



Danish Red Cross  
CHS Certification  
Maintenance Audit Report  
DRC-MA1-2019-01  
Date: 2019-03-26

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## 1. General information

Organisation	Danish Red Cross (DRC)		
Type	<input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Membership/Network <input checked="" type="checkbox"/> Federated <input type="checkbox"/> Direct assistance <input checked="" type="checkbox"/> Through partners		
Mandate	<input checked="" type="checkbox"/> Humanitarian	<input checked="" type="checkbox"/> Development	<input checked="" type="checkbox"/> Advocacy
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian	<input type="checkbox"/> Development	<input type="checkbox"/> Advocacy
Verified indicators: 3.6, 3.8, 5.1, 5.4, 5.6			
Size (Total number of programme sites/ members/partners – Number of staff at HO level)		12 partners (Host National Societies)	
Lead auditor	Johnny O'Regan	Auditor	
		Others	(Observers,)
Interviews			
Locations	By Skype		
Dates	25 February – 25 March 2019		

## 2. Schedule summary

### 2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	25/2/19	18/3/19
Location	Skype	Skype
Number of participants	2	2
Any substantive issue arising	No	No

### 2.2 Interviews

Position of interviewees	Number of interviewees
<b>Head Office</b>	
Management and Staff	5
<b>Country programmes</b>	
Management and Staff	4
<b>Total number of interviews</b>	9

## 3. Recommendation

In our opinion, DRC has implemented corrective actions to close the minor non-conformities identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard. We recommend maintenance of certification.

Detailed findings are laid out in the rest of this report and its confidential annex.

Lead Auditor's Name and Signature

Date and Place: Dublin,  
March 25, 2019

*Seán O'Regan*



## 4. Quality Control

<b>Quality Control by</b>	Claire Goudsmit
<b>Follow up</b>	
First Draft	21.03.2019
Final Draft	25.03.2019

## 5. Background information on the organisation

### 5.1 Organisational structure and management system

DRC reorganised its International Department in 2018 to improve focus on strategic priority areas, improve linkages within and between HQ and country offices, cope with new realities of operating environments (longer term humanitarian crises) and reallocate workloads that reflect growth in staff and revenue. This has resulted in some more specialised roles - such as one focal point for each donor in Denmark and the removal of desk functions that previously had responsibility for compliance and reporting. DRC is slowly phasing out of Europe and Asia and increasing its focus on Africa. As of April 2019, DRC will have 2 regions (Africa, Middle East) and one cluster, EurAsia. HQ now has three units (programmes, disaster management, partnership and compliance) and a Secretariat. The senior management group and governing body are made aware of any changes in the CHS process and certification.

### 5.2 Organisational quality assurance

DRCs has introduced a Go-No-Go format to allow for early consideration of potential opportunities. The Partnerships and compliance unit has the mandate to make decisions regarding whether to submit proposals. Regarding implementation, DRCs new quarterly reporting system is less activity based than previously and has a traffic light system concerning key implementation deliverables.

### 5.3 Work with Partners

DRC works solely through National Societies of the RCRC movement and has one partner in each country. DRC currently undertakes humanitarian work through 12 Host National Societies (HNS) in Europe, Asia, Africa and the Middle East. Based on strategic focus areas, DRC is scaling back in sectors such as WASH and, where necessary, working through partners with relevant expertise and/or outsourcing expertise. DRC has signed a strategic partnership agreement with the ICRC to support work with national societies, particularly around community protection, data protection and national society development. DRC is working with other National Societies to become more strategic in how it works with partners and a number of heads of international departments of National Societies (including Holland, Canada, UK, Denmark, US, Spain) are involved in a working group to move this agenda forward, for example by reducing programmatic and reporting duplication and increasing efficiency, impact and localisation. DRC now has a stronger focus on partners' compliance, particularly on procurement and finance through specific monitoring visits and deployment of expertise to work alongside partners.

## 6. Report

### 6.1 Overall organisational performance

DRC has been proactively addressing the CARs raised during the initial certification audit and has made solid progress since then. DRCs analysis of the status of partners' complaints mechanisms is useful for targeting partners that require support. It has also addressed the issue of data protection in Denmark. DRC has not yet undertaken a comprehensive analysis of the extent to which partners have addressed other aspects of the CHS, such as the extent to which partners have consulted on complaints mechanisms or developed systems to protect personal information. The next audit (mid-term audit) will have a strong focus on the extent to which DRC is undertaking robust analyses of partners' compliance with the CHS.

### 6.2 Status of the Corrective Action Requests

CORRECTIVE ACTION REQUESTS	TYPE (MINOR/ MAJOR)	ORIGINAL DEADLINE FOR RESOLUTION	STATUS OF CAR AT MA	TIME FOR RESOLUTION
2018-3.6 DRC has limited formal procedures in place for identifying unintended negative effects.	Minor	2019-02-13	Open	2020-02-13
2018-3.8 DRC does not systematically safeguard personal information collected from communities or work with partners to ensure the safeguarding of information collected by them.	Minor	2019-02-13	Closed	
2018-5.1 DRC does not support partners to ensure community participation in the design, implementation and monitoring of complaints handling processes.	Minor	2019-02-13	Open	2020-02-13
2018-5.4 DRC does not systematically work with partners to develop complaints mechanisms and does not have a global analysis of the extent to which partners have documented complaints mechanisms.	Minor	2019-02-13	Closed	
2018-5.6 DRC is not systematically working with its partners to develop information sharing plans	Minor	2019-02-13	Open	2020-02-13



that describe expected staff behaviour and communities are not sufficiently aware of expected staff behaviour.				
<b>Total</b>				<b>3</b>

### 6.3 Updated average scores per commitment

CHS Commitment	Score
<b>Commitment 1:</b> Humanitarian assistance is appropriate and relevant	2.3
<b>Commitment 2:</b> Humanitarian response is effective and timely	2.5
<b>Commitment 3:</b> Humanitarian response strengthens local capacities and avoids negative effects	2.9
<b>Commitment 4:</b> Humanitarian response is based on communication, participation and feedback	2.1
<b>Commitment 5:</b> Complaints are welcomed and addressed	1.6
<b>Commitment 6:</b> Humanitarian response is coordinated and complementary	3
<b>Commitment 7:</b> Humanitarian actors continuously learn and improve	2.3
<b>Commitment 8:</b> Staff are supported to do their job effectively, and are treated fairly and equitably	2.5
<b>Commitment 9:</b> Resources are managed and used responsibly for their intended purpose	2.3

### 6.4 Recommended Organisational Responsibilities to check for the mid term audit

The audit team recommends checking the organisational responsibilities for indicators 3, 4, 5, 7, 8, 9 at the mid term audit as well as the status of CARs and observations.

### 6.5 Recommendations for sampling at next audit

The audit team recommends visiting at least one programme site and auditing another remotely.

## 7. Organisation's report approval

### Acknowledgement and Acceptance of Findings

For Organisation representative – please cross where appropriate

I acknowledge and understand the findings of the audit



I accept the findings of the audit



I do not accept some/all of the findings of the audit



Please list the requirements whose findings you do not accept



Name and Signature

BIRGITTE B. ERBESEN


Date and Place

9.4.2019, COPENHAGEN

Date of document: 2019-03-26



## 8. HQAI's decision

<b>Certification Decision</b>	
Certificate:	
<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn
<b>Next audits</b>	
Before date: type of audit (MTA, MA or re-certification, as relevant)	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 11-04-2019 

## 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 in writing HQAI 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

0	<p><b>A score of 0 denotes a weakness that is so significant that it indicates that the organisation is unable to meet the required commitment. This is a major weakness to be corrected immediately.</b></p> <p>EXAMPLES:</p> <p>Operational activities and actions contradict the intent of a CHS commitment.</p> <p>Policies and procedures contradict the intent of the CHS commitment.</p> <p>Absence of processes or policies necessary to ensure compliance at the level of the commitment.</p> <p>Recurrent failure to implement the necessary actions at operational level make it impossible for the organisation to ensure compliance at the level of the commitment.</p> <p>Failure to implement corrective actions to resolve minor non-conformities in the adequate timeframes (for certification only)</p> <p>More than half of the indicators of one commitment receive a score of 1 (minor non-conformity), making it impossible for the organisation to ensure compliance at the level of the commitment. (for independent verification or certification only)</p>
1	<p><b>A score of 1 denotes 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 the commitment.</b></p> <p>EXAMPLES:</p> <p>There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement.</p> <p>Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p> <p>Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures.</p> <p>Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.</p>
2	<p><b>A score of 2 denotes an issue that deserve attention but does not currently compromise the conformity with the requirement.. This is worth an observation and, if not addressed may turn into a significant weakness (score 1).</b></p> <p>EXAMPLES:</p> <p>Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.</p> <p>There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p>
3	<p><b>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</b></p> <p>EXAMPLES:</p> <p>Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.</p> <p>Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.</p> <p>The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.</p> <p>Policy and practice are aligned.</p>



4	<p>The organisation demonstrates innovation in the application of this requirement/commitment. 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> <p>EXAMPLES:</p> <p>Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</p> <p>Relevant staff can explain in which way their activities are in line with the requirement and can provide several examples of implementation in different sites. They can relate the examples to improved quality of the projects and their deliveries.</p> <p>Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</p> <p>Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</p>
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