

IRW

Maintenance Audit 2 – Report – 2025/04/24

1. General information and audit activities

| | | |
|-------------------------------|---|---------------------------------------|
| Role / name of auditor | Lead auditor / Agnes KONRAT | |
| Audit cycle | Third cycle | |
| Opening Meeting | Date / number of participants | Any substantive issues arising |
| | 2025/03/13 - 23 participants | No |
| Closing Meeting | 2025/04/09 - 12 participants | No |
| Interviews | Position / level of interviewees | Number |
| | Heads of departments and managers with central functions /Head office | 6 |

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

IRW continues to demonstrate strong commitment to the CHS, having been certified since 2017 with no Corrective Action Requests (CARs) identified in the 2021 Recertification Audit or the 2023 Renewal Audit (RA).

IRW systematically follows up on CHS audit findings, and submitted a progress report to follow up on the progress made on the 16 observations raised in the previous audit (RA 2023). IRW is actively preparing for the transition to the revised CHS (CHS:2024) with several initiatives underway. IRW and the auditor agreed to focus this audit on significant changes and progress made since the Maintenance Audit 1 (2024) in the following areas:

- IHSAN Standards and Verification Framework:** IRW has made progress in the internal evaluation of its quality management system (IHSAN), which aims to enhance effectiveness and efficiency of the framework and align it with CHS:2024. The review included a survey and consultations with global leads and country office teams, and is in final stages of development. A revised self-assessment process with the updated framework is planned for May 2025, timed to align with the CHS audit cycle. IRW has also taken steps to enhance communication with communities, with Standard 5 of the updated IHSAN Verification Framework showing increased emphasis on effective communication with rightsholders.
- Digital transformation / Global Programmes and MEAL System (GPMS):** IRW has made progress in its digital transformation through the development of an online system for programmatic data such as implementation plans, activity tracking, MEAL indicators, and project risk registers. Several workshops were held in 2024 to enable the participation of field users in its design. The rolling out of the system is planned for 2025, with countries progressing at different rates.
- Revision of the MEAL framework:** IRW has made progress in revising its MEAL framework, with plans to rename it as the Programme Quality Framework, and with a focus on better integration of cross-cutting themes and more practical implementation guidance, including the development of standardised proposal and reporting templates. The 6As framework for gender, protection and inclusion is being aligned with the framework to streamline requirements. The revision has reached the consultation phase with launch planned for end of 2025.
- Complaints Management and handling of safeguarding cases:** IRW has completed external reviews of its Field Office Complaints and Feedback Policy and its application, as well as of IRW's overall complaints mechanism with a focus on sensitive complaints, focusing on clarifying processes for handling sensitive complaints and providing guidance on timelines and communication with complainants. IRW has implemented a new online portal system (Isight) for reporting complaints and concerns, replacing the previous CMS (Jira) system, and allowing for categorisation of complaints and improved tracking. A portal

for online submission of complaints and concerns has been established and is accessible from IRW's website, providing an additional channel for rightsholders and stakeholders to submit concerns.

IRW has continued its efforts on building capacity for handling safeguarding cases through comprehensive training and implementing improved reporting mechanisms. A five-day safeguarding investigations training programs held in 2024 was designed to ensure that at least one person from each country office received thorough preparation in handling sensitive cases.

5. **Fraud and Corruption:** IRW continues to conduct fraud risk management workshops globally, with 65% of country offices now including specific fraud risk registers within their risk registers. IRW has established this as a requirement and expects to reach 100% compliance by the end of 2025.
6. **Environment:** The Green Team Task Force established to implement IRW's Environmental Policy is still at its creation phase (following some delays), it includes senior management representatives from IRW, IRUK, and designated "Green Champions" from country offices who will drive implementation. IRW is also developing and implementing tools for environmental impact assessment and climate vulnerability analysis. The Humanitarian Climate Vulnerability and Capacity Analysis (HCVCA) tool is being rolled out to help understand climate impacts on communities and support locally led adaptation action. Currently being piloted in four countries, the goal is to use it in at least 15 countries by end 2025.
7. **Localisation and Partnership Approach:** The Strengthening Response Capacity and Institutional Development (STRIDE) program, established by IRW's Disaster Risk Management Department (DRMD) in 2015, has continued to focus on enhancing institutional capacity, implementing localisation principles through partnerships with local actors, and integrating disaster risk reduction into humanitarian programming. In 2024, an independent review validated the programs' effectiveness, its alignment with Charter for Change and the Grand Bargain commitments, and identified key factors to inform future programming. The project is actively implementing localisation efforts in non-presence countries. A meeting is planned in June 2025 to bring local partners together with senior leadership to reflect on partnership relationships and progress on localisation.

IRW systematically monitors implementation of these improvements through multiple mechanisms, including:

- IHSAN Self-Assessment and review process
- Programme Quality Framework development and rollout
- Using CHS commitments in project reviews and evaluations
- International Programme Division (IPD) internal risk registers
- Project design and progress reporting processes

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) |
|----------------------------------|-------------------------------|---|-------------------------|
| NA | | No CARs identified in RA 2023 | |

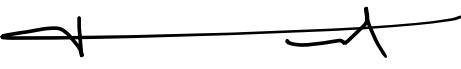
3. Summary of non-conformities

| Corrective Action Requests (CAR) | Type | Status | Resolution timeframe |
|----------------------------------|------|--------------------------------|----------------------|
| YYYY – indicator: | | Open / Closed / New / extended | by YYYY (MA1/MA2/RA) |
| NA | | | |
| Total Number of open CARs | | 0 | |

4. Claims Review

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|--------------------------------|---|---------------------------|---|
| 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


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| In my opinion, IRW continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability and has demonstrated that it is taking necessary steps to address the observations identified in the previous audits. I recommend maintenance of certification. | |
| Name and signature of lead auditor: Agnes Konrat  | Date and place: 2025/04/11 Paris, FRANCE |

6. HQAI decision

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|---|---|
| <input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended | <input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn |
| Surveillance audit before: 2026/05/09 | |
| Name and signature of HQAI Executive Director: Désirée Walter  | Date and place: Geneva, 24 April 2025 |

7. Acknowledgement of the report by the organisation

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| 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 |

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| Name and signature of the organisation's representative:  Waseem Ahmad Chief Executive Officer | Date and place: 07/05/2025 |
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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"> 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. | <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"> 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. | <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"> 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"> 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