

Danish Refugee Council

Maintenance Audit 1 – Report - 2024/06/20

1. General information and audit activities

Role / name of auditor(s)	Johnny O'Regan	
Audit cycle	Second cycle	
Opening Meeting	Date / number of participants	Any substantive issues raised
	April 30, 2024/ 3 participants	No
Closing Meeting	May 2, 2024/ 3 participants	No
Interviews	Position / level of interviewees	Number
	Range of interviewees in Copenhagen and a sample of country programmes	22

2. Actions and progress of organisation

2.1 Main developments since previous audit

DRC has undertaken a number of initiatives and amendments to procedures to address issues, including completion of rollout of the single Code of Conduct (CoC) and clarification of procedures through updates to the CoC handbook with accompanying explanatory text, powerpoints, flowcharts and updated/new templates. These changes include greater clarity regarding confidentiality, information flows (including timeframes) and protection from retaliation. Workshops, webinars and ongoing communication support these. Systems changes include tools to support more advanced CoC Reporting Mechanism (CoCRM) analysis and a new Power BI Dashboard to make information more understandable and accessible. The main area that remains to be addressed is staff confidence in the complaints mechanism, which is a cultural rather than systems issue; one way that DRC is planning to address this is through an in-depth analysis of DRC voices, its thrice annual staff survey. The two Corrective Action Requests 2023-5.3 and 2023-5.5 remain open.

Subsequent to the 2023 Renewal Audit, HQAI received two complaints about DRC that alleged non-compliance with the CHS HQAI's Advisory and Complaints Board (ACB) recommended that this Maintenance Audit specifically consider indicators related to the complaints in addition to the customary review of CARs (see Annex 2). Therefore the methodology is an adapted approach of a regular maintenance audit. It includes the sampling of a diverse range of interviewees (from DRC's intranet) to triangulate information from HQ, a number of programme sites and documentary evidence. The audit finds that DRC complies with the indicators that have been added to this audit.

The detailed findings related to the open CARs and the specifically added indicators are compiled in the Annex Report.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution due date	Progress made to address the CAR and in response to the findings of the indicator	Evidence (doc no., KII)
2023-5.3 DRC does not systematically manage complaints in a timely and appropriate manner and some staff feel unsafe to make complaints	2026/07/19	See annex for a description of actions taken and progress made	

2023-5.5 DRC's organisational culture does not ensure that all staff have confidence in its approach to ensuring that complaints are acted upon fairly, impartially and in line with policies and processes	2026/07/19	See annex for a description of actions taken and progress made	
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3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Resolution due date	Status	New resolution due date (if any)
2023-5.3 DRC does not systematically manage complaints in a timely and appropriate manner and some staff feel unsafe to make complaints.	Minor	2026/07/19	Open	
2023-5.5 DRC's organisational culture does not ensure that all staff have confidence in its approach to ensuring that complaints are acted upon fairly, impartially and in line with policies and processes	Minor	2026/07/19	Open	
Total Number of open CARs	2			

4. Lead auditor recommendation

In our opinion, DRC 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: 	Date and place: Dublin, May 31, 2024
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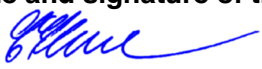
5. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
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Surveillance audit before: 2025/06/20

Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 20 June 2024
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6. 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative:  Charlotte Slente Secretary General, Danish Refugee Council	Date and place: Copenhagen, 5 July 2024

Appeal

In case of disagreement with the decision on certification, the organisation can appeal to HQAI within 14 days after being informed of the decision. HQAI will investigate the content of the appeal and propose a solution within 10 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform HQAI in writing within 30 days after being informed of the proposed solution, of their intention to maintain the appeal.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will constitute a panel made of at least two experts who have no conflict of interest in the case in question. These will strive to come to a decision within 30 days.

The details of the Appeals Procedure can be found in document PRO049 – Appeal Procedure.

Annex 1: Explanation of the scoring scale*

Scores	Meaning: for all verification scheme options	Technical meaning for all independent verification and certification audits
0	Your organisation does not work towards applying the CHS commitment.	<p>Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: major weakness. <input type="checkbox"/> Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p>Score 1: indicates a weakness that does not immediately compromise the integrity of the commitment but requires to be corrected to ensure the organisation can continuously deliver against it. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification: minor weakness. <input type="checkbox"/> Certification: minor non-conformity, leading to a minor corrective action request (CAR).
2	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p>Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification and certification: observation.
3	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled.	<p>Score 3: indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent verification and certification: conformity.
4	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.	<p>Score 4: indicates an exemplary performance in the application of the requirement.</p>

* Scoring Scale from the CHSA Verification Scheme 2020

Annex 2: Danish Refugee Council Maintenance Audit 2024

Terms of Reference for the lead auditor

The following sets out the terms of reference for Danish Refugee Council's (DRC) 2024 Maintenance Audit in light of two recent complaints of non-compliance with the Core Humanitarian Standard received by HQAI against the organisation (complaint references ED_1 and ED_2).

A) In line with PRO 114.2 DRC 2024 maintenance audit shall:

i. review the actions taken to address non-conformities identified during the previous audit (RA 2023). This concerns the following indicators:

- *5.3: Manage complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.*
- *5.5: An organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.*

The RA2023 audit report recommends for the next audit cycle to focus on DRC's approach to resolving staff confidence in its complaints mechanism, This warrants a higher level of purposive and random staff interviews in Copenhagen and during site visits.

ii. review the appropriate use of marks and/or any other reference to certification by the organisation.

B) In light of the complaints received, the auditor will also conduct the following activities:

i. an on-site visit to DRC's head office in Copenhagen, Denmark

ii. review systems in place to support on-going compliance with the following CHS indicators:

- *5.2: Welcome and accept complaints, communicate how the mechanism can be accessed and the scope of issues it can address*
- *8.2: Staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them.*
- *8.5: Staff policies and procedures are fair, transparent, non-discriminatory and compliant with local employment law.*
- *9.5: Manage the risk of corruption and take appropriate action if it is identified*

iii. assess the continuity of operational controls and, in light of the complaints received, this will include:

- The existence and effectiveness of a process to prevent and, if needed, mitigate discriminatory practices in recruitment in DRC head office, regional and country offices
- The timeliness, documentation, confidentiality and communication to complainants of action taken following their complaints
- The effective protection of complainants and monitoring of what could be interpreted as retaliative measures (or lack thereof), and communication to staff and complainants on the existence of such protection

iv. review any changes in the organisation's system that could have an impact on the application of the reference standard.

v. Proactively seek support and mentorship from HQAI supervisor auditor pool