World Relief
Maintenance Audit 1 (MA1) – Report - 2025/10/09

1. General information and audit activities

Role / name of auditor(s)	Nik Rilkoff, Lead Auditor	
Audit cycle	First cycle (CHS:2014)	
	Date / number of participants	Any substantive issues arising
Opening Meeting	2025/09/08 3 participants	None
Closing Meeting	2025/09/25 3 participants	None
	Position / level of interviewees	Number
Interviews	Senior Vice President	1
	Home Office staff	3

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Initial Audit (IA, 2024), World Relief (WR) has a new strategy, Flourish Forward (2025-2028), comprised of three pillars: advocacy, programmes and partnership with the church. The new mission and focus are on the global displacement crisis, both in fragile contexts through International Programs (IP) department and within the US immigrant and refugee-focussed programmes. Flourish Forward also emphasises shared learning and collaboration for a more integrated and effective organisation. In a current restructure, Home Office (HO) functions including human resources, finance, fundraising and information technology are merging into a shared administrative division to eliminate duplication between the US programme and IP, increase efficiency and streamline collaboration across teams.

In IP, WR will shift from development contexts to prioritising lifesaving, resilience and church partnership programmes in fragile contexts (Burundi, Chad, DRC, Haiti, South Sudan, Sudan, Ukraine). To increase leadership support to these country offices (COs), the humanitarian portfolio is now supported by two senior staff, and WR is reorienting technical assistance to the needs of these humanitarian contexts. A localisation initiative (Flourish Momentum) will transition four COs to independent, locally-led Christian organisations in Cambodia, Kenya, Malawi, and Rwanda over the next three years. Detailed planning for this process includes regularly updated risk assessments, identification of tasks, systems and resources needed (including for continued quality, accountability and safeguarding) as well as HO support through thematic working groups for each phase.

A CHS Change Management Plan has been drafted to embed quality, accountability and transparency into WR operations, programmes, processes, and culture. Success will be measured through both quantitative indicators like training completion rates, policy updates, and feedback mechanisms, and qualitative indicators like changes in organisational culture, leadership behaviours, and community satisfaction. A working group established to improve resource use and programmatic outcomes has set priorities for organisational improvement (including the corrective action requests – CARs – from the IA) and operational efficiency, with progress tracked in detailed, monitored workplans.

Changes to funding in early 2025 in the US prompted rapid reductions in both programming and staff across the organisation. Teams have been established to manage these changes while a new committee oversees risk in WR at the global level. Efforts to support staff include guidance for HR and CO teams to manage IP staff reductions

with empathy, professionalism, and resilience. Continuity plans have been put in place for the countries worst affected by cuts to US-funded projects.

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)
2024-1.2: World Relief does not design and implement appropriate programmes based on risks, and an understanding of the vulnerabilities and capacities of different groups.	Minor By 2027 (RA)	World Relief shows progress to address this CAR: • The Project Risk Assessment Tool now includes sexual exploitation and abuse (SEA). Staff in two pilot COs have been trained on both the tool and risk register, and all other CO and HO staff are to be trained in the coming period. • Age disaggregation is now included in relevant indicators in the Metrics Portal, with disability to be added shortly. Monitoring tools in 4 COs now include guidance to capture disability disaggregated data and this will be continued in remaining COs. • Existing rapid needs assessment tools and guidelines are being mapped and SEA will be included in a standard set of questions. • Baseline assessment questions now demonstrate options for a variety of religious backgrounds and behaviour. • Regular project reviews are being encouraged to ensure that risks, community feedback and lessons are captured and learning is applied. • A new Program Quality Audit (PQA) tool measures compliance with the minimum standards in WR's revised DMEAL (design, monitoring, evaluation, accountability & learning) Policy and Guidance. COs will regularly and systematically assess the "health" of programmes and the CO PQA rating will support risk identification, improvement plan development and monitoring and identify areas for support. It will shortly be piloted and rolled out, with staff trained as PQ auditors. An Accountability and Safeguarding section in the PQA tool has been piloted with Kenya and Rwanda.	KIIs, ORG114-17, ORG154, ORG169.
2024-3.2: World Relief does not use existing community hazard and risk assessments or preparedness plans to guide activities.	Minor By 2027 (RA)	World Relief shows progress to address this CAR: • WR has mainstreamed disaster risk reduction across sector-based programmes and will develop tools, capacity building, learning and accountability measures. • The PQA tool includes COs monitoring the percent of programmes using existing, or completing new, community-based hazard and risk assessments and community preparedness plans.	KIIs, ORG115, ORG116, ORG118.

| 2024-3.6: World Relief does not identify and act upon potential unintended negative effects in a timely and systematic manner in the areas of: b. sexual exploitation and abuse by staff; c. culture, gender, and social and political relationships; and f. the environment. | Minor

By 2027 (RA) | World Relief shows progress to address this CAR:
• New Programmatic Environmental Stewardship Guidance emphasises environmentally responsible and sustainable actions and reducing the potential for future disasters. It encourages environmental considerations in planning, design and monitoring as well as sustainable resource use and climate smart approaches.
• An Environmental Assessment tool has been finalised, with two key goals: safeguarding the environment and being ready to address any environmental issues that may arise. A pilot training and application is underway in Rwanda and Haiti and orientation calls are happening with other COs.
• A CO "Gender Analysis Capacity Building Plan 2025 and Beyond" has been drafted for review by WR leadership prior to roll out. This follows a 2021 initiative to develop and roll out in-person trainings with the expectation they would be cascaded. The current plan involves conversion of the modules to online delivery, and the expectation of mandatory gender analysis in project design, use of sex-disaggregated data and allocating resources for gender work and opportunities for sharing good practice and learning.
• The PQA tool includes an Accountability and Safeguarding section including risk-assessment that is being piloted with Kenya and Rwanda. | KIIs, ORG115, ORG116, ORG119-23. |
| 2024-5.6: World Relief does not systematically ensure that communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse. | Minor

By 2027 (RA) | World Relief shows progress to address this CAR:
• A new Accountability & Safeguarding Unit with 3 full-time staff is responsible for strengthening WR's culture of accountability and safeguarding. This includes ensuring WR's quality, accountability, and safeguarding policies and mechanisms are understood in all project areas (US and international programmes), managing the new organisation-wide complaint response system (FaceUp) and fulfilling, monitoring and reporting on CHS accountability and safeguarding requirements. One staff member is also 0.5 FTE (full-time equivalent) responsible for data protection and privacy policy and compliance.
• There are now SharePoint sites for Accountability & Safeguarding and FaceUp, as well as a FaceUp Toolkit and multiple resources to guide staff. An Accountability page has been added to WR's website.
• PSEAH (prevention of SEA and harassment) and complaint and feedback mechanism (CFM) trainings have been updated to include more robust content on Code of Conduct and the Safeguarding training | KIIs, ORG115, ORG116, ORG124-41, ORG149. |

| | | includes policy review as well as PSEAH, CFM and FaceUp refreshers. Trainings are being rolled out. Code of Conduct learning content is being developed for staff to integrate into programme activities.
• Investigation resources have been put in place including new policy, survivor-centred procedures, guidance and appeals process. An investigations training plan is being put in place for FY26.
• CFM guidelines are being updated and COs are required to include CFM and safeguarding measures in their annual budgets.
• Safeguarding, complaint and PSEAH policies have been updated and posters for and PSEAH are available in 30 languages.
• Child Protection and Whistleblower policies are going to be updated and approval is pending for a draft "Program Participant Rights and Responsibilities Policy". | |
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3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024-1.2: World Relief does not design and implement appropriate programmes based on risks, and an understanding of the vulnerabilities and capacities of different groups.	Minor	Open	By 2027 (RA)
2024-3.2: World Relief does not use existing community hazard and risk assessments or preparedness plans to guide activities.	Minor	Open	By 2027 (RA)
2024-3.6: World Relief does not identify and act upon potential unintended negative effects in a timely and systematic manner in the areas of: b. sexual exploitation and abuse by staff; c. culture, gender, and social and political relationships; and f. the environment.	Minor	Open	By 2027 (RA)
2024-5.6: World Relief does not systematically ensure that communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	Minor	Open	By 2027 (RA)
Total Number of open CARs	**4**		

4. Claims Review

Claims Review conducted	☒ Yes ☐ No	**Follow-up required**	☒ Yes ☐ No

5. Lead auditor recommendation

In our opinion, World Relief 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 Rilkoff	Date and place: September 25, 2025 Radium Hot Springs, Canada

6. HQAI decision

☒ Certificate maintained ☐ Certificate suspended	☐ Certificate reinstated ☐ Certificate withdrawn
Surveillance audit before: 2026/10/09	
Name and signature of HQAI Executive Director: Désirée Walter	Date and place: Geneva, 09 October 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 I accept the findings of the audit	 ☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative:	Date and place: 14 October, 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.	**Score 0:** indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to: • Independent verification: major weakness. • **Certification:** major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	**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: • 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.	**Score 2:** indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to: • 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.	**Score 3:** indicates full conformity with the requirement. This leads to: • 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.	**Score 4:** indicates an exemplary performance in the application of the requirement.

* Scoring Scale from the CHSA Verification Scheme 2020