

# LM International

## Maintenance Audit 2 – Report – 2026/05/13

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Lead Auditor / Ivan Kent	
<b>Audit cycle</b>	First cycle (CHS:2014)	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	2026/04/13: 10 participants	None
<b>Closing Meeting</b>	2026/04/22: 9 participants	None
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Head office managers	6
	Head office staff	2
	Regional managers	1

### 2. Actions and progress of organisation

#### 2.1 Significant change or improvement since the previous audit

LM International (LM) continues to use the CHS as a guiding framework for quality and accountability across its humanitarian, development and advocacy programming. It has made good progress against a number of the CARs identified in the 2024 Initial Audit. Some steps remain to ensure recent and ongoing changes are embedded into country level actions. LM's *CHS Task Force* has been extended by identifying CHS focal points in each country, to monitor and strengthen processes at this level. A separate CHS page has been added to LM's intranet.

LM has placed a significant focus on reviewing and updating the tools in the *Program Handbook*; in particular the content on diversity, protection, environmental impact assessment, and on conflict sensitivity. The Program Team has contributed to the updates, as well as participating in discussions on the handbook at international meetings (e.g. Addis Ababa in November 2025) and at monthly program meetings. LM regards the *Program Handbook* as an evolving document, rather than a static edition. There is still some work to do to sensitise the Program Team and partners on the recent changes, in order for these to be translated effectively and efficiently into project designs.

LM's humanitarian response architecture has been revised, with an ambition to systematise Emergency Preparedness Response Plans, complemented by a surge roster before the next financial year. This aims to improve the timeliness of response and enable LM to have a better overview of capacity. LM has also updated its *Partnership Assessment* tool, which is now being used in place of the previous version. LM intends to create a simplified version for some partner categories and in some cases to enable passporting. There is still some work to do to clearly articulate and deliver this plan.

LM has taken steps to strengthen the implementation and oversight of complaints mechanisms. A channel has been introduced in MS Teams to enable a more systematic approach to recording complaints across the organisation, and to provide an opportunity for oversight and analysis at HQ level. An update on complaints (via the MSTeams facility), and on whistleblowing (via an external provider) is now a standing agenda item at the quarterly Global Executive Board meetings. A dashboard also provides a centralised overview of complaints recorded at the country office level and progress is being followed and support provided by LM's Department for Compliance and Internal Steering and Control. This process has enabled further discussions about the utilisation of complaints mechanisms at the project level. In some locations, consultation with communities on preferred complaints methodologies is taking place during inception meetings to make these more accessible, locally

appropriate, and trusted by communities. There remains more to do to document systems, identify constraints and provide additional means for project participants to have more access and confidence.

LM has made some changes to its global management team with the recruitment of a Global HR manager and a full-time Security Manager based in East Africa, in a process which LMI terms 'glocalisation'. These have a mandate to strengthen global HR, security and wellbeing provision, while maintaining proximity to fragile programme contexts. Recruitment processes have been clarified and added to *HR Bamboo* (LM's digital system) and country-level HR handbooks are currently under development/revision, with a plan to have these in place for all offices by the new financial year. There have been some changes to the wider structure with the addition of a new 'Impact Sector'. The Chief Program Officer, with oversight of humanitarian and development activities in all regions also sits within the Global Executive Management team.

## 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)
<p>2024-1.5: LM's guidelines do not systematically take into account the diversity of communities including disadvantaged and marginalised people.</p>	<p>Minor / by the Renewal Audit 2027</p>	<p>LM has made good progress to resolve this CAR. Several revisions and additions have been made to the tools within the <i>Program Handbook</i>. In general, these take better account of diversity in communities, including disadvantaged and marginalised people. Some minor adjustments remain to close this CAR.</p> <p>The <i>Problem Analysis - Methodologies and Practices Tool</i> now requires analysis based on the engagement of different people, including women, men, youth, persons with disabilities and minority groups. The <i>Context Analysis</i> and <i>Needs and Rights Assessment</i> tools also refer to marginalised and under-represented groups.</p> <p>The <i>Needs and Rights Assessment - methodologies and practices</i> tool states that assessments should '<i>amplify... diverse voices... especially those of marginalized or underrepresented groups such as women and girls... persons with disabilities, minority groups</i>' and requires disaggregation by '<i>age, gender, and other factors</i>'.</p> <p>The <i>Protection Assessment Checklist</i> and <i>Gender Impact Assessment</i> template also take into account the diversity of communities, with an emphasis on marginalised and vulnerable groups and the <i>Gender Impact Assessment</i> guideline requires that target groups be appraised by sex, age, and other identity factors (e.g., ethnicity, disability, displacement status).</p> <p>Among the sectoral needs assessment tools and frameworks, the updated <i>Education Needs Assessment Framework</i> provides the strongest requirement for disaggregated data, and for checks for marginalised and underrepresented groups (on basis of ethnicity, religion, disability, gender etc).</p> <p>Some remaining sectoral needs assessment tools (particularly <i>WASH</i>, <i>Shelter</i> and <i>Food Security</i>) currently focus only on population-level indicators (e.g. affected households or target population). In order to resolve this CAR, these require minor adjustments, i.e. to state a requirement for consultation with, and consideration of</p>	<p>1, 2, 3, 4, 6, 8, 9, 11, 12, 13, 14, 18, 21, 22, 24, 25, 28, 32, 33</p>

		the needs of, specific marginalised and vulnerable groups.	
2024-2.1: LM's project designs do not systematically address the constraints of different community groups.	Minor / by the Renewal Audit 2027	<p>LMI has made some progress to resolve this CAR.</p> <p>The revised tools in the <i>Program Handbook</i> are intended to be used during project design. The Program Team has contributed to some of the revisions in the handbook and several of these (notably the revised <i>Environmental Impact Assessment</i> and <i>Peace and Conflict Impact Assessment</i>) have already been used in some countries.</p> <p>A workshop on the <i>Program Handbook</i> took place in Addis Ababa in November 2025 to sensitise teams on specific updates. The <i>Handbook</i> has also been discussed at monthly Program Team meetings.</p> <p>However, the revisions and additions to the <i>Program Handbook</i> have taken longer than expected, and the most recent changes have not yet been fully promoted and integrated across LM's country teams and partners.</p> <p>This will be assessed in the next audit under CHS:2024 Requirement 1.1.</p>	13, 23, 29, 31, 32, 34
2024-2.6: LM's systems do not systematically assess if programme commitments are in accordance with partners' capacities.	Minor / by the Renewal Audit 2027	<p>LM has made some progress to resolve this CAR. The <i>Partner Assessment</i> tool has been revised and some training on using the revised tool has been carried out with program staff and finance managers. The updated tool replaces a previous version which is used with each new LM partner, and repeated every 3 years. LM considers the template to be most applicable to more typical, larger local and national NGOs and is considering an adaptation for other types of organisations.</p> <p>In order to demonstrate a systematic approach, and to resolve this CAR, there is a need to clarify which type of partners the tool is to be applied with, what exceptions can be made, and what alternative tools or processes are in place (which may include 'passporting' options).</p> <p>In order to assess and meet the demand for surge capacity, LM plans to systematise country-level <i>Emergency Preparedness Response Plans</i> as part of a revised humanitarian response mechanism. These will assess the capacity to respond to emergencies, identify gaps and improve timeliness for response. LM intends to complete the <i>Emergency Preparedness Response Plans</i> in early 2027.</p>	7, 15, 40
2024-3.6 LM's processes to identify and act upon potential and actual unintended negative effects are not applied systematically across all programmes and at all stages of the work.	Minor / by the Renewal Audit 2027	<p>LM has made good progress to resolve this CAR.</p> <p>The revised <i>Context Analysis</i>, <i>Environmental Impact Assessment</i>, <i>Gender Impact Assessment</i>, <i>Peace and Conflict Impact Assessment</i> and <i>Protection Assessment tools</i> provide guidance for identifying potential unintended effects of programs and projects.</p> <p>LM has reviewed all programme related templates in order to integrate environmental impact questions.</p>	6, 13, 18, 23, 26, 27, 28, 31, 34, 36

		<p>The various needs assessment frameworks have also been reviewed in order to integrate SEAH risk-related questions. The <i>Risk Management</i> instructions aimed at LM's global, regional and country offices identify Sexual Exploitation, Abuse and Harassment (SEAH) as a named risk category.</p> <p>The revised <i>Environmental Impact and Peace and Conflict Assessments</i> have been used in some project locations.</p> <p>This will be assessed in the next audit under CHS:2024 Commitment 4.</p>	
2024-3.8: LM does not have a comprehensive system in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	Minor / by the Renewal Audit 2027	<p>LM has made good progress to address this CAR. A <i>Privacy Policy</i> approved by the Board in 2025 requires staff to protect personal data from <i>'being shared or used outside its purpose'</i>, including that <i>'concerning individuals participating in...LM programmes'</i>.</p> <p>Data privacy and protection risks are stated as a named category in LM's <i>Risk Management</i> instructions and the LIME system provides some access controls to data.</p> <p>Data protection has been discussed at the partner conference (within a broader session on digitalisation).</p> <p>This will be assessed in the next audit under CHS:2024 requirement 4.3.</p>	10, 36
2024-5.1: LM does not systematically consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.	Minor / by the Renewal Audit 2027	<p>LM has made good progress in resolving this CAR. The <i>Instruction to Protection Policy</i> document requires the <i>'establishment of feedback and complaints mechanisms that are easily accessible, culturally appropriate and confidential'</i>.</p> <p>The updated <i>Rapid Response Mechanism (RRM) Concept Note Template</i> asks <i>'how communities will be consulted in decision-making around complaints and response mechanisms.'</i></p> <p>Monthly calls are being held between the Department for Compliance and Internal Control and country offices on the operation of complaints mechanisms.</p> <p>Consultation with communities on design of systems takes place during inception meetings in some locations. Work is ongoing to improve access to complaints mechanisms, to identify blockages and alternative processes and to support confidence in making complaints.</p> <p>This will be assessed in the next audit under CHS:2024 requirement 5.2.</p>	18, 37
2024-5.3: LM does not have a system to ensure the effectiveness of its management of complaints, considering its timeliness, fairness,	Minor / by the Renewal Audit 2027	<p>LM has made good progress to resolve this CAR. An <i>MS Teams</i> centralised complaints handling system has been introduced to improve processing, tracking and follow up of complaints.</p> <p>All country offices have access to the digital system and introductory trainings have been carried out. LM's Department for Compliance and Internal Steering and</p>	17

appropriateness, and safety.		<p>Control is monitoring the use of the system through the use of a dashboard and making monthly calls to country teams.</p> <p>This will be assessed in the next audit under CHS:2024 requirements 5.4, 5.5 and 5.6.</p>	
2024-5.4: Complaints handling processes for communities are not systematically documented and in place in the country offices of LM and its partners.	Minor / by the Renewal Audit 2027	<p>LM has made limited progress to resolve this CAR.</p> <p>While the centralised complaints handling mechanism and whistleblowing services are available to all, these are not fully accessible.</p> <p>Mechanisms and channels for making complaints are expected to be printed and displayed in LM offices but these are not systematically documented, and processes are not fully used locally.</p> <p>The Department for Global Compliance and Internal Steering and Control is making monthly calls to support country teams to help improve the utilisation and adaptation of systems.</p> <p>This will be assessed in the next audit under CHS:2024 Commitment 5.</p>	17
2024-8.5: Staff policies and procedures that are fair, transparent, non-discriminatory and compliant with local employment law are not systematically in place in LM and partners' offices.	Minor / by the Renewal Audit 2027	<p>LM has made good process in resolving this CAR. A Global HR department has been established, delinking this function from finance. A Global <i>HR Policy</i> has been updated, with a plan to develop localised HR handbooks for all LM country and mobilisation offices. A prototype has already been introduced in the Kenya country office.</p> <p>Recruitment processes have been improved and integrated into an online system (<i>Bamboo HR</i>) for greater transparency.</p> <p>LM has maintained its certification for the '<i>Great Place to Work</i>' survey.</p>	4, 20, 39, 41, 42, 43
2024-9.4: LM and partners do not systematically consider the impact on the environment when using local and natural resources	Minor / by the Renewal Audit 2027	<p>LM has made some progress in resolving this CAR. The <i>Environmental Impact Assessment</i> (EIA) has been updated, with input from country teams. This has already been used in some locations.</p> <p>In order to demonstrate closure of this CAR, further work needs to be done to clarify when the EIA tool is to be used and which other processes are to be followed when the tool is not required.</p> <p>This will be assessed in the next audit under CHS:2024 Requirements 4.2, 4.5 and 9.4.</p>	23, 31, 34
2024-9.5: LM's does not manage potential risks of fraud and corruption of partners and country offices.	Minor / by the Renewal Audit 2027	<p>LM has made good progress in resolving this CAR. The <i>Risk Management instruction</i> has been updated with fraud and financial mismanagement identified as a named risk.</p> <p>The risk matrix has been introduced into all country offices and monitoring followed up during quarterly meetings between the global and country offices.</p>	36

		<p>Risks are tracked via <i>LIME</i> at country and project levels, with access to <i>LIME</i> extended to LM's partner organisations.</p> <p>LM's Department for Finance is also reviewing capacity for country offices to reduce risks.</p> <p>This will be assessed in the next audit under CHS:2024 Requirement 9.5.</p>	
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### 3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024-1.5: LM's guidelines do not systematically take into account the diversity of communities including disadvantaged and marginalised people.	Minor	Open	By the Renewal Audit 2027
2024-2.1: LM's project designs do not systematically address constraints of different community groups.	Minor	Open	By the Renewal Audit 2027
2024-2.6: LM's systems do not systematically assess if programme commitments are in accordance with partners' capacities.	Minor	Open	By the Renewal Audit 2027
2024-3.6 LM's processes to identify and act upon potential and actual unintended negative effects are not applied systematically across all programmes and at all stages of the work.	Minor	Open	By the Renewal Audit 2027
2024-3.8: LM does not have a comprehensive system in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	Minor	Open	By the Renewal Audit 2027
2024-5.1: LM does not systematically consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.	Minor	Open	By the Renewal Audit 2027
2024-5.3: LM does not have a system to ensure the effectiveness of its management of complaints, considering its timeliness, fairness, appropriateness, and safety.	Minor	Open	By the Renewal Audit 2027
2024-5.4: Complaints handling processes for communities are not systematically documented and in place in the country offices of LM and its partners.	Minor	Open	By the Renewal Audit 2027
2024-8.5: Staff policies and procedures that are fair, transparent, non-discriminatory and compliant with local employment law are not systematically in place in LM and partners' offices.	Minor	Open	By the Renewal Audit 2027
2024-9.4: LM and partners do not systematically consider the impact on the environment when using local and natural resources	Minor	Open	By the Renewal Audit 2027
2024-9.5: LM's does not manage potential risks of fraud and corruption of partners and country offices.	Minor	Open	By the Renewal Audit 2027
<b>Total Number of open CARs</b>	11		

### 4. Claims Review

<b>Claims Review conducted</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Follow-up required</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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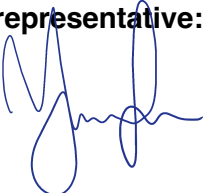
## 5. Lead auditor recommendation

<p>In our opinion, LM International has demonstrated that it is taking steps to address the CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.</p> <p>We recommend maintenance of certification.</p>	
<p><b>Name and signature of lead auditor:</b></p> <p>Ivan Kent </p>	<p><b>Date and place:</b></p> <p>26 April 2026 Canterbury, UK</p>

## 6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
<p><b>Surveillance audit before: 2027/05/15</b></p>	
<p><b>Name and signature of HQAI Executive Director:</b></p> <p>Désirée Walter </p>	<p><b>Date and place:</b></p> <p>Geneva, 13 May 2026</p>

## 7. Acknowledgement of the report by the organisation

<p><b>Space reserved for the organisation</b></p>	
<p>Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:</p> <p>If yes, please give details:</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p><b>Acknowledgement and Acceptance of Findings:</b></p> <p>I acknowledge and understand the findings of the audit</p> <p>I accept the findings of the audit</p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>Name and signature of the organisation's representative:</b></p> <p><b>Dr. Josephine Sundqvist - Secretary - General LM International</b> </p>	<p><b>Date and place:</b></p> <p><b>25-05-2026</b> <b>Stockholm, Sweden</b></p>

## 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.	<p><b>Score 0:</b> indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> <li>• Independent verification: major weakness.</li> <li>• <b>Certification:</b> major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.</li> </ul>
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p><b>Score 1:</b> 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:</p> <ul style="list-style-type: none"> <li>• Independent verification: minor weakness.</li> <li>• <b>Certification:</b> minor non-conformity, leading to a minor corrective action request (CAR).</li> </ul>
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p><b>Score 2:</b> indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>• Independent verification and certification: observation.</li> </ul>
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.	<p><b>Score 3:</b> indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>• Independent verification and certification: conformity.</li> </ul>
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.	<p><b>Score 4:</b> indicates an exemplary performance in the application of the requirement.</p>

\* Scoring Scale from the CHSA Verification Scheme 2020