



CAFOD  
CHS Certification  
Maintenance Audit Report  
CAF-MA-2019  
2019-04-15

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# 1. General information

## 1.2 Organisation

Organisation	CAFOD		
Type	<input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Membership/Network <input type="checkbox"/> Federated <input type="checkbox"/> Direct assistance <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	Skype	NA	
Dates	7.03.2019	NA	

## 1.2 Indicators verified at the Maintenance Audit

CHS Commitment	Organisational Responsibilities	Key Actions
3	3.8	
4		4.1
5	5.4 5.5 5.6	5.1 5.2 5.3

## 2. Schedule summary

### 2.1 Opening and closing meetings

At Head Office:

	Opening meeting	Closing meeting
Date	7/3/19	21/3/19
Location	Skype	Skype
Number of participants	2	2
Any substantive issue arising	No	No

## 3. Recommendation

In our opinion, CAFOD has implemented the necessary corrective actions to close the non-conformities identified in the previous audit and continues to conform with the requirements of the Core Humanitarian Standard. We recommend maintenance of certification.

Detailed findings are laid out in the rest of this report and its confidential annex.

Lead Auditor's Name and Signature

Date and Place:



Dublin, April 1, 2019

## 4. Quality Control

<b>Quality Control by</b>	EG
<b>Follow up</b>	
First Draft	2019-04-09
Final Draft	2019-04-15

## 5. Background information on the organisation

### 5.1 Organisational structure and management system

No significant changes since the last audit.

### 5.2 Organisational quality assurance

The most relevant quality assurance mechanisms are described in sections 5.3 and 6.1.

### 5.3 Work with Partners

As per the last audit, CAFOD works primarily through approximately 400 short and long-term partnerships with local and international organisations. Local organisations may be secular civil society organisations or faith-based organisations. CAFOD disaggregates partners in three categories (strategic, fellowship, project); this forms the basis for different levels of engagement and capacity strengthening support including on quality and accountability. CAFOD has undertaken a partner risk profiling exercise and is undertaking a partner-by-partner gap analysis, including in relation to safeguarding, complaints and information sharing. This will allow CAFOD to prioritize partners for capacity strengthening as required based on safeguarding risk in the environment and partner capacity in this area.

## 6. Report

### 6.1 Overall organisational performance

CAFODs approach to addressing issues raised in the mid-term audit has been handled through a wider initiative to improve programme quality and accountability to communities and people affected by crisis. CAFOD's 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. CAFODs approach to partner risk profiling described in section 5.2 above 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 sustainable to identifying/ addressing gaps and developing partners' systems and procedures.

## 6.2 Status of the Corrective Action Requests

CORRECTIVE ACTION REQUESTS	TYPE (MINOR/ MAJOR)	ORIGINAL DEADLINE FOR RESOLUTION	STATUS OF CAR AT MA	TIME FOR RESOLUTION
2019 - 3.8 CAFOD has not yet demonstrated sufficient capacity building and oversight of partners to ensure that partners are systematically protecting personal information.	Minor	2019-07-03	Open	Extended to 26.03.2020
2019 - 4.1. CAFOD does not yet systematically ensure that partners provide information about the principles they adhere to, the expected behaviours of staff, their programmes and deliverables.	Minor	2019-07-03	Open	Extended to 26.03.2020
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	2019-01-03	Open	Extended to 26.03.2020
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.		2019-01-03	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.		2019-01-03		Extended to 26.03.2020
2019- 5.4 CAFOD has not yet demonstrated that partners' complaints handling mechanisms are in place		2019-07-03		Extended to 26.03.2020
2019 - 5.6: CAFOD has not yet demonstrated formal oversight over partners' efforts to ensure that communities are aware of expected staff behaviour.		2020-07-03		Extended to 26.03.2020

### 6.3 Updated average scores per commitment

CHS Commitment	Score
<b>Commitment 1:</b> Humanitarian assistance is appropriate and relevant	3
<b>Commitment 2:</b> Humanitarian response is effective and timely	2.6
<b>Commitment 3:</b> Humanitarian response strengthens local capacities and avoids negative effects	2.7
<b>Commitment 4:</b> Humanitarian response is based on communication, participation and feedback	2.4
<b>Commitment 5:</b> Complaints are welcomed and addressed	1.5
<b>Commitment 6:</b> Humanitarian response is coordinated and complementary	3.5
<b>Commitment 7:</b> Humanitarian actors continuously learn and improve	2.8
<b>Commitment 8:</b> Staff are supported to do their job effectively, and are treated fairly and equitably	2.8
<b>Commitment 9:</b> Resources are managed and used responsibly for their intended purpose	2.7

### 6.4 Recommended Organisational Responsibilities to check for the next audit

All organisational responsibilities and key actions to be checked at the next audit.

### 6.5 Recommendations for sampling at next audit

Minimum of two visits to programme sites and two sites to be sampled remotely.

## 7. Organisation's report approval

### Acknowledgement and Acceptance of Findings

For 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

Name and Signature


JG O'Donoghue  
/hoj myc.

Date and Place

CAFOD, London  
25.4.19.



## 8. HQAI's decision

<b>Certification Decision</b>	
Certificate:	
<input checked="" type="checkbox"/> Certificate maintained	<input type="checkbox"/> Certificate reinstated
<input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate withdrawn
<b>Next audits</b>	
Recertification before 2020-03-20	
Pierre Hauselmann Executive Director Humanitarian Quality Assurance Initiative	 Date: 2019-04-15

### 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><b>A score of 0 denotes a weakness that is so significant it indicates the organisation is unable to meet the required commitment. This is a major weakness to be corrected immediately.</b></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><b>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.</b></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><b>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).</b></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><b>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</b></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>

	Policy and practice are aligned.
4	<p><b>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.</b></p> <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>