World Renew
Maintenance Audit 2 – Report - 2025/11/27

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Johnny O'Regan	
Audit cycle	First cycle (CHS:2014)	
	Date / number of participants	**Any substantive issues arising**
Opening Meeting	21/10/25 - 21	No
Closing Meeting	6/11/25 - 15	No
	Position / level of interviewees	**Number**
Interviews	Head offices management and staff	5

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

There have been no changes in governance structures or systems since the last audit and World Renew (WR) continues to implement its 2022-27 strategic plan. However, sectoral changes have warranted some updates, particularly to its Crisis affected states strategy which makes a number of recommendations around positioning, systems and staffing/partnerships. This includes a phased expansion in and into high priority countries and regions (e.g. Haiti, West Africa, the Middle East, and Myanmar) and will involve comprehensive capacity assessments of country offices and partners with a focus on role clarity, resource planning, and partner development. World Renew withdrew from Mozambique, Sierra Leone, and Senegal to focus on crisis-affected states like Mali, Niger, and Nigeria, and merged its East and Southern Africa teams into a unified regional structure. Sectoral changes also affect how the organisation responds to its key strategic areas of Food, Economic Opportunity and Health, which are driven by climate change, conflict, political instability, and declining aid budgets. The strategic programme review sets two core objectives: improving the quality of impact and standards compliance and increasing the scale of impact. This is supported by operational strategies, including mainstreaming accountability, resourcing MEAL/ knowledge management/innovation, recalibration of programmatic footprint to prioritise high-impact regions through a minimum viable budget model, with deeper investment in local partnerships that are delivering impact and moving away from international responders.

One of World Reniew's seven "Impact Priorities" is to "Continue to deepen our capacity and culture for accountability" and one of its five organisational priorities is to "Invest in Information, Technology and Knowledge Management Systems" both of which are relevant to addressing Corrective Action Requests (CARs) and observations raised in previous audits.

The senior leadership structure is responding to strategic changes by developing a new Global Executive Team (GET) comprised of executive heads of Programs & Impact, Marketing and Philanthropy, People and Culture, Finance and Investment and Operations. The Global Operations Team supports the GET and implements its strategic decisions. The Programs and Impact Officer leads three programmatic support functions, Humanitarian and Emergency Affairs (HEA), Transformational Development (TD), and Justice and Peace (JP). Other changes of relevance to the CHS are that the Refugee Resettlement Programme, which was outside the scope of the last audits, is now part of the HEA portfolio. In addition, Domestic Disaster Services is part of the HEA portfolio and there is now one risk tool that covers the entirety of WR.

World Renew, led by its internal CHS Charter Group, analysed the findings from the initial audit and drafted a management response plan and action plan for the identified CARs. The comprehensive plan outlines activities (at policy, procedure, practice levels) to resolve the five non-conformities and it was updated again along with a progress report (September 2025) showing how it has progressed. The previous MA found that many actions were behind schedule but making progress; this MA finds that WR has increased the pace of resolution of CARs.

The Renewal audit will verify progress against all five CARs at organisational, programme, partner, and community levels, during 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 Corrective Action Request (CAR) and in response to the findings of the requirement	Evidence (document no., Key Informant Interview etc)
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 Initial 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 WR has • Developed a global level risk tracker which outlines priority risks by category (e.g. programming, people and culture, leadership and governance), risk description, mitigation and prevention measures with rankings according to probability/impact and the overall trend. WR plans to roll this out to country level by the end of the 2025 when country staff will be responsible for ensuring that it is reflected in all projects and with partners. • DRS has developed a risk tracker for domestic responses, which has been shared with staff- this operational risk assessment has a similar structure to the global tracker. Categories include safety, programming, safeguarding, and fraud. • WR now has a global security policy, operationalised by a manual that is intended to ensure a consistent approach to security across the organisation. The global (and cross functional) Security Working Group is responsible for enhancing security arrangements across the programme portfolio for example by feeding into security documents at regional/country level.	Interviews with HO staff ORGWR269 ORGWR270 ORGWR298-300 ORGWR320

| 2023-3.8: WR does not have data management procedures in place to ensure the safeguarding of personal information. | Minor / by RA 2026 | The initial 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.

At the time of this audit WR:

• Has finalised its Technology Policy and related relevant standards and uploaded them to WR's SharePoint site – these include guidance around usage, security (e.g. multi-factor authorisation), account management, and data protection.
• implemented data encryption for a range of information including complaints and staff can label any email as sensitive to ensure additional encryption
• put in place two-factor login for a number of systems such as SharePoint
• updated the IS knowledgebase, including an overview of M365 usage strategy to support staff awareness
• promotes viva learning paths which include navigable and relevant training
• is undertaking real-time monitoring of accounts and undertaking phishing campaigns (with results delivered in updates and meetings) to ensure cybersecurity is taken seriously
• measures IT indicators, including around security
• published the partner confidentiality agreement | Interviews with HO staff

ORGWR243-ORGWR249 |
| 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 initial 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 the following progress was observed

• Updated photography guidelines outline standards of behaviour such as informed consent

• The consent form guide describes key considerations for persons gathering consent such as assessment of risk with Safeguarding Focal Point.

• The revised image consent form is being used, training on the use of the form is ongoing

• Consent forms are input on line with details such as | Interviews with HO staff

ORGWR 225-229 Observation |

		name, date of birth, parent/guardian name, usage medium and date of consent	
		• WR has adopted the Association of Fundraising Professionals ethical fundraising standards and guidelines for Canadian Donor Relations Teams and the US Team is due to adopt them in November 2025	
		• The rebrand of Free a Family is underway to ensure more dignified communication with plans to complete it in 2026 but it's been delayed due to the restructure of the team.	
2023-5.7: WR does not ensure the systematic referral of complaints that do not fall within the scope of the organisation.	Minor / by RA 2026	The initial audit found that: 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 • Updated complaints logs and reporting templates, which support referrals of complaints outside WR's jurisdiction. • Rolled out updates and trainings in the majority of regions. Asia is expected to be complete in Q1 2026 due to staffing constraints in 2025 which are planned to be resolved with the recent recruitment of two safeguarding roles. • Advanced the new draft Safeguarding Framework (expected completion by January 2026) will replace the public-facing Complaints Handling and Investigation Guidelines. The intention regarding referrals is to ensure a systematic approach to referring out-of-scope complaints across WR. • Begun the revision of Complaints Handling and Investigation Guidelines that are intended to support referrals of all types of complaints.	Interviews with HO staff ORGWR251 ORGWR256-260, ORGWR262 ORGWR263, ORGWR 282 ORGWR316 ORGWR 317 ORGWR 319
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 initial audit found that: WR was committed to not proselytise in its work, and a statement on Work and Witness (WWS), 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 has: • Undertaken a learning needs assessment survey of staff and partners to establish what support they need to implement it • Incorporated the WWS into staff development and onboarding processes	Interviews with HO staff ORGWR231-241 ORGWR312 ORGWR 313

| | | • Created a frequently asked questions guide for staff to support partners to navigate and operationalise the WWS
• Posted the WWS on Sharepoint and incorporated it into staff orientation as well as into other systems and procedures such as DRS' Groups portal and MoUs with partners.
• Translated the WWS into French, Spanish, and Portuguese and posted them on both US and Canada websites.
• Incorporated the sign off of the WWS by staff and partners in country office indicators | |

3. Summary of non-conformities

Corrective Action Requests (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 the necessary steps to address the CAR(s) identified in the previous audit(s) and continues to demonstrate no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability.

I recommend maintenance of certification.

Name and signature of lead auditor: Johnny O'Regan *Johny o'Rega*	Date and place: 11/19/25

6. HQAI decision

☒ Certificate maintained ☐ Certificate suspended	☐ Certificate reinstated ☐ Certificate withdrawn

Surveillance audit before: 2026/11/14

Name and signature of HQAI Executive Director: Désirée Walter	Date and place: 27 November 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: Peter Timmerman Carol Bremer-Bennett	**Date and place:** December 10, 2025 December 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, 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