

International Rescue Committee

Renewal Audit – Summary Report – 2026/08/27

1. General information

1.1 Organisation

Type	Mandates	Verified
☒ International ☐ National ☐ Membership/Network ☒ Direct Assistance ☐ Federated ☒ With partners	☒ Humanitarian ☒ Development ☒ Advocacy	☒ Humanitarian ☒ Development ☐ Advocacy
Legal registration	INGO, Employer Identification Number 13-5660870	
Head Office location	New York City, NY, USA	
Total number of organisation staff		10,539

1.2 Audit team

Lead auditor	Nik Rilkoff
Second auditor	Dorte Busch
Third auditor	-
Observer	-
Expert	-
Audit facilitator	Amha Ermias

1.3 Scope of the audit

CHS:2024 Verification Scheme	Certification
Audit Cycle	Second cycle
Type of audit	Renewal Audit
Scope of audit	The audit covers IRC's Crisis Response, Recovery and Development (CRRD) department projects and programmes, including both development and humanitarian mandates.
Focus of the audit	The audit assessed IRC's development and humanitarian programming in geographical locations representative of the range in which IRC works. Both direct implementation and partnership programming were included. As this is IRC's first audit under CHS:2024, previous CARs from CHS:2014 were not formally closed, but informed a risk-based audit approach and were mapped to corresponding requirements in the updated standard. These include community awareness of IRC's commitments to PSEAH, complaint management and organisational learning.

1.4 Sampling*

Sampling unit	Country Programme (CP)
Total number of sampling units	32
Sample size	5
Total number of onsite visits	1
Total number of sampling units for remote assessment	4

Sampling Unit Selection	
Random Sampling – onsite/remote	Purposive Sampling – onsite/remote
Afghanistan –not selected	Bangladesh – remote
DRC – remote	Ethiopia – onsite
Ukraine – not selected	Iraq - remote
Haiti – not selected	
Nigeria - remote	
Any other sampling considerations: As IRC's management systems have proven to be effective in previous audits, the sampling rate for CPs was 80% of the normal sampling rate in accordance with HQAI sampling procedure. The sample reflects diverse geographical areas and contexts, and the auditors purposively included projects that were implemented by partners as well a country programme that was closing (Iraq).	
Sampling risks identified: No specific sampling risks were identified. The audit team is confident in the findings and conclusions of this audit based on the sample outlined above.	

**It is important to note that the audit findings are based on a sample of an organisation's activities, programmes, and documentation, as well as direct observation. Findings are analysed to determine an organisation's systematic approach and application of all aspects of the CHS across different contexts and ways of working.*

2. Activities undertaken by the audit team

2.1 Opening Meeting

Date	2026/03/09	Number of participants	36
Location	Online	Any substantive issues arising	N/A

2.2 Locations Assessed

Locations	Dates	Onsite or remote
Global / Head Office	2026/03/11 – 2026/04/15	Remote
Iraq	2026/04/13 – 2026/04/16	Remote
Nigeria	2026/04/27 – 2026/05/04	Remote
Bangladesh	2026/05/05 – 2026/05/08	Remote
DRC	2026/05/19 – 2026/05/22	Remote
Ethiopia	2026/05/27 – 2026/05/29 2026/06/03 – 2026/06/09	Onsite

2.3 Interviews

Level / Position of interviewees	Number of interviewees		Onsite or remote
	Female	Male	
Head Office / Regional Offices			

Management	7	4	Remote
Staff	20	10	Remote
Country Programme offices			
Management	1	3	Remote
	1	4	Onsite
Staff	4	11	Remote
	8	5	Onsite
Partner staff	2	9	Remote
		6	Onsite
Others	1		Remote
Total number of interviewees	44	52	Total: 96

2.4 Consultations with communities

Type of group and location	Number of interviewees		Onsite or remote
	Female	Male	
FGD with 8 women refugee community members (GBV protection and livelihoods) – Bokolmanyo Refugee Camp, Dollo Ado (RaDO/IRC implementation)	8	0	Onsite
FGD with 9 male refugee community members (GBV protection and livelihoods) – Bokolmanyo Refugee Camp, Dollo Ado (RaDO/IRC implementation)	0	9	Onsite
FGD with 8 women refugee community members (GBV protection and livelihoods) – Halaweyn Refugee Camp, Dollo Ado (IRC direct implementation)	8	0	Onsite
FGD with 7 male refugee community members (GBV protection and livelihoods) – Halaweyn Refugee Camp, Dollo Ado (IRC direct implementation)	0	7	Onsite
FGD with 8 women community members (WASH – water and sanitation) – Fike Kebele ¹ , Gayo Village, Shafamo Woreda, Sidama Region (IRC direct implementation)	8	0	Onsite
FGD with 8 male community members (WASH – water and sanitation) – Fike Kebele, Gayo Village, Shafamo Woreda, Sidama Region (IRC direct implementation)	0	8	Onsite
Total number of participants	24	24	Total: 48

2.5 Closing Meeting

Date	2026/07/16	Number of participants	17
Location	Online	Any substantive issues arising	N/A

¹ In Ethiopia, a kebele is the smallest administrative unit of local government, similar to a neighbourhood or ward. They typically oversee localised civic functions such as basic education and public health, land management, and issuing local identity or residency documents.

3. Background information on the organisation

3.1 General information

The International Rescue Committee's (IRC's) history is rooted in a 1933 call from Albert Einstein to help people fleeing Nazi Germany. IRC is legally established as a not-for-profit organisation under the laws of the State of New York, USA, tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

IRC's activities are carried out by the Resettlement, Asylum and Integration (RAI) and Crisis Response, Recovery and Development (CRRD) departments. In 2026, CRRD (the focus of this audit) comprises five regional offices: Asia, East Africa, West & Central Africa, Middle East, North Africa & Ukraine, and Latin America and 32 country programme offices.

Financial pressure as a result of the 2025 United States Government funding cuts has required IRC to restructure. To date, the change process has included releasing approximately 6000 staff and closing and merging several country programmes.

IRC's Strategy100 (from 2020 to its 100th anniversary in 2033) defines the long-term vision that guides IRC's phased priorities: *"After 100 years of service, we want the impact of our programs and the influence of our ideas to empower those caught in crisis to make lasting change in their lives"*. Entering Strategy100's second phase in 2025, IRC leadership defined a sharpened strategic vision to reach 20M clients per year by 2028 and 40M per year by 2033. IRC uses the word client instead of "beneficiary" to signal that the people they serve have a right to choose and participate in the aid they receive.

IRC's mission is: *to help people whose lives are shattered by conflict or disaster survive, recover and gain control of their future*. This guides prioritisation on who to serve and where to work, based on humanitarian need. IRC's core thematic areas are education, economic recovery and development, health, and violence prevention and reduction.

The FY26 annual CRRD delivery letter defines goals focussed on programme delivery, quality and accountability while re-emphasising a commitment to speed, quality and scale in emergency responses to reach 10% of the overall affected population, alongside goals for funding, organisational health and performance. For Strategy100 Phase 2, CRRD has also identified "impact at scale" priorities with an evidence base for impact, cost effectiveness and scalability, including malnutrition, contraception, immunisations and cash assistance.

IRC's country programmes have updated their Strategy Action Plans (SAPs) for Phase 2 with current analyses, targets and programme modalities. SAP progress is monitored and reviewed, including by local stakeholders. SAPs now include prioritisation of 'strategic priorities' by sector, as well as prioritisation of specific programme models (called Impact at Scale programmes). Programme outcomes continue to be measured using IRC's core indicators and the Outcomes and Evidence Framework (OEF) in support of evidence-based programming.

IRC's operating revenue in FY2025 was USD1.37B, down from USD1.58B in FY2024.

3.2 Governance and management structure

IRC has a Board of Directors (BoD) responsible for the overall leadership and governance of the organisation and a Board of Advisors (BoA) advising the BoD on policy, advocacy, fundraising and public relations. The BoD meets quarterly and oversees budget approval, strategic plans and long-range goals.

Pursuant to IRC's By-laws, there are two committees of the BoD:

- 1) Audit: oversees financial reporting, independent annual financial audit, legal, compliance and ethics programmes;
- 2) Compensation: sets compensation of all officers of the IRC.

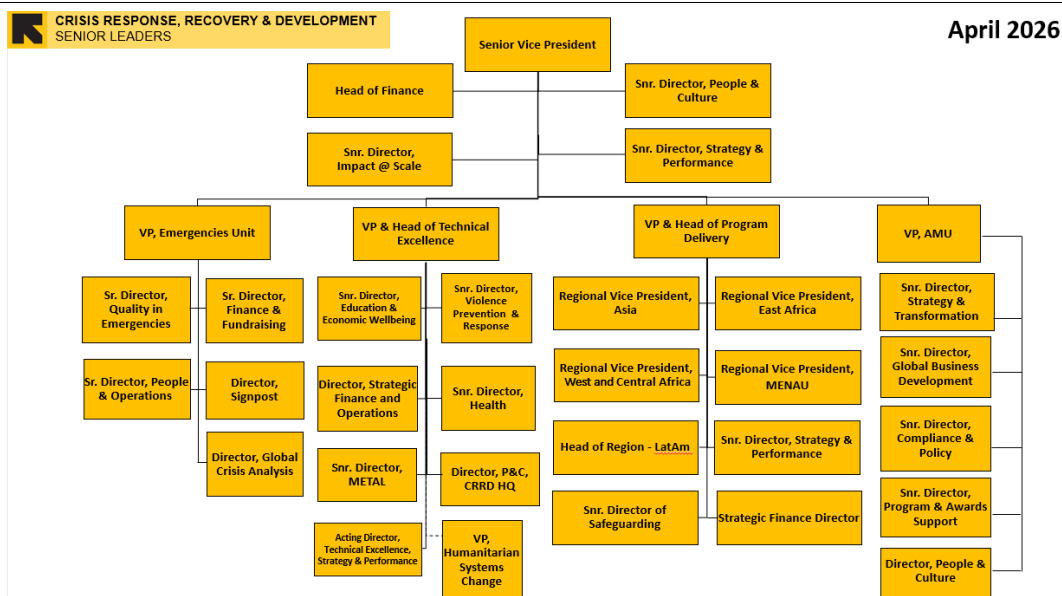
The BoD has also appointed a Finance Committee (to oversee IRC's financial position, policies, activities and financial risk management), a Nominating and Governance Committee (to oversee IRC's governance policies, procedures and to identify and vet BoD and BoA candidates), an Investment Committee (to oversee investment of IRC's long term financial assets, including the endowment fund), a Program Committee (to oversee the status of resettlement and international programmes), a Development Committee (to oversee financial development and fundraising), a People and Culture Committee (to oversee staff and human resources matters), and the Airbel Committee (to oversee IRC's research and development activities and innovation projects).

IRC's President is an ex-officio member of the BoD and is also the Chief Executive Officer (CEO) on the Executive Board that is responsible for running daily business. IRC has two leadership boards comprised of senior managers: an Executive Board focused on day-to-day delivery, cross-functional decision-making, and enterprise-wide performance; and a Strategy & Impact Board that ensures accountability for delivering impact at scale and keeping IRC leadership closely connected to programme realities.

The Crisis Response, Recovery and Development (CRRD) department includes IRC's humanitarian relief, post-crisis recovery, and development operations. Supported by Finance and People and Culture services, CRRD has four main functional areas:

- **Programme Delivery:** Direct on-the-ground management of IRC country programmes.
- **Technical Excellence:** Providing specialised sector expertise and oversight of IRC's IMPACT quality standards and the CHS.
- **Emergency Unit:** Rapidly deploying and responding to acute, sudden-onset humanitarian disasters and conflicts.
- **Awards Management Unit:** Managing grants, donor relations, and compliance.

Regional office structures enable coordination of technical support and opportunities for growth and learning, and assist country teams in meeting quality and accountability expectations in all aspects of performance. Country offices are led by a Country Director as part of a senior leadership team overseeing programme implementation, supported by grants and partnership management, operations and logistics and finance.



3.3 Work with partner organisations

The IRC's global strategy is to commit to asking 'Why not partner?' and to 'Partner as equals'. IRC emphasises locally-led actions with local actors, reflecting its aim to partner with local NGOs and to increase its collaborations with academia, private sector and government actors. IRC partners in order to sustain quality and scale. It supports partners to meet quality and accountability requirements and embraces mutual knowledge and capacity sharing.

IRC's Partnership Excellence for Equality and Results System (PEERS) establishes policy, processes, guidelines, and tools for working in partnership. PEERS was awarded Humentum's 'Operational Excellence' Award in 2019 and donors and partners assess it as a 'best practice' 'model approach' to building local capacity and resilience and delivering results.

IRC's partnership capacity assessments explore programme quality, measurement, grant management, finance, procurement and human resources and include a specific focus on safeguarding, humanitarian principles, gender equality, and safety and security.

IRC has embedded both accountability and responsibility for partnerships into programme delivery, restructuring support and enhancing coordination with partnership-focused roles in other pillars of CRRD. Efforts are ongoing to streamline business processes to ensure that policy & guidance documents are inclusive of working with partners as the norm. IRC is incrementally shifting away from standalone partnership-specific policies or guidance.

In FY25, over 16% of funding and resources went to local partners. This reflects a more conservative calculation of partnership spending than IRC has employed in years past.

4. Overall performance of the organisation

4.1 Internal quality assurance and risk management mechanisms

IRC's internal quality assurance processes are rooted in its IMPACT Program Quality Framework, designed in 2022 to ensure compliance with the CHS. The framework is built into Strategy100 and guides quality and accountability in CRRD programmes through six principles: *Informed, Measure, Partner, Adapt, Client-centered and Transformative*. IMPACT complements

The IRC Way: Standards for Professional Conduct and reinforces adherence to key organisational policies referenced in The IRC Way, including safeguarding and equality.

Programme quality is achieved and maintained with support and technical assistance from regional teams, the Measurement, Evaluation, Technology, Accountability and Learning (METAL) and Emergencies units, as well as Technical Excellence (TechEx). Since IRC's Initial Audit, TechEx's Regional Technical Alignment restructured its technical units to improve coordination and synergy, to be more efficient serving countries in similar time zones and to integrate more effectively into regional and country teams. Global technical practice leads ensure a consistent IRC approach.

IRC's Measurement, Evaluation, Accountability and Learning (MEAL) Handbook guides systematic, objective and ongoing monitoring and evaluation of programmes. The Outcomes and Evidence Framework (OEF) provides a menu of standardised indicators and monitoring methods to ensure aggregation of common results. Project-level monitoring of activities, outputs and outcomes is based on logical frameworks, with monitoring plans developed and implemented by MEAL teams collecting and presenting data in an online dashboard. Teams are improving data quality and use of data and dashboards for decision-making, supporting IRC's strategic commitment to impactful, evidence-based programmes.

IRC's policy environment, along with the Code of Conduct and risk appetite statements, set clear expectations for IRC staff and volunteers in terms of boundaries for behaviour and IRC's tolerance for risk taking, including safety and security.

At the country level, risk is managed through regular reviews, activities and processes. Projects follow a Project Cycle Meeting (PCM) routine that integrates risk management into planning and implementation phases. Risk assessments and matrices are developed and reviewed on an ongoing basis to ensure country- and project-level risks are identified, management plans are in place and risk-based decision making occurs.

All global departments at the IRC, including CRRD, conduct a Quarterly Strategy & Risk Review (QSRR) meeting and maintain a departmental risk register. CRRD's extended senior management team, including senior regional leadership, participate in these to help identify, triage, and manage programmatic risk, and escalate risks to the enterprise level as necessary.

The IRC's Internal Audit Function reports to IRC's Audit Committee. Annual audit plans are based on risk assessments and audits evaluate the presence and effectiveness of internal controls in IRC offices. Internal audit reports require a Corrective Action Plan be prepared by the Country Director and resubmitted quarterly until all findings with unsatisfactory ratings are rectified.

The IRC's Ethics and Compliance Unit supports a culture of integrity, prevention, risk mitigation, and compliance in accordance with values, policies and procedures, The IRC Way and applicable laws and regulations.

The IRC also has an Office of General Counsel comprised of in-house lawyers tasked with advising on relevant regulatory updates and compliance, where necessary, with the advice of specialist external counsel.

4.2 Level of application of the CHS

There are deliberate connections between IRC's IMPACT Program Quality Framework (based on the CHS), its Strategy100 and The IRC Way code of conduct. IMPACT is also integrated in programme approaches and handbooks including PEERS, MEAL, PCM routines (at opening,

during implementation, at closing and for documenting learning), and in client responsiveness channels. This culminates in a strong link between the CHS, IRC's quality and accountability standards, and its day-to-day practice.

Senior CRRD leadership prioritises quality and accountability standards and the IRC is committed to compliance with the CHS. IRC has a strategic commitment to, and recognises the right of, people and communities, in their diversity, to be treated with dignity and to participate in decisions affecting them. IRC's mission seeks better prepared and more resilient communities. IRC's project cycle management ensures timely and effective, needs-informed support. IRC contributes to sector knowledge and practice in critical areas including climate risk and resilience, technology and artificial intelligence and streamlined and interoperable systems and processes. IRC has put significant effort and thought into both client responsiveness, feedback and a suite of safeguarding initiatives. Staff are supported, trained and well-managed, with People and Culture regularly introducing ways to improve this. Policies and processes for ethical and responsible resource management are evident across the IRC.

This signals strong performance in applying the CHS across the organisation and its programme work.

The main weaknesses in applying the CHS remain at community-level, in terms of client awareness of how IRC expects its staff to behave, of IRC's commitment to preventing sexual exploitation, abuse and harm, of the availability of complaint mechanisms and what they can be used for, and how complaints will be resolved. With new business development to replace lost funds, IRC's capacity to ensure these requirements are met across all new and existing programmes is not assured, as the most persistent risk area for IRC's quality and accountability commitment is staff workload due to reduced staff numbers.

4.3 PSEAH

There is a strong culture in IRC for taking all forms of misconduct seriously and acting upon them in a timely and appropriate way, in line with recognised good practice. This is promoted and demonstrated by the leadership and staff of the organisation.

IRC's Safeguarding Strategy presents an organisational goal where *clients and staff are free from all forms of exploitation and abuse from those who work for or are associated with the IRC*. Achievement of this is built on prevention, reporting and response and the strategy defines objectives under each, including areas that are identified for improvement in this audit: clients knowing their rights and IRC's expectations of staff behaviour, and knowing how and what to report.

IRC's Safeguarding Policy covers IRC's approach to preventing and addressing safeguarding misconduct and covers protection from sexual exploitation, abuse, and harassment (PSEAH); adult safeguarding; child safeguarding; intersectional considerations; digital safeguarding; survivor response; reporting; and non-retaliation. It is explicit and clear in definitions, and identifies roles and responsibilities at all levels of IRC for sensitising, implementing and following the policy.

Staff at all levels of the organisation undertake regular refresher training in order to ensure they understand their responsibility to uphold The IRC Way code of professional ethics.

4.4 Organisational performance against each CHS Commitment

Strong points and areas for improvement	Average score*
Commitment 1: People and communities can exercise their rights and participate in actions and decisions that affect them.	2.5
IRC's Strategy100 and numerous guidelines require that clients and communities be consulted and engaged across the project cycle. IRC considers diversity of communities and ensures that vulnerable and marginalised clients are included when planning and implementing programme responses. IRC's systems support regular and timely information sharing about IRC and its partners and the community's rights in relation to the project and staff behaviour. IRC communicates in local languages, uses different formats to ensure accessible information, and ensures that its communication representing people and communities is respectful and based on consent. IRC partners with local actors sharing IRC's values, and IRC emphasises that partners should share information and engage clients in dialogue. This forms part of IRC's regular partner dialogue meetings. However, evidence indicates that information about PSEAH and the expected behaviour of IRC and partner staff is not systematically shared with communities.	
Feedback from communities: Clients appreciate the support IRC provides, and clients consistently identify specific vulnerable groups prioritised for support, indicating that diversity and inclusion are considered in project design. Clients also report being engaged in committees and leadership groups influencing project implementation. Clients find the behaviour of IRC and partner staff respectful, although many clients report being unaware of the expected behaviour of staff. Clients confirm that IRC and partners communicate in local languages using existing community structures. However, they did not describe any written or visual information materials. This could pose a future risk of clients not being fully informed about their rights, for instance in situations where it is culturally difficult to talk about PSEAH.	
Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities.	3
IRC ensures that its support effectively addresses the needs and priorities of clients and communities. IRC's Strategy100 emphasises the need to respect and build on local knowledge and working in partnerships. IRC has a number of procedures in place to ensure that its work is based on an understanding of the local context and culture with attention to the most marginalised. This includes that context and needs assessments are undertaken at country programme and project level. IRC often takes part in joint multisector needs assessments, and undertakes gender equality, diversity and inclusion assessments to ensure equal outcomes for diverse groups of clients. IRC systematically uses disaggregated data to understand the diverse vulnerabilities, needs and risks faced by clients and when undertaking needs assessments the capacities of clients are considered. For sexual exploitation, abuse and harassment (SEAH) risks, IRC standards require that safeguarding risks are analysed in the project context. Evidence shows that clients are selected based on clear and transparent criteria. IRC has an elaborate system in place for regular monitoring of project performance against key indicators. When working in partnerships, IRC requires that partners monitor and report on project performance and partners and IRC discuss performance regularly. Partners report that IRC bases its support on relevant technical standards, follows best practices and agrees to adapt projects in response to changes in the context or clients' needs. Finally, IRC and its local partners take part in and often lead or co-lead Inter-Agency Standing Committee (IASC) and cluster coordination groups, referring clients with unmet priority needs through these channels.	
Feedback from communities: Clients report being satisfied with the support they receive and state that materials and support provided by IRC and partners is of good quality. Clients acknowledge that IRC builds its engagements on existing local structures and capacities; that clients are informed about the criteria used for selection; and that the selection of clients is fair.	
Commitment 3: People and communities are better prepared and more resilient to potential crises.	3

IRC's Strategy100 commits IRC to the localisation agenda and working in partnership with local actors: partnering with local actors is preferred, and country programmes are required to explain their reasoning if direct implementation is proposed. IRC has guidelines and systems in place to support local ownership of resources and engagement of clients and communities in decision-making from the onset of a project. IRC has a strong focus on resilience building i.e. in nutrition projects and WASH and livelihood support projects. For its emergency responses IRC has guidelines in place to contribute to long-term positive effects, and IRC is increasingly engaging in anticipatory actions.

IRC's partnership procedures ensure that local partners work in accordance with IRC's commitments to quality and accountability. IRC requires that local partners work with community leaders, support existing community structures and support the capacity of local governments i.e. for health and education activities. Evidence shows that IRC collaborates with clients, local partners and stakeholders from the start of a project and that IRC supports these actors to have capacity to continue activities after the end of IRC's support.

Feedback from communities:

Clients report that specific interventions, i.e. income generating activities and water, sanitation and hygiene projects, have increased their resilience, and that IRC's support for protection has helped clients to cope with potential crises in the future. Clients also confirm that IRC supports community structures and that the support has strengthened their ability to maintain positive effects on their lives and livelihoods.

Commitment 4: People and communities access support that does not cause harm to people or the environment.

2.4

IRC's processes for planning and context analyses, design and monitoring as well as regular proactive and reactive feedback mechanisms enable identification and mitigation (or alleviation) of most negative impacts, including SEAH caused or potentially caused by programmes. IRC takes multiple approaches to protect the safety, security, rights and dignity of clients, and to prevent all forms of exploitation and abuse. IRC and partners have systems in place to manage personal information collected from communities in line with recognised good practice.

IRC's Climate Resilience and Sustainable Operations Roadmap seeks to embed climate risk assessments into country programme Strategy Action Plans, programme design and management cycles and tools for identifying negative impacts on the environment, and sensitisation of communities on this risk, exist. However, these are not systematically used across multi-sectoral programmes and PEERS does not currently establish negative impacts of programmes on the environment (or negative impacts of the environment on programmes) as an issue of importance under partner capacity assessments for policy, implementation or monitoring requirements.

Feedback from communities:

Clients consistently indicate they are treated with dignity and respect in interactions with IRC and partner staff. Clients feel that staff handle their information correctly, with confidentiality, and no one expressed concern about misuse or inappropriate disclosure of personal information.

Clients did not report that activities directly caused harm, although there is low awareness of the potential for environmental harm. Many examples of client feedback express positive impacts of projects. Other potential risks of harm were discussed with some client groups, including safeguarding and SEAH.

Commitment 5: People and communities can safely report concerns and complaints and get them addressed.

2.3

IRC clearly articulates its commitment to welcoming complaints and feedback and sharing of information about clients' rights and expected behaviour of staff. IRC has procedures and guidelines in place to establish safe, accessible and appropriate ways for all groups of clients to provide feedback and report complaints and concerns, and IRC consult clients about their preferred feedback mechanisms and ensures that different types of mechanisms are available for clients. IRC guidelines and procedures also require that any concerns and complaints are welcomed and acted upon

in a timely, effective and appropriate manner. Guidelines also include addressing and referring complaints related to SEAH. IRC's timeline for handling complaints includes times for acknowledging receipt, for resolving the reported complaint, and for taking disciplinary actions. IRC has a code of conduct and regularly trains staff on how staff should behave.

IRC has systems for monitoring country programmes' capacity to effectively establish functioning feedback and complaints mechanisms, as well as clients' knowledge and satisfaction with the established complaints mechanisms and understanding of how staff and volunteers should behave. At this Recertification Audit, 64% of clients in the sample report knowledge of how to file a complaint but fewer have awareness of how IRC handles complaints including for SEAH (for example with confidentiality and no retaliation). IRC's monitoring reports also show some locations where less than 50% of clients know how IRC and partner staff should behave. In some country programmes there is a discrepancy between the self-assessment of the performance of feedback and complaints system and existing evidence about clients' knowledge about the feedback and complaints mechanisms and the expected behaviour of staff. This poses a future risk of the robustness of IRC's organisational approach to ensure any concerns and complaints are welcomed and acted upon in a timely and appropriate manner.

Feedback from communities:

Clients report that IRC and partner staff are well behaved, kind and unbiased, but they do not recall being informed systematically about the expected behaviour of staff, nor are they consistently aware of the complaints and feedback mechanisms in place. Clients confirm that they feel safe to file a complaint, and they are confident that IRC and partner staff would respond to complaints, but they are not sure how such complaints would be handled.

Commitment 6: People and communities access coordinated and complementary support.

3

IRC's Strategy100 commits IRC to work in partnership with local actors and in coordination with other stakeholders to ensure that IRC's engagements effectively add value and develop local capacity. IRC actively takes part in cluster coordination and IASC groups and often leads/co-leads such groups. At project level, IRC coordinates with local authorities and community leaders.

IRC clearly articulates its commitment to equal partnerships and to engage in strategic partnerships. IRC partners with local actors who share IRC's commitments to quality and accountability. When partnering with local NGOs, IRC undertakes due-diligence processes to ascertain that the local partner has capacity to implement projects in accordance with IRC's commitments to quality and accountability. This assessment is followed-up with a capacity development plan. When entering project partnership agreements, the roles of the partner and IRC are clearly established. IRC has a tool for annual or biannual partnership health checks to establish if a partnership builds on principles of equity and trust. With support from the Swedish International Development Cooperation Agency, IRC has also facilitated 300 civil society organisations to develop joint tools for quality and accountability. The tools are open source and available in many languages. Partners value IRC, its working culture and standards, and appreciate the support provided for capacity development. Partners also confirm that they regularly discuss the partnership, needs for adjustments and learning with IRC.

Feedback from communities:

Clients are aware of IRC coordinating with others i.e. in camp settings, and they report that IRC and partners refer them to other actors for priority needs not covered by IRC.

Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning.

2.4

IRC staff at all levels of the organisation are strong proponents of listening and responding to client feedback. Client responsiveness forms one of five pillars in IRC's IMPACT Program Quality Framework.

Collecting disaggregated data is a standardised requirement in monitoring, and quality data collection is an organisational priority as IRC seeks to ensure evidence-based, data-driven decision making. Needs assessments, monitoring and post-distribution monitoring reports and client satisfaction survey reports demonstrate that disaggregated data is collected and used for recommendations.

While analysis and learning from feedback and monitoring is shared with relevant stakeholders, this is not yet done systematically with clients in communities. Learning events are held for some projects in-country with relevant stakeholders but these do not systematically include clients or client representatives. IRC's organisational approach to learning is moving toward improved knowledge management although IRC does not have a centralised system, restricting staffs' capacity to learn between country programmes and regions. Although country programme teams conduct regular client satisfaction surveys, results are not routinely verified with clients in order to derive appropriate adjustments.

Feedback from communities:

Clients describe and confirm regular and varied opportunities to provide feedback to IRC and its partners about their work, including directly and through alternative community structures. There is widespread satisfaction that feedback and inputs are considered and acted upon, although clients are not aware of learning dissemination events.

Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed.

2.9

IRC's organisational culture actively and regularly promotes quality and accountability through consistent messaging from the leadership at different levels and through regular training, retraining and discussion time dedicated to reinforcing the organisation's code of conduct and values. Channels for reporting concerns and misconduct are known by staff, and there is confidence that they are both safe and confidential, and also that those reporting will be protected from reprisals. Reports of misconduct are addressed according to standardised and recognised good practice, by a trained and dedicated Ethics and Compliance Unit.

Multiple routines and processes support staff to succeed in their roles and responsibilities, beginning with comprehensive induction packages and introductory trainings staggered over sufficient time to allow proper orientation. Performance management, technical support and mentoring, and access to a wide range of online trainings support both competence and career progression.

IRC has a wide range of policies and procedures to ensure staff are safe, including comprehensive duty of care considerations and a security management ethos that empowers local, context-informed approaches to risk mitigation and management. IRC provides counselling and psychosocial services to staff globally through Konterra. In response to recent reductions in staff, leadership have encouraged managers at all levels of the organisation to support staff to prioritise tasks and reduce pressure, however the psychological impact and ongoing increased workload risks the future well-being of staff.

Feedback from communities:

IRC staff consistently receive high ratings from clients for the respectful and dignified manner in which they engage with them. Satisfaction survey results regularly demonstrate that clients feel they are treated with respect by IRC staff and partners during interactions. IRC and partner staff are considered to be professional and well-skilled in their roles.

Commitment 9: People and communities can expect that resources are managed ethically and responsibly.

2.8

IRC has comprehensive policies and guidance to ensure ethical and responsible mobilisation and allocation of resources. IRC ensures efficient and effective resource management by monitoring relevant data points including programmatic and financial indicators. A new Emergency Program Menu is in place allowing initial emergency responses a maximum of 3 programme areas during start-up to avoid diluting quality.

There are systems for analysis and reporting in place to prevent and manage risk (including climate risk) as well as misuse of resources at all levels of the organisation. Reports of fraud and corruption are appropriately investigated and responded to. IRC's Climate Resilience and Sustainable Operations Roadmap and implementation plan support programmatic and operational actions to minimise waste and impact on the environment.

Significant reductions in funding and staff across the organisation have led to expanded emphasis on business development, raising concern from staff at all levels about the potential negative impact on IRC's commitment to continue to deliver quality across its existing programmes.

Feedback from communities:

Clients express appreciation for IRC's effective and efficient support, which is widely regarded as fair. There are examples of IRC making adjustments to programme activities to accommodate requests. Clients indicate appropriate management of resources, with the exception of dissatisfaction in locations where projects were ended prematurely due cuts in funding. Clients confirm that services are provided free of charge and without discrimination and did not express concern about negative environmental impacts.

** Note: Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0 (CHSA Verification Framework – Scoring Grid, 2024).*

5. Summary of open non-conformities

Corrective Action Request (CAR)	Type	Status	Resolution timeframe
2026-IRC does not regularly share information with clients and communities about its commitments and obligations regarding PSEAH, and the expected behaviours in relation to PSEAH of staff and volunteers.	Minor	New	by the 2029 Renewal Audit
2026-4.2: IRC does not systematically identify, prevent, mitigate and address potential and actual negative impacts of programmes on the environment.	Minor	New	by the 2029 Renewal Audit
2026-5.2: IRC does not systematically ensure that clients and communities understand how staff and volunteers are expected to act to prevent harmful practices, including sexual exploitation and abuse, and harassment.	Minor	New	by the 2029 Renewal Audit
2026-7.4: IRC does not systematically share the analysis and learning from feedback and monitoring and any related changes with people and communities supported by the organisation.	Minor	New	by the 2029 Renewal Audit
Total Number of open CARs	4		

6. Claims Review

Claims Review conducted	☒ Yes ☐ No	Follow-up required	☐ Yes ☒ No
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7. Lead auditor recommendation

In my opinion, IRC demonstrates no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability. I recommend renewal of certification.	
Name and signature of lead auditor:  Nik Rilko	Date and place: 2026/07/17 Radium Hot Springs, BC, Canada

8. HQAI decision

Certificate renewed:	☒ Issued ☐ Preconditioned (Major CARs)
Start date of the current Certification cycle (based on the initial certification cycle): 2026/04/18 Maintenance Audit 1 to be completed by: 2027/04/18 Maintenance Audit 2 to be completed by: 2028/04/18 Next Renewal Audit to be completed by: 2029/04/17	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 27 August 2026

9. 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: <i>If yes, please give details:</i>	☐ Yes ☒ No

Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative: 	Date and place: 11 Sept 2026 New York City, NY

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, including self-assessment and third-party audits	Guidance for scoring requirements
0	Your organisation does not currently meet the requirement and indicates a major issue that is so significant that the organisation's ability to meet the commitment is compromised. For third-party auditing schemes: Independent verification: A major weakness. Certification: A major non-conformity that compromises the integrity of the commitment which leads to a major corrective action request (CAR).	To give a score 0, not all of the measurable components of the requirement are verified to be in place and the issue(s) identified are so significant that the organisation's ability to meet the commitment is compromised.
1	Your organisation does not currently meet the requirement. For third-party auditing schemes: Independent verification: A minor weakness. Certification: A minor non-conformity that compromises the integrity of the requirement which leads to a minor corrective action request (CAR).	To give a score 1, not all of the measurable components of the requirement are verified to be in place.
2	Your organisation currently meets the requirement, but there is an opportunity for improvement that deserves attention so that the requirement is not compromised in the future. For third-party auditing schemes: Independent verification: Requirement is met with an observation. Certification: Conformity with an observation.	To give a score 2, all measurable components of a requirement are verified to be in place, however, one or more opportunities for improvement are observed which deserve attention so that the requirement is not compromised in the future.

3	Your organisation meets the requirement, with organisational systems ensuring it is being met consistently throughout the organisation. For third-party auditing schemes: Independent verification: Requirement is met. Certification: Conformity.	To give a score 3, all measurable components of a requirement are verified to be in place.
4	Your organisation meets the requirement in an exemplary way, demonstrating innovation and/or special recognition of performance, and organisational systems ensure this high quality throughout the organisation. For third-party auditing schemes: Independent verification: Requirement is met in an exemplary way. Certification: Conformity in an exemplary way.	To give a score 4, all measurable components of a requirement are verified to be in place. In addition, the following must be verified: - An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. and/or - The organisation has been awarded special recognition of performance in relation to meeting the requirement at a high standard, and this is built into organisational systems so that the high quality is ensured throughout the organisation.
	Guidance notes for scoring commitments: - Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. - Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0.	

* Scoring Scale from the CHSA Verification Framework 2024