

Medair

Maintenance Audit 2 – Report - 2025/02/11

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Sarah Kambarami	
Audit cycle	Second Cycle	
Opening Meeting	Date / number of participants	Any substantive issues arising
	27-01-2025 / 7 participants	No
Closing Meeting	31-01-2025 / 5 participants	Uncertainty related to the funding context means that decisions related to the upcoming Renewal Audit may need to be delayed until there is more clarity on implications for Medair's 2025 budget and beyond.
Interviews	Position / level of interviewees	Number
	Global Support Office – Senior Staff	6 (1F/5M)
	Country Office Senior Staff	1 (M)

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Maintenance Audit in 2024, Medair has developed a new five-year organisational strategy "Together for Life and Hope" for the period 2025-2029. The new strategy has three strategic pillars – Restoring Life, Organisational Health and Global Collaboration – and includes a number of strategic initiatives that directly relate to areas of quality and accountability which will support the systematic application of the CHS commitments across the organisation over the coming years. In terms of geographical footprint, during the past year Medair has closed its operations in Turkey and Yemen, and started operations in Chad. A brief response took place in Kenya which has already closed. This brings the total number of Country Programmes to 11.

Medair continues to implement its action plan to address the gaps identified in the previous audit. Many of the changes initiated in the year following the 2023 Renewal Audit have now been embedded into Medair's ways of working. The investment in strengthening the MEAL capacity at a global level has enabled systematic support to Country Programmes on key CHS related issues, such as community engagement and accountability to affected populations. Medair's approach is to integrate improvements into ongoing organisational change processes to ensure a systematic approach to meeting the CHS requirements. Annual training on the CHS is held with all staff as part of the annual cycle of ethics-related training.

Medair continues to use a variety of mechanisms and controls to monitor performance on a range of issues related to the application of the CHS. These include risk-based internal audits, management of risk using an enhanced risk register, the Employee Values Survey (EVS), establishment of a senior leadership Case Review Committee (CRC), and initiating reviews such as 'Measuring What Matters Most' aimed at assessing Medair's impact on hope, dignity and quality of relationships, and an external assessment on security. Systems improvements have taken place during 2024, with the launch of 'MedEx', an online procurement system, and the continual roll out of FIN4U, Medair's new finance ERP system. Medair's statutes were also revised during 2024.

It is noted that, during the week of this Maintenance Audit, changes and uncertainty in funding from a major institutional donor have resulted in changes and uncertainty in Medair's programming. The full implications for Medair of these changes are as yet unknown. A review of these implications will be necessary as part of the scoping and risk assessment closer to the start of the Renewal Audit.

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)
2023-5.2: Medair does not systematically welcome and accept complaints or communicate effectively how the mechanism can be accessed.	Minor By the 2026 Renewal Audit	<p>Following the Renewal Audit (2023), Medair strengthened its staffing structure to support the work on Accountability to Affected Populations (AAP). AAP Focal Points are now established in every Country Programme and two Senior MEAL Advisors at the Global Support Office (GSO) support their work. The AAP Focal Points are responsible for ensuring that Medair's Feedback and Complaints Mechanism (FCM) at the country level is operating effectively and that beneficiaries are informed about the FCM and how to access it. These structural changes are now embedded in the way Medair works and have been the foundation of continual improvements over the past year.</p> <p>Specifically, in 2024, the Senior MEAL Advisors continued to provide opportunities for building capacity globally on AAP topics, including establishing effective FCMs and information sharing. Staff from Country Programmes came together face to face at the Global MEAL Workshop, and remotely at the Community of Practice meetings, to learn from each others' experiences, for example on information sharing and establishing effective FCMs.</p> <p>As part of Medair's new global strategy 2025-2029, there is a Strategic Initiative (#3) focused on Community Engagement. This will help ensure that the work on AAP continues to be a priority over the coming strategic period. A Community Engagement Matrix has been drafted that guides programme staff on when and how to integrate community engagement and AAP activities throughout the project management cycle. Standardised posters for communicating clearly and simply about Medair's ethical commitments have been developed for both internal (staff) use and external audiences (i.e. beneficiaries). Contextualised information on how to report ethical violations is clearly communicated on the posters.</p> <p>Different mechanisms are used in different contexts to monitor people and communities' understanding and use of FCMs, including field visits, questions in Post Distribution Monitoring surveys (PDMs) and monthly FCM reports from Country Programmes.</p>	<p>Documents: 12, 14, 18 HO.</p> <p>Interviews with staff</p>
2023-5.3: Complaints are not systematically managed in a timely and appropriate manner.	Minor By the 2026 Renewal Audit	<p>Medair continues to ensure that internal capacity to manage complaints and investigations is strengthened and embedded into the organisational structure. Two staff on the Executive Team are trained to conduct ethical investigations and two staff on the HR team have been trained specifically on conducting SEAH investigations. Priority is given to managing complaints effectively and in a timely way.</p> <p>Throughout 2024, significant progress was made on finalising the requirements for an online case management system for AAP feedback and complaints globally. This will support Medair's ability to receive and</p>	<p>Documents: 14, 18, HO,</p> <p>Interviews with staff</p>

		<p>manage cases, with functionality to set assignments, standardise the workflow and use notifications. It will also enable Medair to have global oversight and review the trends in feedback and complaints using dashboards and reports. The final decision to move ahead is pending affordability in the 2025 funding context, but Medair hopes to have it operational during 2025. Ethical complaints continue to be managed through 'Portfolio' which allows for overviews to be presented to ELT and the Board.</p> <p>In addition, the progress noted on support to strengthening AAP and FCMs at country level (see 5.2) is also ensuring that feedback and complaints are being managed in a timely and appropriate manner on a day-to-day basis. The Community Engagement Matrix highlights the importance of recording feedback and complaints in a central log/database and following up to ensure cases are managed appropriately.</p>	
2023-5.5: Medair has not established a culture in which all staff perceive that complaints are taken seriously.	<p>Minor</p> <p>By the 2026 Renewal Audit</p>	<p>Medair has continued to take steps to embed a culture across the organisation where complaints are taken seriously. The Board receives regular reports on safeguarding and ethical compliance issues, and the global Risk Management Matrix supports the systematic management of the risk of ethical violations.</p> <p>All staff interviewed stated that, from their perspective, Medair takes complaints seriously. Initiatives that support this perception include the prioritisation of investment in the online case management system, the time given for staff dealing with complaints and investigations to prioritise that work above other competing demands when needed, investment in investigations staff and training, and thorough handling of complaints cases. Many staff also noted that the mandatory annual cycle of ethics-related training for all staff has helped to strengthen the culture of welcoming complaints.</p> <p>The initiative to ensure everyone in Medair is welcomed and valued, and there is no discrimination, is aligning itself with the new strategic initiative (#7) on culture. A biblical framework on this topic has been proposed. The 'listening group' continues to provide an informal space for staff to discuss issues related to discrimination. In the coming year, greater attention will be given to establishing such initiatives at the country level, enabling relevant contextualisation.</p> <p>Medair conducted its Employee Values Survey (EVS) in 2024 and the rating related to knowledge of Medair Code of Ethics increased. The EVS was linked to the previous strategic period, so will not be continued in 2025. Alternatives are being considered, linked to the new global strategy.</p>	<p>Documents: 10, 13, 15, 16, HO</p> <p>Interviews with staff</p>
2023-8.5: A significant number of staff do not consider policies, procedures and practice fair, transparent and non-discriminatory.	<p>Minor</p> <p>By the 2026 Renewal Audit</p>	<p>Concerns were raised by staff in the 2023 Renewal Audit, specifically during the site visit in Jordan, in relation to how fair and non-discriminatory Medair's staff policies were. These concerns mirrored the findings of the 2022 Employee Values Survey (EVS). A thorough management response to the EVS findings in Jordan was developed and action has continued to be taken in response to that process during 2023 and 2024. Specifically in the past year, a range of initiatives were undertaken to address concerns raised. This included putting a staff council in</p>	<p>Documents: 10, 15, JOR</p> <p>Interviews with staff</p>

		<p>place, conducting a salary review, establishing a new health insurance, and moving to a new office facility with better access, prayer rooms and lactation rooms. In addition, ongoing training was conducted on a range of relevant issues such as Medair's ethical violations response guidelines, prevention of harassment, prevention of racism, and Code of Ethics.</p> <p>There have been no new complaints in 2024 from any Jordan staff, or any staff globally, related to discrimination.</p> <p>Medair's annual Employee Values Survey (EVS), conducted in 2024, also demonstrates the improvements in addressing this issue. The Jordan EVS results indicate that the % of employees witnessing discrimination decreased from 34% to 30% and the % experiencing discrimination also decreased from 27% to 13% since the 2022 survey. Globally, since 2019, these figures have reduced to 14% and 9% respectively of employees witnessing and experiencing discrimination in Medair.</p>	
--	--	---	--


3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2023-5.2: Medair does not systematically welcome and accept complaints or communicate effectively how the mechanism can be accessed.	Minor	Open	By the 2026 Renewal Audit
2023-5.3: Complaints are not systematically managed in a timely and appropriate manner.	Minor	Open	By the 2026 Renewal Audit
2023-5.5: Medair has not established a culture in which all staff perceive that complaints are taken seriously.	Minor	Open	By the 2026 Renewal Audit
2023- 8.5: A significant number of staff do not consider policies, procedures and practice fair, transparent and non-discriminatory.	Minor	Open	By the 2026 Renewal Audit
Total Number of open CARs		4	

4. Claims Review

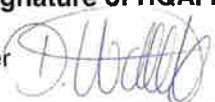
Claims Review conducted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

5. Lead auditor recommendation

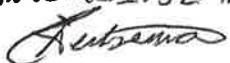
In my opinion, Medair has demonstrated that it is taking necessary steps to address the CARs identified in the previous audits and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.	
I recommend maintenance of certification.	
Name and signature of lead auditor: Sarah Kambarami 	Date and place: 7 th February 2025

	Bonn, Germany
--	---------------

6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
Renewal audit before: 2026/03/10	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 11 February 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: ANNE REITSEMA, CEO 	Date and place: 12 FEB 2025 ECUBLENS

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: <ul style="list-style-type: none"> Independent verification: major weakness. Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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