

CAFOD

Maintenance Audit 1 – Report - 2025/04/16

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Marie Grasmuck	
Audit cycle	Third cycle	
Opening Meeting	Date / number of participants	Any substantive issues arising
	31/03/2025 / 3	No
Closing Meeting	09/04/2025 / 3	No
Interviews	Position / level of interviewees	Number
	Senior Manager	1
	Managers	2
	Advisor	1

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

In line with its Strategy, Our Common Home, and its analysis of the context, CAFOD is undergoing organisational changes destined to streamline the organisation and facilitate the implementation of its strategic orientations. Among the important changes planned, CAFOD has the objectives to reduce its cost base to £30m by 2027 in order to be more financially resilient; review its engagement with partners to focus on the ones where CAFOD has a relevant added value; and review how it structures its operations, including how it organises technical resources. CAFOD has planned to implement these changes over a 2 to 3 years period.

CAFOD's organisational changes have important consequences on the whole organisation and involve a number of cuts in CAFOD's workforce. CAFOD has so far relied on natural turnover for the first wave of restructuring, which has affected mainly the support groups of the organisation, that is Advocacy, Communications & Education Group; Fundraising and Participation Group; Finance, Information and Infrastructure Group; People Culture and Change Group; Organisational Performance and Governance Team. CAFOD is in the process of conducting individual consultations within the International Programmes to continue restructuring. In terms of programmes, CAFOD plans on closing 2 of its 22 programmes, namely its long-standing Mozambique (March 2026) and Sri Lanka (March 2027) programmes, and to downsize its operating model in the Kenya & Uganda programme. Those plans have been discussed with programme partners to plan CAFOD's exit or downsizing.

All the organisational changes planned in the International Programmes have been detailed in the Future Directions paper which has been presented to the Board and communicated to staff in December 2024. At the time of the audit, some implementation aspects are still being discussed, and it is too early to say if and how the organisational changes can impact the scope and focus of the renewal audit. This will be further discussed at the second maintenance audit (MA2) planned in 2026.

At the time of writing this report, CAFOD reports a headcount of 365 staff (down from 397 reported at the Renewal Audit — RA —, 2024), 275 partners funded (200 of whom are NGOs receiving project funds, similar to the RA, 2024); a total expenditure of £59.1m for the year ending in March 2024 (down from £66.3m for the year ending in March 2023).

CAFOD has an historical commitment to CHS, and the organisation has progressively embedded the CHS in its programme quality tools, notably the Safe, Accessible, Dignified and Inclusive Programming (SADI) Design and Implementation checklist, and in its OCH Performance Framework. CAFOD is also engaged with other quality frameworks which recognise and embed the CHS, such as the Caritas Internationalis Management Standard.

CAFOD has a CHS focal point — the Organisational Performance and Evidencing Manager — who follows-up on facilitating the audits and on the actions taken towards resolving open CARs. The focal point works closely with the Head of Safeguarding and other managers in charge of key quality tools, such as the SADI Framework. CAFOD monitors its progress against the CARs through the SADI Action Plan and report it through the International Programme Performance Framework whereby KPIs are reviewed quarterly by the IP Leadership Team. CAFOD also report a selection of these KPIs to the Executive team and Board of Trustees.

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)
2024-5.3: CAFOD has not yet demonstrated that it has undertaken sufficient capacity strengthening and oversight of partners to ensure that they manage complaints in a timely, fair, and appropriate manner that prioritises the safety of the complainant.	Minor / by 2027 (RA)	<p>CAFOD shows progress to address this CAR.</p> <p>CAFOD decided to address the capacity of its programme to address concerns regarding the complaint mechanisms of partners through the following:</p> <ul style="list-style-type: none"> - CAFOD has reviewed its Safeguarding Policy to embed a survivor-centred approach. - CAFOD has rolled out its SADI training. The first two levels are mandatory for all International Programmes staff and cover complaint mechanisms. The third level modules are optional and structured around specific SADI indicators. The module focused on Sensitive Complaints (CHS Commitment 5) has been offered twice so far, with 40 staff trained. And there was a SADI Focal Point training which reached an additional 11 staff. - CAFOD has rolled out a partner safeguarding training aimed at understanding SADI expectations, CAFOD core quality standards and identifying gaps in complaints mechanisms. - CAFOD has set a Programme Quality Fund, a small grants fund which programmes can apply to in order to work on gaps identified in the SADI. So far, two programmes have requested a grant to improve their complaints mechanism. - CAFOD has redesigned the membership of its Safeguarding Management Committee to focus on senior leadership and harness the potential to discuss risks and challenges with organisational responsibility bearers. The staff interviewed explained that outside of this specific CAR, they had also witnessed that it positively reflects on the organisational culture related to safeguarding and complaints. 	MA1.3, MA1.4, MA1.5, MA1.7, MA1.8, MA1.9, MA1.10, MA1.11, interviews with staff, observation

		<p>CAFOD is also working on the consistency of its processes. CAFOD has made mandatory for each programme to have a MEL framework by October 2025, which should highlight expectations and plans for needed support.</p> <p>To follow-up on the effective implementation of the tools and on actions proposed and taken to resolve concerns, CAFOD's SADI Design and Implementation Checklist and PSP have been integrated into the information management system (IMS). CAFOD is in the process of adjusting the IMS to ensure that the information can be updated along with real-time developments (e.g. plans for support, monitoring of inaction, risk mitigation or resolution) and better monitor the consistency of the action taken.</p>	
2024-5.7: CAFOD has not yet demonstrated that it has undertaken sufficient capacity strengthening and oversight of partners to ensure that they have systems in place to refer complaints that fall outside the scope of the organisation in a manner consistent with good practice.	Minor / by 2027 (RA)	<p>CAFOD shows progress to address this CAR. CAFOD considers the referral of complaints as a best practice, and the organisation has first started to address what it considers as minimum requirements for entering partnerships, such as Minor CAR 5.3. Hence the progress on this CAR is relatively new, although progress is planned and routinely reported in OCH's KPI.</p> <p>Considering the diversity of its partners and its collaborative approach to partnership, CAFOD has decided that each country should develop a safeguarding Q&A document. This document would include basic questions and answers on how to handle cases, including in terms of referrals. CAFOD's partners are encouraged to identify and maintain referral pathways, but CAFOD can also share the Q&A with them. CAFOD has already tried this approach in practice and is now planning to ensure all countries have developed such a document.</p> <p>CAFOD covers referrals in its level 2 SADI training, which all new International Programmes staff must attend. CAFOD plans to develop this topic further through a SADI level 3 to be developed later this year.</p>	MA1.5, MA1.10, interviews with staff

3. Summary of non-conformities


Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2024-5.3: CAFOD has not yet demonstrated that it has undertaken sufficient capacity strengthening and oversight of partners to ensure that they manage complaints in a timely, fair, and appropriate manner that prioritises the safety of the complainant.	Minor	Open	by 2027 (RA)
2024-5.7: CAFOD has not yet demonstrated that it has undertaken sufficient capacity strengthening and oversight of partners to ensure that they have systems in place to refer complaints that fall outside	Minor	Open	by 2027 (RA)

the scope of the organisation in a manner consistent with good practice.			
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 our opinion, CAFOD 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. We recommend maintenance of certification.	
Name and signature of lead auditor: Marie Grasmuck 	Date and place: Metz, April 11th, 2025

6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
Surveillance audit before: 2026/03/20	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 16 April 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

<p>Acknowledgement and Acceptance of Findings:</p> <p>I acknowledge and understand the findings of the audit</p> <p>I accept the findings of the audit</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name and signature of the organisation's representative:</p> 	<p>Date and place:</p> <p>London, 20/06/2025</p>

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