Dorcas
Maintenance Audit 1 – Report – 2026/05/26

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor – Sarah Kambarami	
Audit cycle	First Cycle (CHS:2014)	
Opening Meeting	Date / number of participants	Any substantive issues arising
	4th May 2026 / 6 (4F & 2M)	None
Closing Meeting	13th May 2026 / 4 (2F & 2M)	None
Interviews	Position / level of interviewees	Number
	Management	2
	Staff	3

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Initial Certification Audit in 2025 (IA), Dorcas has developed a cross-organisational approach to address the gaps by developing a detailed action plan to address each of the minor CARs identified. Conducting a root cause analysis helped Dorcas to understand the reasons behind the findings. Timeframes and owners were assigned to each corrective action, and progress has been regularly monitored, with reporting to Senior Management and the Supervisory Board. The action plan also includes systematic efforts to monitor the effectiveness of the corrective actions to ensure the changes being implemented are having the desired result. Progress on specific actions is noted in section 2.2 below.

Since the IA, Dorcas has finalised its new strategic plan for the period 2026 to 2030 “Local power creates lasting change”. The Strategic Plan outlines how Dorcas will achieve transformational change at individual, community and societal levels through focused efforts in seven thematic areas: livelihoods and food security, economic development, protection, community development, climate adaptation, water, and crisis response. Through five interlinked strategic focus areas – evidence and impact, expertise and innovation, fund diversification, positioning, and local power – Dorcas aims to achieve lasting impact experienced by flourishing people and communities. The impact areas include resilient livelihoods, strong inclusive and dynamic community structures, inclusive access to basic services, safe and peaceful environment, government and institutions held accountable, and restored dignity, hope and ability.

During 2025, Dorcas finalised the revisions to the Safety and Security Risk Management Policy. This Security Policy lays the foundation for other security related pillars of the Security Risk Management Framework and outlines the key security principles, roles and responsibilities, incident levels and procedures, as well as security levels of programme countries and expected actions. Additionally, the policy describes the three security strategies to reduce security risks in order of importance – acceptance, protection and deterrence.

It is noted that during the past year, many organisations in the sector have faced significant budget cuts resulting in fundamental changes to staffing structure and size, as well as to geographic footprint. Dorcas has not been impacted so significantly because of less reliance on institutional donors and a steady income stream from second-hand shops and committed individual private donors. There is a risk, however, that there could be a delayed impact on Dorcas’ income as competition for both institutional and private funding is increasing.

In summary, Dorcas has made significant progress on addressing the non-conformities, particularly at the International Office (IO) systems level. The approach of integrating new processes into existing systems is supporting a systematic roll out of changes throughout the organisation. The impact of these actions and the extent to which they will lead to the desired change in practice at the Country Office (CO) and community levels, will be assessed at the next Renewal Audit in 2028.

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)
2025-3.6: Dorcas does not systematically identify and act upon negative effects in all areas of this requirement.	Minor by 2028 Renewal Audit	Since the Initial Audit (IA) in 2025, Dorcas has been working to ensure that consideration of unintended negative effects of programming is integrated throughout the project cycle management process. This is being achieved by: • Developing a General Assessment Tool to gather contextual risks and make more informed decisions at design stage to minimise negative effects of programming choices. • Including an explicit section (with associated guidance) on project risks and potential negative effects in revised proposal formats. This includes both identification of the risks and plans for risk mitigation. Plans are also in place to explicitly include sections on unintended negative effects (do no harm) in standard reporting formats and annual lessons learned guidance. Monitoring of implementation of the above in practice is planned to be conducted as part of quality reviews by the Project Cycle Management (PCM) workgroup.	Documents: ORG148, ORG149 ORG167 ORG168 ORG169 ORG170 Interviews with staff
2025-3.7: Dorcas does not have an effective strategy or guidance in place to prevent programmes having negative effects, particularly in relation to risks of SEAH against people and communities affected by crisis.	Minor by 2028 Renewal Audit	Since the IA, Dorcas has undertaken a strategic root cause analysis across the organisation to better understand the audit findings related to Protection from Sexual Exploitation, Abuse and Harassment (PSEAH). Many of the recommendations have been integrated into the CHS action plan. Steps taken in the past year include: • Integrity culture assessments conducted across the organisation with findings presented to Senior Management Team (SMT) and country level findings discussed with each country team. • Consultant engaged to review and strengthen PSEAH related policies and guidance and review the role of Integrity Focal Points (IFPs). • Mandatory PSEAH online training rolled out for all staff, and contextualised 'dilemma' discussion sessions held with Country Directors and IFPs. • Guidance specifically on handling SEAH complaints incorporated into Complaint Handling Manual. • Development of Protection Framework (approved in May 2025) which emphasises the Do No Harm principle.	Documents: ORG150 ORG151 ORG152 ORG153 ORG154 ORG155 ORG156 ORG157 ORG164 ORG166 ORG169 Interviews with staff
2025-4.1: Dorcas does not systematically provide information to communities about the organisation, the principles it adheres to, how it expects its staff to behave, the	Minor by 2028 Renewal Audit	Since the IA, Dorcas has updated the Project Implementation Manual (PIM) to explicitly include a section on information sharing with communities. In addition, questions have been included in the Participant Satisfaction Survey to monitor the effectiveness of the information sharing (see also 5.6 below). Next steps to address this finding include the following:	Documents: ORG158 ORG159 Interviews with staff

programmes it is implementing and what they intend to deliver.		• Developing an information sharing package to support staff at community level to effectively share key information. • Roll out the new guidance and materials, providing support to Country Teams to implement the guidance and contextualise the materials. • Update partner agreements to include information sharing responsibilities.	
2025-5.1: Dorcas does not systematically consult with communities on the design, implementation and monitoring of complaints-handling processes.	Minor by 2028 Renewal Audit	Since the IA, Dorcas has developed a new Feedback and Complaints Mechanism (FCM) Functionality Assessment Tool. This includes consultation with diverse groups in the community at the FCM design stage, as well as during implementation, and in the monitoring and review stages. In the upcoming year, Dorcas plans to pilot the assessment tool in Tanzania and then roll it out to all Country Offices. There are also plans to explore how to strengthen the review of FCM components during project design review stage, as well as how to provide practical support for conducting consultations with communities on FCM design.	Documents: ORG160 Interviews with staff
2025-5.6: Dorcas does not systematically ensure that communities and people affected by crisis are fully aware of the expected behaviour of staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	Minor by 2028 Renewal Audit	Since the IA, Dorcas has made progress in addressing this CAR by incorporating questions related to information provision and awareness of expected staff behaviour into the Participant Satisfaction Survey. In addition, the actions related to addressing 4.1 (see above) will also contribute to addressing this finding.	Documents: ORG158 ORG159 Interviews with staff
2025-9.4: Dorcas does not systematically measure the impact of resource usage on the environment.	Minor by 2028 Renewal Audit	Since the IA, Dorcas has made significant progress in addressing this CAR by: • Commissioning a Carbon Footprint Report based on 2025 data to be used as a baseline for future assessments. • Developing a framework for tracking organisational environmental impact consisting of 10 indicators. • Gathering data from all entities across the organisation to establish a baseline against the 10 indicators. • Analysing baseline data and developing plans for improving quality of data. • Making recommendations for reduction goals, and actions required to achieve them, linked to the indicators. • Conducting CSR and environmental sustainability training with Country Office staff during Climate Learning Week. Regular (annual) data collection for the 10 indicators is planned and will support Dorcas to monitor the organisation's impact on the environment and to continually assess progress against their reduction goals.	Documents: ORG161 ORG162 ORG163 ORG164 ORG172 Interviews with staff

		Dorcas is also in the process of working on a number of other related initiatives, including: • Environmental Impact Assessment tools / guidance are in the process of being developed for roll out over the next year and beyond. • A strategy for reaching Carbon Neutral ambition by 2030 is being developed, including a mix of reduction and compensation strategies. • Mandatory e-learning for staff is being developed on CSR and Environmental Sustainability to raise awareness about what can be done at individual and organisational level to achieve the targets. • A framework document is planned to be developed that links existing policies related to climate and environment, to strengthen and connect the environmental policies of the organisation."	

3. Summary of non-conformities

Corrective Action Requests (CAR)	**Type**	**Status**	**Resolution timeframe**
2025-3.6: Dorcas does not systematically identify and act upon negative effects in all areas of this requirement.	Minor	Open	By 2028 Renewal Audit
2025-3.7: Dorcas does not have an effective strategy or guidance in place to prevent programmes having negative effects, particularly in relation to risks of SEAH against people and communities affected by crisis.	Minor	Open	By 2028 Renewal Audit
2025-4.1: Dorcas does not systematically provide information to communities about the organisation, the principles it adheres to, how it expects its staff to behave, the programmes it is implementing and what they intend to deliver.	Minor	Open	By 2028 Renewal Audit
2025-5.1: Dorcas does not systematically consult with communities on the design, implementation and monitoring of complaints-handling processes.	Minor	Open	By 2028 Renewal Audit
2025-5.6: Dorcas does not systematically ensure that communities and people affected by crisis are fully aware of the expected behaviour of staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	Minor	Open	By 2028 Renewal Audit
2025-9.4: Dorcas does not systematically measure the impact of resource usage on the environment.	Minor	Open	By 2028 Renewal Audit
Total Number of open CARs	6		

4. Claims Review

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

5. Lead auditor recommendation

In my opinion, Dorcas has demonstrated that it is taking necessary steps to address the CARs identified in the previous audit 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: 21st May 2026 Bonn, Germany

6. HQAI decision

☒ Certificate maintained ☐ Certificate suspended	☐ Certificate reinstated ☐ Certificate withdrawn
Surveillance audit before: 2027/06/11	
Name and signature of HQAI Executive Director: Désirée Walter	Date and place: Geneva, 26 May 2026

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:	☐ Yes ☒ No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	☒ Yes ☐ No ☒ Yes ☐ No
Name and signature of the organisation's representative: Agnes Kroese	Date and place: Almere, 04-06-2026

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.	Score 0: indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to: • Independent verification: major weakness. • Certification: major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate.
1	Your organisation is making efforts towards applying this requirement, but these are not systematic.	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: • 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.	Score 2: indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to: • 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.	Score 3: indicates full conformity with the requirement. This leads to: • 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.	Score 4: indicates an exemplary performance in the application of the requirement.

* Scoring Scale from the CHSA Verification Scheme 2020