Medair
Renewal 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	Non-profit, non-governmental and politically independent association established under Swiss Law.	
Head Office location	Ecublens, Vaud, Switzerland	
Total number of organisation staff	1,152 (May 2026)	

1.2 Audit team

Lead auditor	Sarah Kambarami
Second auditor	Adrien Muratet
Third auditor	-
Observer	-
Expert	-
Audit Facilitator	Chol Ngut Khor

1.3 Scope of the audit

CHS:2024 Verification Scheme	Certification
Audit Cycle	Third cycle
Type of audit	Renewal Audit
Scope of audit	The audit covers the international programming of the entire organisation. The six affiliate offices in United Kingdom, Germany, France, the United States of America, Korea and the Netherlands are not included in the scope of the audit as all Medair international programme implementation is coordinated at the Global Support Office (GSO).
Focus of the audit	The audit focuses on the application of the revised CHS (2024 edition) across Medair's work implemented directly, as well as in partnership with a broad range of partners.

1.4 Sampling*

Sampling unit	Country Programme
Total number of sampling units	10
Sample size	4
Total number of onsite visits	1
Total number of sampling units for remote assessment	3
Sampling Unit Selection	
Random Sampling — onsite/remote	**Purposive Sampling — onsite/remote**

Somalia - remote	South Sudan – onsite
Lebanon - remote	Ukraine - remote

Any other sampling considerations:

The audit team intentionally included Country Programmes in the sample from different geographical regions and sampled projects from within those programmes that represented a range of different programming. Partner staff were selected for interview based on which partners were engaged in the implementation of the sampled projects.

Sampling risks identified:

No specific sampling risks were identified. The audit team is confident 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	2026/04/20	**Number of participants**	34 (11F/23M)
Location	Remote	**Any substantive issues arising**	None

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Global Support Office	2026/04/20 – 2026/04/30	Remote
South Sudan Country Office	2026/05/12 – 2026/05/15	Onsite and Remote
Ukraine Country Office	2026/04/27 – 2026/05/19	Remote
Somalia Country Office	2026/05/18	Remote
Lebanon Country Office	2026/05/20 – 2026/05/26	Remote

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Global Support Office			
Senior Leadership	2	6	Remote
Staff	8	9	Remote
Country Programmes			
Management	1	4	Remote
Staff	3	5	Remote

Partner staff	1	3	Remote
Total number of interviewees	15	27	**TOTAL: 42**

2.4 Consultations with communities

Type of group and location	**Number of interviewees**		**Onsite or remote**
	Female	**Male**	
Group discussion #1 – "Lead mothers", Health & Nutrition project, South Sudan	14	0	Remote
Group discussion #2 – Pregnant and breastfeeding women and girls, Nutrition project, South Sudan	15	0	Remote
Group discussion #3 – Community Nutrition Volunteers (CNVs), Nutrition project, South Sudan	0	6	Remote
Group discussion #4 – Health Facility Workers, WASH project, South Sudan	1	7	Remote
Group discussion #5 – Parents, nutrition project, South Sudan	15	0	Remote
Group discussion #6 – County Health department (CHD) representatives, nutrition project, South Sudan	0	1	Remote
Group discussion #7 – Ministry of Health Staff, Health and Nutrition project, South Sudan	0	2	Remote
Group discussion #8 – Beneficiaries, Emergency Response Team NFI distribution, South Sudan	13	0	Remote
Total number of participants	58	16	**Total: 74**

2.5 Closing Meeting

Date	2026/06/08	**Number of participants**	13 (4F/9M)
Location	Remote	**Any substantive issues arising**	None

3. Background information on the organisation

3.1 General information

Medair is an international non-governmental organisation, founded in 1989 and legally registered in Switzerland. Motivated by the Christian faith, Medair's mandate is to respond to conflict, disease, and disaster so that the world's most vulnerable and hard-to-reach people can live with dignity and hope. Medair provides flexible relief and recovery services with technical expertise in health care and nutrition, psychosocial support (MHPSS), water, sanitation, and hygiene (WASH), and shelter. In 2026, Medair is operational in 10 countries, and apart from its Global Support Office (GSO) in Ecublens, Switzerland, it has six affiliate offices in United Kingdom, Germany, France, the United States of America, Korea and the Netherlands. These affiliates are not covered within the scope of this audit as all Medair international programme implementation is coordinated at the GSO.

Medair actively targets the most vulnerable populations and strategically operates in 7 out of the 10 countries with the highest humanitarian risk levels globally, based on the INFORM Risk Index. Geographically, the organisation maintains a significant operational footprint across the Middle East, Africa, and Eastern Europe, adjusting its presence to exit stabilised regions and enter active crisis zones.

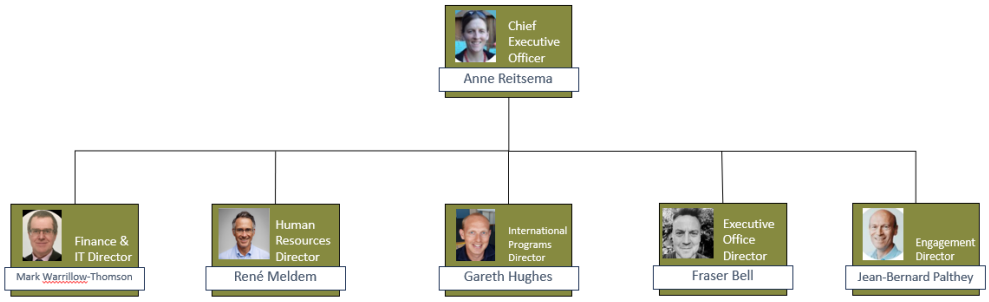
The sector underwent a major financial shock in 2025, resulting in Medair's annual global funding being reduced by approximately 25%. This led to a swift process of restructuring in March 2025 which ultimately led to a global reduction in headcount of approximately 30%. In an effort to diversify its funding sources, Medair has increased its private funding target to 20 million USD for 2025 and maintained its core focus on life-saving mandates, rather than pursuing opportunistic funding at the expense of programmatic quality. Annual expenditure for 2025 was USD90 million, compared to almost USD120 million in 2024.

3.2 Governance and management structure

The organisation is governed by an International Board of Trustees (IBoT), currently composed of 10 international members, which maintains ultimate responsibility for the organisation's risk management system and strategic direction. The IBoT is advised by a Governance committee and an Audit, Compliance and Finance committee, both made up of active IBoT members.

Operational management is led by the Executive Leadership Team (ELT), which includes the Chief Executive Officer, International Programmes Director (IP), Finance and IT Director, HR Director, Engagement Director and Executive Office Director. To ensure robust oversight of ethical and safeguarding standards, the organisation utilises a "Case Review Committee" (comprising the CEO, IP Director, HR Director, Legal Counsel, and Internal Controller) that oversees highly sensitive SEAH investigations and reports directly to designated members of the IBoT on a quarterly basis.

Medair's structure is divided between the Global Support Office (GSO), which provides centralised technical, legal, and operational support, and 10 Country Programmes, which are managed by Country Directors. Country Directors report to their designated Head of Country Programmes at GSO who work under the leadership of the International Programmes Director. Senior Sector Advisors at GSO hold mandatory approval authority for the technical design and quality of all new projects.



3.3 Work with partner organisations

While Medair's primary mode of operation is direct implementation, in the majority of programmes, Medair co-implements in partnership with other entities. These partners include local actors (e.g. Ministry of Health, public health structures etc.), partnerships with national NGOs with complementary areas of expertise, and consortium arrangements with a mix of international and national NGOs. Medair defines its localisation strategy through its Operational Partnership Policy, which aims to reinforce rather than replace local and national capacities. Rather than purely sub-granting, Medair focuses on non-transactional capacity building, frequently treating Line Ministries (such as local Ministries of Health) and civil society organisations as primary national partners.

Before engaging in binding agreements, Medair conducts comprehensive due diligence using a Partner Assessment Tool that evaluates governance, MEAL capacity, and safeguarding standards. Legally binding collaborations are governed by a Model Partnership Project Agreement that mandates adherence to the CHS, the Sphere Project, the Code of Ethics, and Protection from Sexual Exploitation and Abuse (PSEA) policies. Medair

systematically integrates "capacity strengthening budgets" into its partnerships to support local actors in building their own internal operational systems.

In terms of the relative importance of these collaborations compared to direct operations, current estimates indicate that just below 20% of all field expenses are spent for, or distributed by, partners. The reliance on partners varies significantly by context; for example, in Jordan, Medair has transitioned from direct implementation to working entirely through six local partners, whereas in other Country Programmes it is significantly less.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

Medair maintains a robust framework for internal quality assurance and risk management, encompassing various systems and processes at both the Global Support Office (GSO) and country programme levels.

Medair's Audit and Internal Controls Manager reports directly to the CEO and is responsible for developing and implementing an internal audit plan on an annual basis. This helps ensure statutory compliance as well as compliance with Medair's own policies and procedures, including the CHS. High risk entities within the organisation are prioritised for inclusion in the internal audit plan, based on set criteria, with all country programmes being assessed within a 3-year period. The Audit, Compliance and Finance (ACF) sub-committee of the International Board of Trustees (IBoT) oversees this work at the governance level.

Medair's risk management system is integrated into relevant processes throughout the organisation and ensures regular review and management of risks across many different categories, including compliance, financial, governance and management, operations, reputation and staff risks. At the global level, Medair's Risk Register is updated and reviewed annually by the IBoT with ongoing risk identification and management processes also taking place at country programme and project level.

Globally, Medair conducts an annual cycle of monthly training on different ethics policies for all staff, which has been effective in ensuring high levels of awareness of the Code of Ethics and the broader ethics policy framework. At the programme level, Medair has established effective Monitoring, Evaluation, Accountability and Learning (MEAL) processes, combined with strong technical inputs, which ensure oversight and quality assurance of Medair's programmatic work.

Financial management is a cornerstone of Medair's internal control system. This includes sound financial management practices, transparent reporting, and a zero-tolerance stance on corruption. Segregation of duties, financial guidelines, and regular external and internal audits ensure responsible resource management. Medair has a whistleblower mechanism and internal capacity to carry out investigations into ethical violations. Internal systems are strengthened following systematic reviews of lessons learned from the outcomes of complaints and investigations.

4.2 Level of application of the CHS

Medair continues to demonstrate a strong commitment to the application of the CHS across its work, at both strategic and operational levels. Medair's commitment to the CHS is referenced in its partnership agreements and as the foundation for the Accountability to Affected Populations Policy. The strategic prioritisation in the 2025-2029 Strategy of embedding Community Engagement (CE) throughout Medair's programmes, highlights the importance Medair places on putting accountability to people affected by crisis at the centre of its work.

Since the last Renewal Audit in 2023, Medair has taken strategic steps to address areas of weakness, integrating the corrective actions into ongoing organisational approaches and systems. During 2025, Medair revised its CHS action plan in the midst of significant funding cuts and organisational restructure. Despite the need to adapt some of the planned activities, the overall commitment to addressing the root causes of previous CHS findings remains strong. In particular, Medair has strengthened its partnership approach, demonstrating progressive localisation practice both with national NGOs and with other local actors, including public sector health workers and relevant government line ministries. Medair also has a systematic approach to ensuring its work is contextualised and needs-based, with meaningful participation of people in both actions and decision making. The technical quality of Medair's work and the behaviour of Medair staff and volunteers are recognised by a wide range of stakeholders. Improvements in HR practices, consideration of environmental impact, and timeliness of completing investigations into sensitive complaints have all been noted.

Medair has established functioning systems to manage complaints from staff, as well as programmatic feedback or complaints at the community level. However, there remains a gap in systematically ensuring that sensitive complaints, particularly SEAH-related, can be safely reported at community level (see section 4.3). In addition, there is a concern that Medair has not yet sufficiently reduced its programmatic commitments in line with the reduced staff headcount, which is currently resulting in additional workload for remaining staff with an inherent risk to future staff wellbeing.

Overall, however, Medair continues to demonstrate a strong organisational culture around quality and accountability at both GSO and country programme levels. The audit team appreciates the high level of openness and transparency demonstrated throughout the audit process as well as the cross-organisational commitment to use the CHS audit as a learning process to further improve Medair's work.

4.3 PSEAH

Medair has a comprehensive policy framework in place to support its zero-tolerance approach to sexual exploitation, abuse and harassment (SEAH). Mandatory onboarding and regular contextualised refresher training for all staff, on all ethics policies, ensure staff and volunteers have a consistent understanding of what behaviour is expected of them and how to report any suspected ethical violations. The confidential ethical violations reporting system is well known and trusted among staff. Communities consistently commend the behaviour of Medair staff, noting they are treated with respect and dignity at all times.

At the community level, however, not all country programmes have relevant processes in place to ensure that methods for reporting concerns or complaints of SEAH are known and accessible. In some contexts, there is a lack of information being shared at the community level about expected staff behaviour and how to report SEAH-related complaints. In addition, Medair does not yet monitor awareness of these topics in a systematic way so that gaps in people's understanding across different contexts can be identified and addressed.

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.	2.3
Medair's programming approach ensures that people and communities can exercise their rights and participate in actions and decisions that affect them. Medair uses disaggregated data to routinely adapt programmes to ensure inclusion, with a focus on the most vulnerable and marginalised groups in different contexts. Programmes are	

designed and implemented in ways that enable meaningful community engagement and participation, with active engagement noted in all sampled projects, for example of community committees, community volunteers, and the involvement of community leaders and local health-related structures. Medair has effective systems in place for seeking informed consent and preserving the dignity of people when collecting material for external communications or fundraising.

Medair staff and partners regularly share information about who Medair is, the project activities, the timeline and selection criteria, where relevant. Information is consistently shared in languages and formats that are easily accessible and contextually appropriate. However, information is not systematically shared with people at community level about expected staff behaviour, how to report sensitive complaints, or Medair's organisational commitments related to protection from sexual exploitation, abuse and harassment (PSEAH).

Feedback from communities: In general, people at the community level feel that Medair treats them fairly, that the most vulnerable are prioritised and that there is no unfair discrimination. Examples were provided of how programmes are adjusted to be inclusive. In general, people at community level know about Medair and the project activities, but less so about PSEAH commitments, expected staff behaviour or how to complain. All community groups expressed how satisfied they are with their engagement in Medair's work and confirmed that verbal informed consent is sought prior to gathering communication material (e.g. photos, stories, etc.)

Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	2.8

Medair applies a highly robust, systematic approach to ensuring its support is timely, effective, and context driven. The organisation excels in adaptive contextualisation, utilising community consultations and disaggregated data to uncover hidden vulnerabilities, such as using the Washington Group Questions to identify functionally disabled individuals missed by official registers. Medair prioritises building on local capacity, treating local Ministry of Health (MoH) structures as true national partners. Technical quality is stringently maintained through mandatory GSO-level reviews of all project designs against international and national standards (e.g., Sphere, WHO, MoH). Furthermore, programmes are regularly monitored using structured tracking tools (e.g., Indicator Tracking Tables) to ensure actions remain timely, and when unmet priority needs fall outside Medair's technical scope, teams actively utilise established referral pathways to connect individuals with relevant stakeholders.

While targeting and technical standards are strong, an area for improvement was noted regarding operational strain. The recent deployment of significantly smaller rapid response teams—driven by global funding cuts—presents a systemic strain on Medair's ability to maintain the required depth of ongoing community engagement and effectively identify all hidden vulnerabilities.

Feedback from communities: People at the community level confirm that Medair's targeting is based on fair, impartial, and transparent criteria. They verify that the support addresses their priority needs and is delivered in a timely, easily accessible manner. Communities also confirm that the work meets acceptable quality standards and note that when Medair cannot meet a specific health or priority need, cases are actively referred to other relevant stakeholders. They also provided examples of how their local knowledge and existing capacities are respected and integrated into how Medair plans and implements its programmes.

Commitment 3: People and communities are better prepared and more resilient to potential crises.	2.8

Medair has established an effective programming approach which ensures that their support reinforces locally led actions and decision making. Formal and informal community leadership is systematically supported through Medair's close programmatic collaboration with community leaders, relevant line ministries (e.g. the Ministry of Health) and local health facility workers in the different contexts in which they work. Programmes also systematically include support to community level structures (e.g. water user committees) and the active engagement of community volunteers (e.g. for community health surveillance activities). The health and nutrition education and awareness raising work helps to ensure that local capacities are supported to anticipate and reduce risks of health and nutrition related crises. However, Medair has not yet had the resources to work systematically on their strategic initiative which

focuses on climate, anticipatory action and disaster risk reduction as a cross-cutting theme for all programmes. All Medair programmes are systematically planned and implemented to have a long-term impact, with transition and exit strategies developed in close collaboration with local stakeholders from the beginning. This approach also ensures that there is local ownership of resources and programme outcomes, both at the formal Ministry of Health level, as well as at the community level.	
Feedback from communities: Both formal and informal leaders at the community level feel supported and respected by Medair. They particularly appreciate being involved in the planning/design stages of programmes and feel that their input is listened to and respected. People confirm that their capacity to prevent malnutrition and other health related crises has been improved through Medair's activities. People at the community level expressed confidence in the work continuing, even without Medair, and appreciate being included in transition and handover discussions/planning from the beginning.	
Commitment 4: People and communities access support that does not cause harm to people or the environment.	2.8
Medair demonstrates strong operational practices to ensure its support does not cause harm to people or the environment. The organisation proactively applies conflict sensitivity, actively adapting targeting criteria in frontline areas to mitigate community tensions over aid distribution. To protect the safety, security, rights, and dignity of communities, Medair embeds a 'Do No Harm' approach into its operational culture, requiring teams to complete protection risk assessments prior to interventions to identify and mitigate potential negative impacts, including risks of sexual exploitation, abuse, and harassment (SEAH). Robust structural safeguarding is verified at distribution sites, including separate entrance/exit doors and strictly mixed-gender teams. Medair is also commended for its environmental responsibility, successfully executing safe medical waste management in highly remote operational areas. Data protection protocols are highly restricted and properly anonymised to protect beneficiary and survivor identities. While potential negative impacts are actively mitigated, an area for improvement was identified regarding the community's awareness of safe, confidential complaints mechanisms for sensitive issues. Without this awareness, there is a risk that actual negative impacts, for example related to SEAH, may not be effectively identified and addressed.	
Feedback from communities: People at the community level confirm that they feel safe accessing Medair's programmes and that Medair mitigates potential harm to them. Furthermore, they confirm that Medair's activities do not cause harm to the local environment, specifically praising the safe disposal of medical waste. Finally, beneficiaries express high levels of trust in Medair to keep any data and information they provide strictly protected and confidential.	
Commitment 5: People and communities can safely report concerns and complaints and get them addressed.	1.7
Medair has established an effective organisational approach to welcoming and acting on any concerns or complaints from staff, and any programmatic feedback or complaints at the community level. Medair has clear guidance for staff on how to establish feedback and complaint mechanisms at community level and the sampled project designs include plans to establish these. However, Medair does not always ensure that feedback channels at the community level are known and accessible for people to report sensitive complaints (e.g. related to sexual exploitation, abuse and harassment (SEAH)). In addition, monitoring that people at the community level understand what behaviour is expected of staff, how to report a complaint, and how they will be addressed, has not yet been systematically integrated into Medair's Monitoring and Evaluation (M&E) systems. Despite this, Medair's feedback mechanisms function effectively for appreciation, suggestions or project level complaints and systems are in place to manage, investigate, address and/or appropriately refer complaints. Project level, and organisation wide feedback or complaints logs are systematically used, and investigation guidelines and trained staff support the appropriate management of complaints, applying a victim/survivor-centred approach. Investigation timeframes have been reduced since the last audit due to increased investment and oversight of case management.	

Feedback from communities: People generally know how to provide feedback to Medair on project activities but do not know how to report sensitive complaints. Community groups that work closely with Medair (for example community volunteers and health facility workers) know how staff should behave (including PSEAH) but other groups did not. Despite this, all community groups stated that they trust Medair to handle any complaints well, including keeping them confidential, and that they trusted Medair to support and protect the victims/survivors of any such complaint.	
Commitment 6: People and communities access coordinated and complementary support.	2.5
Medair successfully supports its partners to apply quality and accountability commitments by providing dedicated capacity-strengthening budgets that empower local partners to build internal systems and pursue independent CHS Alliance membership. Medair is highly effective at strategic gap-filling, actively coordinating with clusters and local authorities to ensure no duplication of aid, and deliberately exiting stabilised areas once local actors or government services return. Partners view the relationship with Medair as highly equitable, describing the organisation as a benchmark that guides them through international standards and logistics. Local authorities and Ministry of Health staff confirm that Medair builds their capacity and gives them the room to contribute ideas, equipping them to identify and respond to risks independently. While there is evidence of partners providing feedback about Medair through dialogue, Medair does not have structured, formalised global tools for local partners to systematically evaluate Medair's performance as a partner. Additionally, often due to donor low levels of, and restrictions on, overhead, equitably sharing administrative and overhead costs with national NGOs remains a systemic challenge, particularly within consortiums operating with donor-restricted funds.	
Feedback from communities: People at the community level confirm that Medair coordinates its work to ensure complementarity with locally led and community-based actions, specifically highlighting that the organisation works "hand in hand" with local Ministry of Health facilities and staff. Furthermore, they confirm that the organisation avoids the duplication of other stakeholders' actions, ensuring there is no overlapping of resources or services in their areas.	
Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.	2.8
Medair has effectively established a coherent approach to continuous learning and improvement. The organisation regularly listens and responds to community feedback through diverse, contextualised channels (such as toll-free hotlines and physical helpdesks). Medair systematically uses this feedback, alongside disaggregated data, to directly inform programmatic shifts, such as altering community messaging to address cultural barriers. The organisation demonstrates strong transparency during crises; field teams successfully share analysis and "close the loop" by holding formal community meetings to explain financial realities and review accomplishments during transition phases. An area for improvement was identified, however, as project managers in some contexts do not consistently share final project results and lessons learned at the end of interventions with affected populations.	
Feedback from communities: People confirm that regular opportunities are made available to provide feedback, and they feel their inputs are considered and actively influence programme decisions. They also state that Medair collects data that reflects their diversity while strictly respecting their time, availability, and willingness to share information. Finally, communities confirm that the organisation shares learning based on monitoring or feedback, talking openly, both about achievements, and what they did not manage to achieve, at the end of projects.	
Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed.	2.9
Medair has strengthened its organisational approach to ensure that human resources are managed effectively in a fair, non-discriminatory and transparent manner. Leadership, staff and volunteers throughout the organisation promote and demonstrate a culture of quality and accountability, firmly rooted in Medair's values. Robust policies and systematically implemented procedures ensure safety and security are an organisational priority. However, many staff	

have recently taken on extra workload, following the restructure, which may impact staff well-being in the longer term. Targeted recruitment, continuous onboarding, professional training, and structured performance reviews equip staff to fulfil their roles, and a well-known Code of Ethics pairs with safe, confidential staff reporting channels for misconduct. Timely and appropriate action, taken to address any misconduct, has helped to build widespread internal trust in the reporting system.	
Feedback from communities: People at the community level are consistently satisfied with the competence of Medair staff, describing them as "qualified", "competent", "trained professionals". People are also very happy with the behaviour of Medair staff, stating that they are respectful and treat them with dignity.	
Commitment 9: People and communities can expect that resources are managed ethically and responsibly.	2.7
Medair's organisational approach to resource management ensures that resources are managed efficiently, effectively and ethically. Medair has effective systems in place (e.g. budgeting, regular analysis of expenditure, cash flow management etc.) to manage its financial resources at all levels of the organisation, ensuring that the resources it is entrusted with are used for their intended purpose. Medair takes an ethical approach to both fundraising and resource allocation, with processes in place to ensure its values are not compromised. Medair also ensures that its resource use minimises waste and impact on the environment, for example by including impact on the environment in the criteria for procurement processes, and prioritising effective medical waste management in local communities. Different types of risk are identified and managed across the organisation, from the governance level to project level, and the specific risk of fraud, corruption or misuse of resources is actively and appropriately managed. However, Medair's recent downsizing has impacted its ability to ensure adequate human capacity to meet its programming commitments.	
Feedback from communities: In general people at the community level are very satisfied with how Medair manages its resources, stating that they achieve what they set out to achieve so they know the resources are being spent well. People also noted that Medair takes care not to harm the environment, especially with the disposing of medical waste from health facilities. Some stakeholders at the community level, however, expressed concern that with recent reductions in funding and staff, the workload for those remaining is too high.	

** 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 open non-conformities

Corrective Action Request (CAR)	Type	Status	Resolution timeframe
2026-1.2: Medair does not ensure that information regarding the organisation's commitments and obligations regarding PSEAH, and the expected behaviours of staff and volunteers in relation to PSEAH, are shared regularly with people and communities.	Minor	New	by the 2029 Renewal Audit
2026-1.6: Medair has not established a coherent organisational approach to ensure transparent information sharing on PSEAH.	Minor	New	by the 2029 Renewal Audit
2026-5.1: Medair does not systematically ensure that safe, accessible, and appropriate ways for communities to report concerns and complaints related to SEAH are implemented in all Country Programmes.	Minor	New	by the 2029 Renewal Audit

2026-5.2: Medair does not have a system in place to regularly monitor that people and communities understand how staff and volunteers are expected to act to prevent harmful behaviours, including sexual exploitation and abuse, and harassment.	Minor	New	by the 2029 Renewal Audit
2026-5.3: Medair does not have a system in place to regularly monitor that people, communities and other relevant stakeholders understand how to report concerns and complaints and how they will be addressed, particularly those related to SEAH.	Minor	New	by the 2029 Renewal Audit
2026-5.6: Medair has not established a coherent organisational approach to ensure concerns and complaints related to sexual exploitation and abuse, and harassment, at the community level, are welcomed and acted upon in a timely and appropriate manner.	Minor	New	by the 2029 Renewal Audit
2026-9.1: Medair does not ensure adequate capacity and resources to meet the organisation's commitments.	Minor	New	by the 2029 Renewal Audit
Total Number of open CARs	7		

6. Claims Review

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

7. Lead auditor recommendation

In my opinion, Medair continues to demonstrate no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability.

I recommend renewal of certification.

Name and signature of lead auditor:	**Date and place:**
Sarah Kambarami 	23rd July 2026 Bonn, Germany

8. HQAI decision

Certificate renewed:	☒ Issued ☐ Preconditioned (Major CARs)
Start date of the current certification cycle (based on the original certification cycle): 2026/03/12 Next audit before 2027/03/12	
Name and signature of HQAI Executive Director:	**Date and place:**

Désirée Walter	Geneva, 28 July 2026

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 I accept the findings of the audit	☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative: FRASER BELL	**Date and place:** 12/8/26

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