

CAFOD

Maintenance Audit 2 – Report - 2026/03/24

1. General information and audit activities

Role / name of auditor(s)	Lead Auditor / Gertrude Dendere-Chibwe	
Audit cycle	Third cycle (CHS:2014)	
Opening Meeting	Date / number of participants	Any substantive issues arising
	23/02/2026 / 4	None
Closing Meeting	02/03/2026 / 5	None
Interviews	Position / level of interviewees	Number
	Senior Manager	1
	Advisor	1
	Manager	3

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

CAFOD continues to undergo an organisational restructuring process in line with its strategy, *Our Common Home*, and its objective of maintaining a sustainable organisational position based on an analysis of the operating context. The organisation aims to complete the implementation of the new structure by April 2027. At present, consultations and internal approval processes are still ongoing, and the proposed future structure is outlined in the organisation redesign paper.

CAFOD continues to implement plans to ensure long-term financial sustainability, including further reductions in staffing by 2027/2028. As of the date of this report, CAFOD supports approximately 200 partners through project funding, consistent with figures reported in the Maintenance Audit 1 (MA1), 2025. In line with the organisational restructure, the current staff headcount has reduced to 342, from 365 at the MA1, 2025 and 397 at the Renewal Audit conducted in 2024.

Key changes in International Programmes include streamlining core areas of work through the reduction of sub themes to focus on those where there is programme convergence, funding interest and strength of partners. In addition, CAFOD is also in the process of changing its ways of working with partners in accordance with the relevant contexts in the countries that the partners operate. Pursuant to this, the organisation has changed its operational model with the Kenya and Uganda Programme to a less intensive model that focuses mainly on providing core funding. The organisation has now closed the Mozambique programme and continues to work towards closing the Sri Lanka programme by April 2027, thereby reducing its core programmes from previously 22 to 20 plus 3 advocacy programmes. Other structural changes in different geographical regions are ongoing as well.

CAFOD remains committed to the CHS and strives to enhance programme quality. As part of the organisational changes and efforts to address gaps identified in the previous audit, the organisation is improving its operational processes. This work largely focuses on upgrading its Programme Management System, WebPromise, which helps monitor partner programme quality assessments and progress, enabling management to make more informed and timely decisions. Additionally, CAFOD has integrated Tableau to boost data visibility and analytics from partner safeguarding profiles and from the Safe, Accessible, Dignified and Inclusive Programming (SADI) checklists, supporting more effective capacity building and risk identification.

CAFOD's Organisational Performance and Evidencing Manager continues to oversee the facilitation of audits and follows up on actions to address outstanding Corrective Action Requests (CARs). This is conducted in close collaboration with the Head of Safeguarding and other managers responsible for key quality systems, including the SADI Framework. Progress against CARs is tracked through the SADI Action Plan and reported via the International Programme Performance Framework, where KPIs are reviewed quarterly by the International Programme Leadership Team. A selection of these KPIs is also reported to the Executive Team and the 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)
<p>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.</p>	<p>Minor / by 2027 Renewal Audit</p>	<p>CAFOD continues to make progress towards addressing the CAR and in addition to the progress made at the MA1,2025, the following is ongoing:</p> <p>Improving operational processes through upgrading of IT systems</p> <ul style="list-style-type: none"> • This includes further development of the Programme Management System, WebPromise, to strengthen the capture, analysis, and follow-up of partner programme quality assessments, including complaints management. The system will also support improved tracking of assessment findings and the implementation of follow-up actions. These enhancements are currently underway and are expected to be completed by the Renewal Audit in 2026. • CAFOD is also using Tableau to develop and enhance reports that visualise data from Partner Safeguarding Profiles, SADI Implementation and Design Checklists. This is intended to support more informed oversight of partners and strengthen decision-making by International Programme Leadership. • CAFOD continues to provide various capacity strengthening trainings for partners and staff on the SADI programme quality approach. The following trainings have been conducted since the MA1, 2025: <ul style="list-style-type: none"> - Level 3 SADI Training delivered to International Programme Staff. - Level 1 and 2 SADI induction continues for all relevant new staff. - Complaints Manager training continues as standard for designated CAFOD complaints managers. - Investigations training to be delivered with partner organisation - Ovibashi Karmi Unnayan Program (OKUP) (planned for March 2026) - Relevant Learning captured and shared: Ukraine Learning Paper <ul style="list-style-type: none"> ○ Case study funded through Programme Quality Fund. 	<p>MA2.2 MA2.4 MA2.5 MA2.6 MA2.7 MA2.8 MA2.9 MA2.10 Interviews with staff</p>

<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.</p>	<p>Minor / by 2027 Renewal Audit</p>	<p>CAFOD continues to make progress to resolve this CAR. Progress on the systems improvements on partner oversight and capacity strengthening for referral of complaints that fall outside the scope of the organisation are integrated in commitment 5.3 as documented above.</p> <p>CAFOD has continued to provide training on complaints referral process as below:</p> <ul style="list-style-type: none"> • SADI training (Levels 1–3) which includes emphasis on mapping and referral of complaints • Complaints Manager training that focuses on appropriate escalation and referral processes. • Investigations training with Ovibashi Karmi Unnayan Program (OKUP) planned March 2026 on appropriate escalation and referral processes. <p>The Programme Quality Fund facilitated the documentation of a case study in Sri Lanka, focusing on supporting partners with mapping and referral processes. In November 2025, a Deep Dive session was conducted to share and discuss preliminary insights.</p>	<p>MA2.2 MA2.7 MA2.9 Interviews with staff</p>
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3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
<p>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.</p>	Minor	Open	By the 2027 Renewal Audit
<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.</p>	Minor	Open	By the 2027 Renewal Audit
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


<p>In our opinion, CAFOD 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.</p> <p>We recommend maintenance of certification.</p>	
<p>Name and signature of lead auditor:</p> 	<p>Date and place: 2026/03/23 Johannesburg, South Africa</p>

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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: 2027/03/21	
Name and signature of HQAI Executive Director: Désirée Walter 	Date and place: Geneva, 24 March 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: <div style="border: 1px solid black; padding: 5px; display: inline-block;">  <small>Digitally signed by Fergus Conmee DN: cn=Fergus Conmee, o=CAFOD, ou=Director of International Programmes, email=fconmee@cafod.org.uk Reason: I am approving this document Location: London Date: 2026.03.30 14:57:39 +01'00'</small> </div>	Date and place: 30-03-2026

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.	<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