring of whether communities understand how to use these mechanisms and how complaints are managed and resolved.
- Communication on Staff Conduct and PSEA: Information on expected staff behaviour, including PSEA commitments, is not systematically or consistently communicated to all communities.
- Environmental Impacts: The organisation does not systematically identify, assess, or mitigate the potential environmental impacts of its programmes.
- Risk Integration in Programme Design: Safeguarding and gender risks are not consistently or systematically assessed and integrated into programme design and implementation.
- Addressing Unmet Needs: There is no systematic approach to identifying, documenting, and referring unmet community needs to relevant actors.
- Organisational Learning: MDM does not ensure that learning is effectively captured, shared, and made accessible across all Country Programmes, including with communities and stakeholders.

Community Feedback: The community is highly satisfied with MDM's work, appreciating their involvement, contextual knowledge, transparent communication, and the absence of negative effects.

This audit raises 10 Minor corrective action requests (CARs).

4.3 PSEAH

MDM demonstrates commitment to preventing sexual exploitation, abuse and harassment (PSEAH), scoring 79% on the PSEAH index. The organisation has established a coherent approach with effective policies, procedures and systems. A culture of taking Sexual Exploitation, Abuse and Harassment (SEAH) issues seriously is demonstrated by leadership and staff at all levels. Staff have a clear understanding of PSEA commitments and adhere to the Code of Conduct. Communities demonstrate an understanding of the expected behaviour of staff and PSEAH commitment. However, MDM lacks a clear and systematic procedure to inform communities about these and to monitor their awareness.

MDM has committed to having a safe, confidential and accessible mechanism in place for communities to report SEAH concerns or complaints; however, it is not in place in all the Country Programmes. MDM applies victim/survivor-centred approaches when investigating SEAH complaints, with trained specialist investigators.

MDM requests to identify the PSEAH risks in all programmes and projects; however, not all Country Programmes conduct SEAH or safeguarding assessments consistently.

4.4 Organisational performance against each CHS Commitment

Strong points and areas for improvement	Average score*
Commitment 1: People and communities can exercise their rights and participate in actions and decisions that affect them.	2.5
MDM has established a coherent organisational approach to ensuring transparent information sharing, communication and meaningful participation. MDM's strategic commitments to diversity, equity, inclusion, participation and accountability provide a solid foundation for implementing the requirements of this commitment. Staff demonstrate a clear understanding of different diversity dimensions and use a variety of participatory methods to engage communities meaningfully throughout the project cycle. Communities are consulted about their needs, and their input regularly results in tangible changes to programme activities. Informed consent is regularly obtained before taking photos or gathering stories, and particular care is taken to protect the dignity of vulnerable groups. General information about the organisation and its projects is shared using contextually appropriate languages and formats, with oral communication and role plays effectively reaching low-literacy populations. However, information on expected staff behaviour and PSEAH commitments is not consistently shared across all programmes, and no mechanism ensures that staff and partners do so on a regular basis. In addition, the limited use of visual or pictorial information on PSEAH and the Code of Conduct creates a risk that the most vulnerable and marginalised community members cannot easily access or understand this critical information.	
Feedback from communities: Community members state that the communications are easy to understand, respectful and appropriate to their context. Community members confirm they are treated fairly and with respect, regardless of their background, and that all the community members are satisfied with the level of participation in the decision-making and the level of engagement in the programmes. Some community members state that they do not recall being informed by MDM or its partners about expected staff behaviour and commitment to PSEAH. Community members confirm that MDM and its partners always ask for consent before taking photos or videos, and that their dignity is respected in communications.	
Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	2.7
MDM demonstrates a strong organisational approach to designing and implementing programmes that are relevant, inclusive, and responsive to local contexts. The organisation bases its programmes on local knowledge and existing capacities, ensuring that interventions are built around community structures. For example, in one of the sampled programmes, health facilities supported by MDM were handed over to the national authorities to ensure the continuity of services beyond the organisation's direct involvement MDM applies fair, impartial and transparent criteria to define programmes and the groups supported. MDM designs and implements programmes based on an impartial assessment of needs and risks and an understanding of the vulnerabilities and capacities of different groups, with particular attention to those most marginalised. MDM applies recognised technical standards from World Health Organisation (WHO), national health authorities and other bodies, and technical advisors review programme designs to ensure quality. Regular monitoring through field visits, quarterly reviews and the Monitool system, combined with community feedback, allows programmes to be adjusted so that services remain timely, accessible and responsive to priority needs.	

MDM regularly identifies unmet needs through feedback and discussions during community visits and consultations. Within consortium programmes, inter-NGO referral systems are well established and functioning. However, outside the consortium programmes, MDM does not systematically refer unmet needs to other organisations that have the technical expertise and capacity to address them.

Feedback from communities:

Community members confirm that their local knowledge is respected, they are engaged with them during needs assessments and consulted with them about priorities before implementation, and they understand the selection criteria and find them fair.

Community members share a deep appreciation for the assistance provided by MDM, stating that they feel satisfied with the quality of the work.

Community members considered that staff demonstrated technical competence and usually responded to their feedback, noting MDM's willingness to adapt when issues arose.

Commitment 3: People and communities are better prepared and more resilient to potential crises.

2.4

MDM demonstrates a coherent organisational approach and a strong commitment to reinforcing local capacities and supporting community-led resilience, as stated in the strategies and policies.

MDM's programmes are designed and implemented to contribute to long-term positive effects on people's lives, mainly by improving the health of community members, strengthening local health systems, conducting health awareness activities, and tracking sustained behaviour change. However, the organisation does not systematically consider or measure the long-term effects of its programmes on livelihoods, the local economy and the environment.

MDM consistently supports formal and informal community leadership. Locally led resilience efforts are strengthened by working through existing structures and helping community-based organisations to operate independently. However, MDM does not consistently involve community members and partners in budgetary and strategic decision-making from the outset.

An emergency preparedness framework is in place, with risk assessments, early warning indicators, contingency plans and prepositioned supplies, and local capacities to reduce risks are supported.

Feedback from communities:

Community members confirm improved capacity to cope with their circumstances due to support from MDM and its partners.

Communities confirm that their leaders are respected and consulted, and they appreciate health awareness activities and the rapid emergency response.

Some community members state that they do not perceive the activities as strengthening their ability to anticipate future crises, as the benefits are viewed primarily as short-term improvements rather than contributing to sustainable livelihood outcomes.

Some communities state that they are unsure what will happen when MDM exits.

Commitment 4: People and communities access support that does not cause harm to people or the environment.

2.2

MDM has established a strong policy framework to protect the safety, security, rights and dignity of people and communities, with a coherent organisational approach to preventing SEAH. The organisation has also developed a comprehensive environmental policy framework with Board-level commitment, dedicated funding, and assessment tools, and it has established organisation-wide commitment to reduce its environmental footprint.

The organisation has appropriate procedures for staff conduct and accountability and works to minimise both potential and actual negative impacts of its activities on individuals, communities, and the environment. However, not all the sampled projects had conducted gender, safeguarding or environmental assessments, creating a risk that potential harms may go undetected and unaddressed.

Data protection policies and practices generally safeguard sensitive information, and obtaining consent is a routine practice; however, in some operational contexts, sensitive personal data is initially recorded on uncoded paper forms containing full personal information, which creates a risk in the secure management of data during field activities and transport, despite subsequent coding later.

Feedback from communities:

Community members confirm that they have not experienced any adverse effects from MDM's programmes and that their personal information is treated confidentially.

Communities report that programmes have no environmental negative impact. However, they state that MDM does not share their commitment to ensuring their project has no negative environmental effects.

Commitment 5: People and communities can safely report concerns and complaints and get them addressed.

1.8

MDM clearly states, both in its procedures and on its website, that all concerns and complaints are welcomed and will be addressed in a timely and appropriate manner.

The Procedure for Receiving and Handling Reports requires that MDM enables communities, partners, and other stakeholders to share feedback, concerns, or complaints in a safe, confidential, and appropriate manner, including those related to sexual exploitation, abuse, and harassment (SEAH). However, not all programmes and partners provide mechanisms for communities to raise sensitive complaints in a confidential and safe manner. Furthermore, the Partnership Guidelines and partner agreements do not explicitly require partners to establish and maintain complaints-handling mechanisms.

MDM does not currently monitor whether community members understand how to report complaints or how these complaints will be addressed. In addition, there is no systematic monitoring of whether community members are aware of expected staff behaviour.

MDM manages, investigates, and addresses complaints in line with good practice. Sensitive complaints are escalated to trained investigation teams. Staff report that when complaints concerning other organisations are received, they are referred accordingly. However, formal referral pathways to guide the transfer of complaints to other organisations have not been established.

Feedback from communities:

Some community members report having access to various mechanisms to provide feedback, raise concerns, or submit complaints, such as face-to-face interactions with staff, community meetings, suggestion boxes, or WhatsApp. However, other community members indicate that they do not have any mechanisms available to raise complaints.

Community members do not recall MDM asking them about their preference to raise complaints.

Community members generally understand MDM's commitment to preventing fraud, corruption and SEAH; however, they do not recall whether MDM actively monitors their awareness of these issues.

Most community members state they are unaware of how complaints will be addressed.

Commitment 6: People and communities access coordinated and complementary support.

2.3

MDM demonstrates a strong organisational approach to coordination. The organisation ensures that its work is aligned with and complements the activities of other NGOs, government initiatives, locally led actions, community-based efforts, and those of relevant stakeholders.

The Partnership Guidelines require the organisation to conduct a partner assessment prior to entering into a partnership and, based on the findings, to develop a partner capacity development plan that addresses identified weaknesses. However, not all partners have been assessed, and not all assessed partners have a capacity development plan in place.

MDM maintains ongoing coordination and collaboration with its partners and respects the characteristics, roles, and responsibilities of each partner. MDM informally monitors partnership quality during regular meetings and monitoring visits; however, it lacks a clear procedure for assessing the quality and effectiveness of partner relationships.

Feedback from communities:

Community members recognise MDM's commitment to coordination and collaboration in its work with other stakeholders, which reduces the demand for their time and resources.

Community members perceive that MDM has been able to deliver more effectively in its mandate as a result of its work being complementary to locally led community actions.

Community members highlight that MDM and its partners always coordinate with them on all activities and consider the assistance and programme activities to be coherent, without unnecessary demands on their resources.

Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.

1.4

MDM demonstrates a clear institutional commitment to learning, as reflected in its strategies and policies. However, learning and information-sharing practices are *ad hoc* and are not guided by a structured or formalised organisational approach. No evidence was found of established procedures or systems to ensure the collection and dissemination of learning across all Country Programmes.

The organisation has multiple mechanisms to collect and respond to community feedback, and evidence provided shows that feedback informs programme adaptations in some Country Programmes. However, the registration, tracking and follow-up of community feedback and complaints is not consistently applied across all Country Programmes.

MDM has established methods to ensure that data collected for monitoring and decision-making are disaggregated and reflect the diversity of the populations it serves; it uses it to better understand the diversity of affected populations. However, disability-disaggregated data is not consistently collected across all programmes.

MDM does not systematically communicate lessons learned, monitoring findings, and resulting programme changes back to communities, and no standardised process exists to close feedback loops.

Feedback from communities:

Communities confirm that MDM provides opportunities to share feedback and that their views are generally listened to and considered in programme implementation.

Some community members report that they do not always receive responses to their feedback and do not recall being informed about lessons learned.

Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed.

2.4

MDM demonstrates a strong organisational culture of quality, accountability, and ethical conduct, upheld by both leadership and staff across all levels. MDM staff work according to the mandate and values of the organisation and to agreed objectives and performance standards. Staff policies and procedures are fair, transparent, non-discriminatory and compliant with local employment laws. Staff have up-to-date job descriptions; however, not all have received performance appraisals or capacity development plans.

The Code of Conduct and PSEAH Policy prohibit any form of exploitation, abuse, harassment or discrimination against people. The organisation ensures that staff, volunteers, consultants and partners understand and adhere to its Code of Conduct and PSEA Policy. The organisation has established mechanisms to ensure safe, confidential, and accessible channels for staff to raise concerns and report misconduct, with protections in place. However, despite the mechanism being in place and operational, several staff members state that they do not have confidence in the safety and confidentiality of the channels for reporting complaints and concerns.

MDM maintains a safe and inclusive working environment and has clear policies and manuals in place to safeguard the safety, security, well-being, and dignity of all staff and volunteers. These documents outline the measures and standards expected to ensure a safe and inclusive workplace. Despite these commitments, the current workload for staff remains high, particularly for those undertaking field missions of five or more days, which poses a risk of burnout.

Feedback from communities:

Community members consider that MDM staff treat them with respect, dignity and compassion.

Community members perceive MDM staff as highly competent and technically proficient.

Commitment 9: People and communities can expect that resources are managed ethically and responsibly.

2.7

MDM demonstrates that it has the capacity and resources required to meet its commitments effectively and sustainably. The organisation manages its resources with integrity, accountability, and transparency. This commitment is reflected in key policies and procedures, including the Anti-Bribery and Corruption Policy, Conflict of Interest Policy, Accounting Procedures, and Purchasing Procedures.

The organisation has established procedures to ensure that fundraising and resource mobilisation are conducted ethically and in alignment with its commitments and values. These procedures include vetting and assessing potential donors to ensure they align with MDM's principles and values.

MDM has mechanisms to identify, prevent, and manage risks at various levels of the organisation. These include the Anti-Bribery and Corruption Policy, Conflict of Interest policy, external audits, segregation of duties in procurement processes, and staff training on fraud prevention. However, the internal audit function is currently not operational.

The Sustainable Procurement Policy indicates MDM's commitment to minimising waste and the organisation's environmental impact; however, MDM does not conduct a systematic analysis of potential environmental impacts.

Feedback from communities:

Community members state that MDM secures enough resources for its work and that the resources are managed well.

Community members state that they have not experienced any incidents of corrupt activities or extortion from staff.

* Note: Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0 (CHSA Verification Framework – Scoring Grid, 2024).

5. Summary of non-conformities

Corrective Action Request (CAR)	Type	Status	Resolution timeframe
2026-1.2: MDM does not ensure that relevant information on PSEAH commitments and expected staff behaviour is regularly shared with communities by its staff and partners	Minor	New	By the 2029 Renewal Audit

2026-2.5: MDM does not refer unmet needs to relevant stakeholders outside of consortium programme contexts.	Minor	New	By the 2029 Renewal Audit
2026-4.2: MDM does not systematically identify, prevent, mitigate and address potential negative impacts of programmes on the environment.	Minor	New	By the 2029 Renewal Audit
2026-5.1: MDM does not ensure that communities have access to safe, accessible and appropriate ways to report concerns or complaints.	Minor	New	By the 2029 Renewal Audit
2026-5.3: MDM does not monitor if communities understand how to report concerns and complaints and how these will be addressed.	Minor	New	By the 2029 Renewal Audit
2026-6.2: MDM does not ensure that all partners are assessed and supported to apply quality and accountability commitments to communities.	Minor	New	By the 2029 Renewal Audit
2026-7.1: MDM does not ensure that feedback and inputs from people and communities about the organisation and its work are consistently registered, tracked and responded to across all Country Programmes.	Minor	New	By the 2029 Renewal Audit
2026-7.4: MDM does not ensure that learning from feedback and monitoring is shared with communities and stakeholders.	Minor	New	By the 2029 Renewal Audit
2026-7.5: MDM does not have a coherent organisational approach to ensure that learning is systematically shared and made accessible across all Country Programmes, to support informed decision-making and to improve programming.	Minor	New	By the 2029 Renewal Audit
2026-8.5: MDM does not ensure that all staff have confidence in the safety and confidentiality of staff channels for reporting complaints and concerns.	Minor	New	By the 2029 Renewal Audit
Total Number of open CARs	10		

* 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).

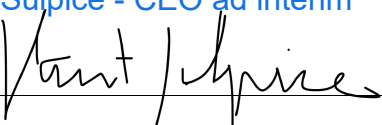
6. Lead auditor recommendation

CERTIFICATION In my opinion, Médecins du Monde France demonstrates no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability. I recommend certification.	
Name and signature of lead auditor:  Jorge Menendez Martinez	Date and place: Buenos Aires, 2026/06/16

7. HQAI decision

Final decision on certification:	☒ Issued ☐ Refused
Start date of the certification cycle: 2026/07/28 Next audit before 2027/07/28	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 28 July 2026

8. 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: <i>If yes, please give details:</i>	☐ 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: Jennie Saint-Sulpice - CEO ad interim 	Date and place: Paris, August 10th 2026

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, including self-assessment and third-party audits	Guidance for scoring requirements
0	Your organisation does not currently meet the requirement and indicates a major issue that is so significant that the organisation's ability to meet the commitment is compromised. For third-party auditing schemes: Independent verification: A major weakness. Certification: A major non-conformity that compromises the integrity of the commitment which leads to a major corrective action request (CAR).	To give a score 0, not all of the measurable components of the requirement are verified to be in place and the issue(s) identified are so significant that the organisation's ability to meet the commitment is compromised.
1	Your organisation does not currently meet the requirement. For third-party auditing schemes: Independent verification: A minor weakness. Certification: A minor non-conformity that compromises the integrity of the requirement which leads to a minor corrective action request (CAR).	To give a score 1, not all of the measurable components of the requirement are verified to be in place.
2	Your organisation currently meets the requirement, but there is an opportunity for improvement that deserves attention so that the requirement is not compromised in the future. For third-party auditing schemes: Independent verification: Requirement is met with an observation. Certification: Conformity with an observation.	To give a score 2, all measurable components of a requirement are verified to be in place, however, one or more opportunities for improvement are observed which deserve attention so that the requirement is not compromised in the future.

3	Your organisation meets the requirement, with organisational systems ensuring it is being met consistently throughout the organisation. For third-party auditing schemes: Independent verification: Requirement is met. Certification: Conformity.	To give a score 3, all measurable components of a requirement are verified to be in place.
4	Your organisation meets the requirement in an exemplary way, demonstrating innovation and/or special recognition of performance, and organisational systems ensure this high quality throughout the organisation. For third-party auditing schemes: Independent verification: Requirement is met in an exemplary way. Certification: Conformity in an exemplary way.	To give a score 4, all measurable components of a requirement are verified to be in place. In addition, the following must be verified: - An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. and/or - The organisation has been awarded special recognition of performance in relation to meeting the requirement at a high standard, and this is built into organisational systems so that the high quality is ensured throughout the organisation.
	Guidance notes for scoring commitments: - Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. - Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0.	

* Scoring Scale from the CHSA Verification Framework 2024