



CAFOD
CHS Report on review of CARs
Date: 2019-02-04

	Date	Name
Q control by HQAI	2019-02-01	Lola Nydegger
	2019-02-04	Elissa Goucem
Organisation's comments	2019-02-07	
Q control by HQAI	2019-02-07	Elissa Goucem
Control Executive Director	2019-02-07	PH

CAFOD's directly affected stakeholders were informed of the suspension

16015



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1. General information

Organisation			
Type	<input type="checkbox"/> National <input type="checkbox"/> Membership/Network <input type="checkbox"/> Direct assistance	<input checked="" type="checkbox"/> International <input type="checkbox"/> Federated <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 checked="" type="checkbox"/> Advocacy
Size (Total number of programme sites/ members/partners – Number of staff at HO level)	40 countries 400 partners	Sampling Rate (Country programme sampled)	5
Lead auditor	Johnny O' Regan	Auditor	
		Others	None
	Head Office	Programme Site(s)	
Location	London	NA	
Dates	17.01.2019	NA	

2. Scope

- Initial audit
 Mid-term Audit
 Maintenance audit
 Final/Recertification audit
 Extraordinary audit
 Assessment of major CAR closure

16/17

3. Schedule summary

3.2 Opening and closing meetings

3.2.1 At Head Office:

	Opening meeting	Closing meeting
Date	17/1/19	18/1/19
Location	London	London
Number of participants	2	2
Any substantive issue arising	No	No

4. Recommendation

In our opinion, CAFOD has successfully addressed the major CARs that can be now closed. We recommend the restoration of certification.

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

Johnny O'Regan

Dublin, February 4, 2019



6.3 Interviews:

6.3.1 Semi-structured interviews (individual interviews or with a small group <6

Type of people interviewed	Number of people interviewed
Head Office	
Management and staff	12
Programme sites	
Partner staff	5
Total number of interviews	17

7. Report

7.1 Overall organisational performance

CAFODs approach to addressing issues regarding complaints has been through a wider initiative to improve programme quality and accountability to communities and people

affected by crisis. CAFODs Safe, Accessible, Dignified & Inclusive (SADI) approach includes a complaints component but also other critical aspects of programming such as community engagement and information sharing. CAFOD has been actively developing/updating relevant policies, standards and guidance, including complaints and safeguarding and has dedicated (financial and human) resources to addressing gaps. CAFOD is delivering a SADI training package to staff with complaints as a focus area, which will be used as a basis for capacity strengthening with partners where required. CAFOD has undertaken a partner risk profiling exercise and is undertaking a partner-by-partner gap analysis, including in relation to safeguarding and complaints. These will allow CAFOD to prioritize partners for capacity strengthening as required based on safeguarding risk in the environment and partner capacity in this area. The approach is at the information gathering stage and so it is too early to establish outcomes. However, the auditor's opinion is that CAFODs methodology is the most sustainable approach to identifying/ addressing gaps and developing partners' complaints mechanisms.

7.2 Status of corrective action requests at the 2018 mid-term audit

Corrective Action Requests	Type	Status of CAR	Original time for resolution
2018 - 3.8 CAFOD does not systematically engage with partners on safeguarding personal information.	Minor CAR	New	1 year
2018 - 4.1. CAFOD has not developed a systematic approach to information sharing with communities and does not check how partners provide information about the principles it adheres to, the expected behaviours of staff, its programmes and deliverables.	Minor CAR	New	1 year
2018 - 5.1. Communities and people affected by crisis are not systematically consulted on the design, implementation and monitoring of complaint-handling processes and do not have systematically access to safe and responsive mechanisms to handle complaints.	Major CAR	New	6 months
2018 - 5.2b: CAFOD does not ensure that complaints mechanisms are clearly communicated to all relevant stakeholders and does not systematically work with partners about communicating complaints mechanisms to communities.	Minor CAR	New	6 months
2018 - 5.3b. CAFOD does not ensure its complaints handling mechanism prioritises the safety of the complainant and those affected at all stages nor does it work with partners to ensure the same.	Minor CAR	New	6 months
2018 - 5.4. CAFOD does not systematically work with its partners on complaints mechanisms, to ensure that they are in place, and systematically cover sexual exploitation and abuse.	Minor CAR	New	1 year
2018 - 5.6. CAFOD does not work systematically with partners to ensure communities are made aware of the expected behaviour of humanitarian staff regarding the prevention of sexual exploitation and abuse.	Minor CAR	New	2 years
			1 Major

Total number of open CARs	6 Minor
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7.3 Summary of corrective actions as of February 4th 2019

Corrective Action Requests	Type	Time for resolution
2018 - 3.8 CAFOD does not systematically engage with partners on safeguarding personal information.	Minor CAR	2019-07-03
2018 - 4.1. CAFOD has not developed a systematic approach to information sharing with communities and does not check how partners provide information about the principles it adheres to, the expected behaviours of staff, its programmes and deliverables.	Minor CAR	2019-07-03
2019- 5.1: CAFOD has not yet demonstrated that it has undertaken sufficient capacity building and oversight of partners to ensure they consult with communities on the design, implementation and monitoring of complaints-handling processes.	Minor CAR	2020-03-26
2018 - 5.2b: CAFOD does not ensure that complaints mechanisms are clearly communicated to all relevant stakeholders and does not systematically work with partners about communicating complaints mechanisms to communities.	Minor CAR	Closed
2019 5.3: CAFOD has not yet demonstrated systematic capacity building and oversight of partners to ensure that partners are managing complaints timely, fairly and appropriately.	Minor CAR	2020-03-26
2019- 5.4 CAFOD has not yet demonstrated that partners' complaints handling mechanisms are in place	Minor CAR	2020-03-26
2019 5.6: CAFOD has not yet demonstrated formal oversight over partners' efforts to ensure that communities are aware of expected staff behaviour.	Minor CAR	2020-03-26
TOTAL number of open CARs		6

7.4 Strong points and areas for improvement:

Commitment 5: Complaints are welcomed and addressed

Score: 1.5

CAFOD is taking relevant and appropriate steps to develop partner's complaints mechanisms, particularly through risk profiling and gap analysis. The gap analysis queries partners' consultation with communities, establishment/ functioning/ communication/ community understanding of complaints mechanisms, and referral systems for complaints. The approach is supported by training and resourcing for the development of partner's complaints mechanisms and CAFODs investment in its own complaints system and progress reporting at senior level. This is indicative of an organisational culture that takes complaints seriously. However, these initiatives will take time to

demonstrate results, which is reflected in the number of outstanding corrective actions outlined above.

8. Organisation's approval

Acknowledgement and Acceptance of Findings

(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

Geoff O'Donoghue



Organisation's
Representative Name
and Signature:

07-02-19

ROMERO HOUSE, LONDON.

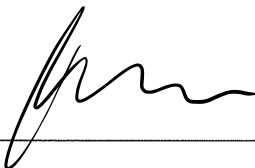
Date and Place:

Date: 2019-02-04

9. HQAI's decision

Quality Control by: Lola Nydegger and Elissa Goucem	Quality Control finalised on: First Draft: 2019-02-01 Final: 2019-02-04
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Certification Decision:	
Certification	Intermediate audit
<input type="checkbox"/> Certified <input type="checkbox"/> Preconditioned (Major CARs)	<input type="checkbox"/> Maintenance of certificate <input type="checkbox"/> Suspension of certificate (Major CARs) <input checked="" type="checkbox"/> Restoration of certificate
Deadlines: Maintenance Audit before: 2019-03-26	

Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	Date: 8 February 2019 
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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 – Appeal 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>

4	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>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>