Report number: CAFOD-MA1-2017-001

CAFOD

Maintenance Audit Report CHS Certification

CAFOD-MA1-2017-001

Date: 2017-03-29



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1. General information

Organisation Name:	CAFOD	Certification No:	CAFOD-MA1-2017- 001
Type of organisation:		Organisation Mandat	te:
🗌 National 🛛 Inte	rnational 🗌 Federated	⊠ Humanitarian ⊠ Advocacy	🛛 Development
Membership/Netwo	ork	Verified Mandate(s)	
□Direct assistance 🛛] Through partners	🛛 Humanitarian 🔀 Advocacy	🛛 Development
Organisation size: (Total number of programme sites/ members/partners)	40 countries; approxi- mately 400 partners	Legal Registration: (NGO, Church, etc)	INGO
Head Office visit Lo- cation and date:	London / 2017-03-17	Lead Auditor:	Elissa Goucem

2. Scope

External verification

Maintenance Audit

Certification audit

Recertification audit

The auditor did not identify substantial changes in CAFOD's systems that would require an investigation on areas that were not identified in the initial audit report as non-conformities.

The maintenance audit focused on the non-conformities identified in the previous audit report and found that CAFOD took action to close its non-conformities.

Lead Auditor's Name and Signature:

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Date and 29.03.2017 Place: Geneva

3. Schedule summary

3.1 Opening and closing meetings

	Opening meeting	Closing meeting
Date	2017-03-17	2017-03-17
Location	London	
Number of participants	1	2
Any substantive issue arising	none	none

3.2 Interviews

Type of people interviewed	Number of people interviewed
Head Office	
Management	1
Staff	2

4. Decision

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Intermediate audit	
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Appeal

In case of disagreement with the conclusions and/or decision on certification, the organisation can appeal to HQAI within 30 days after the final report has been transmitted to the organisation.

HQAI will investigate the content of the appeal and propose a solution within 15 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform in writing HQAI within 15 days after being informed of the proposed solution of their intention to maintain the appeal.

HQAI will take action immediately, and identify two Board members to proceed with the appeal. These will have 30 day to address it. Their decision will be final.

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

5. Summary on actions taken to resolve non-conformities

CAR 3.4: CAFOD generally only produces exit strategies for country programmes and where it produces project/programme exit strategies they are not sufficiently robust to provide guidance to partners and communities on how best to manage the transition after CAFOD exits

Time for resolution: 1 year

CAR closed

Findings: As part of the review of the International Partnerships manual and the Programme management manual, specific chapters on closure and exit were included which require staff to design transition and exit strategies for country, programmes and projects. A specific exit guidance was designed and questions on exit can be found in the new WebPromise platform.

CAFOD roll out of the new Manuals includes the development of comprehensive exit strategies at country level; this is reflected in the Philippines programme where an exit strategy was recently designed in consultation with partners. The new Thematic Programme Framework explicitly ask for exit strategies at the design phase of projects, as well as providing monitoring questions to guide staff in these discussions with partners.

Evidence: Documents 1, 2, 3, 4, 5, 14, 16, 31, and interviews with staff

CAR 3.8 Personal information regarding communities is generally held by partners; CAFOD does not engage with partners on safeguarding personal information, for example through risk analysis and management regarding information that is particularly important to safeguard.

Time for resolution: 18 months

CAR in resolution

Findings: CAFOD included specific requests in terms of safeguarding personal information in a new "Supplementary resources on Partner Security 2: Safeguarding information and sources (safe collection, transfer and storage of data)" developed by the advocacy team and accessible through the International Partnership Manual. The new "Quality Check-List: Monitoring Partner Projects" requires CAFOD staff to check the way partners store data on communities during monitoring visit.

Chapter 6 of the Partnerships manual tackles the issue of partners' security and integrates the necessity to support partners to secure the personal information of the communities they work with.

Evidence: Documents 5, 6, 16 and interviews with staff

CAR 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.

Time for resolution: 2 years

CAR in resolution

Findings: The new monitoring questions require staff to collect information from communities on the type of information they received about the programmes and deliverables, as well as on possible complaints and the way these have been handled. Nevertheless, it is not clear how CAFOD plans to systematically monitor the way partners provide information about the principles they adhere to and the expected behaviours of staff.

Evidence: Document 16, 20, 23, 24 and interviews with staff

CAR 5.1 Communities and people affected by crisis were not consulted for the design of CAFODs CHM and are not consulted on the implementation and monitoring of the mechanisms

Time for resolution: 2 years

This CAR has been discussed during the Maintenance audit and reworded as follows to best fit the characteristics of CAFOD as an agency that works mainly through partnerships: "Communities and people affected by crisis are not systematically consulted on the design, implementation and monitoring of complaint-handling processes"

CAR in resolution

Findings: In December 2016, CAFOD Board of Trustees declared that Complaints should be regarded as an important means for accountability and learning and required improvement. As a first step, it was agreed that the Strategy and Performance Committee (SPC) would assume oversight of the review of the mechanism and that the mechanism would be reviewed within the next 6 months. A working group is planned to start reviewing the existing mechanism and suggest necessary changes in line with the exigencies of the CHS. This process is relevant for the different non-conformities related to the Commitment 5 of the CHS.

Evidence: Document 16, 17, 18, 19, 20, 21, 22, 24, interviews with staff.

CAR 5.2a Affected communities have limited access to CAFOD's complaints handling mechanism and CAFOD has not undertaken sufficient work with partners to promote their openness to complaints.

Time for resolution: 2 years

CAR in resolution

See 5.1

Findings: The new template for Project Funding Agreement asks partner organisations to inform the CAFOD Complaints Manager of any complaints received about the project, CAFOD, its staff or volunteers. A guidance for monitoring partners was created that require information about the systems in place to deal with complaints or suggestions from stakeholders. Nevertheless, it is still not clear how CAFOD plans to engage in any systematic way with partners to promote their openness to complaints.

Evidence: Documents 17, 19, 20, 21, 22, 24, 33, 34, interviews with staff

CAR 5.2b CAFODs complaints mechanism is not adequately communicated to all relevant stakeholders and partners are not adequately supported to communicate their complaints mechanisms.

Time for resolution: 2 years

CAR in resolution

See 5.1

Findings: CAFOD's complaints handling mechanism is displayed in the front page of its official website to facilitate access. Nevertheless, it is still not clear how CAFOD plans to work with partners to support or monitor the way these communicate their complaints mechanisms to communities.

Evidence: Documents 16, 17, 18, 19, 20, 21, 22, 24, 33, 34, review of the complaints register, interviews with staff.

CAR 5.3a CAFOD does not ensure that complaints are managed timely, fairly and appropriately

Time for resolution: 2 years

CAR in resolution

See 5.1

Findings: Over the last year several complaints have reached CAFOD and were managed, followed upon and closed in due time.

Evidence: Documents 16, 17, 18, 20, 21, 23, 33, 34, onsite review of the complaints register, interviews with staff

CAR 5.5 CAFOD does not promote complaints at the highest level of the organization nor use them as a means of learning

Time for resolution: 2 years

CAR in resolution

See 5.1

Findings: Additionally, CAFOD has made a commitment to developing the same level of voice and accountability internally and externally. This is articulated in the one-page "People Framework" which describes the desired organisational behaviours including the necessity for staff to be accountable and open to feedback in the section "Personal Responsibility and Accountability". It is reinforced in the three-year CAFOD People Strategy which sets out the actions and measures (including a reference to the CHS) that support the People Framework. CAFOD is working on specific materials for awareness raising on accountability and complaints to encourage staff to adopt and apply the People Framework.

Evidence: Documents 16, 17, 18, 19, 20, 21, 22, 33, 34, and interviews with staff.

CAR 7.2 CAFOD does not systematically use learning from M&E, complaints and feedbacks to implement changes

Time for resolution: 2 years

CAR in resolution

See 5.1

Findings: CAFOD recently made significant updates to its Programme Information Management System (WebPromise) to align it with the policies and ways of working documented in the Programme Management manual and International Partnership manual.

The Programme Management Manual (PMM) clarifies CAFOD's approach to monitoring and learning during project and programme implementation. The PMM includes a revised « Evaluation Policy », new « Evidencing Principles » (which aim at the participation of people and communities in the gathering and analysis processes and the use of the data collected for learning) and the "Quality check: guidance for monitoring partners" (to facilitate programmatic learning based on monitoring and evaluations). But it is still not clear how systematically the new evidencing principles will be translated into actual tools for M&E at operational level.

The « Thematic Programme Framework » approach and revised « Project Appraisal and Grant Approvals (PAGA) » now integrate a focus on change from the design phase and requires staff to consider lessons learned from past experiences. All « Project Monitoring and Grant Approvals (PMGA) » require teams to identify changes reflecting M&E. Lessons learned are also captured in programme and project « Learning and closing reports ». Nevertheless, these are nascent procedural changes and will require time to embed, and further effort will be required to use learning systematically. Nevertheless, it is still not clear which systems CAFOD plans to put in place to systematically use learning from ongoing M&E, complaints and feedback to implement changes at project level.

Evidence: Documents 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 36, 37, 38 and interviews with staff

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6. **Organisation's signature**

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

Organisation's Re- CAFOD Date and 9 May 17. presentative Name MATTREW CAREFER. Place: Low Dow and Signature: Man Com

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Humanitarian Quality Assurance Initiative

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