hqai

**HUMANITARIAN QUALITY
ASSURANCE INITIATIVE**

# Danish Red Cross
# Renewal Audit – Summary Report – 2025/09/19

## 1. General information

### 1.1 Organisation

| Type | Mandates | Verified |
|---|---|---|
| ☒ International<br>☐ National<br>☐ Membership/Network<br>☐ Direct Assistance<br>☒ Federated<br>☒ With partners | ☒ Humanitarian<br>☒ Development<br>☒ Advocacy | ☒ Humanitarian<br>☒ Development<br>☐ Advocacy |
| **Legal registration** | Private, non-profit organisation in Denmark | |
| **Head Office location** | Copenhagen, Denmark | |
| **Total number of organisation staff** | 588 (95 in the International Department) | |

### 1.2 Audit team

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|---|---|
| **Lead auditor** | Sarah Kambarami |
| **Second auditor** | Roshan Dahal |
| **Third auditor** | |
| **Observer** | |
| **Expert** | |
| **Witness / other participants** | |

### 1.3 Scope of the audit

| **CHS:2024 Verification Scheme** | Certification |
|---|---|
| **Audit Cycle** | Third cycle |
| **Type of audit** | Renewal Audit |
| **Scope of audit** | The audit covers the humanitarian and development work of the International Department of the Danish Red Cross (DRC). This is an expansion of the scope of the audit. Previous audits covered the humanitarian mandate only. |
| **Focus of the audit** | The audit focused on assessing a range of programming across the humanitarian and development mandates, including short term emergency responses, longer term programming and Host National Society (HNS) development (capacity building). |

### 1.4 Sampling*

| Sampling unit | Country Programmes |
|---|---|
| **Total number of sampling units** | 18 |
| **Sample size** | 4 |
| **Total number of onsite visits** | 1 |
| **Total number of sampling units for remote assessment** | 3 |
| **Sampling Unit Selection** | |

| Random Sampling — onsite/remote | Purposive Sampling — onsite/remote |
|---|---|
| Myanmar – not selected | Somalia – remote |
| Lebanon – not selected | Ukraine – remote |

| Bangladesh - onsite | |
|---|---|
| Iraq - remote | |

**Any other sampling considerations:**

The audit team intentionally included Country Programmes in the sample from all three regions in which Danish Red Cross (DRC) is operational and sampled projects from within those programmes that represented a range of different programming. Regional staff were interviewed from the region where the onsite visit was conducted, and partner staff were selected for interview from Host National Societies (HNS) based in the sampled countries.

**Sampling risks identified:**

No specific sampling risks were identified. The audit team is confident in the findings and conclusions of this audit based on the sample as outlined above.

*\*It is important to note that the audit findings are based on a sample of an organisation's activities, programmes, and documentation, as well as direct observation. Findings are analysed to determine an organisation's systematic approach and application of all aspects of the CHS across different contexts and ways of working.*

# 2. Activities undertaken by the audit team

## 2.1 Opening Meeting

| **Date** | 2025/05/05 | **Number of participants** | 99 |
|---|---|---|---|
| **Location** | Remote | **Any substantive issues arising** | None |

## 2.2 Locations Assessed

| **Locations** | **Dates** | **Onsite or remote** |
|---|---|---|
| Copenhagen | 2025/05/05 – 2025/05/09 | Remote |
| Bangladesh | 2025/05/24 – 2025/05/29 | Onsite |
| Iraq | 2025/06/03 | Remote |
| Ukraine | 2025/06/05 | Remote |
| Somalia | 2025/06/10 | Remote |

## 2.3 Interviews

| **Level / Position of interviewees** | **Number of interviewees** | | **Onsite or remote** |
|---|---|---|---|
| | **Female** | **Male** | |
| **Head Office** | | | |
| Management | 4 | 6 | Remote |
| Staff | 8 | 2 | Remote |
| **Country Offices** | | | |
| Management | 3 | 3 | Onsite and remote |

| | | | |
|---|---|---|---|
| Staff | 1 | 5 | Onsite |
| Partner staff (Host National Societies) | 3 | 9 | Onsite & remote |
| Other stakeholders | 1 | 4 | Onsite |
| **Total number of interviewees** | **20** | **29** | **49** |

## 2.4 Consultations with communities

| Type of group and location | Number of interviewees | | Onsite or remote |
|---|---|---|---|
| | Female | Male | |
| Group discussion #1 – Community leaders, MHPSS project, Bangladesh | 0 | 4 | Onsite |
| Group discussion #2 – Community Based Child Protection Committee (CBCPC), MHPSS project, Bangladesh | 2 | 8 | Onsite |
| Group discussion #3 – adolescent boys, MHPSS project, Bangladesh | 0 | 10 | Onsite |
| Group discussion #4 – adolescent girls, MHPSS project, Bangladesh | 11 | 0 | Onsite |
| Group discussion #5 – Male community volunteers, MHPSS project, Bangladesh | 0 | 4 | Onsite |
| Group discussion #6 – Female community volunteers, MHPSS project, Bangladesh | 4 | 0 | Onsite |
| Community interview #1 – Doctors (Mother Child Health Centre), NCD project, Bangladesh | 0 | 2 | Onsite |
| Community interview #2 – Midwives (Mother Child Health Centre), NCD project, Bangladesh | 2 | 0 | Onsite |
| Group discussion #7 – Health Care Workers, NCD project, Bangladesh | 3 | 4 | Onsite |
| Group discussion #8 – Elderly women peer support group, NCD project, Bangladesh | 8 | 0 | Onsite |
| **Total number of participants** | **30** | **32** | **62** |

## 2.5 Closing Meeting

| | | | |
|---|---|---|---|
| **Date** | 2025/06/25 | **Number of participants** | 16 |
| **Location** | Remote | **Any substantive issues arising** | None |

# 3. Background information on the organisation

| | |
|---|---|
| **3.1 General information** | As a National Society within the Red Cross and Red Crescent (RCRC) Movement, the Danish Red Cross (DRC) was legally registered as a non-profit humanitarian organisation under Danish law in 1964. DRC operates both domestically and internationally with a mandate to alleviate human suffering, protect life and health, and uphold human dignity. DRC is guided by the Movement's seven Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

In its international work, DRC focuses on fragile contexts in East and West Africa, the Middle East, Asia, and Europe. The Country Office portfolios are managed by Country Offices under three Regions – Eurasia, Africa and MENA (Middle East and North Africa). |

DRC's international strategy for 2022-2025, "Ready to Act", targets three transformative breakthroughs:

- Healthy Lives – People live healthy lives and access quality essential health services;
- Disasters Damage Fewer Lives – people anticipate, cope with, and recover from crises; and
- Included and Safe People – people are included and live safe, dignified and active lives.

In order to deliver these breakthroughs, DRC International Department prioritised five strategic initiatives over this strategic period:

- Engage and influence the humanitarian agenda
- Promote data-informed decision-making and action
- Cultivate localisation
- Increase financing for development and humanitarian action
- Mobilise partnerships for sustainable change.

Given the ongoing changes in the global context, this strategy has been extended for a further year, through to 2026. A new strategy will be developed for implementation from 2027 onwards.

Domestically, DRC delivers wide-ranging services for vulnerable individuals, including asylum seekers, isolated elderly, and youth. It operates over 200 local branches and numerous second-hand shops, generating both income and community engagement. The domestic work of DRC is not included in the scope of this audit.

In 2024, DRC reported a total income of DKK 1.94 billion (approx. EUR 260 million), with DKK 828 million allocated to international relief and development work. Funding sources include Danish and international donors (DKK 1.1 billion), private contributions (DKK 505 million), and retail revenue (DKK 312 million). In this same period, DRC reached over 4.2 million people globally and nearly 800,000 in Denmark, supported by approximately 40,000 volunteers and 942 staff.

**3.2 Governance and management structure**

The Danish Red Cross (DRC) operates as a democratic membership organisation, encompassing over 200 local Danish branches, each with its own board. Every two years, representatives from these local branches convene at the General Assembly to elect a Governing Board for a four-year term. This Governing Board holds overall responsibility for the DRC's governance between General Assembly meetings, prioritising organisational learning, ethical standards, and accountability, including reviewing CHS audit outcomes. One of its four Board-level working groups, the International Working Group, specifically monitors DRC's international operations.

Key governing bodies also include the Finance and Audit Commission, a specialised committee ensuring financial integrity and fraud mitigation, and the Work Environment Committee, which focuses on health and safety, meeting quarterly. The Employee Forum facilitates staff-management dialogue, ensuring optimal working conditions, and the IT-Security Board safeguards digital assets and data.

Under the overall responsibility of the Secretary General (appointed by the Board), international operations are managed by the International Department (ID), led by the International Director.

The DRC's management structure is departmentalised, fostering collaboration through committees. The ID comprises units including Disaster & Crisis Response, Global

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Partnerships, Operations (managing regional structures and country offices), Technical Quality & Impact, and Humanitarian Policy & Analysis. Decision-making follows a hierarchical approval process with defined thresholds and two-party authorisation.

The organogram below provides a visual representation of the structure of the Danish Red Cross International Department.
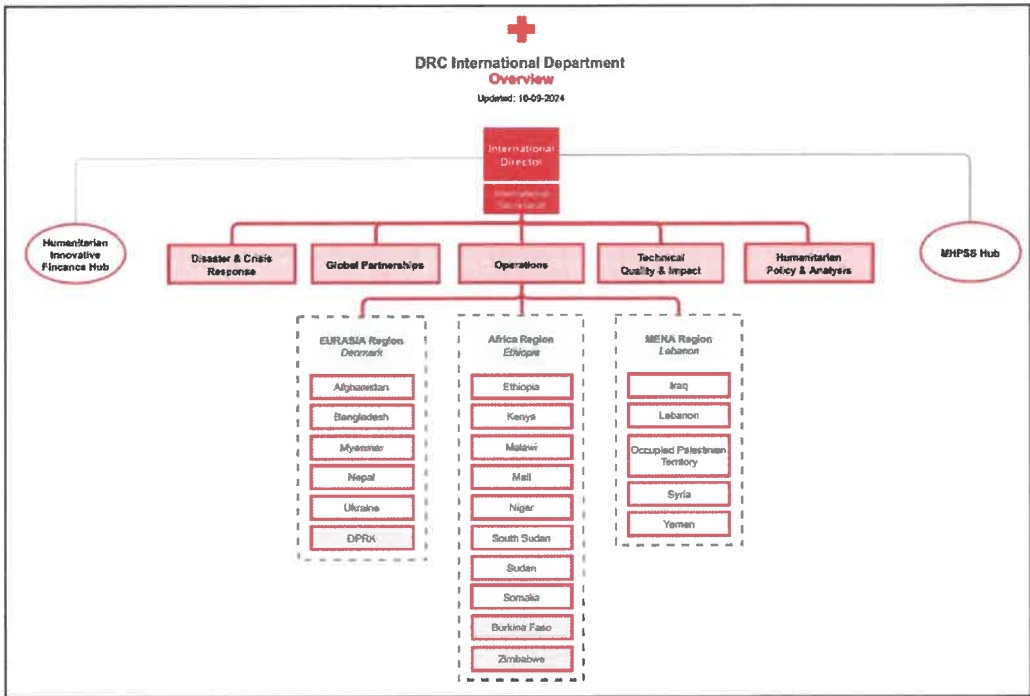


### 3.3 Work with partner organisations

In its international work, DRC does not implement directly, but strategically partners with Host National Societies (HNS) within the RCRC Movement, coordinating with other Partner National Societies (PNS) in any given context. This approach aims to reduce duplication, increase efficiency and impact, and support the RCRC Movement's approach to localisation. Through coordination, PNS, including DRC, contribute complementary skills and share support functions (finance, procurement, audit, M&E, reporting). In some contexts, DRC also partners with, and supports, the International Committee of the Red Cross (ICRC). Partnership Standard Operating Procedures (SOPs) guide DRC's approach to entering, maintaining, and ending partnerships with an HNS.

DRC has Partnership Framework Agreements in place governing the partner relationship with HNS in 18 priority countries. Specific project agreements are also put in place for managing the details of specific projects. Collaboration and partnerships are at the heart of DRC's work, with funding also prioritised to support HNS capacity, for example branch development and technical support. All support provided to HNS partners is aligned to HNS national mandate and strategic priorities.

The quality of the relationship with partner HNS is formally assessed through a Partnership Review Talk (PRT) process. DRC Country Office Teams interact on a daily basis with partner HNS staff, overseeing day to day operations and strategic direction. As part of DRC's commitment to localisation, there is a commitment to transfer a minimum of 40% of funding from the Danish Ministry of Foreign Affairs (MFA) Strategic Partnership Agreement (SPA) to local partners. In 2023, 49% of SPA funds were transferred to HNS partners and country and branch levels.

# 4. Overall performance of the organisation

**4.1 Internal quality assurance and risk management mechanisms**

Danish Red Cross (DRC) maintains a robust framework for internal quality assurance and risk management, encompassing various systems and processes at both the Head Quarters (HQ) and country programme levels.

The organisation's quality assurance is deeply integrated into its operational approach, with the Core Humanitarian Standard (CHS) referenced as a key guiding framework in its International Strategy. This commitment extends to programme planning and implementation, ensuring that activities are based on fair, impartial, and transparent criteria, and regularly monitored and adjusted to address priority needs. Financial reviews are a mandatory part of the Quality Assurance Checklist to ensure donor requirements are met.

DRC employs a comprehensive risk management framework. This includes systematic identification of programmatic risks, such as unintended harm to people as well as risks to project completion, with mandated mitigation measures. Risk analysis is conducted annually at the organisational level and is integrated into country strategies and project-specific assessments. The Integrity Committee, composed of representatives from across the organisation, plays an important role in advising on policy implementation and compliance in the area of integrity. This includes prevention, detection and responding to fraud and corruption and abuse of power, such as sexual exploitation and abuse.

Financial management is a cornerstone of DRC's internal control system. This includes sound financial management practices, transparent reporting, and a zero-tolerance stance on corruption. Segregation of duties, financial guidelines, and regular audits ensure responsible resource management. DRC has a whistleblower mechanism and Work Environment Committee at HQ, which help address risks related to safeguarding and misconduct. Public anti-corruption reporting further builds trust.

The highest level of responsibility for risk management processes lies with the Integrity Committee and the Executive Board, with regular reviews and reporting. Evidence of effective operation includes consistent enforcement of a zero-tolerance corruption stance, audits, and lessons-learned workshops that enable adaptation and improvement. Country offices adjust programmes based on community feedback, and delegated authority to field staff allows for rapid adaptations, demonstrating the practical application of risk management procedures. Policies and procedures are in place to assess and address risks that may affect the achievement of the organisation's objectives, both at HQ and country programme levels, with a focus on continuous improvement and accountability.

**4.2 Level of application of the CHS**

DRC continues to demonstrate a strong commitment to the application of the CHS across its work, at both strategic and operational levels. The CHS is referenced as a key framework guiding the International Strategy, and Partner Project Agreements require both parties to commit to the principles of the CHS in their joint work. The systematic approach to fully integrate the RCRC Movement's Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) work is a particular strength, which supports the DRC's strong performance across many of the CHS commitments. In addition, the partnership approach that DRC has put in place, both with Host National Societies (HNS), other RCRC actors, as well as other stakeholders, promotes a consistent level of application of the CHS at programme level.

Since the last Renewal Audit in 2022, DRC has taken strategic steps to address the areas of weakness identified, with the Focal Point monitoring the action plan and reporting regularly

to management and to the DRC Board. A 'Global Must Win' on climate supported the work undertaken to partially address the gaps previously identified related to considering the impact of resource use on the environment. This remains an area for improvement as the changes at the policy level and roll out of training on NEAT+ and Climate-Smart Programming have not yet resulted in a systematic approach to reduce the potential negative environmental impacts of the organisation's operations and its programmes. Other areas of weakness identified at this audit include a lack of systematic monitoring to ensure an adequate level of understanding of how complaints will be addressed, a lack of systematic collection and use of disaggregated data for decision making, and a gap in ensuring processes are in place to investigate and take appropriate actions to address misconduct.

Overall, the DRC continues to promote and demonstrate a strong culture around quality and accountability at both HQ and Country Office levels. The audit team appreciated the high level of openness and transparency demonstrated as well as the cross-organisational commitment to use the CHS audit as a learning process to further improve the work of the International Department at all levels.

## 4.3 PSEAH

DRC exhibits a robust commitment to Protection from Sexual Exploitation, Abuse and Sexual Harassment (PSEAH), built upon a solid foundation of established systems and practices. A comprehensive policy framework explicitly prohibits all forms of exploitation, abuse, and harassment, including SEAH, with a clear zero-tolerance stance. These policies are integrated into operational documents and partnership agreements.

The organisation has diligently implemented multiple accessible and confidential reporting mechanisms for concerns and complaints, including SEAH, such as hotlines, complaint boxes, and a dedicated, externally managed whistleblower portal. A crucial aspect of DRC's approach is its explicit commitment to a survivor-centred methodology, prioritising informed consent, dignity, safety, and respect for victims and survivors throughout the process, extending to medical and psychosocial support.

Mandatory onboarding training ensures staff and volunteers are well-versed in the Code of Conduct and PSEAH principles when joining the organisation. Community-level awareness sessions and culturally adapted materials inform individuals about expected staff behaviour and reporting channels, fostering high community trust in DRC and Host National Society (HNS) staff and volunteers. Due diligence in recruitment, including SEAH reference checks, aim to prevent misconduct. Finally, the Integrity Committee provides crucial oversight, reinforcing the organisation's commitment to ethical conduct.

Despite these significant strengths, there are some areas identified in this audit for improvement. There is limited provision of refresher training on the Code of Conduct for long-serving staff, potentially leading to outdated knowledge. In addition, there is a lack of detailed guidance to ensure timely and appropriate actions (e.g. investigations) are taken to address misconduct, especially reports of misconduct related to PSEAH. While communities generally understand how to report SEAH related complaints, a structured process to regularly monitor their understanding of how complaints will be addressed is not systematically in place.

## 4.4 Organisational performance against each CHS Commitment

| Strong points and areas for improvement | Average score* |
|---|---|
| **Commitment 1: People and communities can exercise their rights and participate in actions and decisions that affect them.** | 2.8 |

The RCRC Movement commitment to Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) provides a strong framework for implementing many of the requirements in this commitment, and this is evident at all levels across the organisation (HQ, CO and partner levels). The integration of PGI throughout the project cycle supports a systematic approach to integrating diversity, equity and inclusion considerations into programmes and a strong understanding of vulnerability was demonstrated in the different contexts in which DRC works. General information about the organisation, the programme, expected behaviour of staff and how to provide feedback/report complaints is shared regularly using a variety of contextually appropriate languages and formats. CEA processes, which are systematically implemented in all programmes, ensure communities are engaged meaningfully throughout the project cycle, and processes are in place for obtaining informed consent, although in practice often verbal, not written, consent is sought. Organisational guidance is followed regarding use of images/material for external communications that is respectful and preserves the dignity of people.

**Feedback from communities:**
Communities confirm that diversity, equity and inclusion considerations are integrated into the programmes. They were able to identify different marginalised groups in the community and describe how the programme adapts its activities to meet diverse needs. Communities state that information is communicated regularly, including on PSEAH, in ways that are respectful and contextually appropriate, and as a result they demonstrate a good understanding of who DRC and/or the partner HNS is, what is happening in the programme, the expected behaviour of staff, and how to give feedback or report a complaint if necessary. When material is gathered for external communications, communities confirm providing verbal informed consent and appreciate that care is taken to preserve their dignity. Communities also confirm that they are happy to participate in the work, find it meaningful and can engage in a variety of ways throughout the project cycle, according to their preference.

| Commitment 2: People and communities access timely and effective support in accordance with their specific needs and priorities. | 2.8 |
|---|---|

DRC has a strong focus on ensuring the quality of the programmes they support. The close partnership with HNS and the strong emphasis on community participation in the design phase of programmes is complemented by the DRC's technical input and thorough review processes. As a result, systematic processes are in place for ensuring support is based on a good understanding of context, as well as understanding diverse needs, vulnerabilities and capacities of people. Programmes are also consistently designed based on local knowledge, local capacities and existing community-based actions. DRC, in partnership with HNS, systematically use fair, impartial and transparent criteria for selecting location of programmes and target beneficiaries/participants, with a focus on the most marginalised. DRC and HNS use relevant technical standards, and DRC provides technical support to ensure the work is consistently of good quality. HNS partners particularly appreciate the strong technical support that DRC provides. Consistent mapping of services provided by other stakeholders enables the referral of unmet priority needs.

DRC has processes in place to regularly monitor programmes, together with HNS, and have the flexibility to adjust programmes as needed to ensure they are timely, accessible and address priority needs. Partners appreciate DRC's flexible, adaptive approach when monitoring processes indicate that changes need to be made. However, some monitoring activities are not always completed in a timely way which means the monitoring data may not be available in time to make necessary adjustments to programmes.

**Feedback from communities:**
Communities confirm that local knowledge and capacity is understood and respected, and examples were provided of how this was integrated into the planning and implementation of programmes. All community groups highlighted that there is no discrimination and that the criteria and processes used to define the programmes, including who is supported within the programmes, are fair and transparent. Communities confirm being engaged in monitoring processes, and as a result relevant adjustments are made to ensure that actions are timely, accessible and address their priority needs. Examples were provided of useful referrals to other relevant organisations to help address any unmet needs. Overall, communities expressed a deep appreciation for the technical quality of the work conducted by DRC and the partner HNS.

| Commitment 3: People and communities are better prepared and more resilient to potential crises. | 2.8 |
|---|---|

The RCRC Movement fundamental principle of voluntary service, together with the movement wide approach to community engagement and accountability (CEA) contributes to the significant alignment between DRC practice and the CHS requirements in this commitment. There are systematic approaches in place to ensure that all programmes support community leadership (both formal and informal) with active community volunteer engagement and community-led project committees reinforcing locally led actions and decision making. The DRC's strategic breakthrough area focuses on communities adopting anticipatory approaches and this has helped ensure a consistent approach across DRC's programmes to support local community-level capacities to anticipate and reduce risks of potential disasters. DRC also has systems and processes in place to ensure that programmes are planned and implemented in ways that contribute to long-term positive effects, particularly on people's lives, livelihoods and the local economy. DRC makes systematic efforts from the outset of programme design to consider the sustainability of the work. However, there is less emphasis on ensuring that programmes contribute positively to the environment. High levels of engagement of local actors in design processes supports local ownership of resources and local decision making. DRC's ongoing organisational support to HNS, including branch development (strengthening the capacity and effectiveness of local Red Cross/Red Crescent branches to better serve their communities) also supports this.

## Feedback from communities:

Communities confirm that both their formal and informal leaders, as well as locally led efforts to reinforce resilience, are supported through the programmes. They confirm feeling better able to anticipate and reduce risks of potential disasters, giving concrete examples of how to be better prepared. Communities are also able to articulate the long-term positive impact of the work, especially on their lives and livelihoods. There was some concern expressed about what will happen in the future if the funding ends, having noted other organisations scaling down their activities. However, most communities confirm feeling confident that even after the programme ends, they will be able to sustain the benefits in the future due to the level of engagement and ownership they have in the process.

| Commitment 4: People and communities access support that does not cause harm to people or the environment. | 2.2 |
|---|---|

DRC demonstrates a strong and well-established commitment to safeguarding people and communities. It has implemented robust systems to identify, prevent, mitigate, and address potential and actual negative impacts on people. This is evidenced by trusted community reporting channels, responsive incident resolution processes, sound foundational policies (including a Code of Conduct, Child Safeguarding, and Whistleblower protections), and a survivor-centred approach to investigations. This commitment is further reinforced through mandatory PSEAH and rights protection training for all staff and volunteers, and thorough pre-employment vetting. These elements collectively form a coherent organisational approach to protecting safety, security, rights, and dignity, and preventing exploitation and abuse by personnel. Similarly, the organisation ensures the safe, ethical, and effective management of data and information. It has established policies compliant with recognised good practice for handling sensitive data and implements secure physical and digital storage measures to minimise risks to people and communities.

DRC has also taken important steps towards reducing negative environmental impacts of both its programmes and its operations. Progress since the last renewal audit is noted, including the development of a new Travel Policy, the roll-out of NEAT+ environmental assessment training, initiatives to "green" logistics, and piloting specific eco-friendly efforts like bamboo use and digital reporting. However, a coherent organisational approach to systematically reduce negative environmental impacts is not yet fully established. While foundational policies and tools exist, the integration of environmental risk assessment within programme design and implementation is not yet systematically in place. Eco-friendly initiatives have not been systematically scaled or integrated across operations. Furthermore, both formal partnership agreements and informal discussions with partners currently lack consistent reflection of shared environmental expectations. Staff acknowledge that developing a comprehensive, organisation-wide strategy to measure and minimise its operational environmental footprint remains a key area for improvement.

## Feedback from communities:

Communities confirm that potential harm to them is identified and acted upon. Examples were provided of protection risks being identified and activities being adjusted for different groups to make them safer. They also expressed trust in the organisation's reporting mechanisms, noting they understand how to report concerns, witness tangible actions being taken in response, and feel their feedback is heard and respected. Staff and volunteers are consistently

observed demonstrating respectful and inclusive behaviour and programming is seen as responsive, with communities noting adjustments made based on their feedback. They also trust that information and data provided to the organisation, including any related to SEAH, is protected and kept confidential. However, community members were generally less able to identify how potential harm to the environment had been prevented.

| Commitment 5: People and communities can safely report concerns and complaints and get them addressed. | 2.3 |
| --- | --- |

DRC has systems in place to ensure that safe, accessible, and appropriate feedback and complaint mechanisms are established at the community level. Evidence shows that multiple, well-adapted channels (e.g., hotlines, complaint boxes, community meetings, QR codes, multilingual materials) are established which are suitable for the local context. Communities are aware of these, find them convenient, and actively use them. The RCRC Movement commitment to accountability at the community level and well-established CEA approaches at all HNS, helps ensure that complaints at the community level are managed, investigated, addressed and/or referred appropriately, applying a victim/survivor-centred approach. Communities express deep trust in these systems, citing tangible outcomes to complaints (including staff dismissal) and confidence in the confidentiality of the process, particularly for sensitive issues like SEAH and fraud. A coherent organisational approach is evident through a central whistleblower portal, integrity committees for oversight, and the integration of accountability into HNS partnerships via joint tools and alignment around the CEA approach. However, the consistent application of victim/survivor-centred approaches in complaint handling varies, particularly depending on the capacity of partner HNS to ensure this is in place.

In general, people and communities understand how staff and volunteers are expected to behave and how to report concerns and complaints. This understanding is regularly monitored in practice through informal discussions at the community level; however, this is not a formal monitoring requirement. Some formalised monitoring processes are in place to track community level understanding of how to report complaints (e.g., using protection mainstreaming indicators in Post Distribution Monitoring processes). However, there is limited monitoring of communities and other stakeholders' understanding of how complaints would be addressed, and there is less consistent understanding of this as a result.

**Feedback from communities:**
Communities report feeling safe using the available feedback channels, describing different mechanisms as suiting diverse groups within the community. They note that staff handle sensitive issues, including related to SEAH, respectfully and confidentially, increasing their trust in the process. Communities are also able to cite specific examples of resolved complaints, both programmatic and sensitive, demonstrating that their reports lead to action. Awareness of expected staff behaviour and how to complain is strong, however, communities express limited awareness of how their complaints will be addressed once submitted. Despite this, communities demonstrate trust that complaints would be investigated and addressed in ways that support and protect the complainant.

| Commitment 6: People and communities access coordinated and complementary support. | 3 |
| --- | --- |

DRC continues to perform well in this commitment with established processes and ways of working ensuring that programmes are complementary to locally led efforts and coordinated with all relevant stakeholders. In line with the IFRC Way of Working, DRC operates exclusively through partnerships with Host National Societies (HNS), ensuring its work complements existing work of local actors and avoiding duplication with other RCRC movement bodies. In turn, the consistent approach of HNS to support the work of national and local authorities and the strength of the RCRC Movement in mobilising an active community volunteer network, ensures the DRC work complements locally led and community-based actions. DRC staff consistently participate and take leadership roles in relevant coordination bodies.

DRCs approach to partnership is based on equitable partnership principles, respecting the characteristics, roles and responsibilities of each partner in their work together. DRC consistently supports partner HNS to apply quality and accountability commitments through structured capacity-building and organisational development support, as requested by HNS. Country teams also support HNS staff through an accompaniment approach. The quality and effectiveness of the partnerships are regularly assessed through formal mechanisms like Partnership Review Talks

(PRTs) and other ongoing processes of interaction, leading to responsive adjustments based on partner feedback. Partners highly value DRC's partnership approach, explicitly noting DRC's flexibility, technical support, and the resulting trust built between them.

**Feedback from communities:**
Communities confirm that the work of the DRC is planned and implemented in ways that complements locally led action. Communities also note good coordination between DRC and the partner HNS with other key actors in their context, including local authorities and other humanitarian agencies. Communities confirm that there is no duplication of efforts with other actors.

| Commitment 7: People and communities access support that is continually adapted and improved based on feedback and learning. | 2.2 |
|---|---|

DRC consistently ensures that there are many processes in place, throughout the project cycle, to listen and respond to feedback and inputs from people and communities. The CEA approach across the RCRC Movement helps ensure this is systematically embedded in the HNS way of working in all contexts. Evidence from the sampled programmes demonstrates that data and information gathered from feedback and monitoring processes, particularly qualitative feedback from communities, is used to guide decision making and improve programmes. Disaggregated data is routinely collected, particularly on age and sex, however the collection of other disaggregated data that reflects the diversity of people and communities in specific contexts is not systematic. In addition, when available, disaggregated data is not systematically analysed and used at programme level for decision making to improve the quality and relevance of activities for diverse community groups. Staff and partners note that disaggregated data is often collected more for reporting purposes rather than for decision making at the programme level. DRC has systems and processes in place to ensure that learning from feedback and monitoring, and any related changes, are shared with relevant stakeholders (including partners) and with people and communities. Most of the learning shared with communities is based on responding to their feedback and the day-to-day monitoring activities, however, there is less intentional sharing of learning at the community level from formal processes, such as evaluations or technical reviews.

**Feedback from communities:**
Communities confirm that there are regular opportunities made available for them to provide feedback about DRC and its work through many different channels. They believe that the information they share influences decisions within the programmes and gave concrete examples of how their feedback had led to adaptations and improvements in the programmes that they were engaged in. Communities also feel that the staff respect their time, availability and willingness when collecting data or information from them, and that the data collected reflects their diversity. Communities confirm that learning is shared informally with them through regular engagement opportunities, although there was limited recollection of being engaged in more formal learning events.

| Commitment 8: People and communities interact with staff and volunteers that are respectful, competent, and well-managed. | 2.4 |
|---|---|

DRC has a coherent approach to managing human resources effectively in a fair, non-discriminatory and transparent manner, supported by a number of policies, procedures and processes that are easily accessible on the intranet, well known and implemented effectively. The work environment prioritises the safety, security and wellbeing of staff and volunteers and the Work Environment Committee ensures compliance with health and safety legislation in the workplace. In Country Office (CO) contexts, security is coordinated through the IFRC and protocols for security briefings, assessments and security management are well known and followed by staff. Staff also feel supported to fulfil their roles effectively, with annual performance management processes, supportive relationships with supervisors, and provision for professional training and development in place. Opportunities at the CO level for technical training however, is perceived as being more limited than at HQ level due to limitations related to access, budget and time.

All staff and partners and community volunteers have signed a Code of Conduct (CoC) on joining the organisation and know the importance of adhering to it. However, there are no regular refresher trainings or discussions on contextualising the CoC and staff have not been required to re-sign the CoC following recent revisions. A whistleblower system is in place and staff generally know how to raise concerns and sensitive complaints and would

feel safe to do so. However, some processes are not so well established within the organisation to ensure timely and appropriate actions or investigations are taken to address misconduct, especially reports of misconduct related to PSEAH. Overall, the audit team noted a strong culture of quality and accountability being promoted and demonstrated by leadership, staff and volunteers throughout the organisation.

**Feedback from communities:**
All communities consistently praise the behaviour of the staff and volunteers that they interact with, indicating alignment with the organisation's Code of Conduct and a clear demonstration at the community level of a culture of quality and accountability. The communities feel respected, supported and well-treated by the staff and volunteers. In addition, communities recognise the skills and experience that the staff and volunteers bring to their roles.

| | |
|---|---|
| **Commitment 9: People and communities can expect that resources are managed ethically and responsibly.** | 2.8 |

DRC has sound systems and practices in place to ensure resources are managed ethically and responsibly. Strategic steps are taken to ensure that the organisation's structure and ways of working are 'fit for purpose' to meet the commitments set out in the international strategy. Robust financial planning (including budget forecasting, shared cost models) and healthy surpluses ensure adequate capacity to meet commitments and operational continuity. Structured assessments and contingency measures proactively mitigate funding gaps. Governance oversight is effective through dedicated Finance/Audit and Integrity Committees. Ethical management is underpinned by comprehensive anti-corruption policies, whistleblower systems, donor screening, and procurement controls, safeguarding neutrality and humanitarian principles. Partners explicitly confirm the transparent use of funds and alignment with these principles. Proactive risk management is institutionalised, with regular reviews of risk registers at all levels, documented fraud response protocols, and external audits verifying compliance and responsible financial management. DRC has appropriate processes in place to ensure resources are used for their intended purpose while minimising waste and environmental impact. However, the systematic tracking of environmental impacts of resource use is noted as an area for improvement.

**Feedback from communities:**
Communities confirm that, from their perspective, the DRC has sufficient capacity and resources to undertake the programmes and that they manage their financial resources responsibly. They report fair and trusted distribution of resources, in line with the intended purpose, explicitly stating that support consistently reaches those who need it. They note reduced presence of other NGOs but value DRC's reliable and consistent service delivery, reflecting confidence in their responsible use of resources. Examples were cited of ways in which waste and environmental impact were being minimised within the context of the programmes.

*\* Note: 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 (CHSA Verification Framework – Scoring Grid, 2024).*

# 5. Summary of open non-conformities

| Corrective Action Request (CAR) | Type | Status | Resolution timeframe |
|---|---|---|---|
| 2025-4.2: DRC does not systematically identify, prevent, mitigate and address potential and actual negative impacts of programmes on the environment. | Minor | New | By the 2028 Renewal Audit |
| 2025-4.5: DRC has not yet established a coherent organisational approach to reduce the negative environmental impacts of the organisation and its work in line with recognised good practice. | Minor | New | By the 2028 Renewal Audit |

| | | | |
|---|---|---|---|
| 2025-5.3: DRC does not regularly monitor that people, communities and other relevant stakeholders understand how reports and concerns will be addressed. | Minor | New | By the 2028 Renewal Audit |
| 2025-7.2: DRC does not ensure that disaggregated data that reflects the diversity of people and communities, beyond sex and age, is collected and used for decision making. | Minor | New | By the 2028 Renewal Audit |
| 2025-8.6: DRC does not ensure it has the processes in place to systematically take timely, appropriate actions to address misconduct, including related to SEAH, of all staff and volunteers, in line with recognised good practice. | Minor | New | By the 2028 Renewal Audit |
| **Total Number of open CARs** | 5 | | |

## 6. Claims Review

| Claims Review conducted | ☒ Yes  ☐ No | Follow-up required | ☒ Yes  ☐ No |
|---|---|---|---|

## 7. Lead auditor recommendation

In my opinion, DRC has demonstrated that it continues to demonstrate no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability.

I recommend renewal of certification.

| Name and signature of lead auditor: | Date and place: |
|---|---|
| Sarah Kambarami | 16 September 2025 <br><br> Bonn, Germany |

## 8. HQAI decision

| Certificate renewed: | ☒ Issued <br> ☐ Preconditioned (Major CARs) |
|---|---|
| Start date of the current certification cycle: 2025/10/25 <br> Next audit before 2025/09/19 | |
| Name and signature of HQAI Executive Director: <br><br> Désirée Walter | Date and place: <br><br> Geneva, 19 September 2025 |

# 9. 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:<br><br>*If yes, please give details:* | ☐ Yes    ☒ No |
| **Acknowledgement and Acceptance of Findings:**<br><br>I acknowledge and understand the findings of the audit<br><br>I accept the findings of the audit | <br><br>☒ Yes    ☐ No<br><br>☒ Yes    ☐ No |
| **Name and signature of the organisation's representative:**<br>RIKKE FRIIS, DIRECTOR INTERNATIONAL DEPARTMENT | **Date and place:** 25/9/2025<br>Copenhagen |

# 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.<br><br>**For third-party auditing schemes:**<br><br>Independent verification: A major weakness.<br><br>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.<br><br>**For third-party auditing schemes:**<br><br>Independent verification: A minor weakness.<br><br>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.<br><br>**For third-party auditing schemes:**<br><br>Independent verification: Requirement is met with an observation.<br><br>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.<br><br>**For third-party auditing schemes:**<br><br>Independent verification: Requirement is met.<br><br>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.<br><br>**For third-party auditing schemes:**<br><br>Independent verification: Requirement is met in an exemplary way.<br><br>Certification: Conformity in an exemplary way. | To give a score 4, **all measurable components** of a requirement are verified to be in place.<br><br>**In addition**, the following must be verified:<br>• An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place.<br><br>and/or<br><br>• 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:**<br><br>• 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.<br>• 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