

Danish Refugee Council

Renewal Audit – Summary Report – 2023/08/25

1. General information

1.1 Organisation

Type	Mandates	Verified
<input checked="" type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Membership/Network <input checked="" type="checkbox"/> Direct Assistance <input type="checkbox"/> Federated <input checked="" type="checkbox"/> With partners	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy
Legal registration	Copenhagen, Denmark	
Head Office location	Copenhagen, Denmark	
Total number of organisation staff	8,011	

1.2 Audit team

Lead auditor	Johnny O'Regan
Second auditor	Hana Abul Husn
Third auditor	--
Observer	--
Expert	--
Witness / other participants	--

1.3 Scope of the audit

CHS Verification Scheme	Certification
Audit cycle	Second
Coverage of the audit	All humanitarian, development and advocacy programmes delivered both directly and with partners through DRC's HQ, Regional and Country offices. The coverage of the audit does not extend to the programmes of DRC Member organisations.

1.4 Sampling*

Total number of Country Programme sites in scope			38
Total number of sites for onsite visit			2
Total number of sites for remote assessment			4
Name of country programme site	Included in final sample (Y/N)	Rationale for sampling and selection / de-selection decision	Onsite or Remote
Random sampling			
Italy	N	New small office.	
Georgia	Y	EU/Asia was not represented elsewhere in this sample.	Remote
Yemen	Y	Geographically representative; large programme but not possible to visit.	Remote

Venezuela	N	Small office that is not representative of programming.	
Turkey	N	Turkey was originally sampled randomly but due to the earthquake (2023) the trip was not possible and so Lebanon was sampled because it is in the same region and is geographically representative of programmes.	
Colombia	N	Recently audited (2021).	
EA regional office	N	Not representative of programming as it is a regional office.	
Cameroon	N	Small programme that is not representative of general programming.	
Djibouti	N	Difficult to visit and not as representative of programming as other countries in the sample.	
Jordan	N	Recently audited (2021).	
Tunisia	Y	Randomly selected - HQAI has never visited a small programme before so the team agreed with DRC that it would keep to the sample; generally work through partners which is an interesting area to explore as it's not the norm for DRC.	Onsite
Greece	N	Recently audited (2019).	
Uganda	Y	Previously audited as a site visit so interesting to review progress.	Remote
Purposive sampling			
Lebanon		Turkey was originally sampled randomly but due to the earthquake the trip was not possible and so Lebanon was sampled because it is in the same region and is geographically representative of programmes.	Onsite
Ethiopia		Geographically representative; large programme.	Remote
Any other sampling performed for this audit: The auditors purposively sampled a range of projects and randomly selected a number of programme participants.			
Sampling risks identified: The auditors recognise that Tunisia is a small programme that does not have the range of projects of larger offices. Nonetheless, the auditors have confidence in the findings and conclusions of the audit based on the sampling described above as the risk was mitigated by visiting a large mature country programme. It was also mitigated by triangulating against four COs remotely.			

**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 Locations Assessed

Locations	Dates	Onsite or remote
Tunisia	2023/05/08 – 2023/05/12	Onsite
Lebanon	2023/05/15 – 2023/05/19	Onsite

2.2 Interviews

Level / Position of interviewees	Number of interviewees		Onsite/ Remote
	Female	Male	
Head office / Regional offices			
Management	7	8	Remote
Staff	3	3	Remote
Country Programme(s)			
Management	8	8	Onsite & Remote
Staff	10	4	Online & Remote
Partner staff	6	5	Onsite
Total number of interviewees: 62	34	28	

2.3 Consultations with communities

Type of group and location	Number of participants		Onsite or remote
	Female	Male	
Group discussion #1 - Youth (ACREM beneficiaries) Zarzis (Tunisia)	4	1	Onsite
Group discussion #2 – Vocational Training under MADAD project, Rayak (Lebanon)	9	N/A	Onsite
Group discussion #3 – Cash for Work under MADAD Project, Rayak (Lebanon)	N/A	8	Onsite
Group discussion #4 – EMAP – engaging man through accountability practices, Qsarnaba (Lebanon)	10	N/A	Onsite
Group discussion #5 – Life Skills and counselling sessions under MADAD Project, Tripoli (Lebanon)	9	N/A	Onsite
Group discussion #6 – WBL – MADAD Project, Tripoli (Lebanon)	N/A	9	Onsite
Total number of participants: 50	32	18	

2.4 Opening meeting

Date	2023/03/27
Location	Online
Number of participants	30
Any substantive issues arising	None

2.5 Closing meeting

Date	2023/06/22
Location	Online
Number of participants	48
Any substantive issues arising	None

3.2 Governance and management structure

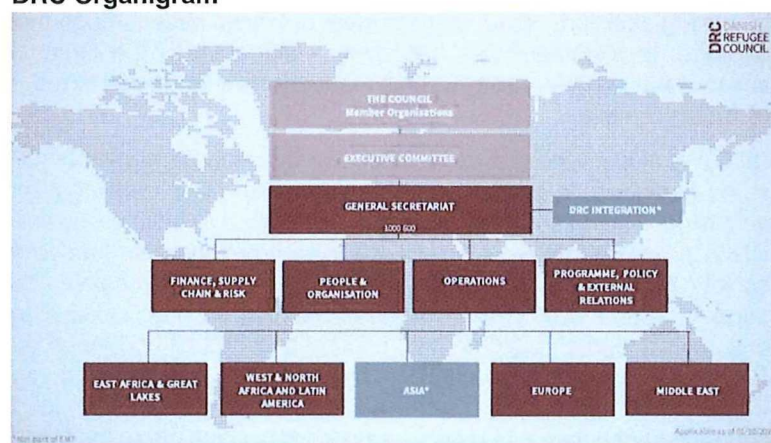
DRC's Statutes were revised and adopted on 30 May 2022 at the DRC Council meeting and came into force on 30 May 2022. The Council, DRC's highest authority, includes up to three representatives of each of the 25 member organisations, six representatives from voluntary groups and advisory services for refugees cooperating with DRC in Denmark, and the Executive Committee. Under the Council sits the Executive Committee, which has overall responsibility for the management of DRC, its Chair is appointed by the Council for a two-year period. The Executive Committee consists of the Chair, six members elected by the Council, one representative elected by the employees of DRC and up to two external members elected by the Executive Committee. Neither the Chair nor the members are remunerated. The Executive Committee is responsible for appointing the Secretary General. From 2023, the Executive Committee is referred to as the Board of Directors of DRC.

The Secretary General employs the other members of the Executive Management Team (EMT) subject to approval by the Board of Directors, and together they are responsible for running daily business. The current Secretary General was appointed in 2019 and since then has implemented several changes to the management structure as part of the Organisational Transformation, which is set to conclude in June 2023. DRC's national operations are no longer separated from the international ones – they are considered one entity. This merger has also motivated a reorganisation of its departments.

DRC now has five departments: 1) Finance, Supply Chain and Risk; 2) People and Organisation; 3) Operations; 4) Strategy, Programme, and Learning; 5) Partnerships, Advocacy and External Relations. Six regions have been merged into four: 1) East Africa & Great Lakes, 2) West & North Africa and Latin America, 3) Asia and Europe, and 4) the Middle East. Together with heads of each department and the General Secretariat, regions are represented by Regional Executive Directors in the EMT, as of May 2022, and the former Global Management Team no longer exists. The organisational transformation is expected to be completed by June 2023. It sets four objectives: 1) Strengthened global capacities; 2) Enabled leaders to make better decisions, faster; 3) Simplified and standardised work processes; and 4) Clarified roles and responsibilities. KPIs measuring perception across these are in place for 2023 and 2024. Processes were also reviewed for efficiency and organisational alignment through several workstreams and cross-cutting projects. The main goal of the workstreams was to define accountabilities and responsibilities for different tasks – i.e. whether it should be Headquarters/Regional Office/Country Office (HQ/RO/CO). In addition, the fundraising function is now a part of Partnerships, Advocacy and External Relations, and that DRC's activities in Denmark are now part of the Asia & Europe Region.

DRC's core expertise continues to be in five sectors: protection, economic recovery, humanitarian disarmament and peacebuilding, shelter and settlements, and camp coordination and management.

DRC Organigram



3.3 Internal quality assurance mechanisms and risk management

In 2022, DRC began a global initiative to implement a system for shared risk management objectives. It aims to improve first line responsibility and accountability, collaboration, transparency, efficiency, and oversight of risks and issues through related monitoring and evaluation mechanisms. Project strategy components include fit for purposes procedures, data collection and quality, digital tools and targeted training on risk management and tools. A new risk register template was launched in September 2022. It incorporates the risk catalogue, automated fields, and additional fields to enable in-depth analysis. COs and ROs have migrated all their existing risk registers. Data imported from 40 risk registers can now be visualised daily through a Power BI dashboard.

DRC's Enterprise Resource Planning (ERP) system, called DRC Dynamics, enables integrated business management that supports functional areas and operations. This system has been in place since June 2021 and continues to be fully functional across all COs.

The *Global Safety Policy*, with its related Safety Risk Management System, provides principles, standards and responsibilities and a risk methodology for global operations to follow with the aim of ensuring duty of care and continuity of operations. Together, they establish a methodology and planning process for risk assessment and mitigation with a focus on contingency planning and incident management processes. DRC undertakes a thrice annual staff survey called DRC Voices that measures the best practices for understanding staff engagement and broader organisational health indicators.

All needs assessments are required to produce a contextual risk assessment. Country Directors are responsible for engaging with the risk management process led by HQ. Country Strategies also summarise any risks associated with their response planning as part of the situation analysis.

3.4 Work with partner organisations

One of DRCs three foundational strategic priorities in *Strategy 2025* is dedicated to stronger partnerships and alliances and to enhance local capacities through several initiatives. For example, expanding and strengthening equitable partnerships to achieve its strategic objectives, expanding relationships with development partners to increase the sustainability of DRCs programming, and strengthening partnerships with private sector partners globally and locally to allow for alternative financing models and more durable solutions. Through its Key Performance Indicators, DRC will measure the quality of its partnerships by looking at duration, flexibility, and common values, among other factors. DRCs organisational principle to "Go local" is centred around a commitment to build self-sustainable local capacities and sustainable local development in its programming and operations. This is measured through the number of projects that are implemented through equitable local partnerships.

DRC has newly issued a *Pre-Contract Due Diligence Tool* and a *Step By Step Manual* for staff, which together replace the Implementing Partners assessment tool. Both are based on the partnership principles of equitability, transparency, complementarity, responsibility, and results-orientation. It is a qualitative tool designed to help DRC identify, address, and mitigate risks associated with providing funding to national and local partners. It assists country offices in making decisions about management of known risks through their provision of support to partners. In alignment with becoming a signatory to the Grand Bargain, DRC can now acknowledge partner assessments made by other agencies to reduce administrative burden on local partners.

DRC has also invested in assessing its civil society engagement (CSE) practices as detailed in the *Roadmap to Mainstreaming CSE in DRC*. This document recognises that barriers to achieving a mainstreamed approach include: a restrictive business model reinforced by DRCs growth strategy which disincentivises new models that could promote stronger civil society partnerships; organisational structures and processes that are not designed to support CSE; a lack of evidence and learning on practical and strategic value of CSE to ensure that leaders put time and resources towards it and make it a priority; a perception of CSE as an obstacle to efficient and effective programming; and finally a narrow and transactional approach to partnerships that is still strongly driven by compliance and sub-contracting practices instead of longer-term sustainable partnerships. Strategic changes

have been proposed to address these barriers: building a culture of CSE by strengthening ownership and understanding, building internal capacity for CSE at all levels of DRC, increasing opportunities to fill the gap in evidence about CSE practice and impact to support learning and buy-in, reviewing structures and policies to allow for more strategic partnership models, as well as adapting and expanding DRC's business model for more equitable and strategic CSE and partnerships.

The DRC *Project Cycle Management (PCM) Field Guide* includes a section on developing proposals with partner organisations in cases where DRC either works with local organisations or in consortia. It emphasises that DRC should recognise local organisations as partners and advises that developing the project logframe together with partners is critical to ensuring a mutually beneficial partnership that engages partners throughout and is based on the partner's capacity (assessed using the *Partner Capacity Development Guide*) so that they are well-positioned to do the work. It also advises giving sufficient time for budget development with partners, resourcing capacity development well and including budget line for partner overhead costs. Finally, it recommends setting expectations for reporting and management including the frequency, anticipated content of reports and expectations around compliance.

4. Overall performance of the organisation

4.1 Effectiveness of the governance, internal quality assurance and risk management of the organisation

DRC still has a strong commitment to internal quality assurance and risk management systems and has continued to develop new policies and procedures that strengthen coherence and standard operating processes across country offices. These include, the *Project Cycle Management (PCM) Field Guide*, the *DRC Global Monitoring Evaluation Accountability and Learning (MEAL) Model*, *Community Feedback Mechanism (CFM) Global Guidance*, *Risk Management Policy*, *Strategy 2025*, among many others.

Risk registers and tools to support risk management at an organisational level continue to be used and improved. Internal systems and self-checks (including on the CHS) are in place and supported with Minimum Standards and core actions described in the *PCM Field Guide* and related policies / procedures. Previous weaknesses in using accountability systems and inconsistencies found in monitoring tools in use by Country Offices as well as management of community members' personal information have been addressed. DRC's commitment to quality improvement continues to be evident and is confirmed by staff, partner and community members' interviews.

4.2 Level of implementation of the CHS and progress on compliance

Generally, DRC continues to maintain a very high level of performance in its application of the CHS commitments.

Strengths identified since the previous audit in DRC's alignment with the CHS include, but are not limited to:

- Strengthening guidance through the updated MEAL-model and implementing regular and diverse ways to understand performance against accountability and quality indicators (site visits, self-checks, feedback mechanisms, learning reviews, etc.);
- Developing the *PCM Field Guide*, which brings together a wealth of resources across all stages of DRC's work, in an effort to strengthen adherence to DRC's Minimum Standards;
- Consistently practicing information sharing in accessible and appropriate formats, including on expected behaviours of DRC staff.
- Progress with the rollout of the single global Code of Conduct (CoC) is sufficient to close the previous Corrective Action Request (CAR)

DRC has several policies that evidence its commitment to PSEAH and Do No Harm, including its *Strategy 2025* principle "Be Accountable!", and its updated *Child Safeguarding Policy and Safeguarding Framework and Action Plan*. DRC ensures that PSEAH Safeguarding policies and procedures are also accounted for in its partnerships. It has cleared a CAR related to ensuring that communities understand the scope and access of its complaints mechanisms. Localisation in DRC is guided by the Global Civil Society Engagement (CSE) Strategy as well as the *Strategy 2025* principle "Go Local". Five strategic changes to improve DRC's practice

on localisation have been recommended based on learning outlined in the *Roadmap to Mainstreaming CSE* in DRC. Policies and protocols around strategies for planning transition or exit have also been strengthened.

On gender and diversity, DRC continues to score highly and has cleared a previous CAR in relation to its code of behaviour for Danish-based staff not meeting CHS requirements; however, the roll out of the new global code of conduct will not be complete before the end of 2023.

The main change from the previous audit is in Commitment 5, regarding staff confidence in DRC's complaints handling (for staff). This was not observed in relation to communities' complaints mechanisms.

4.3 Performance against each CHS Commitment

Commitment	Strong points and areas for improvement	Feedback from communities	Average score*
Commitment 1: Humanitarian assistance is appropriate and relevant	DRC has a strong understanding of context and, where possible, makes changes to programmes based on analysis of changing needs and circumstances. It works to ensure that programmes are delivered impartially based on needs and with a focus on vulnerability.	DRCs programmes meet needs and focus on the most vulnerable to the extent possible considering external factors and constraints. Communities believe DRC to be impartial in how it conducts its work and report that it changes programmes in line with changing needs and circumstances where within its power.	3
Commitment 2: Humanitarian response is effective and timely	DRC has strong oversight of its activities and outputs and designs safe and realistic programmes for communities. Staff use relevant technical standards and employ good practice. However, DRC does not systematically ensure that programme commitments match its organisational capacities, particularly in its emergency responses. Delivery is not always timely and is affected by delays in timing and decision-making. While DRC has systems in place for regular updates to changes in context, risks and most aspects of project delivery, DRC has less clarity on longer term outcomes and impact of its programmes. DRC consistently refers unmet needs to relevant organisations.	DRC has a good reputation among communities based on their programming and approach. Communities reported that DRC responds with timely and impactful programming.	2.6
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	DRC has several policies, strategies, and guidelines in place to ensure that its programmes avoid negative effects. A series of checks are in place to oversee programmatic and contextual risks to communities at multiple levels within the organisation. DRC also commits in its strategic vision and approach to partnerships and communities to strengthening local capacities and building resilience in communities where it operates. However, DRC is conscious that it does not consistently ensure that programmes build on local capacities and enable the development of local	DRC is appreciated by communities for the dedication of its staff in ensuring that communities are not exposed to any negative effects. Communities reported that support networks have formed out of the activities they participated in, and that skills and information gained have led to positive change.	2.6

	leadership and organisations as first responders.		
Commitment 4: Humanitarian response is based on communication, participation and feedback	DRC has comprehensive guidance on community feedback mechanisms and information sharing in place. It works to ensure that a culture of open communication is promoted. Staff provide clear and accessible information to communities and emphasise how DRC expects its staff to behave consistently along with and other key project information. Where possible it engages communities and people affected by crisis in various stages of its work.	DRC provides a supportive and trusting environment in which communities feel confident in and regularly use feedback mechanisms.	3.0
Commitment 5: Complaints are welcomed and addressed	A complaints handling process is in place and DRC has produced a range of useful guidance to support its implementation. DRC has systems to map whether the Code of Conduct Reporting Mechanism (CoCRM) is functioning as intended. DRC welcomes and accepts complaints from communities and its organisational culture regarding community complaints is strong. Although most staff have confidence in the CoCRM, a significant minority expressed a lack of confidence, primarily because of a sense of bias in favour of senior staff and a fear of reprisal. The average time to resolve cases is higher than necessary (though the average time is decreasing), partly because resource constraints slow down the resolution of complex cases in some countries. DRCs CoC Unit refer a significant number of cases to management to be resolved, at which point cases are considered closed. This underestimates resolution timeframes and presents concerns about management capacity to apply a survivor-centred approach. DRC refers complaints that are outside of its remit to relevant organisations.	Communities are confident that DRC would respect confidentiality of complaints and generally understood the scope of mechanisms. They also understand expected behaviours of DRC staff, and expressed confidence that DRC would handle complaints appropriately.	2.1
Commitment 6: Humanitarian response is coordinated and complementary	DRC has a strong understanding of its stakeholders, in large part due to its collaborative approach, both formal and informal. It is strongly participatory in coordination bodies and provides (or supports the provision) of useful information externally. DRC is mindful and respectful of partners' mandates and constraints.	Communities say that DRC works well with other agencies/authorities and they have not received similar support from other agencies.	3
Commitment 7: Humanitarian actors continuously learn and improve	DRC has several tools in place along with pilot initiatives to strengthen its evaluation and learning functions, as well accompanying information management systems for record-keeping and visualisation. DRC has a strong culture of learning and builds in time to connect internally and externally on lessons learned and experiences to improve practice. However, DRC does not consistently share learning and innovation with communities.	Communities indicated that staff make concerted efforts to improve programming based on feedback and exchanges with community members.	2.8
Commitment 8: Staff are supported to do their job	DRC's global CoC, which meets CHS requirements, is effectively now in place (thereby closing an existing CAR) and while	Communities reported that they find staff competent,	2.7

effectively, and are treated fairly and equitably	DRC is making progress in the rollout of training, it is incomplete. Staff receive appropriate induction and mandatory training, though the analysis of training on the CoCRM is incomplete. Management have not been trained on the survivor-centred approach. DRCs training objectives demonstrate its commitment to staff development, but workloads prevent some staff from taking up training opportunities. Staff turnover is high and, in some contexts, (particularly crises) DRC struggles to fill essential or specialised positions. DRC takes staff security seriously.	supportive, helpful and respectful.	
Commitment 9: Resources are managed and used responsibly for their intended purpose	DRCs has a strong suite of policies governing resource management. Programmes generally balance quality, cost and timeliness and its Enterprise Resource Planning system is improving efficiency. It is conscious of its environmental responsibilities, risk management and fraud prevention and detection.	Communities have no experience of staff misappropriating resources or practicing extortion in return for services and generally feel that DRC spends money fairly and wisely.	3

* *Note: Average scores are a sum of the scores per commitment divided by the number of indicators in each Commitment, except when one of the indicators of a commitment scores 0 or if several scores 1 on the indicators of a Commitment lead to the issuance of a major non-conformity/ weakness at the level of the Commitment. In these two cases the overall score for the Commitment is 0.*

5. Summary of open non-conformities

Corrective Action Request (CAR)	Type	Resolution due date	Status	Date closed out
<i>2023-5.3 DRC does not systematically manage complaints in a timely and appropriate manner and some staff feel unsafe to make complaints.</i>	Minor	2026/07/19	Open	
<i>2019-5.4 DRC does not ensure that all country offices have a fully documented complaints handling system, which covers programming, sexual exploitation and abuse, or other abuses of power.</i>	Minor	2023/12/02	Closed	2023/07/19
<i>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.</i>	Minor	2026/07/19	Open	
<i>2021-8.7 DRC does not have a code of conduct in place for Head Office Staff that meet all CHS requirements</i>	Minor	2023/12/02	Closed	2023/07/19
Total Number of open CARs	2			

6. Recommendations for next audit cycle

Specific recommendation for sampling or selection of sites or any other specificities to be considered	The key area of focus for the next audit should be on DRCs approach to resolving staff confidence in its complaints mechanism. This warrants an onsite visit to Denmark as well as a higher level of purposive and random staff interviews in Copenhagen and during site visits. This audit team recommends two comparatively large geographically representative sites.
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7. Lead auditor recommendation

In our opinion, DRC has demonstrated that it continues to conform with the requirements of the Core Humanitarian Standard on Quality and Accountability.

We recommend maintenance of certification.

Name and signature of lead auditor:



Johnny O'Regan

Date and place:

Dublin, July 19, 2023

8. HQAI decision

Certificate renewed:

Issued

Preconditioned (Major CARs)

Next audit: before 2024/08/25

Name and signature of HQAI Executive Director:

Désirée Walter



Date and place:

Geneva, 25 August 2023

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:

Yes No

If yes, please give details:

Acknowledgement and Acceptance of Findings:

I acknowledge and understand the findings of the audit

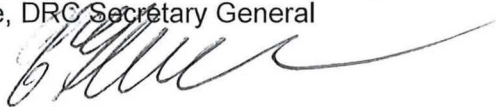
Yes No

I accept the findings of the audit

Yes No

Name and signature of the organisation's representative:

Charlotte Slente, DRC Secretary General



Date and place:

Copenhagen, 8th September 2023

Appeal

In case of disagreement with the decision on certification, the organisation can appeal to HQAI within 14 days after being informed of the decision. HQAI will investigate the content of the appeal and propose a solution within 10 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform HQAI in writing within 30 days after being informed of the proposed solution, of their intention to maintain the appeal.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will constitute a panel made of at least two experts who have no conflict of interest in the case in question. These will strive to come to a decision within 30 days.

The details of the Appeals Procedure can be found in document PRO049 – Appeal Procedure.

Annex 1: Explanation of the scoring scale*

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

