



Danish Refugee Council
CHS Certification
Mid-term Audit Report

DRC-MTA-2019

Date: 2019-07-19

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1. General information

1.1 Organisation

Organisation	Danish Refugee Council		
Type	<input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Membership/Network <input type="checkbox"/> Federated <input checked="" type="checkbox"/> Direct assistance <input checked="" type="checkbox"/> Through partners		
Mandate	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input checked="" type="checkbox"/> Advocacy		
Verified Mandate(s)	<input checked="" type="checkbox"/> Humanitarian <input checked="" type="checkbox"/> Development <input type="checkbox"/> Advocacy		
Size	36 country programme sites 268 partners 416 HO staff	Sampling Rate	2 country programmes visited- Myanmar and Greece 1 remote programme interview and document review – South Sudan 1 remote programme document review – Burkina Faso
Lead auditor	Catherine Blunt	Auditor	Jorge Menendez Martinez
		Others	None
	Head Office	Programme Site(s)	
Location	Remote	Myanmar: 6 th – 10 th May 2019	
Dates	24 th April, 30 th April, 1 st May 2019	Greece: 13 th – 17 th May 2019	

1.2 Indicators verified at the mid-term Audit

CHS Commitment	Organisational Responsibilities	Key Actions
1		1.1 1.2 1.3
2	2.6 2.7	2.1 2.2 2.3 2.4 2.5
3		3.1 3.2 3.3 3.4 3.5 3.6
4	4.5 4.6 4.7	4.1 4.2 4.3 4.4
5	5.4 5.5 5.6 5.7	5.1 5.2 5.3
6		6.1 6.2 6.3 6.4
7	7.4	7.1 7.2 7.3
8	8.7	8.1 8.2 8.3
9	9.6	9.1 9.2 9.3 9.4 9.5

2. Schedule summary

2.1 Verification Schedule

Name of Programme sites/members/partners verified	Location	Mandate (Humanitarian, Development, Advocacy)	Number of projects visited	Type of projects
DRC Myanmar Country office and regional offices	Yangon, Lashio, Kutkai	Humanitarian – Development	3	Protection, Child Protection, Mine Risk Education (DDG)
DRC Greece country and regional offices	Athens, Attica, Thessaloniki, Larissa	Humanitarian – development	3	Protection, Site Management Support (SMS), education and legal aid.

2.2 Opening and closing meetings

2.2.1 Remote visit of Head Office:

	Opening meeting	Closing meeting
Date	24/04/2019	4/06/2019
Location	Skype	Skype
Number of participants	10	14
Any substantive issue arising	None	Resolution of CARs

2.2.2 On-site visits at Programme Site(s):

	Opening meeting	Closing meeting
Date	06/06/2019	13/06/2017
Location	Yangon, Myanmar	Skype
Number of participants	8	9
Any substantive issue arising	None	None

	Opening meeting	Closing meeting
Date	10/05/2019	17/05/2019
Location	Athens	Athens
Number of participants	15	6
Any substantive issue arising	None	None

3. Recommendation

In our opinion, DRC has implemented the necessary actions to close the minor CARs identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard. We recommend maintenance of certification.

Detailed findings are laid out in the rest of this report.

Lead Auditor's Name and Signature

Catherine Blunt

Date and Place:

10/06/2019 Canberra

Australia



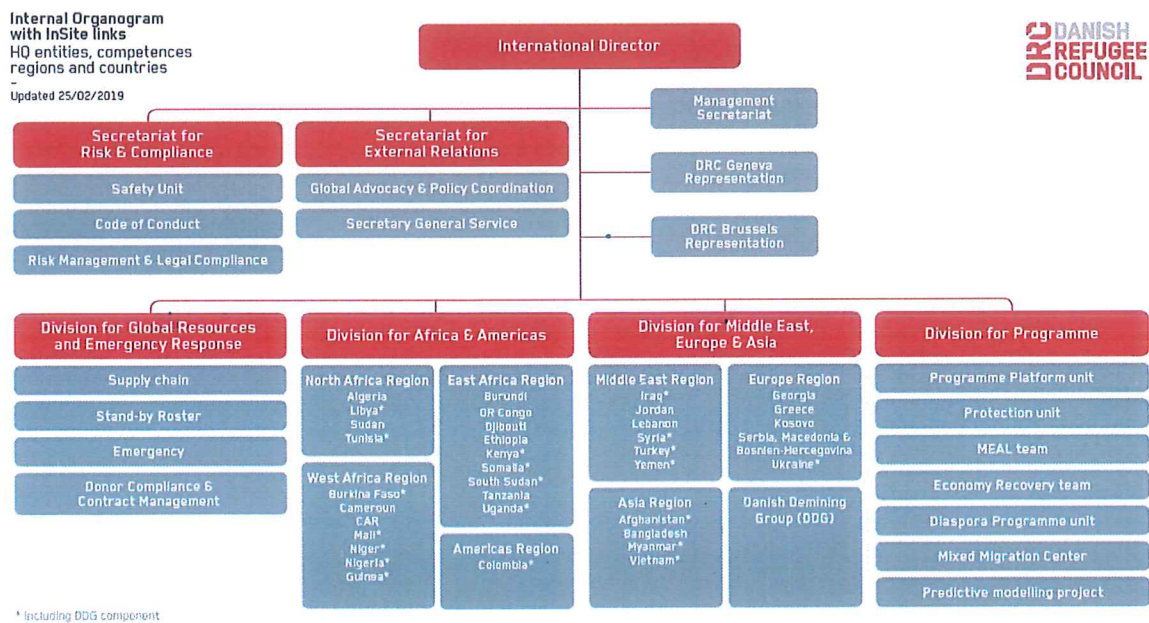
4. HQAI Quality Control

Follow up	
First Draft	2019-06-13
Second Draft	2019-07-19
Third Draft	2019-08-15
Final Draft	

5. Background information on the organisation

5.1 Organisational structure and management system

There are no significant changes to Danish Refugee Council (DRC) organisational structure since the Maintenance Audit (MA). Changes noted at the MA (e.g. all countries are now in a regional office, none are stand alone, two levels of management instead of three), enables a clear management line of sight from the International Director at Head Office (HO) to the field. In conjunction with this, the Danish Demining Group (DDG) changed its structure, with all CO programmes reporting to the Country Director (CD) where programmes are located, and HO staff providing technical assistance and quality assurance to country programmes. A change since the initial audit is the establishment of global annual meetings of all CDs, Heads of Programmes and technical areas. This promotes organisational learning, socialisation of policies and systemisation of practice. The roll out of the DRC Dynamics in 2019 (a global resource planning and tracking software system) aims to provide HO with instant human resources information and financial data, enabling increased transparency of operations at the CO level and compliance tracking (e.g. number of staff trained in the DRC Code of Conduct). A new DRC Secretary-General had been recruited at the time of the MA however this appointment ceased at the start of the MTA.



5.2 Organisational quality assurance

The MA outlined the extensive restructuring which occurred at DRC in 2018 and which is now embedded in the organisation. Additional changes since then include an increase in staffing to include an Advisor Accountability and Participation to the Monitoring, Evaluation, Accountability and Learning (MEAL) team at HO. It now operates with full capability in all component technical areas. In addition, the annual Monitoring, Evaluation, Accountability and Learning (MEAL) compliance self-assessment questionnaire now includes an inquiry into COs structures to assess whether a quality assurance focal point is assigned to ensure compliance with the CHS. A new Quality Assurance function is allocated to the Programme and Operations Coordinators (POCs) at HO to ensure quality and consistency of the Country Risk Registers across all DRC's Operations.

In 2018 DRC instituted an 'Open DRC' platform on the organisation's webpage which contains information about its Code of Conduct Reporting Mechanism (CoCRM), financial audits and accountability mechanisms (e.g. CHS audit report, annual report).

DRC commenced publishing data to International Aid Transparency Initiative (IATI) in 2018 and is currently in the process of uploading project, finance and results data required under that initiative.

The organisation shows a high level of commitment to addressing the issues raised at the initial audit (IA), having met bimonthly since then on a documented plan of action for the resolution of the corrective actions requests (CAR) and the Observations raised at that time.

5.3 Work with Partners

As noted in the initial audit, DRC implements only 6.6% of its programmes through partners.

As part of the strategic priority on partnerships leading up to 2020, a new policy statement encompassing the broad range of partners that DRC interacts with is in the final stages of approval. This includes state and national authorities, national and international civil society organisations and groups, and private sector actors. As partners were included in the IA, they were not the focus of the review at this MTA.

5.4 Certification or verification history

Initial Audit	2017-07-24
Maintenance Audit	2018-08-21

6. Sampling

6.1 Rationale for sampling

The HQAI random sampling tool provided an initial selection of countries, one of which (Burkina Faso) was included in the final selection as a remote country assessment. Other countries were excluded for the following reasons: Central African Republic (feasibility of projects being assessed) and Senegal (no programmes operative there) Ukraine because it had been visited in the initial audit; Turkey because of the high number of projects implemented through partners, which is not indicative of the broader programmatic modality of DRC.

The initial audit (IA) had not reviewed any DDG programmes in the field and as recommended by the initial auditor, this was the principal selection criteria for at least one country visited. A short list was devised and Myanmar was selected due to the range of programmes there and important safety and security concerns with other sites (e.g. Libya, Tunisia).

Greece was selected as it had large programmes, was relatively easier to access within the time agreed and provided the possibility to visit three regional offices.

South Sudan was selected as a remote visit site together with Burkina Faso, to ensure that the MTA sample reflected the distribution of DRC programs (half are in Africa); and contained a range of large and small country programmes.

Disclaimer:

It is important to note that the audit findings are based on the results of a sample of the organisation's documentation and systems as well as interviews and focus groups with a sample of staff, partners, communities and other relevant stakeholders. Findings are analysed to determine the organisation's systematic approach and application of all aspects of the CHS across its organisation and to its different contexts and ways of working.

6.2 Interviews:

Position of interviewees	Number of interviewees
Head Office	
Senior Management Group	7
Advisors and Coordinators	5
Programme site Myanmar	
Management	12
Staff	10
Stakeholders	2
Programme site Greece	
Management	10
Staff	14
Stakeholders	4
Programme site South Sudan	
Management	1
Total number of interviews	65

6.2.2 Focus Group Discussions (interviews with a group >6)

Type of Group	Number of participants	
	Female	Male
Myanmar		

2 x Community Group (men) – Protection /Livelihood/MRE - Burmese	-	14
Youth Group – camp – Protection/Child Protection - Burmese	6	-
4 x Community Group (women, older women) – Protection/ camp representatives/protection focal points - Burmese	37	-
Greece		
6 Community Groups (all Protection, Site Management Support, Non-Formal Education, Legal aid) –Farsi	22	45
6 Community Groups (all Protection, Site Management Support, Non-Formal Education, Legal aid) – Arabic	25	28
Total number of participants	90	87

7. Report

7.1 Overall organisational performance

DRC continues to exhibit its main strengths in the provision of appropriate, relevant, co-ordinated and complimentary humanitarian response.

Changes since the IA include greater oversight and support by HO technical teams (e.g. Protection, MEAL, DDG) provided to Country Office (CO) program design and implementation made under the new organizational structure noted at the Maintenance audit (MA). Systematic utilisation of the Risk Framework provides analysis of operational risk at the CO level. Since 2017, DRC has made progress in sharing information and lessons learned between the COs, with regular annual meetings now held at global level for management and technical leads. Provision of timely response and effective decision making are assisted by the clarification of roles, accountabilities and decision-making responsibilities that has occurred via a systematic re-evaluation of all positions globally. Strengthening local capacities and avoiding negative effects has been supported by the revision of the Protection Mainstreaming Programme, development of a new Global Safety Policy and a new Child Safeguarding Policy introduced in 2018. DRC has implemented strong organisational commitments to PSEA, through implementing extensive staff training, ensuring its Code of Conduct Reporting Mechanism (CoCRM) operates systematically throughout the organisation and transparently reporting on its website annual analysis of data related to it. There has been an increase in the last year in complaints from people affected by crisis. A global Code of Conduct is being developed to cover operations occurring in Denmark and overseas.

Weaknesses identified at the present audit are in the areas of communication with communities. DRC lacks a system to ensure information about the principles of the organisation and the expected behaviour of staff is available to communities and people

affected by crisis in all programmes; and that communication is available in a variety of formats that are easily understood, especially by vulnerable sectors of communities. Additional non-conformities have been issued as DRC does not have a learning policy.

DRC had non-conformities in 2017 that were not fully addressed at the MTA, although the auditors recognise that considerable and systematic action has been taken. Operational complaints processes that involve communities in their design, implementation and monitoring are not systemic across the organisation and are not implemented in all sites visited, although this is well underway. Guidance for COs on developing their own Feedback and Complaints Response Mechanisms (F-CRM) needs to be revised and updated. Despite changes to guidance provided to COs (e.g. tool kit) made last year at the MA which assists COs to promote the CoCRM to communities, these are not utilised at country office level. Communities do not know how to make a complaint using the CoCRM nor are they fully aware of the organisational commitments made on PSEA.

Given that complaints are taken seriously in DRC and significant resources invested in the CoCRM, and that time is needed for a large organisation to roll out new initiatives, existing non-conformities are closed, and new CARs are opened that specifically address remaining issues.

7.2 Summary of corrective action requests

Corrective Action Requests	Type (Minor/Major)	Original deadline for resolution	Status of CAR at MTA	Time for resolution
<i>2019-4.1 DRC does not provide information to communities about the principles it adheres to and the expected behaviours of its staff.</i>	Minor		New	2021-06-20
<i>2019-4.2 DRC does not consistently ensure communities have access to information that is easily understood and in a variety of formats.</i>	Minor		New	2021-06-20
<i>2017- 5.1 DRC does not consult communities and other stakeholders on the design, implementation and monitoring of its complaint handling processes.</i>	Minor	2019-6-20	Closed	
<i>2017-5.2: DRC does not ensure that information on how to access its complaint mechanisms and their scope is</i>	Minor	2019-6-20	Closed	

<i>consistently available to its stakeholders.</i>				
<i>2019-5.2 Information on how to access, and the scope of the CoCRM and F-CRM is not systematically provided to communities and stakeholders.</i>	Minor		New	2021-06-20
<i>2019-5.4 DRC does not ensure that all country offices have A F-CRM which is in place and ensures that it covers programming, sexual exploitation and abuse of people, or other abuses of power.</i>	Minor		New	2021-06-20
<i>2017-5.6: DRC does not ensure that communities are aware of the expected behaviours of staff, including commitments on the prevention of sexual exploitation and abuse.</i>	Minor	2019-6-20	Closed	
<i>2019-5.6 DRC does not yet systematically implement existing CoCRM policies, practices and tools to ensure that communities are fully aware of DRC organisational commitments on the prevention of sexual exploitation and abuse</i>	Minor		New	2021-06-20
<i>2019-7.4 DRC does not have a policy that describes how it learns from its practice and experience.</i>	Minor		New	2020-06-20

7.3 Strong points and areas for improvement:

Commitment 1: Humanitarian assistance is appropriate and relevant

Score:3

DRC still conforms to the requirements of this commitment. Changes since the initial certification audit include greater oversight and support by HO technical teams (e.g. Protection, MEAL) provided to CO program design and implementation. This occurred under the new organizational structure already described at the MA, however it is now more fully embedded. Systematic utilisation of the Risk Framework provides analysis of operational risk at the CO level. Progress has been made on the strategic priority given to obtaining more accurate evidence on context and need prior to designing programmes.

Feedback from people affected by crisis and communities on Commitment 1

Communities views on the consideration of people's capacity and vulnerability was not consistent across the programme sites visited. Communities stated that programmes adapted according to their changing needs and context.

Commitment 2: Humanitarian response is effective and timely

Score: 2.7

The IA in 2017 found that referrals were made appropriately, decision making was timely and policy commitments ensured that monitoring and evaluation occurred systematically and objectively. Evidence was used to adapt and improve programs however it was observed that DRC did not always implement its requirement for a management response to be completed for each evaluation.

Changes noted at the MTA include draft new guidance and tools for staff on negotiating improved humanitarian access to conflict prone and volatile areas, revision of the Protection Mainstreaming Package and the systematic roll out of the Risk Management Framework. Provision of a timely response and effective decision making is assisted by the clarification of roles, accountabilities and decision-making responsibilities that has occurred via a systematic re-evaluation of all positions globally. A dedicated staff member recruited at HO is assisting COs to implement accountability requirements. However, DRC does not ensure that policy commitments on evaluation are met in all programmes and a management response to evaluations is still not systemic, although tracking for compliance is now in place.

Feedback from people affected by crisis and communities on Commitment 2:

Communities reported adequate staffing of programs and accessibility to staff. However, some communities were unhappy with response times or not informed of the outcome of requests. Frustration was also reported at the lack of access to interpreters for DRC programmes in major language groups on some sites.

Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects

Score: 2.5

The initial audit found that DRC strengthened local capacities and avoided negative effects. However, results of community hazard and risk assessments and preparedness plans were not used to guide activities in all country programmes and environmental risks were not systematically assessed and acted upon.

Changes noted at the MTA include further embedding and support provided to COs to implement the Risk Management Framework which had just been introduced at the time of the initial audit. DRC globally has developed a new Partnerships Policy statement, including more formally civil society actors and the private sector and a Civil Society Engagement Unit has been created. The organisation also has a focus on the development of management skills of front line (mostly local) staff. A new Global Safety Policy and a new Child Safeguarding Policy were introduced in 2018. DRC is involved in research with external stakeholders to inform more sustainable environmental practices in displacement settings.

At the MTA development of local leadership in their capacity as first responders is not systematic across the organisation and DRC does not systematically ensure that exit planning occurs in the early stages of its humanitarian programmes.

Countries do not all have Emergency Preparedness Plans and risks to the environment are not systematically identified or acted upon in programme planning.

Feedback from people affected by crisis and communities on Commitment 3:

Communities visited at the MTA in which representative processes and roles were operative were satisfied with the role and representativeness of their leaders and DRC responsiveness to issues raised if they were not. Communities generally had little knowledge of when projects were going to finish.

Commitment 4: Humanitarian response is based on communication, participation and feedback

Score: 2.1

The initial audit found DRC's Accountability Framework was not contextualized and updated for each Country Office and was not used at the operational level. Some information about DRC, its principles, programmes, deliverables and expected behaviours was available but not systematically shared with communities. Communication channels and information dissemination was not assured to all groups and DRC policies did not ensure that communications were accurate, ethical and respectful.

Since the initial audit in 2017, DRC has employed an Accountability and Participation Advisor to improve the technical support in participatory practice to all CO's and provide policy and practice support to the HO MEAL team. The Accountability Framework remains an important tool for information sharing of DRC's commitments and its operations but is not a DRC mandatory requirement. DRC communication policies have been updated to ensure external communications are accurate, ethical and respectful of communities affected by crisis.

However, it was observed at the MTA that encouragement to provide feedback was not systematic across programmes and staff were unfamiliar with what information they should share with communities and stakeholders. Nonconformities have been issued as DRC is not systematic in providing information to communities about principles and expected staff behaviour and in how information is conveyed in appropriate formats.

Feedback from people affected by crisis and communities on Commitment 4:

Communities reported that they received information about DRC programmes and that DRC sought their consent prior to photograph taking. However, they were not fully aware of DRC's principles and expected behaviours of staff. Communities said that they were mostly satisfied with their involvement in all stages of the work and consider that DRC communications are respectful, however at times communication was not available in major languages nor provided in a variety of formats. Not all the communities were satisfied with the opportunities to give feedback and engage with DRC.

Commitment 5: Complaints are welcomed and addressed

Score: 1.9

The initial audit observed that DRC had systems operating for sensitive complaints via the organisation's Code of Conduct Reporting Mechanism (CoCRM) but did not have similar systems for operational complaints. DRC had minor corrective actions which remained open at the MA for verification with communities at the MTA. These included consultation with communities on the design, implementation and monitoring of complaints-handling processes (CHP); a lack of clarity by partners and staff on complaints handling processes and a lack of knowledge by communities of the expected behaviour of staff, including on the prevention of sexual exploitation and abuse (PSEA)

At the MTA audit, countries visited and reviewed had either functioning complaints systems or well-developed plans for implementing a Feedback and Complaints Response Mechanism (F-CRM) which fulfils the requirements for consultation with communities, promotion of the mechanism, and includes both operational and sensitive complaints. This has been assisted by additional specialist staff recruitment at HO level to provide technical assistance to COs.

However, toolkits for promotion of the DRC CoC with communities and stakeholders were developed at the MA but were not evidenced in practice at the MTA. DRC demonstrates a strong organisational commitment to PSEA, through implementing extensive staff training, ensuring its CoCRM operates systematically throughout the organisation and transparently reporting on its website annual analysis of data related to it. However, despite these initiatives, staff did not inform communities and stakeholders of their organisational commitments to PSEA nor was the CoCRM promoted to them.

Taking note of the significant organisational commitment to ensuring that complaints are welcomed and addressed, the scale of the corrective actions already taken, and the time needed for a large organisation to roll out changes, the initial audit non-conformities are closed. New CARs are opened that specifically address promotion and development of the F-CRM/CoCRM, revision and updating of written policy guidance on the operation of the F-CRM, and specific communication of DRC organisational commitments on PSEA to communities affected by crisis.

Feedback from people affected by crisis and communities on Commitment 5:

Communities reported that existing CRMs operative in site visits were not timely and reasons were not always provided for decisions made by DRC. Communities reported that they were not aware how to make a complaint nor of the DRC commitments on the prevention of sexual exploitation and abuse.

Commitment 6: Humanitarian response is coordinated and complementary

Score: 3

DRC still conforms to the requirements of this commitment and there is no significant change from the initial audit in 2017. Clear commitments to coordination and collaboration continue to be part of key strategic documents and are reflected systematically in practice on the ground.

Feedback from people affected by crisis and communities on Commitment

Communities consider the coordination between the NGO's, agencies and local authorities works well; and when needed, DRC collaborates to find partners who can provide what the community needs. Communities considered that duplication of activities did not occur.

Commitment 7: Humanitarian actors continuously learn and improve

Score: 2.5

The initial audit identified that sharing of project learning and innovation between COs was limited, there was no learning policy or dedicated learning budget, and DRC did not ensure systematic learning from feedback and complaints.

Since 2017, DRC has made progress in sharing information and lessons learned between the COs, with regular annual meetings now held at global level for management and technical leads. The budget for evaluation and learning activities has been increased as a percentage of budget in some countries. In some programmes, lessons learned are shared with communities, however, it is not a systematic practice, and DRC does not ensure systematic learning from programmatic complaints. Given that some of the Observations from the initial audit still stand, a weakness is identified and now a Corrective Action is issued as DRC still does not have a learning policy.

Feedback from people affected by crisis and communities on Commitment 7:

Some communities confirmed that DRC provides them with reports about the monitoring processes in the regular meetings held; and that it takes into account suggestions to implement changes. However, communities had little awareness about DRC learnings from the project activities.

Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably

Score: 2.7

At the IA DRC ensured that staff worked to the mandate and values of the organisation and to agreed objectives and performance standards; understood policies relevant to them and understood how the organisation could assist with skill development. However, it was observed that a CoC was operative for CO but not HO staff.

Changes at the MTA include an international position evaluation (IPE) which redefined all positions and levels within the organisation, introduction of induction visits to

Copenhagen for key staff, annual global meetings for managers and technical staff; and management skills training for front line staff. A global CoC is in the process of being devised which covers all staff at DRC regardless of location, and that covers all requirements under indicator 8.7.

However, staff were not all satisfied with DRC induction processes in COs visited and were not aware of the DRC policy that communities and stakeholders must be made aware of the CoCRM.

Feedback from people affected by crisis and communities on Commitment 8:

Communities generally felt staff were competent and did their job, however this feedback was not systematic across all sites. Communities felt staffing levels were adequate.

Commitment 9: Resources are managed and used responsibly for their intended purpose

Score: 2.5

At the IA DRC was found to manage and use resources responsibly for their intended purposes, however not all communities were made aware of project budgets, reporting mechanisms and of DRC's fraud and corruption policy. It was also observed that environmental considerations and risk assessments were not systematically analysed and addressed in all operations.

At the MTA changes include the introduction of an Enterprise Resource Planning (ERP) tool - DRC Dynamics which provides data linking human, financial and services resources. Risk assessments are now systematically undertaken on a quarterly basis.

However, an upgrade to the supplier management process to promote sustainability and ethical parameters and an upgrade to the Programmes Handbook to expand the current section on risks to the environment is planned but not yet completed. DRC does not ensure that local and natural resources are used taking their actual and potential impact on the environment into account.

Staff are generally aware of policies that affect their work but are not aware of the DRC policy that communities and stakeholders must be made aware of the CoCRM and thus their contribution to managing the risk of corruption in DRC operations is not fully utilised.

Unintended negative effects on the environment are not systematically considered.

Feedback from people affected by crisis and communities on Commitment 9:

Communities stated that resources are used well, and DRC is not wasteful. However, communities remain unaware of the means identified at the initial audit by which they could assist DRC in managing corruption (knowledge of DRC CoCRM and project budgets).

8. Organisation's report approval

Acknowledgement and Acceptance of Findings

For Organisation representative – please cross where appropriate

I acknowledge and understand the findings of the audit

I accept the findings of the audit

I do not accept some/all of the findings of the audit

Please list the requirements whose findings you do not accept

Mads Egersten Sørensen


Name and Signature

*3/10-19
Copenhagen*

Date and Place

2019-07-19

9. HQAI's decision

Certification Decision	
Certificate:	
<input checked="" type="checkbox"/> Maintained	<input type="checkbox"/> Reinstated
<input type="checkbox"/> Suspended	<input type="checkbox"/> Withdrawn
Next audits	
Maintenance audit before: 2020-06-24	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative 	Date: 2019-07-19

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 in writing HQAI 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 – Appeals Procedure.

Annex 1: Explanation of the scoring scale

0	<p>A score of 0 denotes a weakness that is so significant that it indicates that the organisation is unable to meet the required commitment. This is a major weakness to be corrected immediately.</p>
	<p>EXAMPLES:</p> <p>Operational activities and actions contradict the intent of a CHS commitment.</p> <p>Policies and procedures contradict the intent of the CHS commitment.</p> <p>Absence of processes or policies necessary to ensure compliance at the level of the commitment.</p> <p>Recurrent failure to implement the necessary actions at operational level make it impossible for the organisation to ensure compliance at the level of the commitment.</p> <p>Failure to implement corrective actions to resolve minor non-conformities in the adequate timeframes (for certification only)</p> <p>More than half of the indicators of one commitment receive a score of 1 (minor non-conformity), making it impossible for the organisation to ensure compliance at the level of the commitment. (for independent verification or certification only)</p>
1	<p>A score of 1 denotes a weakness that does not immediately compromise the integrity of the commitment but requires to be corrected to ensure the organisation can continuously deliver against the commitment.</p>
	<p>EXAMPLES:</p> <p>There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement.</p> <p>Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p> <p>Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff. A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures.</p> <p>Absence of mechanisms to monitor the systematic application of relevant policies and procedures at the level of the requirement/commitment.</p>
2	<p>A score of 2 denotes an issue that deserve attention but does not currently compromise the conformity with the requirement.. This is worth an observation and, if not addressed may turn into a significant weakness (score 1).</p>
	<p>EXAMPLES:</p> <p>Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.</p> <p>There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.</p> <p>Relevant policies exist but are incomplete or do not cover all areas of the requirement/commitment.</p>
3	<p>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</p>
	<p>EXAMPLES:</p> <p>Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.</p> <p>Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.</p> <p>The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.</p>

	<p>Policy and practice are aligned.</p>
<p>4</p>	<p>The organisation demonstrates innovation in the application of this requirement/commitment. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.</p> <p>EXAMPLES:</p> <p>Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</p> <p>Relevant staff can explain in which way their activities are in line with the requirement and can provide several examples of implementation in different sites. They can relate the examples to improved quality of the projects and their deliveries.</p> <p>Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</p> <p>Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</p>