

International Rescue Committee (IRC)

Maintenance Audit 2 – Report – 2025/09/30

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
	2025/07/22, 11	No
Closing Meeting	2025/09/02, 6	No
Interviews	Position / level of interviewees	Number
	Director / Deputy Director	4
	Staff	5

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

IRC continues to focus on programme quality and organisational outcomes, despite the recent decisions made by the United States Government around funding for humanitarian and development assistance. The current funding environment has required rapid reductions in both programming and staff across the organisation. This restructuring and change process is being managed with concurrent emphases on IRC’s mission, the impact of the changes on the most vulnerable and risks associated with downsizing, including to quality and accountability. Documentation and archiving processes for programmes that are closing include work to capture client perspectives on their impact.

IRC’s ability to meet its own IMPACT Program Quality Framework and its commitment to application of the Core Humanitarian Standard have been maintained through finding efficiencies while identifying solutions for challenges as they arise. Change processes initiated since the Initial Audit (2023), and through the first Maintenance Audit (2024) continue, with a focus on mainstreaming thematic responsibilities (safeguarding, client responsiveness, environmental sustainability) cross-departmentally. Monitoring the effectiveness of corrective actions is occurring within multiple processes, and sits alongside a new (monitoring, evaluation, accountability and learning) MEAL Strategy for FY25-28 and efforts to integrate programmatic, financial and revenue data. Concentrated and advanced use of this information is anticipated to improve accountability and decision-making, as well as providing IRC with visibility on both resourcing and delivering its Strategy100 ambitions.

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 IRC does not have policies for information sharing in place.	Minor / by 2026 (RA)	IRC continues to show progress to address this CAR: <ul style="list-style-type: none"> The Media and Social Media Policy (2024 revision) guides IRC staff worldwide to share information about the organisation in a way that is aligned with IRC’s values and messaging. 	KII, ORG344.

		<ul style="list-style-type: none"> • A central Global Internal Communications team that offers guidelines and recommendations on how to disseminate information, particularly sensitive information and information needed in times of change. • A 2024 organisation-wide knowledge management project was to include design and implementation of policies for information sharing. This was halted due to structural changes. • IRC’s Guidance to Communicate with Communities for Safeguarding Prevention and Reporting stipulates expectations on roles and responsibilities for information sharing on IRC’s commitments to the prevention of sexual exploitation and abuse (PSEA). <p>Within Client Responsiveness and monitoring, evaluation, accountability and learning (MEAL) resources and guidance for staff, IRC maintains a coherent organisational approach to ensure transparent information-sharing.</p>	
<p>2023-5.3 Complaints are not managed in a fair and appropriate manner in all IRC countries.</p>	<p>Minor / by 2026 (RA)</p>	<p>IRC continues to show progress to address this CAR:</p> <ul style="list-style-type: none"> • The Client Feedback Mechanism Maturity Framework is in use in each country programme to ensure clients have access to safe and accessible feedback channels across all sectors and locations. The framework measures both usage and functionality (according to IRC’s Client Feedback and Safeguarding Mechanisms guidance and IRC’s IMPACT Program Quality Framework standard on client-centred programming), identifying areas requiring technical support. • Feedback mechanism maturity criteria have also been established for partnerships, alongside a client responsiveness toolkit. • A new partnerships due diligence workbook contains risk analysis and management including for reporting and investigating complaints. • A Client Feedback Registry / Data Tracking Tool tracks countries with reactive feedback channels available and in use by clients, monitoring the impact of the government funding cuts. Data is collected quarterly to identify countries that need support in setting up or strengthening their client feedback mechanisms. • IRC has established a dashboard to track staffing and systems gaps as country programmes cut budgets, for example meal staff and/or focal persons for client responsiveness were monitored, and cuts that risked these functions were re-visited. • Safeguarding risks associated with programme closures and mergers are also being tracked, as periods of change or fluctuation could, for example, increase the risks of abuse of power, or result in fewer feedback channels or slower investigations or reduced protection options for survivors. Mitigation measures have been proposed for management teams. 	<p>KII, ORG349, ORG350, ORG356, ORG362.</p>

<p>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.</p>	<p>Minor / by 2026 (RA)</p>	<p>IRC continues to show progress to address this CAR:</p> <ul style="list-style-type: none"> • The Guidance to Communicate with Communities for Safeguarding Prevention and Reporting is the primary resource for teams. It includes the expectation that country teams establish a Client Safeguarding Communication Strategy, monitor its effectiveness and measure clients’ knowledge and understanding of safeguarding, prevention and reporting in client satisfaction surveys (CSS) that are conducted annually (the CSS has been updated with specific questions). • Safeguarding minimum standards are regularly followed up with country teams and leadership by technical support. • A safeguarding quick guide and close out checklist has been prepared for country transition teams. • Efforts are prioritised to ensure IRC’s safeguarding commitments are upheld across the entire organisation with the expectation of mainstreaming and integrating safeguarding strategy and prevention approaches into each role. • The IRC safeguarding policy has been revised to bring together adult safeguarding, child safeguarding, PSEA, intersectional considerations, digital safeguarding and survivor-centred response. • IRC has developed a new Kaya online training course on the fundamentals of safeguarding, aligned with the new policy. • Safeguarding is also a focus at the governance level, with country or regional directors, heads of technical teams, as well as a safeguarding steering committee of the vice presidents across IRC that update IRC’s Boards globally. 	<p>KII, ORG347, ORG348, ORG360, ORG361.</p>
<p>2023-7.3 IRC does not share learning and innovation with communities and people affected by crisis, and with other stakeholders.</p>	<p>Minor / by 2026 (RA)</p>	<p>IRC continues to show progress to address this CAR:</p> <ul style="list-style-type: none"> • Client satisfaction surveys (CSS) are built into proposals (ensured in the review process by Technical Advisors (TAs)). IRC teams now collaborate more routinely with clients to interpret their feedback data, validate findings and share lessons from CSS. • Sharing learning and information is also embedded in the Client Responsive Programming Framework. • A community of practice (COP), ‘the Learning Guild’ has been formed for sharing learning examples and challenges. • A planned maturity framework for monitoring, evaluation and learning will support data quality assurance using a dashboard, enabling more effective data use... • This is also one of the objectives in IRC’s FY25-28 MEAL Strategy to “Promote and Support Increased Use of Diversified Data” that will improve data visualisation, storytelling, and sharing with both internal and external stakeholders, including clients and partners. 	<p>KII, ORG357, ORG358, STD022.</p>

<p>2023-9.4 IRC does not systematically consider the impact of local and natural resource use on the environment.</p>	<p>Minor / by 2026 (RA)</p>	<p>IRC continues to show progress to address this CAR:</p> <ul style="list-style-type: none"> • In April 2025 IRC embarked on a cross-departmental, grant-funded, 12-month strategic initiative to achieve 50% emissions reduction in the 2030s, to be guided by a 10-year Climate Roadmap for Climate Resilience and Sustainability in Operations and Program Delivery. The roadmap will include timelines, implementation plans, prioritisation and will be a ‘whole-of-IRC-effort’. Partnerships with non-profits, graduate students and the private sector are included in the initiative. • A steering committee has been established with a mandate to coordinate across the organisation, and issue-based working groups are developing specific approaches (ie procurement, waste, transport, risk etc). • A master sheet of donor-specific Climate and Environment Standards & Requirements has been prepared for IRC programmes, along with a list of key performance indicators (KPIs) for supply chain and climate sustainability. • A long-term strategy for the climate global practice area may be in place by the Recertification Audit (RA). • A staff survey on environmental risks and hazards is currently being conducted, the analysis and report will be available at the RA. • Anticipatory action will be incorporated into the climate roadmap, climate risk considerations and programme design processes (for development and humanitarian work). 	<p>KII, ORG345, ORG346, ORG352, ORG354, ORG355.</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		

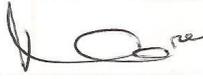
4. Claims Review

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

September 9, 2025
 Radium Hot Springs, BC, Canada

6. HQAI decision

- Certificate maintained
 Certificate suspended

- Certificate reinstated
 Certificate withdrawn

Surveillance audit before: 2026/04/17

Name and signature of HQAI Executive Director:

Désirée Walter 

Date and place:

Geneva, 30 September 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:

Yes No

Acknowledgement and Acceptance of Findings:

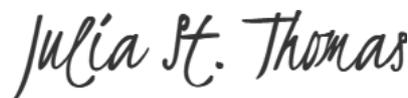
I acknowledge and understand the findings of the audit

Yes No

I accept the findings of the audit

Yes No

Name and signature of the organisation's representative:



Date and place:

15.10.2025

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