



# HQAI self-assessment Manual

GUI125 - HQAI self-assessment Manual -  
2018-02-01

## Be sure to have the latest version!

HQAI is constantly developing and improving its tools and procedures. Depending on feedback and learning from experience, these may change. Please make sure you're using the latest version, which can be found in HQAI web-site.

## How to give feedback or contribute to the process?

If you would like to provide comments on this, document or any aspect of our work, please send your feedback to: [contact@hqai.org](mailto:contact@hqai.org).

## Table of Contents

I. The Humanitarian Quality Assurance Initiative.....	3
II. The Core Humanitarian Standard on Quality and Accountability .....	3
III. ..Scope.....	3
IV. References .....	4
<b>1.About HQAI self-assessment .....</b>	<b>5</b>
1.1. Why is HQAI self-assessment tool only a subset of the CHS Alliance self-assessment?.....	5
1.2. When to use HQAI self-assessment tools?.....	5
1.3. Implementing and non-implementing organisations.....	7
<b>2.Scope of HQAI self-assessment .....</b>	<b>7</b>
2.1 Initial self-assessment .....	7
2.2 Maintenance self-assessments: .....	8
<b>3.Methodological guidance on the self-assessment .....</b>	<b>9</b>
3.1 Who should undertake the self-assessment?.....	9
3.2 What kind of information is needed? .....	9
3.3 Partners section.....	11
3.4 Scoring .....	12

# Self-assessment manual

## Introduction

### I. The Humanitarian Quality Assurance Initiative

HQAI's objective is to help organisations progress and show their effectiveness in delivering to recognised humanitarian standards. Its quality assurance services are intended to build capacity in the sector and provide consistent measurable data in the delivery of quality action, thus improving principled, accountable, efficient provision of aid to populations affected by crises.

HQAI upholds the humanitarian principles of humanity, impartiality, neutrality and independence.

To all its stakeholders, HQAI is an accountable, open and trustworthy partner, which applies the internationally recognised ground rules of auditing that are impartiality, competence, responsibility, openness, confidentiality and responsiveness to complaints. Our policies, procedures and tools for independent quality assurance procedures follow the relevant ISO standards requirements.

HQAI has developed robust tools to measure efficiently where an organisation stands in relation to the Core Humanitarian Standard (CHS) on Quality and Accountability. Tools related to other standards may be developed in the future.

### II. The Core Humanitarian Standard on Quality and Accountability

The Core Humanitarian Standard (CHS) sets out Nine Commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. It also facilitates greater accountability to communities and people affected by crisis: knowing what humanitarian organisations have committed to will enable them to hold those organisations to account.

As a core standard, the CHS describes the essential elements of principled, accountable and high-quality humanitarian action. Humanitarian organisations may use it as a voluntary code with which to align their own internal procedures. It can also be used as a basis for verification of performance.

The CHS is the result of a 12-month, three-stage consultation facilitated by HAP International, People In Aid and the Sphere Project, during which many hundreds of individuals and organisations rigorously analysed the content of the CHS and tested it at headquarters and field level.

For more information about The Core Humanitarian Standard, related resources and other documents under development, please visit: [www.corehumanitarianstandard.org](http://www.corehumanitarianstandard.org)

### III. Scope

This manual is for organisations that undertake a self-assessment against the CHS in the framework of an independent third-party quality assurance by the Humanitarian Quality Assurance Initiative, be it benchmarking, independent verification or certification. It can also be used by organisations that wish to use HQAI tools outside any third party process.

It describes how to use HQAI self-assessment tools, provides details on how to undertake and report a self-assessment.

This manual covers topics such as:

- the scope of a self-assessment in the four-year cycle of a third-party quality assurance process,
- how to collect and analyse evidence, and
- the minimum information that needs to be presented in the reports.

Broader guidance on the use and methods for self-assessments can be found in the CHS Alliance Self-Assessment Tool here: <http://www.chsalliance.org/self-assessment>

You can feedback or comment on this tool by writing to [contact@hqai.org](mailto:contact@hqai.org)

#### **IV. References**

The following referenced documents can usefully complement this document. For dated references, only the edition cited applies. For undated references, the latest edition applies.

HQAI ADM 104 - CHS Application Form

HQAI ADM105 – CHS Verification Application Form

HQAI ADM106 - CHS Independent Benchmarking Application Form

HQAI GUI101 - Guide to certification and independent verification

CHS Alliance Self-assessment tool

HQAI STD014 - Initial self-assessment tool

HQAI STD015 - Maintenance self-assessment tool for implementing organisations

HQAI STD016 - Maintenance self-assessment tool for non-implementing organisations

## 1. About HQAI self-assessment

### 1.1. Why is HQAI self-assessment tool only a subset of the CHS Alliance self-assessment?

Self-assessment for the CHS Alliance and for HQAI have different purposes. For the Alliance, it is a stand alone process, while for HQAI, self-assessment is one step of the third-party auditing process, which deepens the investigation and corroborates, or not, the outcomes of the self-assessment.

The self-assessment tools used by HQAI are thus a simplified version of the Alliance's. They are made of a subset of the Alliance's tool and have been slightly reformatted for the ease of use. These are:

- Organisation Details;
- Audit map of documents (ADM143);
- Partners; and
- Self-assessment summary report

The direct use of parts of the Alliance's tool ensure a full compatibility between the outcomes of the two processes. In practice, this means the results of a self-assessment based on the Alliance's tool is valid as the initial step of a third-party audit without any additional work, provided it is less than one year old.

### 1.2. When to use HQAI self-assessment tools?

HQAI Self-assessment tools are to be used by organisations engaged in any of the third-party quality assurance programme provided by HQAI.

There are two types of self-assessments, the **Initial self-assessment** and the **Maintenance self-assessment**, that intervene at different moments of the schemes cycles, as shown in the table below:

When?	Phase	Applies to	Who
Year 0	<b>Application to HQAI services</b>	<ul style="list-style-type: none"> <li>• Benchmarking</li> <li>• Independent verification</li> <li>• Certification</li> </ul>	Organisation
	<b>Pre-audit analysis</b>	<ul style="list-style-type: none"> <li>• Benchmarking</li> <li>• Independent verification</li> <li>• Certification</li> </ul>	HQAI
	<b>Initial self-assessment</b>	<ul style="list-style-type: none"> <li>• Benchmarking</li> <li>• Independent verification</li> <li>• Certification</li> </ul>	Organisation
	<b>Initial audit</b>	<ul style="list-style-type: none"> <li>• Benchmarking</li> <li>• Independent verification</li> <li>• Certification</li> </ul>	HQAI
	<b>Work-plan</b>	<ul style="list-style-type: none"> <li>• Independent verification</li> </ul>	Organisation

Year 1	Maintenance self-assessment	• Independent verification	Organisation
	Maintenance audit	• Certification	Organisation
Year 2	Mid-term Audit (MTA)	• Independent verification • Certification	HQAI
Year 3	Maintenance self-assessment	• Independent verification	Organisation
	Maintenance audit	• Certification	Organisation
Year 4	Final Audit / Recertification	• Independent verification • Certification	HQAI-Organisation

Note that for independent benchmarking programmes, the organisation is only requested to undertake the initial self-assessment.

There is one tool for each type of self-assessment

- a. The **Initial self-assessment tool**, to be used at the beginning of each third-party process (See Section 2 of this manual for more details) is designed to collect at Head Office level:
  - general information on the organisation
  - data regarding the level of application of the CHS
- b. The **Maintenance self-assessment Tool**, to be used at years one and three of the Independent Verification scheme, is designed to collect:
  - data regarding the level of implementation of the work plan or weaknesses identified in previous audit report
  - data regarding the level of application of the CHS Key Actions at Programme level<sup>1</sup>



These tools are designed so that the information gathered can be integrated with the one produced by third-party audits.

<sup>1</sup> This only applies for implementing organisations (See section VII for more details)

### 1.3. Implementing and non-implementing organisations

Many organisations do not implement programmes directly but work together with partners to deliver their programmes.

In the Organisational details of the Self-assessment tool, you should identify to which category your organisation belongs by answering questions 1.b and 1.c.

- a. **Implementing organisations** are organisations that Never or Rarely work with or through partners (Refer to Section 1. Organisational details questions 1.b and c). 
- b. **Non-implementing Organisations** are organisations that work Often or in the Majority of cases through partners, Rarely directly or Always through partners. (Refer to Section 1. Organisational details questions 1.b and c). 

Implementing and non-implementing organisations are required to report differently in the Maintenance Self-assessment, to take into account the specificities of their ways of working.

In this manual, you will be guided through the different options and you can focus on the specific sections for your type of organisation, thanks to the following colour and symbols codes:

## 2. Scope of HQAI self-assessment

### 2.1 Initial self-assessment

By asking an organisation to collect information on how it applies a specific requirement and to actually score its own performance, the self-assessment creates an internal ownership of the audit process. It gives the organisation an opportunity to “think” the extent to which its systems, policies and processes actually apply the CHS. The self-assessment is an important learning mechanism for the organisation. Additionally, by mapping the organisations main systems, the self-assessment streamlines further work by external auditors and facilitates the third-party audit itself. Self-assessment is therefore an important element of learning and time and cost saving.

Organisations undergoing a benchmarking, independent verification or certification process are asked to undertake a self-assessment at Head Office level (or equivalent) only, as the first step of the process.

This assessment is mainly a document review at Head Office/policy level, which means you are not requested to go to the field to collect the relevant information and you can base your analysis on the information available at Head Office (HO).

## 2.2 Maintenance self-assessments:

### 2.2.1 Principle: reporting in between two audits on the continuous improvement in the application of the standard

The use of the Maintenance self-assessment tool is necessary to report annually in between two third-party audits on the continuous improvement in the application of the CHS standard. The combination of third-party audits and annual self-reporting during the cycle of third-party quality assurance creates a flow of information that provides an increasingly precise image of the organisation's work.

While it is possible to undertake the maintenance self-assessment as a separate stand alone project within the organisation, it is advisable to plan it well in advance and to include it in the normal quality control activities all along the year, during monitoring and evaluation activities, visit to partners and routine dialogue with communities for example. Supporting evidence can include monitoring reports, results of internal audits, partnership agreements, interviews, focus groups and surveys realised to collect the feedback from the communities, etc.

Findings should be collected on an on-going basis and reported once to HQAI. This approach saves significant resources and makes the maintenance self-assessment a much lighter process. HQAI can help put in place the necessary mechanisms, as part of its services to client organisations.

### 2.2.2 Application: the independent verification programme

Maintenance self-assessments are specific to HQAI's independent verification programmes. The initial audit report provides a baseline and an indication of priority improvement areas for developing a work plan of continuous improvement in the application of the CHS<sup>2</sup>.

#### I. If you are an implementing organisations you should report on:

- The implementation of the work plan and the progress of the organisation in the application of the standard;
- The application of the standard at selected Programme sites; you are only requested to report on the Key Actions, with information coming from Programme level.

#### II. If you are a non-implementing organisation, you should report on:

- The implementation of the work plan and the progress of the organisation in the application of the standard;
- The Partners questions

<sup>2</sup> A maintenance self-assessment is also required one year after the Mid Term Audit, and the same scope and level of information is required.



## 3. Methodological guidance on the self-assessment

The overall approach of the self-assessment is based on the assumption that action supported by adequate processes are very likely to ensure a systematic delivery of quality and accountable assistance.

### 3.1 Who should undertake the self-assessment?

The self-assessment can be done by staff or consultants employed by the organisation (first-party assessment) or in the framework of a peer review or other second-party mechanism (where the assessment is done by an organisation that is connected to the one that is assessed).

One person should lead the self-assessment process, which does not mean s/he has to collect the whole information alone. As indicated above, the ideal situation is when the CHS requirements are integrated into the internal quality control mechanisms of the organisation. In such a case, staff operating these different mechanisms become *de facto* the people who collect the information over time for the self-assessment and generate evidence for the different parts of the standard.

If this integration is not finalised, as the CHS addresses different areas of an organisation's work, a small team could be formed, made of staff from different key areas such as M&E, finance, programme and project staff, accountability and management teams.

### 3.2 What kind of information is needed?

Evidence is any information that demonstrates the application (or not) of a CHS requirement.

The sources of information can be policies, procedures, processes and systems, proposals, results of M&E, records of interviews and focus groups, surveys, meeting notes, reports, research and case studies, etc...

It is important to note that the same element (e.g. a document) can provide evidence for multiple requirements of the CHS. This is why we recommend you create a list of key documents using the Audit Map of Documents (ADM143). The Audit of Documents is complementary to the Self-Assessment. When you refer to any evidence in your self-assessment, you simply use its number recorded in the audit map.

Note that the same apply to Findings. Some indicators of the CHS can refer to very similar data of the organisation. It is thus acceptable to make cross-references instead of repeating the same findings a number of time. For example, if the same information is valid for two or more indicators you can develop your findings for one indicator and refer to it in other parts of the self-assessment.

#### 3.2.1 What information is needed for an Initial self-assessment?

To collect evidence for an initial self-assessment, you should focus on the following elements:

- I. Internal policies and procedures of the organisation relevant to the CHS. This level of evaluation is the first step and can lead to informative data on the management system of the organisation. It will identify gaps in the system, but will not necessarily provide much information about the actual implementation at programme level of the policies and procedures.

II. Internal mechanisms to control quality and compliance. Whether the system is implemented and has the capacity to correct and improve is largely dependant on the quality of the internal control and quality assurance mechanisms. These should be robust, cover all the requirements of the CHS and be applied consistently at all levels of the organisation. Robustness, coverage and consistency of these control mechanisms reduce the risk that policies and procedures are not implemented at the programme level, even when programmes are implemented with partners. For most organisations this information can be provided by the policies and procedures on monitoring and evaluation, risk analysis and programming.

More specifically, you should identify the extent to which the organisation's policies and procedures are coherent with the CHS commitment and requirements; the organisation can ensure implementation of its own internal policies and procedures relevant to the CHS in a coherent way at all levels; the policies and procedures are reflected in relevant programming documentation.

### 3.2.2 What information is needed for the Maintenance self-assessment of a non-implementing organisation?

The following information is needed:

- I. Information that demonstrates the application of specific actions related to the implementation of the work plan of the organisation to respond to the issues identified during the third-party audit.
- II. Relevant information to complete the Partners section of the tool.

### 3.2.3 What information is needed for the Maintenance self-assessment of an implementing organisation?

The information that demonstrates how the organisation implements the Key actions of the CHS at programme level. The feedback from programme staff, partners and other organisations' staff, local authorities and actors and most importantly people in or at risk of crisis and their communities, should be gathered to ensure that policies and procedures are implemented and deliver the expected results. This shall not be limited to people directly involved with the programmes but also include non-connected people who may have a view on the organisation and aspects of its activities.

This information should be gathered through the appropriate "routine" mechanisms of the organisation such as its complaints, feedback, participation mechanisms, surveys, meeting minutes, records from interviews or focus groups with communities or other stakeholders, etc.

### 3.3 Partners section

#### 3.3.1 What is the CHS requirements on partnerships?

The CHS is quite clear on the partners issue: *“Organisations working in partnerships should explain<sup>3</sup> their commitment to the CHS, seek<sup>4</sup> understanding of how their partners approach the Nine Commitments and do<sup>5</sup> whatever they can to work with them to implement the CHS commitments.”*

The questions that need to be asked are thus:

- i. how does the organisation share its commitment to the CHS with the partners?
- ii. how does the organisation understand how the partners approach the 9 commitments and what are its mechanisms to do so?
- iii. and how and what does it do to help them correct identified weaknesses?

When collecting information for this section you should keep in mind that the organisations that is being assessed is not the partner but your organisation. If your organisation is committed to the CHS, it is its responsibility to make sure it has put in place the right mechanisms to ensure that the CHS commitment are actually delivered to the communities.

The mechanisms in place should allow the organisation to identify and address risks of non-compliance, or failure to deliver the nine commitments to the communities. Actions undertaken to minimise these risks or to address identified weaknesses are a good way to demonstrate the mechanisms actually work. Eg: Training plans, changes in a programme implementation, etc...

#### 3.3.2 How to complete the Partners questions of the tool?

You should describe the due diligence processes and mechanisms used by the organisation when working in partnership; how it assesses the extent to which the CHS requirements are actually delivered to the communities in the programmes, how it identifies potential gaps and what it requires when weaknesses are identified.

Generally organisations have specific mechanisms to select and work with partners, monitor their work and control what is actually happening at field level, such as partnerships agreements, monitoring systems, joint decision making mechanisms, feedback systems for partners and communities involved in programmes, training plans for partners, etc. It is key to describe these mechanisms and processes in the Partners questions of the tool.

To complete this part of the self-assessment you should thus focus on the management tools, internal policies, mechanisms and procedures of the organisation relevant to its work in partnerships.

The systems in place should be:

- i. robust,
- ii. cover all the requirements of the CHS and
- iii. be applied consistently.

<sup>3</sup> implies that the organisation shares systematically and in a significant way its commitment to the CHS with its partners

<sup>4</sup> understanding of how” implies the capacity of the organisation to identify gaps and risks of non-application of the commitments

<sup>5</sup> whatever they can to work with them” implies the capacity of the organisation to work with its partners to help them overcome the gaps

Robustness, coverage and consistency reduce the risk of non-implementation of the CHS commitments at the programme level. You should bring sufficient evidence on the robustness of these systems in the findings section of the partnerships questions.

### 3.4 Scoring

The scoring grid you should use is detailed below:

Score	Key actions	Organisation responsibilities
0	<ul style="list-style-type: none"> <li>Operational activities and actions systematically contradict the intent of a CHS requirement.</li> <li>Recurrent failure to implement the necessary actions at operational level.</li> <li>A systemic issue threatens the integrity of a CHS Commitment (i.e. makes it unlikely that the organisation is able to deliver the commitment).</li> </ul>	<ul style="list-style-type: none"> <li>Policies and procedures directly contradict the intent of the CHS requirement.</li> <li>Complete absence of formal or informal processes (organisational culture) or policies necessary for ensuring compliance at the level of the requirement and commitment.</li> </ul>
<p><b>Score 0 means:</b> <i>The organisation does not work currently towards the systematic application of this requirement/commitment, neither formally nor informally. This is a major weakness to be corrected as soon as possible.</i></p>		
1	<p><b>Some actions respond to the intent behind the CHS requirement. However:</b></p> <ul style="list-style-type: none"> <li>There are a significant number of cases where the design and management of programmes and activities do not reflect the CHS requirement.</li> <li>Actions at the operational level are not systematically implemented in accordance with relevant policies and procedures.</li> </ul>	<p><b>Some policies and procedures respond to the intent behind the CHS requirement. However:</b></p> <ul style="list-style-type: none"> <li>Relevant policies exist but are incomplete or do not cover all areas of the CHS.</li> <li>Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff.</li> <li>A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures.</li> <li>Absence of mechanisms to ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.</li> </ul>
<p><b>Score 1 means:</b> <i>The organisation has made some efforts towards application of this requirement/commitment, but these efforts have not been systematic. This is a weakness to be corrected.</i></p>		

Score	Key actions	Organisation responsibilities
2	<p><b>Actions broadly respond to the intent behind the CHS requirement:</b> Actions at operational level are broadly in line with the intent behind a requirement or commitment.</p> <p><b>However:</b></p> <ul style="list-style-type: none"> <li>• Implementation of the requirement varies from programme to programme and is driven by people rather than organisational culture.</li> <li>• There are instances of actions at operational level where the design or management of programmes does not fully reflect relevant policies.</li> </ul>	<p><b>Some policies and procedures respond to the intent behind the CHS requirement.</b> <b>However:</b></p> <ul style="list-style-type: none"> <li>• Relevant policies exist but are incomplete or do not cover all areas of the CHS.</li> <li>• Existing policies are not accompanied with sufficient guidance to support a systematic and robust implementation by staff.</li> <li>• A significant number of relevant staff at Head Office and/or field levels are not familiar with the policies and procedures.</li> <li>• Absence of mechanisms to ensure the monitoring and systematic delivery of actions, policies and procedures at the level of the commitment.</li> </ul>
<p><b>Score 2 means:</b> <i>The organisation is making systematic efforts towards application of this requirement/commitment, but certain key points are still not addressed. This is worth an observation and, if not addressed may turn into a significant weakness.</i></p>		
3	<p><b>Actions respond to the intent of the CHS requirement:</b></p> <ul style="list-style-type: none"> <li>• The design of projects and programmes and the implementation of activities is based on the relevant policies and reflects the requirement throughout programme sites.</li> <li>• Staff are held accountable for the application of relevant policies and procedures at operational level, including through consistent quality assurance mechanisms.</li> </ul>	<p><b>Policies and procedures respond to the intent of the CHS requirement:</b></p> <ul style="list-style-type: none"> <li>• Relevant policies and procedures exist and are accompanied with guidance to support implementation by staff.</li> <li>• Staff are familiar with relevant policies. They can provide several examples of consistent application in different activities, projects and programmes.</li> <li>• The organisation monitors the implementation of its policies and supports the staff in doing so at operational level.</li> </ul>
<p><b>Score 3 means:</b> <i>The organisation conforms with this requirement, and organisational systems ensure that it is met throughout the organisation and over time.</i></p>		
4	<p><b>As 3, but in addition:</b></p> <ul style="list-style-type: none"> <li>• Field and programme staff act frequently in a way that goes beyond CHS requirement to which they are clearly committed.</li> <li>• Communities and other external stakeholders are particularly satisfied with the work of the organisation in relation to the requirement.</li> </ul>	<p><b>As 3, but in addition:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures go beyond the intent of the CHS requirement, are innovative and systematically implemented across the organisation.</li> <li>• 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.</li> <li>• They can relate the examples to improved quality of the projects and their deliveries.</li> </ul>

Score	Key actions	Organisation responsibilities
	<b>Score 4 means:</b> <i>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.</i>	
5	<b>As 4, but in addition:</b> <ul style="list-style-type: none"> <li>• Actions at all levels and across the organisation go far beyond the intent of the relevant CHS requirement and could serve as textbook examples of ultimate good practice.</li> </ul>	<b>As 4, but in addition:</b> <ul style="list-style-type: none"> <li>• Policies and procedures go far beyond the intent of the CHS requirement and could serve as textbook examples of relevant policies and procedures.</li> <li>• Policy and practice are perfectly aligned.</li> </ul>
	<b>Score 5 means:</b> <i>On top of demonstrating conformity and innovation, the organisation receives outstanding feedback from communities and people. This is an exceptional strength and a score of 5 should only be attributed in exceptional circumstances.</i>	