World Renew
Maintenance Audit 1 – Report - 2024/10/28

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Birgit Spiewok	
Audit cycle	First cycle	
	Date / number of participants	**Any substantive issues arising**
Opening Meeting	9 Oct 2024 / 90	none
Closing Meeting	15 Oct 2024 / 57	none
Interviews	**Position / level of interviewees**	**Number**
	Head offices management and staff	5

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

World Renew (WR), supported by its internal CHS Charter Group, has systematically analysed the findings from the last audit and drafted a management response plan, operationalized in an action plan dated October 2024. This action plan for the identified Corrective Action Requests (CARs) is comprehensive, outlining activities to resolve the five non-conformities, covering the entire chain from policy, procedures and tools to roll-out and training.

However, the plan has proven to be overly ambitious, as, by the time of the Maintenance Audit (MA1), very few of the outlined timelines had been met. World Renew staff explained that substantial changes in staffing and organisational structure since the last audit have diverted time and energy away from addressing the non-conformities. These changes primarily involve new senior management personnel and organisational restructuring, notably in the international programme section. A new position, “Chief Programme & Impact Officer,” was created, to whom four departments now report: Humanitarian Response and Emergency Affairs, Ministry Teams, Transformational Development, and the newly established Justice & Peace Team. The Justice & Peace Team is responsible for coordinating World Renew’s global initiatives related to peacebuilding, justice, public engagement, and advocacy, including a gender justice and social inclusion advisor. Additionally, the Canadian Refugee Sponsorship and Resettlement Programme, previously under the Christian Reformed Church in North America, has now been incorporated into World Renew’s portfolio.

New systems in IT and HR (now referred to as People & Culture) are still in development, having already been initiated during the last audit. Staff turnover and vacancies have further limited World Renew's ability to adhere to the original plans. Nonetheless, all non-conformities are being addressed to some extent, and World Renew has taken key steps to close identified gaps. A few of these are:

- Drafted a risk matrix for its national Disaster Response Programme in consultation with volunteers and staff.
- Begun mapping exercises to identify referral pathways to organisations and institutions for protection and SEA (Sexual Exploitation and Abuse) cases unrelated to World Renew’s own work or partners.
- Installed and improved technical solutions to data protection.
- Translated the Work & Witness Statement (the organization’s commitment to non-proselytization) and identified additional training needs.

Although the organisation has not been able to meets its own timelines for corrective actions, World Renew demonstrates a commitment to addressing the issues raised in the Initial Audit and has made progress in addressing the non-conformities.

All five CARs will require further verification at organisational, programme, partner, and community levels, which will be conducted during the Renewal Audit through onsite visits and direct feedback from WR's country office staff, partners, and communities.

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)
2023-3.6: WR's capacity to identify and act on unintended risks and negative effects, in particular in domestic programme projects, is not systematically ensured.	Minor / by RA 2026	The previous audit found that : Disaster Response Services (DRS) projects did not have in place procedures to systematically identify risks including environmental impact and potential or actual unintended negative effects, and monitoring activities do not consistently include review and updating of identified risks. Interviewed staff in the international disaster response (IDR) and community development (CD) programmes indicated that assessment and monitoring of risks related to SEA needed to be more systematic. At the time of this audit: The DRS team have updated their Organisational Capacity Building Checklist. The Head of Humanitarian Affairs supported the DRS team with some consultation on risk assessments and a new risk assessment template was drafted. Information sharing and roll-out of this tool has started by introducing the template and concept in volunteer orientations and meetings. DRS plans to make the risk assessment process a standard procedure starting in January 2025. The DRS programme staff and volunteers have made good progress in addressing this non-conformity. Some Safeguarding /SEA risk assessments in IDR and CD programmes have been done, but these have not yet been incorporated into the Planning Guide – this is to be put into action beginning of 2025. Some training on risk management including SEA has taken place. WR has not managed to make much progress towards systematic assessment and monitoring of risk including SEA in its international work.	Interviews and consultations with Head Office (HO) staff ORGWR182-186; 193-198
2023-3.8: WR does not have data management procedures in place to ensure the safeguarding of personal information.	Minor / by RA 2026	The previous audit found that: Staff and partners indicated that WR did not have data management procedures in place to systematically safeguard personal data, including document storage, safeguarding, backup protocols, data risk assessments, and mitigation measures in case of data loss. Also, staff identified a lack of trainings and capacity building for staff and partners on data protection policy and procedures. Not all countries had established data management procedures to ensure the protection of personal data.	Interviews and consultations with HO staff ORGWR209

		At the time of this audit: WR has made substantial progress in enhancing its Information Systems to strengthen data protection. This effort includes developing a new, comprehensive technology policy (expected to be finalised by November 2024) and reviewing and updating all related standards and procedures. Staff now have access to a knowledge base, community forum, and learning sessions to improve awareness and practical application of these standards. Additionally, WR is implementing endpoint protection, data encryption for sensitive information (e.g., complaints), and environmental security by upgrading all WR accounts to Microsoft 365, with completion anticipated by the end of 2024. While the technological side is being addressed thoroughly, WR still needs to ensure systematically that all staff understand the importance of keeping personal data collected from communities safe, can set up systems and put procedures in place in their regional and country offices and support their partners in complying with this indicator.	
2023-4.7: WR policies and procedures do not provide specific guidance to ensure that external communications are accurate, ethical and respectful, including how fundraising and communication materials portray communities with dignity.	Minor / by RA 2026	The previous audit found that: There was a lack of common understanding or established procedures regarding WR's approach to dignified communication. Staff indicated as well that there was no clear view on how Country Offices (COs) communicate publicly. Although staff members confirmed that written consent is obtained when taking photographs, consent forms were not systematically stored or available to check their validity. At the time of this audit: WR plans to update marketing and communications policies to provide more detailed language around ethical communications and better information on the organisation's approach to dignified and informed communications in CD, IDR, and DRS. Related processes and tools are also to be updated to ensure that the same processes are followed by each department. As an initial step, a new draft of the Image Consent form, incorporating safeguarding and data protection revisions, was created in September 2024. This draft has been reviewed with the Marketing & Communication team but has yet to be finalised and implemented. WR is also working on Consent Management Tabs, a platform to manage Consent Forms. Additionally, WR is endorsing the Storyteller's Guide developed by the Integral Alliance, and has rebranded its Free a Family programme to better uphold the principle of dignified communication. The timelines for other planned actions will need to be adjusted.	Interviews and consultations with HO staff ORGWR192; 211 https://integralalliance.org/what-we-do/our-storytellers-guide/
2023-5.7: WR does not ensure the systematic	Minor / by RA 2026	The previous audit found that:	Interviews and consultations with HO staff

referral of complaints that do not fall within the scope of the organisation.		WR's Complaints Policy included referrals to third parties, however, not all COs and partners had developed referral pathways or documented and followed these up systematically. At the time of this audit: WR has initiated mapping exercises to identify suitable organisations and institutions for referring complaint cases that fall outside WR's scope. By August 2024, mapping was largely completed in Central America, with significant progress made in Eastern Africa. Mapping for Asia, West Africa, and Southern Africa is also planned. These mapping exercises focus exclusively on protection and SEA cases, and do not yet include operational complaints related to services or materials provided. WR is planning changes to the complaints handling guidelines and toolboxes, and related trainings are to take place in 2025. Staff explained the delay in time being due to current staffing capacities.	ORGWR180-181; 190-191; 199-202
2023-8.6: WR does not ensure that staff and volunteers have a clear understanding on what the organisation's commitment to not proselytise means with regard to their own behaviour, and when engaging with communities.	Minor / by RA 2026	The previous audit found that: WR was committed to not proselytise in its work, and a statement on Work and Witness, giving guidance to staff and volunteers on their behaviour in this regard, and when dealing with partners and communities, had been written and approved, but not yet rolled-out. At the time of this audit: WR had discussed incorporating the Work & Witness Statement into their Code of Conduct, but decided that working with staff and partners on understanding the statement and including it into staff development and onboarding processes was the better way. The Work & Witness Statement has been translated into Spanish, French and Portuguese. A learning needs assessment was done and recommendations regarding more guidance around scenarios and working with partners are currently being incorporated into a new training module to be rolled-out in 2025.	Interviews and consultations with HO staff ORGWR203-205; 210

3. Summary of non-conformities

Corrective Action Request (CAR)*	**Type**	**Status**	**Resolution timeframe**
2023-3.6: WR's capacity to identify and act on unintended risks and negative effects, in particular in domestic programme projects, is not systematically ensured.	Minor	Open	2026 RA
2023-3.8: WR does not have data management procedures in place to ensure the safeguarding of personal information.	Minor	Open	2026 RA

2023-4.7: WR policies and procedures do not provide specific guidance to ensure that external communications are accurate, ethical and respectful, including how fundraising and communication materials portray communities with dignity.	Minor	Open	2026 RA
2023-5.7: WR does not ensure the systematic referral of complaints that do not fall within the scope of the organisation.	Minor	Open	2026 RA
2023-8.6: WR does not ensure that staff and volunteers have a clear understanding on what the organisation's commitment to not proselytise means with regard to their own behaviour, and when engaging with communities.	Minor	Open	2026 RA
Total Number of open CARs	**5**		

4. Claims Review

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

5. Lead auditor recommendation

In my opinion, World Renew 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.

I recommend maintenance of certification.

Name and signature of lead auditor:	**Date and place:**
Birgit Spiewok	28 Oct 2024

6. HQAI decision

☒ Certificate maintained ☐ Certificate suspended	☐ Certificate reinstated ☐ Certificate withdrawn
Surveillance audit before: 2025/11/12	
Name and signature of HQAI Executive Director:	**Date and place:**
Désirée Walter	12 November 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 I accept the findings of the audit	☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative:	**Date and place:** 4 November 2024, Burlington, ON Canada

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