

International Rescue Committee

Maintenance Audit 1 – Report – 2024/09/25

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Nik Rilkoﬀ	
Audit cycle	First cycle	
Opening Meeting	Date / number of participants	Any substantive issues arising
	1 July, 2024 / 5	No
Closing Meeting	2 August, 2024 / 1	No
Interviews	Position / level of interviewees	Number
	Senior Directors	3
	Staff	8

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Initial Audit (IA) (2023), IRC has been in the process of organisational change, through both a significant amount of policy revision, as well as restructuring. The former has focussed on bringing all policies into line with strategic and other commitments, for example, being ‘survivor-centred’ within safeguarding.

The latter was triggered by both macroeconomic financial pressures and efforts to increase the organisation’s focus on outcomes. For example, the Program Quality Support Unit (PQSU) has been dissolved, while simultaneous changes in the structure of Technical Excellence (Tech Ex) have seen responsibilities for quality and accountability embedded in geographic regions and specialised units. This includes placing Technical Advisors geographically closer to programmes and linking them more directly to the uptake of the CHS through regional reporting lines.

With the organisational restructure, detailed oversight of the management response and corrective action process has been shifted to a Senior Director. Many of the change processes currently underway are contributing to remedial actions relevant to the issues raised at the IA, and in the coming period it is anticipated that monitoring corrective action requests (CARs) will be integrated into IRC standard routines, where programme quality and all work related to CHS is monitored as part of core business.

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)
2023-4.5	Minor / by 2026 (RA)	IRC shows progress to address this CAR: <ul style="list-style-type: none"> • Internal communications are managed by a dedicated person to support transparent, accurate and timely information sharing with staff. • There is now a pilot content calendar, and ongoing reviews of the intranet (RescueNet) to ensure information is transparent and accessible. • The Crisis Response, Recovery and Development (CRRD) Department communicates internally in 4 languages and efforts are made to encourage staff to share information internally. • Templates have been produced for internal information sharing. 	Documents: ORG286-90, ORG294. Interviews: Staff

		<ul style="list-style-type: none"> Guidance to Communicate with Communities for Safeguarding Prevention and Reporting has been rolled out. This stipulates expectations on roles and responsibilities for information sharing on IRC's commitments to the prevention of sexual exploitation and abuse (PSEA). <p>However:</p> <ul style="list-style-type: none"> There is not yet an overarching policy for transparent, accurate and timely information sharing with staff, partners, communities and stakeholders. 	
2023-5.3	Minor / by 2026 (RA)	<p>IRC shows progress to address this CAR:</p> <ul style="list-style-type: none"> A Client Feedback Mechanism (CFM) Maturity Framework has been introduced to improve management of client feedback mechanisms and technical support to country teams. Safeguarding minimum standards are in place to support and measure progress on policy and Code of Conduct (CoC) implementation. Accountability for safeguarding is now shared across teams and functions. Country programmes report quarterly on progress against the minimum standards. Safeguarding investigation capacity has been expanded and quarterly regional "insight reports" are shared for trends and learning. The client satisfaction survey has been expanded to include questions about clients' perceptions of safety to report sensitive issues and accessibility of the mechanism. 	<p>Documents: ORG291-3, ORG295, ORG299, ORG337.</p> <p>Interviews: Staff</p>
2023-5.6	Minor / by 2026 (RA)	<p>IRC shows progress to address this CAR:</p> <ul style="list-style-type: none"> Guidance to Communicate with Communities for Safeguarding Prevention and Reporting has been rolled out for staff and partners. The client satisfaction survey now includes questions about clients' knowledge of reporting channels and the behaviour they can expect from staff. Safeguarding analysis is now included in the Project Cycle Management (PCM) tool, including at the design stage. IRC's partner capacity analysis has been revised to improve understanding of partners' safeguarding capacity. Safeguarding Minimum Standards and score cards, actions and roadmaps are monitored in regular country Senior Management Team (SMT) discussions. 	<p>Documents: ORG294-5, ORG297-8, ORG316, ORG320, ORG339, ORG341.</p> <p>Interviews: Staff</p>
2023-7.3	Minor / by 2026 (RA)	<p>IRC shows progress to address this CAR:</p> <ul style="list-style-type: none"> An internal learning specialist has been hired. A knowledge management system within the Education Team has been established and is being assessed for application or adaptation to other technical areas. Improvements are being made to the file storage system to support systematic filing in existing repositories. Within the restructure, there is the intention for global and regional practice leads, technical advisors and specialists to be responsible for internal achievement of standards, learning and inclusion. For "sharing learning and innovation with communities", IRC research teams conduct validation workshops, especially in multi-year, multi-country research projects. Research teams prioritise engaging those with influence over policy (rather than at the community level) to maximise impact and reduce demands on individual communities and clients. This approach is still developing and is not systematic in CRRD. 	<p>Documents: ORG294-5, ORG314-15, ORG342-3,</p> <p>Interviews: Staff</p>

2023-9.4	Minor / by 2026 (RA)	<p>IRC shows progress to address this CAR:</p> <ul style="list-style-type: none"> • An in-depth review of environmental impact assessment (EIA) methodologies and requirements for all IRC key donors has been conducted. • Tools and resources have been identified to support project design with EIAs as well as incorporation of climate information into context analyses and outcomes of projects. Defining measurement units and indicators of success is a pending step. • Country strategic planning guidance now includes the consideration of environmental and climate risks. • Internal awareness raising on environmental risks and opportunities in programming is ongoing. • Global Supply Chain supports environment-related considerations with green procurement guidelines procurement and operational considerations, for example solar powered offices. • The climate global practice area is developing capacity to monitor the impact of programmes and operations on the environment, as well as seeking to achieve climate resilient operations. Initially this involves a pilot project with GIS specialists mapping operational vulnerabilities in country programmes. 	<p>Documents: AMU, ORG301 ORG302, ORG304, ORG306-13, ORG,</p> <p>Interviews: Staff</p>
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3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2023-4.5: IRC does not have policies for information sharing in place.	Minor	Open	by 2026 (RA)
2023-5.3: Complaints are not managed in a fair and appropriate manner in all IRC countries.	Minor	Open	by 2026 (RA)
2023-5.6: Communities and people affected by crisis are not aware of the expected behaviour of IRC and partner staff, including commitments made on the prevention of sexual exploitation and abuse.	Minor	Open	by 2026 (RA)
2023-7.3: IRC does not share learning and innovation with communities and people affected by crisis, and with other stakeholders.	Minor	Open	by 2026 (RA)
2023-9.4: IRC does not systematically consider the impact of local and natural resource use on the environment.	Minor	Open	by 2026 (RA)
Total Number of open CARs	5		

4. Claims Review

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

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

We recommend maintenance of certification.

Name and signature of lead auditor:

Nik Rilko


Date and place:

Calgary, 12th September 2024

6. HQAI decision

- ☒ Certificate maintained
☐ Certificate suspended

- ☐ Certificate reinstated
☐ Certificate withdrawn

Surveillance audit before: 2025/09/25

Name and signature of HQAI Executive Director:

Désirée Walter


Date and place:

Geneva, 25 September 2024

7. Acknowledgement of the report by the organisation

Space reserved for the organisation

Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:

If yes, please give details:

☐ Yes ☒ No

Acknowledgement and Acceptance of Findings:

I acknowledge and understand the findings of the audit

☒ Yes ☐ No

I accept the findings of the audit

☒ Yes ☐ No

Name and signature of the organisation's representative:

Date and place:

27/09/2024

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>Score 0: 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"> <input type="checkbox"/> Independent verification: major weakness. <input type="checkbox"/> 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.	<p>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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: minor weakness. <input type="checkbox"/> 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.	<p>Score 2: 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"> <input type="checkbox"/> 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.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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.	<p>Score 4: indicates an exemplary performance in the application of the requirement.</p>

* Scoring Scale from the CHSA Verification Scheme 2020