

# Danish Red Cross

## Maintenance Audit 2 – Report - 2024/11/01

### 1. General information and audit activities

<b>Role / name of auditor(s)</b>	Lead Auditor, Sarah Kambarami	
<b>Audit cycle</b>	Second Cycle	
<b>Opening Meeting</b>	<b>Date / number of participants</b>	<b>Any substantive issues arising</b>
	07.10.2024 / 14 participants (7F, 7M)	No
<b>Closing Meeting</b>	11.10.2024 / 9 participants (5F, 4M)	No
<b>Interviews</b>	<b>Position / level of interviewees</b>	<b>Number</b>
	Head Office Management	2
	Head Office Advisors	3

### 2. Actions and progress of organisation

#### 2.1 Significant change or improvement since the previous audit

Since the previous maintenance audit in 2023, Danish Red Cross (DRC) has continued to work to close gaps identified in the Recertification Audit (2022) through embedding its improvements in Protection, Gender and Inclusion (PGI), Community Engagement and Accountability (CEA), and Greening across its work in the International Department. The development of the DRC Climate Policy 2024-2025 and the establishment of the Global Must-Win on Climate for 2024 are key strategic steps that the DRC has taken this year to help minimise the negative impact on the environment of their work, both at operational and programming levels. To address the other gaps, a strategic approach to mainstreaming CEA and PGI has been supported through the work of the Senior CEA and PGI Advisors. A comprehensive joint framework and structure is in place, composed of a Working Group (WG) - with appointed Focal Points at Headquarters (HQ), Country Offices (CO) and Regional Offices (RO) focusing on implementing the WG workplan and development of CO Action Plans - and a CEA-PGI Community of Practice focused on learning and sharing good practice. The work to close the gaps identified in the 2022 audit, related to using risk assessments and understanding of diverse vulnerabilities to influence the design and implementation of programmes, sustainability/exit planning, and improving complaints processes at community level, have all been systematically integrated into the CEA-PGI workplan.

In addition to the progress on the corrective actions, DRC has also continued to make improvements across many other areas of the CHS. Policies, guidance and tools have been revised, including on Counter-Terrorism, corruption, emergency needs assessments, digitalisation and whistleblowing. In addition, one of the other “Global Must Wins” for 2024 focused cross-departmental efforts on establishing what localisation means to Danish Red Cross. The ongoing ‘Fit-for-Purpose’ (FFP) work, reviewing the extent to which the structure of the International Department is positioned to enable effective delivery of the International Strategy (2022-2025), focused its attention this year on clarifying the role and set-up of the Regional Offices.

Processes are in place to monitor progress on meeting the CHS requirements. Specifically for CEA-PGI related commitments, the annual Project Progress Reports (PPRs) require reporting on key indicators and progress in other CHS areas is tracked at Host National Societies (HNS) level. A key deliverable for the CEA-PGI Working Group is for each CO to develop an action plan to support CEA and PGI in the HNSs that DRC works with. In addition, the Portfolio Team (Operations Unit) monitor project implementation through bi-monthly follow up meetings with the Country Offices.

It is clear that the DRC has a strong organisational commitment to the Core Humanitarian Standard (CHS). Senior Management are well informed on the findings from previous audits and are strategically supporting the steps being taken to address the gaps. Staff express an appreciation for the external perspective that the CHS audits provide and can evidence how the audit findings offer a catalyst for change. There is evidence that DRC takes a systemic approach to addressing the audit findings, seeking to integrate CHS requirements into organisational systems and processes in order to further improve the quality and accountability of their work.

## 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)
2022-1.2: DRC programmes do not consistently ensure an impartial assessment of risks, and an understanding of the vulnerabilities of different groups in order to design and implement appropriate programmes.	Minor by 2025 Renewal Audit	<p>DRC has continued to provide a structured and systematic approach to supporting the integration of protection, gender and inclusion (PGI) issues in its programmes. The PGI Advisor works closely with the CEA Senior Advisor to implement the CEA-PGI framework and workplan in collaboration with the network of Focal Points. The Working Group is prioritising country level action plans to support HNSs and the Community of Practice enables sharing of learning and good practice in this area. There is a risk that the CEA-PGI Focal Points do not have this function formally included in their Job Descriptions yet, which can result in varied levels of engagement, and risks those staff members being overwhelmed with competing priorities.</p> <p>Throughout 2024, a range of tools, training and case studies were developed to support the PGI work. This includes a guidance note on the approach to Emergency Needs Assessment (ENA), a guidance sheet for integrating PGI &amp; CEA into Anticipatory Action programming, WG session on conducting PGI analysis and a session on PGI during the Relief Emergency Response Units (ERU) training, highlighting why PGI is important and the risks of not understanding different needs and vulnerabilities when designing programmes.</p> <p>There has also been an increased focus on integrating PGI considerations into other existing systems and processes, supporting the mainstreaming of this approach throughout DRC's work. Examples include input to the project management course and revising the PGI indicators in the Project Progress Report (PPR) template (mapping them directly to this CHS requirement). In addition, Ukraine CO, supported by PGI advisor, developed a PGI project design checklist to ensure that PGI analysis has been carried out and that it informs project design. The checklist considers the specific needs of different population groups (age, gender, disability groups &amp; context-specific/vulnerable population groups), as well as Dignity, Access, Participation and Safety principles of these context-specific/vulnerable groups, throughout programme implementation. Work is ongoing across the unit to review programme level risk analysis processes and how issues such as PGI can be better reflected in those tools as well.</p> <p>The extent to which these initiatives have resulted in DRC programmes being designed and implemented with a greater consideration for diverse needs and vulnerabilities in practice, will be assessed at the next audit.</p>	692, 733, 736, 737, 738, 739, 741, 747,  Staff interviews
2022-3.4: DRC staff do not systematically plan a transition or exit strategy in the early stages of	Minor by 2025 Renewal Audit	Throughout 2024, DRC has continued to strengthen its work on localisation, CEA and long-term programme sustainability in support of its work on transition and exit strategies. The CEA-PGI Working Group has included a focus on exit planning in DRC supported projects by	712, 721, 748, 749  Staff interviews

humanitarian programmes.		<p>supporting HNSs to design and implement programmes in ways that support increased sustainability and impact.</p> <p>In the CEA-PGI Community of Practice, examples of good practice are shared with all DRC staff through exchanges with country and regional focal points. This year, this included the work of Malawi Red Cross's sustainability and exit planning with communities.</p> <p>The template for Emergency Intervention Description has been updated and now includes a dedicated section on exit strategies. This prompts those designing emergency response projects to describe how the project will promote early recovery, build on local capacities, support long term strategies as well as consider impact on the environment.</p> <p>Progress against this requirement is now systematically monitored by DRC through its annual PPR reporting processes. The results of the 2023 reports demonstrate that sustained support in this area is still needed, particularly in terms of engaging communities in transition and exit planning.</p>	
2022-5.2: DRC does not systematically communicate how DRC's or HNS' complaint mechanism can be accessed and the scope of issues it can address.	Minor by 2025 Renewal Audit	<p>At the DRC level, action has been taken to ensure that the complaints mechanism in place is better communicated to all staff, including how to access it and the scope of issues it addresses. A mandatory training on Prevention and Response to Sexual Exploitation, Abuse and Harassment and the Whistleblower Policy was developed and will be rolled out during 2024 to all HQ Units, Regional Offices and Country Offices. As of June 2024, 88 HQ staff had attended the training. Q3 and Q4 will focus on rolling out the training for all COs and ROs.</p> <p>At the programme level, this aspect is part of the wider work on strengthening community engagement and accountability practices at HNS level. At the CEA-PGI CoP, a case study from Bangladesh Red Crescent was shared focusing on their work with community feedback mechanisms and how they integrate these at the grassroots level.</p> <p>Ongoing mapping of the capacity of different partner HNS in relation to complaints handling helps to identify where more support is needed. Data is collected on the different ways that HNSs share information about programmes with communities, but there is no indication about whether this includes communicating on how to access complaints channels and the scope of issues that they address.</p> <p>The extent to which these initiatives have resulted in HNS communicating clearly how to access its complaints or feedback mechanism and the scope of issues it can address at the community level in DRC programmes will be assessed at the next audit.</p>	<p>708, 750, 751, 752, 753, 754, 755, 756</p> <p>Staff interviews</p>
2022-5.4: Complaints handling processes for communities and people affected by crisis are not consistently documented.	Minor by 2025 Renewal Audit	<p>Global tracking of capacity in CEA and PGI, including PSEAH and safeguarding by the Senior Advisors enables targeted support to COs and HNSs in the broader area of complaints handling. Specifically, documentation of different complaints processes (procedures for referrals, handling sensitive complaints, use of tools for logging complaints and feedback etc) are included.</p>	<p>708, 709, 747, 766</p> <p>Staff interviews</p>

		<p>CEA and PGI advisors regularly discuss with COs the importance of ongoing support to HNSs with institutionalising their own approach to handling complaints. The expectation is that all HNSs develop their own policies, strategies, guidelines and tools for complaints handling, PSEAH and safeguarding, in line with good practice as promoted by the RCRC Movement.</p> <p>DRC's Senior Advisor on CEA, together with COs also provide technical support, on request, to strengthen this area of work at HNS level. For example, the CEA advisor supported the Yemen CO in reviewing and providing feedback on the Yemen Red Crescent draft policy for complaints and feedback.</p> <p>The extent to which this emphasis on strengthening complaints handling systems at the HNS level, with support and accompaniment provided by DRC, has resulted in more systematic documentation of HNS complaints handling processes will be assessed at the next audit.</p>	
2022-9.4: DRC does not systematically consider the use of local and natural resources and their impact on the environment.	Minor by 2025 Renewal Audit	<p>In 2024, DRC established a "Global Must-Win" on Climate with the ambition that "International Department (ID) is ready to deliver on the goals set in the Danish Red Cross Climate Policy 2024-2025.". This has enabled extra attention, resources and strategic focus on delivering progress against this requirement.</p> <p>In line with this, DRC have developed training on the Nexus Environmental Assessment Tool (NEAT+) and Climate-Smart Programming which will be rolled out in November 2024. It is mandatory for all country and regional offices to send focal points to the four-day workshop. The training will prepare them to conduct climate and environmental risk assessments and have a roadmap that supports DRC in minimising environmental impact in its programmes.</p> <p>Nepal and Bangladesh received additional funding in 2024 as Climate Champions to explore the interlinkages between health and climate change. This resulted from a climate resilience study undertaken in Asia region in 2023. A similar climate study is planned to be conducted by MENA region later in 2024.</p> <p>In 2023, at the organisational level, Ernst and Young supported the International Finance Department to undertake a report on the DRC's climate footprint, including emissions data from the DRC HQ as well as fleet emissions from international operations. Gaps in data were identified and a consultant is working with the ID to deliver an overall plan for how the ID can reduce, measure, calculate, and report on its carbon footprint reduction, which in turn will support the process of calculating more accurate 2024 emissions data in 2025.</p> <p>It is noted that the Sustainable and Green Supply Chain Coordinator role has been discontinued. It is not clear which role or function is currently coordinating the different climate-related workstreams across the organisation. This, together with the 2024 Climate Global Must-Win coming to an end, risks the progress on climate work not receiving the same strategic attention that it has done in 2024 moving forwards.</p>	<p>691, 702, 757, 759, 760, 761, 714</p> <p>Staff interviews</p>

		<p>Staff also indicate that there is appetite at HNS level to make progress both at an organisation level (lowering emissions, greening procurement etc) as well as at programming levels (climate-smart programming, systematically assessing impact on environment), but that this needs resourcing systematically. The opportunity to coordinate with others in the RCRC Movement was also highlighted as a strategy for making further progress on this requirement at the HNS level.</p> <p>In its Climate Policy (2024-2025), DRC sets ambitious targets, including that all country programmes have developed, or are in the process of developing, climate and environmental risk assessments by the end of 2025. Progress against this target, and the extent to which these increased efforts in 2024 have had an impact in practice, will be assessed at the next audit.</p>	
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### 3. Summary of non-conformities


Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2022-1.2: DRC programmes do not consistently ensure an impartial assessment of risks, and an understanding of the vulnerabilities of different groups in order to design and implement appropriate programmes.	Minor	Open	By 2025 Renewal Audit
2022-3.4: DRC staff do not systematically plan a transition or exit strategy in the early stages of humanitarian programmes.	Minor	Open	By 2025 Renewal Audit
2022-5.2: DRC does not systematically communicate how DRC's or HNS' complaint mechanism can be accessed and the scope of issues it can address.	Minor	Open	By 2025 Renewal Audit
2022-5.4: Complaints handling processes for communities and people affected by crisis are not consistently documented.	Minor	Open	By 2025 Renewal Audit
2022-9.4: DRC does not systematically consider the use of local and natural resources and their impact on the environment.	Minor	Open	By 2025 Renewal Audit
<b>Total Number of open CARs</b>	<b>5</b>		

### 4. Claims Review

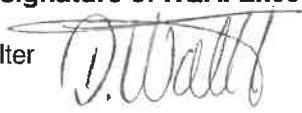
<b>Claims Review conducted</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Follow-up required</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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### 5. Lead auditor recommendation

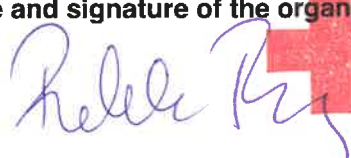

<p>In my opinion, Danish Red Cross has demonstrated that it is taking necessary steps to address the CARs identified in the previous audits and continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.</p> <p>I recommend maintenance of certification.</p>	
<b>Name and signature of lead auditor:</b>	<b>Date and place:</b>

 Sarah Kambarami	1st November 2024 Bonn, Germany
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## 6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
<b>Surveillance audit before:</b> 2025/10/24	
<b>Name and signature of HQAI Executive Director:</b> Désirée Walter 	<b>Date and place:</b> Geneva, 04 November 2024

## 7. Acknowledgement of the report by the organisation

<b>Space reserved for the organisation</b>	
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
<b>Name and signature of the organisation's representative:</b>   DANISH RED CROSS	<b>Date and place:</b> Copenhagen 8/11/2024

## 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
<b>0</b>	Your organisation does not work towards applying the CHS commitment.	<p><b>Score 0:</b> 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"> <li>Independent verification: major weakness.</li> <li><b>Certification:</b> major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issued or immediate suspension of certificate.</li> </ul>
<b>1</b>	Your organisation is making efforts towards applying this requirement, but these are not systematic.	<p><b>Score 1:</b> 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"> <li>Independent verification: minor weakness.</li> <li><b>Certification:</b> minor non-conformity, leading to a minor corrective action request (CAR).</li> </ul>
<b>2</b>	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.	<p><b>Score 2:</b> 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"> <li>Independent verification and certification: observation.</li> </ul>
<b>3</b>	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><b>Score 3:</b> indicates full conformity with the requirement. This leads to:</p> <ul style="list-style-type: none"> <li>Independent verification and certification: conformity.</li> </ul>
<b>4</b>	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><b>Score 4:</b> indicates an exemplary performance in the application of the requirement.</p>

\* Scoring Scale from the CHSA Verification Scheme 2020