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HUMANITARIAN QUALITY ASSURANCE INITIATIVE

DANISH REFUGEE COUNCIL

CHS Certification

Maintenance Audit Report

DRCOUNCIL-MA1-2018-07

Date: 2018-07-19

Table of Content

1. General information

Organisation	DANISH REFUGEE COUNCIL		
Type	☐ National ☒ International ☐ Membership/Network ☐ Federated ☒ Direct assistance ☒ Through partners		
Mandate	☒ Humanitarian	☒ Development	☒ Advocacy
Verified Mandate(s)	☒ Humanitarian	☒ Development	☒ Advocacy
Size (Total number of programme sites/ members/partners – Number of staff at HO level)	193 offices with 6107 national and 475 expatriate staff in 36 countries (2017)		
Lead auditor	BIRGIT SPIEWOK	**Auditor**	N/A
		Others	
	Head Office		
Location	COPENHAGEN		
Dates	25 JUNE 2018		

2. Schedule summary

2.1 Opening and closing meetings at Head Office

	Opening meeting	Closing meeting
Date	25.6.2018	25.6.2018
Location	COPENHAGEN	COPENHAGEN
Number of participants	6	6
Any substantive issue arising	---	---

2.2 Interviews

Position of interviewees	Number of interviewees
Head Office	
Senior Management	3
Advisor / Mid-management	5
Total number of interviews	8

3. Recommendation

In our opinion, DRC has implemented the necessary actions to close the minor CARs 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.

BIRGIT SPIEWOK
Lead Auditor's Name and Signature

Date and Place:
BERLIN, 18 JULY 2018

4. Quality Control

Quality Control by	Elissa Goucem
Follow up	
First Draft	2018-07-16
Final Draft	2018-07-19

5. Background information on the organisation

5.1 General

DRC has embarked in a significant overhaul of the organisational structure in order to achieve clearer reporting and responsibility lines, in support of DRCs 2020 strategy. This process of re-structuring has been implemented in the past year and the new structure was operational at the time of the maintenance audit.

The organisation has appointed a new Secretary General. All senior management positions are in place, but for some new positions the recruitment process is still ongoing.

Structural changes and operational policies and processes are being put in place to ensure that the necessary corrective actions for full compliance with the CHS are taking place. The organisation shows a high level of engagement for improvement on the CARs identified in the initial audit.

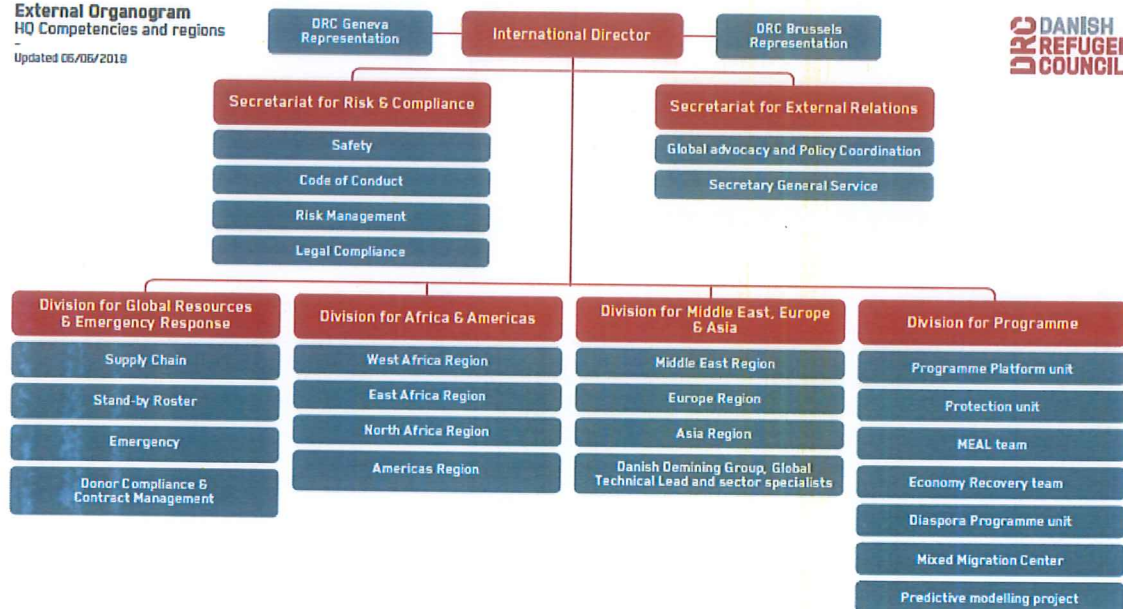### 5.2 Organisational structure and management system

The new organigram of the organisation shows a number of new set-ups:
- The area of risk and compliance has been strengthened by both upgrading it to a Secretariat and by increasing the number of staff. It has become a management support function for the International Director, signalling its importance for the whole organisation and not only for Operations. The Secretariat now manages all risks and compliance functions which had previously been handled in different divisions.
- A secretariat for External Relations was also set-up, which is in line with the new 2020 strategy of increasing advocacy and external engagement of the organisation.
- All country operations are now managed in one of two geographically-based Divisions; the Division for Africa and America and the Division for Europe, Middle East and Asia, thus moving away from managing some country operations as stand-alone operations.
- The Division for Global Resources and Emergency Response now covers the Roster, Emergency, Supply Chain and all Financing and Contract Management including Donor Focal Points. This Division gives cross-cutting operational support to operations with strengthened Supply Chain management and specialised contract management.
- The Division for Programme hosts programme expertise areas e.g. Diaspora and Mixed Migration, provides technical support to Heads of Programme and technical / sectoral and programme staff in the field, leads on Protection and manages the MEAL team. The 2020 strategic participation project, which aims at supporting staff in the

mainstreaming of participation and accountability practices across DRC programmes, is also part of this Division.
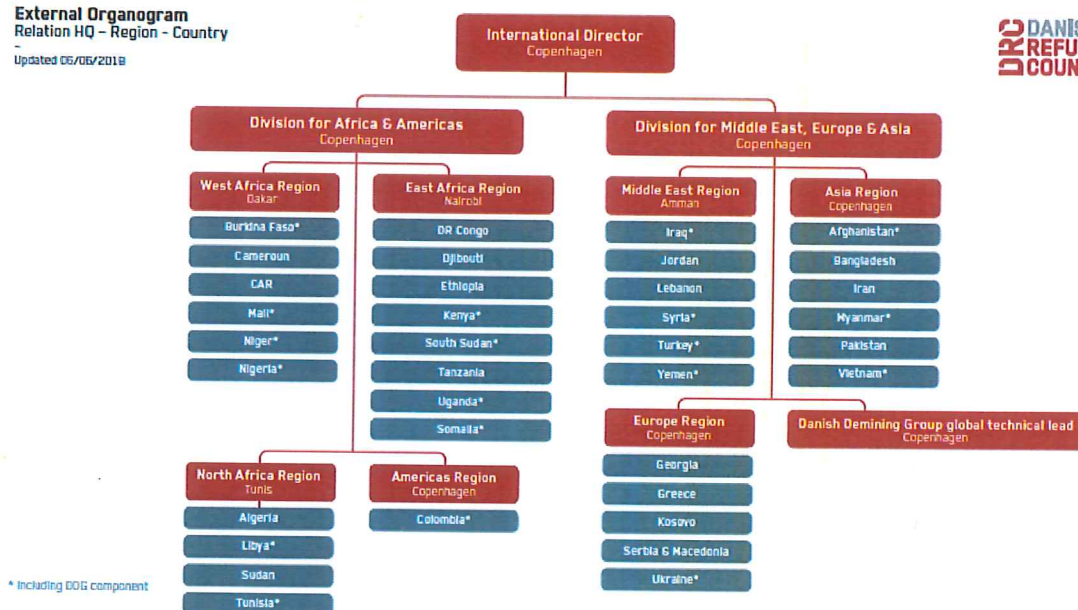
- The Senior Management Group now consists of the International Director, the two Secretariats and the four Heads of Divisions, increasing it to 7 members.

External Organogram
HQ Competencies and regions
Updated 06/06/2018

DRC Geneva Representation	International Director	DRC Brussels Representation

DANISH REFUGEE COUNCIL

Secretariat for Risk & Compliance
- Safety
- Code of Conduct
- Risk Management
- Legal Compliance

Secretariat for External Relations
- Global advocacy and Policy Coordination
- Secretary General Service

Division for Global Resources & Emergency Response
- Supply Chain
- Stand-by Roster
- Emergency
- Donor Compliance & Contract Management

Division for Africa & Americas
- West Africa Region
- East Africa Region
- North Africa Region
- Americas Region

Division for Middle East, Europe & Asia
- Middle East Region
- Europe Region
- Asia Region
- Danish Demining Group, Global Technical Lead and sector specialists

Division for Programme
- Programme Platform unit
- Protection unit
- MEAL team
- Economy Recovery team
- Diaspora Programme unit
- Mixed Migration Center
- Predictive modelling project

External Organogram
Relation HQ – Region – Country
Updated 06/06/2018

International Director
Copenhagen

DANISH REFUGEE COUNCIL

Division for Africa & Americas
Copenhagen

West Africa Region
Dakar
- Burkina Faso*
- Cameroun
- CAR
- Mali*
- Niger*
- Nigeria*

East Africa Region
Nairobi
- DR Congo
- Djibouti
- Ethiopia
- Kenya*
- South Sudan*
- Tanzania
- Uganda*
- Somalia*

North Africa Region
Tunis
- Algeria
- Libya*
- Sudan
- Tunisia*

Americas Region
Copenhagen
- Colombia*

Division for Middle East, Europe & Asia
Copenhagen

Middle East Region
Amman
- Iraq*
- Jordan
- Lebanon
- Syria*
- Turkey*
- Yemen*

Asia Region
Copenhagen
- Afghanistan*
- Bangladesh
- Iran
- Myanmar*
- Pakistan
- Vietnam*

Europe Region
Copenhagen
- Georgia
- Greece
- Kosovo
- Serbia & Macedonia
- Ukraine*

Danish Demining Group global technical lead
Copenhagen

* Including DDG component

5.3 Organisational quality assurance

Following on from the results of the initial audit (May 2017), where 19 observations and 3 CARs had been identified, the organisation set-up a representative working group in November 2017 to develop the CHS action plan to address those. The action plan is organised according to thematic areas and identifies for each a responsible lead. It states relevant actions which have already been planned for and actions which yet need to be addressed. The plan was submitted to senior management for approval in December 2017; however, it is considered to be a living document. The working group meets bi-monthly and the plan has since been updated, in March 2018.

The organisation has decided to also increase the number of staff to four positions in the MEAL team. These will now include a project specialist for participation and accountability and a project specialist for Programme Data.

5.4 Work with Partners

There has been no change in the way DRC works with partners since the initial audit.

6. Report

6.1 Overall organisational performance

The initial audit identified DRC as an organisation that performs well against the CHS and shows great commitment to organisational learning and continuous improvement of its services to affected communities. 19 observations were identified and 3 minor non-conformities on commitment 5.

DRC has made progress in addressing the non-conformities 5.1, 5.2 and 5.6. However, at the maintenance audit not enough evidence of field application was found to completely close off these CARs. Changes in policy and procedures have been made, but there is not sufficient evidence from the affected communities on a systematic application in practice.

Actions undertaken to respond to the non-conformities include, but are not limited to:
- Launch of an updated and final Operations Handbook policy on the Code of Conduct Reporting Mechanism (CoCRM)
- Launch of the Code of Conduct Annual Report
- Preparation of the CoCRM 2018 workplan
- Design of a Participation project, including a PHD study to understand key conditions for improving participation in humanitarian response and developing a participation framework for DRC
- Raising awareness on the PSEA in the organisation, including the launch of a zero-tolerance policy by the Secretary General

The organisation shows high commitment to acting on the identified non-conformities at senior management and management level and across departments and divisions. The progress made in this first year of certification is significant and allows recommending the maintenance of the certificate. Nevertheless, the effects of these measures at field level have yet to be demonstrated and further evidence of practice and application will be needed to allow a full closure of the 2017- CARs.

As the original deadlines for resolution were set for July 2019, this will allow gathering evidence at the community level during the mid-term audit.

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
5.1: DRC does not consult communities and other stakeholders on the design, implementation and monitoring of its complaint handling processes.	Minor	Two years	Open	31 July 2019
5.2: DRC does not ensure that information on how to access its complaint mechanisms and their scope is consistently available to its stakeholders.	Minor	Two years	Open	31 July 2019
5.6: DRC does not ensure that communities are aware of the expected behaviours of staff, including commitments on the prevention of sexual exploitation and abuse.	Minor	Two years	Open	31 July 2019

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

RIKKE Friis

Date and Place

27.06.2018   Copenhagen

2018-07-19

8.   HQAI's decision

Certification Decision

Certificate:

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

Next audits

MTA before 2019-07-24

Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 2018-08-21

Annex 1: Explanation of the scoring scale

0	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.
	EXAMPLES: • Operational activities and actions contradict the intent of a CHS commitment. • Policies and procedures contradict the intent of the CHS commitment. • Absence of processes or policies necessary to ensure compliance at the level of the commitment. • 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. • Failure to implement to resolve minor non-conformities in the adequate timeframes • 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.
1	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.
	EXAMPLES: There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement. Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures. Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment. 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. Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.
2	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).
	EXAMPLES: • Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture. • There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies. • Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.
3	The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.
	EXAMPLES: • Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff. • Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes. • The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.

	• Policy and practice are aligned.
4	**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.** EXAMPLES: • Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed. • 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. • Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement. • Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.
5	**On top of demonstrating conformity and innovation, the organisation receives outstanding feedback from communities and people. This is an exceptional strength and a score of 5 should only be attributed in exceptional circumstances** EXAMPLES: • Actions at all levels and across the organisation go far beyond the intent of the relevant CHS requirement and could serve as textbook examples of ultimate good practice. • Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures.