

Danish Refugee Council

Maintenance Audit 2 – Report – 2025/09/08

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Sarah Kambarami	
Audit cycle	Second Cycle	
Opening Meeting	Date / number of participants	Any substantive issues arising
	2025-08-19 / 6 participants	None
Closing Meeting	2025-08-27 / 24 participants	None
Interviews	Position / level of interviewees	Number
	Executive Director and Heads of Departments/Units	4 (2F/2M)
	Global Advisors	3 (2F/1M)

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

This Maintenance Audit (MA) takes place within the context of significant organisational change at the Danish Refugee Council (DRC). The United States of America (USA) was DRC's second largest donor, and the current funding situation has resulted in a drop of 20% of DRC's income, resulting in a need for a 30% decrease in overhead costs. This has led to significant downsizing across DRC since February 2025, resulting in a decrease from approximately 7,600 to 5,600 employees worldwide from January 2025 to January 2026.

In addition to staff reductions, the organisational structure has also been impacted, with a reduced geographic footprint and the removal of the regional office structure. By June 2026, DRC plans to have closed six Country Operations - Central African Republic (CAR), Burundi, Georgia, Kosovo, Mexico, and Tanzania - reducing the total globally from 34 to 28. Furthermore, the regional layer has been removed so that from 2026, the organisation will operate with two layers (Country Operations and Headquarters). The current four regional offices will be replaced by three HQ Hubs, with a small standard core structure of between 5-10 staff each, based in Amman (covering Middle East & North Africa and Asia & Europe), Dakar (covering West Africa & the Americas), and Nairobi (covering East Africa & Great Lakes).

Despite these significant changes, DRC remains strongly committed to meeting its CHS Commitments and continues to make progress in addressing the findings (both non-conformities and observations) from the previous renewal audit. A detailed action plan has been developed, and a range of initiatives are underway, seeking to make systemic changes across the organisation. These include monitoring and continuous improvement of the Code of Conduct Reporting Mechanism (CoCRM), strengthening DRC's survivor-centred approach, designing and implementing a revised set of policies, procedures and guidance for emergency programming (including new categorisation criteria to support timely response, outcome monitoring, and embedding localisation commitments), continued roll out of the new Code of Conduct, and revisions to the Organisational Handbook to support staff learning and development.

The DRC Global CHS Steering Committee continues to meet on a quarterly basis with a broad range of representatives from across the organisation. One of the key functions of the committee is to monitor the areas of weakness identified in CHS Audits and to collectively respond in a timely way to close any non-conformities. It is noted, however, that some of the actions planned to address the non-conformities have been delayed or scaled back due to staffing and resource related uncertainties faced during 2025.

The DRC Voices Survey continues to be carried out twice a year, providing management with the opportunity to identify key areas that will improve the overall culture and effectiveness of the organisation, and for teams to initiate

actions to improve wellbeing and motivation. The Voices Survey continues to be a mechanism that enables the monitoring of corrective actions related to staff perceptions around the Code of Conduct Reporting Mechanism (CoCRM).

In summary, DRC has made concerted efforts in a time of significant organisational change, to systematically address the two open Corrective Action Requests (CARs) and the 13 Observations from the 2023 Renewal Audit. Systems are in place to monitor the effectiveness of the actions being taken. Staff interviewed at this audit demonstrate a strong commitment to learning from the audit findings and making necessary improvements. However, the implications of the significant funding cuts (including significant staffing and structural changes) have hampered the full implementation of the action plan, with a risk that the anticipated progress will not be realised by the time of the next Renewal Audit. In addition, there are indications that this challenging context has further eroded staff trust in the organisation's ability to ensure there are safe, confidential and accessible ways to make complaints and that decisions are made in a fair, non-discriminatory and transparent manner. The renewal audit in 2026 will assess the DRC's level of conformity with all the requirements in the revised CHS (2024 edition), with a specific focus on the areas of weakness identified in the 2023 renewal audit.

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)
2023-5.3 DRC does not systematically manage complaints in a timely and appropriate manner and some staff feel unsafe to make complaints.	Minor / by the 2026 Renewal Audit	<p>To address the issue of staff feeling unsafe to make complaints, DRC has worked to strengthen the implementation of its survivor centred approach. The revised policy (2023) was rolled out across the organisation in 2024 with regional webinars and trainings. A new e-learning on PSEAH was launched in English, Spanish and Arabic which includes information on DRCs survivor centred approach, and a Survivor Centred Protocol is being developed to guide Code of Conduct Focal Points in their response to complainants.</p> <p>In October 2024, a Training of Trainers (ToT) package on PSEAH was launched with the roll out due to be completed by the end of 2025. The training includes a significant emphasis on the survivor centred approach, including sessions for participants to reflect on barriers to reporting, as well as raising awareness about what happens after a complaint is submitted, how it is handled and the types of action that may be taken as a result. This increased understanding of the DRC's survivor centred approach is anticipated to support staff to feel safer when reporting. The training is being rolled out systematically through a ToT approach via Focal Points to all staff in Country Operations. However, this training has not been systematically rolled out at HQ level which risks a continued gap in understanding for HQ staff.</p> <p>Additionally, during 2025, a revised reporting form for alleged breaches of the Code of Conduct was launched in multiple languages. The confidentiality of the process is repeatedly emphasised throughout this reporting form in an effort to assure the complainant of the safety of the process.</p> <p>In order to address the findings about DRC not systematically managing complaints appropriately, actions have been taken at the country level to strengthen synergies between Monitoring, Evaluation, Accountability and Learning (MEAL) and safeguarding. Workshops bringing key stakeholders together were organised</p>	<p>Documents: MA2-7, MA2-8, MA2-9, MA2-11 MA2-12 MA2-24</p> <p>Interviews with Staff</p>

		<p>throughout the year with the aim of improving MEAL support of safeguarding efforts and vice versa. The aim is to improve the implementation and monitoring of the complaints mechanisms at global and country levels as well as ensuring safeguarding concerns are effectively monitored, reported and addressed.</p> <p>In addition, a section was revised in the global sub grantee agreements regarding complaints mechanisms, including the requirement to inform all stakeholders about the option to report directly to DRC.</p> <p>The extent to which these initiatives have resulted in improvements to the way complaints are managed, and specifically the extent to which staff feel safe to raise concerns and report misconduct (with appropriate protection in place for those reporting), will be a focus area at the next renewal audit.</p>	
<p>2023-5.5 DRC's organisational culture does not ensure that all staff have confidence in its approach to ensuring that complaints are acted upon fairly, impartially and in line with policies and processes.</p>	<p>Minor / by the 2026 Renewal Audit</p>	<p>The results of the DRC's 6-monthly staff survey "DRC Voices" (in relation to questions about staff trust in the complaints handling system) have highlighted that this continues to be an area of concern for staff. Initiatives are underway to make better use of this data to ensure that the issues raised are responded to transparently. This year, an analysis from a Diversity, Equity and Inclusion (DEI) lens was undertaken and will be used to inform DEI in DRC moving forward. It is hoped that demonstrating tangible actions in response to a detailed analysis of the Voices Survey (and specifically on the responses to complaint-related questions) will lead to greater confidence amongst staff in DRC's response to feedback and complaints.</p> <p>The Training of Trainers package on PSEAH rolled out in 2025 (see above) helps raise awareness about what happens after a complaint is submitted, how it is handled and the types of action that may be taken as a result. This increased understanding in how the mechanism works is anticipated to support country operations staff to have increased confidence in DRC's approach to ensuring complaints are acted upon.</p> <p>During 2025, anti-fraud and anti-corruption e-learning has been made mandatory for all staff. This follows some analysis which found that corruption and fraud account for 46% of misconduct cases reported through the CoCRM. The e-learning includes a section on the reporting mechanism which will contribute to increased awareness among all staff about how complaints are handled. It is anticipated that this will also contribute to increased confidence in the DRC's approach to handling complaints.</p> <p>At an organisational level, DRC is strengthening its risk management approach by developing an Enterprise Risk Management Framework (ERMF) which proposes to assign the CHS as a Core Asset. Ethical risks around the enforcement of the Code of Conduct and related issues are highlighted in the 2024 Risk Management Report. Designating the CHS as a Core Asset in the ERMF would elevate its importance from a risk perspective, giving more prominence and resources in the future to support the actions planned to address this CAR.</p> <p>Additionally, given the current context, some risks are noted in relation to progress in resolving this CAR. The</p>	<p>Documents:</p> <p>MA2-6 MA2-8 MA2-9 MA2-10 MA2-13 MA2-14 MA2-15 MA2-16 MA2-19</p> <p>Interviews with Staff</p>

		<p>significant reduction in learning and leadership development capacity at HQ may impact the organisation's systems related to learning and staff development. Specifically, the work scheduled to strengthen Country Director onboarding and leadership development has had to be de-prioritised. In addition, a key concern by staff about complaints not being treated fairly is seen to be at greater risk of not being resolved due to the discontinued role of the Global Diversity and Inclusion Specialist.</p> <p>The extent to which staff confidence has increased in DRCs approach to act on complaints fairly and impartially will be a focus area at the next renewal audit.</p>	
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3. Summary of non-conformities

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


4. Claims Review

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


In my opinion, DRC 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.

I recommend maintenance of certification.


Name and signature of lead auditor:  Sarah Kambarami	Date and place: 29 th August 2025 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
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Surveillance audit before: 2026/08/24	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 08 September 2025

7. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: If yes, please give details:	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative:  Charlotte Slente Secretary-General DRC Danish Refugee Council	Date and place: <i>Copenhagen, 13 Oct. '25</i>

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

* Scoring Scale from the CHSA Verification Scheme 2020