Quality Reviewer Handbook
Guidance for providing the HPass Approved Provider Service
Acknowledgements

The standards and associated guidance materials, including this handbook are based on extensive consultation by a consortium made up of the BioForce Institute, the Humanitarian Leadership Academy, Pearson and RedR UK. They are the result of a joint drafting process involving many people and organisations, and do not represent the views of any one organisation.

We would like to thank the people – too many to mention by name, who helped to develop the materials by sharing their experience and good practices during the consultation, by giving feedback on the drafts and being ready to pilot them.

We would like to acknowledge the collaborative nature of this initiative across the humanitarian and development sector. Whilst every effort has been made to ensure that the information contained within this handbook is accurate and up to date, and to acknowledge the sources of material referred to in this document, the Humanitarian Leadership Academy trading as HPass (“HPass”) (nor any individual or organisation acting on its behalf) makes no warranty, representation or undertaking whether expressed or implied, and does not assume any legal liability, whether direct or indirect, or responsibility for the accuracy, completeness, or usefulness of any information. Further, every effort has been made to ensure that all material referenced within the Standards Handbook, that was not originally created or supplied by HPass (or any individual or organisation acting on its behalf), has been cleared for copyright.

If any third party wishes to contact HPass in this regard, that party should contact info@hpass.org, so that any errors or omissions can be corrected in a future version of this document.
Executive Summary

HPass has an overall commitment to those involved in humanitarian action that they will have access to high-quality learning and assessment programmes which will allow them to work more effectively.

Using the HPass Humanitarian Learning Standards (Learning Standards) and the HPass Standards for the Assessment of Humanitarian Competencies (Assessment Standards) framework, the objective of HPass is to ensure quality learning and assessment services from appropriately reviewed organisations providing those services.

This handbook is for the use of Quality Reviewers but can also be of use to organisations applying for HPass Approved Provider status and HPass Advisers. It covers the process of conducting initial approval Quality Reviews, follow-up Quality Reviews and making a recommendation about whether a learning or assessment provider should be awarded HPass Approved Provider status.

The Quality Review is based on the Humanitarian Learning Standards (Learning Standards) and the Standards for the Assessment of Humanitarian Competencies (Assessment Standards)

The Quality Review Process

- The objective of the Quality Review is to award HPass Approved Provider status to organisations that meet the Learning and/or Assessment Standards
- The overall initial approval Quality Review process is intended to follow the basic principles of ISO 19011:2011
- The Quality Review process starts with a request for a Quality Review submitted by a learning or assessment service provider
- An allocated Quality Reviewer will make judgements on what is seen and will be able to offer advice and guidance for future improvement or remedial action.
- The Quality Review will usually be conducted by a visit to an organisation’s premises unless a remote or electronic review is necessary. (See Section 6.1 for information about remote and electronic Quality Reviews). The mode of the Quality Review will be discussed and agreed with the organisation.
- The Quality Review process ends when a report is submitted by a Quality Reviewer and approved or rejected by the Approval Committee.
- The organisation will be informed of the final decision.

HPass and Quality Reviewers

1. As a Quality Reviewer you will be trained to make sure you have up to date knowledge, skills and competencies to carry out an effective review
2. You will make a recommendation about whether HPass Approved Provider status can be awarded. The final decision about approval will be made by the HPass Approval Committee.

3. You will be able to provide advice and guidance on how to achieve any recommendations or actions that you make.

4. You are expected to comply with the Quality Reviewer’s Code of Conduct (see Annex 1).

(ii) **Confidentiality**

Acting as an HPass Quality Reviewer, you will be required to maintain confidentiality of any information gathered during a Quality Review. Your report and recommendations will only be shared with the organisation and HPass.

The decision of the Approval Committee will be communicated to the reviewed organisation.

(iii) **Scope, Purpose and Intended Readership**

This handbook provides a comprehensive reference for Quality Reviewers, conducting Quality Reviews of organisations that are using or working towards the Learning and/or Assessment Standards and that have applied for HPass Approved Provider status.

Advice in this handbook will be useful for:

- HPass Quality Reviewers to ensure that the management, delivery and outcomes of learning and/or assessment delivered by organisations are to the Standards.
- HPass Advisers to inform guidance given to organisations using the Standards.

The Handbook should be read alongside the:

- Humanitarian Learning Standards (Learning Standards)
- Standards for the Assessment of Humanitarian Competencies (Assessment Standards)
- HPass Quality Manual
- HPass Self-evaluation Tools.
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Glossary

Advisers – individuals providing advisory services to learning and/or assessment providers working in the humanitarian sector and who want to conduct a self-evaluation, create an action plan and implement the standards

Assessment – services offered to candidates (or processes designed) to assess competencies, knowledge, skills and attitudes

Assessment provider - organisations, companies, departments, groups and institutes providing competency assessment services to anyone involved in humanitarian action, or conducting assessment of competencies

Candidates – people whose competencies are being assessed

Competencies – a set of behaviours a person must demonstrate, based on their knowledge, skills and attitudes, to perform effectively in a given situation

Competency frameworks – an established group of competencies needed to carry out specific roles

Humanitarian action – activities whose objective is to save lives, alleviate suffering and maintain human dignity during and after man-made crises and disasters caused by natural hazards, as well as to prevent and strengthen preparedness for when such situations occur

Key actions – actions taken by a provider to achieve the standards

Learners – people who are taking part in a learning programme, for example non-governmental organisation (NGO) staff and volunteers, government staff, community members

Learning needs – what individuals or groups need to learn to develop competencies

Learning objectives – statements that describe what learners are expected to know or be able to do by the end of the programme

Learning programmes – programmes that allow learners to meet set learning objectives. A learner will take part in a learning programme to develop their competencies. Learning programmes can vary from one-off events to longer programmes combining multiple elements

Learning provider – organisations, companies, departments, groups and institutes providing learning services to anyone involved in humanitarian action

Learning services – services offered to people and organisations to build competencies, knowledge, skills and attitudes

Overall commitment – a statement that describes the overall aim and purpose of the learning standards

Principles – values that underpin the learning standards which will support a learning provider to achieve the overall commitment
Quality assurance mechanisms - processes to assure the quality of the learning provider against the standards

Quality reviewer – individuals who carry out a Quality Review

Quality review – the process of providing an objective evaluation of quality and consistency by checking a provider is taking key actions and using the standards appropriately

Self-evaluation – a process of reflection and evaluation carried out by a provider, of current practice against the key actions of the standards

Self-evaluation tool – A Google sheet that allows interactivity and recording of current practice and/or action plans for each key action

Standards – requirements to make sure that learning and assessment for humanitarian practitioners are fit for purpose.

Suggested evidence – ways of demonstrating how a provider is meeting the key action in practice

1. INTRODUCTION

HPass is a platform to support professional development for those involved in humanitarian action. Under the HPass Initiative, there are two sets of standards that aim to improve the quality of learning and assessment for humanitarian action:

The standards provide criteria in the form of key actions which can be used to measure the quality of learning and assessment in the humanitarian sector. They aim to promote a consistent overall approach to quality learning and assessment based on a sector-wide consensus of what constitutes best practice.

The standards are each accompanied by a handbook, which provides guidance and advice on how to achieve the key actions and standards, and a self-evaluation form, which can be used by providers as a basis for checking their performance and guiding improvements.

Learning and assessment providers can choose to undertake an optional externally validated quality review to become a HPass Approved Provider.

1.1 More about the Standards

- **The Humanitarian Learning Standards (Learning Standards)** - HPass’ Learning Standards. which are for learning providers that are committed to ensuring that people involved in humanitarian action have access to high-quality learning services and programmes that will allow them to work more effectively. There are 8 Learning Standards

- **The Assessment of Humanitarian Competencies (Assessment Standards)**. HPass’ Assessment Standards are for assessment providers that are committed to ensuring that people involved in humanitarian action have recognition of their competencies that demonstrate their ability to work effectively. There are 7 Assessment Standards.

The standards provide criteria in the form of key actions which can be used to measure the quality of learning and assessment in the humanitarian sector. They aim to promote a consistent overall approach to quality learning and assessment based on a sector-wide consensus of what constitutes best practice.
The standards are each accompanied by HPass documents that provide guidance and advice to organisations. You should familiarise yourself with the documents and resources that are part of HPass;

<table>
<thead>
<tr>
<th>Document</th>
<th>How you will use it</th>
</tr>
</thead>
<tbody>
<tr>
<td>The standards</td>
<td></td>
</tr>
<tr>
<td>Humanitarian Learning Standards</td>
<td>• The organisation may only be using the learning standards. You will need to be very familiar with this document as it is the foundation for the process</td>
</tr>
<tr>
<td>Standards for the Assessment of Humanitarian Competencies</td>
<td>• The organisation may only be using the assessment standards. You will need to be very familiar with this document as it is the foundation for the process</td>
</tr>
<tr>
<td>‘At a Glance’ leaflets</td>
<td>• These summarise the standards and the quality assurance mechanisms</td>
</tr>
<tr>
<td>The standards handbooks</td>
<td></td>
</tr>
</tbody>
</table>
| Humanitarian Learning Standards Handbook      | • It provides crucial information that helps providers to interpret the key actions and understand how it applies to them  
• It will provide valuable background reading for you |
| Standards for the Assessment of Humanitarian Competencies Handbook | • It provides crucial information that helps providers to interpret the key actions and understand how it applies to them  
• It will provide valuable background reading for you |
| Quality assurance mechanisms                  |                                                                                   |
| Quality Manual                                | • This document gives information to organisations about the Quality Review. It contains information about the suggested evidence that organisations can use to demonstrate they are meeting the standards. |
| Self-evaluation tool                          | • You need to be familiar with the self-evaluation tool and the action plan format  
• Your report will be part of the self-evaluation tool |

You are strongly recommended to obtain copies of these documents and to become familiar with the standards and their context within humanitarian action.

You will see that some of the standards have shared titles;

<table>
<thead>
<tr>
<th>Learning Standard</th>
<th>Assessment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.1 Analysis</td>
<td>A.1 Analysis</td>
</tr>
<tr>
<td>L.2 Design</td>
<td>A.2 Design</td>
</tr>
<tr>
<td>L.3 Delivery</td>
<td>A.3 Delivery</td>
</tr>
</tbody>
</table>
There are significant differences between the Standards because they refer to different functions (learning and assessment). The differences are stated in the key actions that make up each standard.

1.2 Key Actions
Key Actions are what organisations need to do to, to ensure that learning or assessment services are meeting the Standards. To achieve HPass Approved Provider status organisations must have evidence to prove that they are taking all the key actions.

1.3 Self-evaluation
Organisations that want to use the Standards are advised to reflect on what they are doing now and how this may already provide the evidence that key actions are being taken. Organisations have access to two self-evaluation tools:

- The Learning Standards self-evaluation tool
- The Assessment Standards self-evaluation tool

These tools are Google sheets that can be downloaded into Excel format. They allow organisations to reflect on each key action and record what evidence they have that proves what action they are currently taking. If organisations decide that they need to do more or improve what they are doing, then the sheets provide space for organisations to make action plans.

Organisations can use the Standards and the self-evaluation tools without any external involvement. Organisations that want a quality mark and to benchmark themselves against the Standards will request an HPass Quality Review.

2. YOUR ROLE AS A QUALITY REVIEWER
Your will work with HPass and learning and assessment services providers that are applying for HPass Approved Provider status. You will;

- Review self-evaluations
- Review evidence that key actions are being taken
- Decide whether key actions are being met
- Review organisations’ action plans
- Make recommendations for improvement if required
- Make clear any required actions
- Make recommendations to the HPass Approval Committee whether HPass Approved Provider status should be awarded to organisations
To do this, you will be expected to;

- Prepare yourself for the role by familiarising yourself with the full range of HPass resources and keeping up to date
- Attend and successfully complete standardisation training
- Establish a positive working relationship with organisations
- Liaise with the organisation and make appropriate arrangements for the Quality Review
- Conduct a Quality Review in a professional and accountable manner
- Report findings in appropriate format and to required deadlines
- Perform according the Quality Reviewer Code of Conduct (See Annex 1).

**Overview of the role of the Quality Reviewer**

![Diagram: Overview of the Role of a Quality Reviewer](image)

### 2.1 Being an Effective Quality Reviewer

During the process of conducting a Quality Review you can ensure that you work effectively by;

- **Being prepared**: make sure that you are familiar with all the documents and resources and are up-to-date on any changes and have all the necessary reference material to hand;
- **Being organised**: make sure that you keep full notes of what you see and what you do
- **Being focussed**: your role is to review and evaluate evidence put forward by the organisation that shows they are taking the key action. This is your primary role. By the end of the Quality Review be sure that you have enough information to make that judgement:
• **Being in control:** You are the leader of the Quality Review process for the organisation. Do not allow distractions.
• **Being aware of and operating to, the Code of Conduct for Quality Reviewers (Annex 1)**

**3. THE PROCESS**

**3.1 Training and Contracts**
You will receive training about the latest Standards and self-evaluation tools. You will have the opportunity to ask questions about suggested evidence and scenarios.

You will also have successfully completed a standardisation exercise. This will be a useful reference tool for you during Quality Reviews.

As background information you are strongly advised to access HPass information about the Standards and humanitarian action.

When you and HPass are confident that you will be able to carry out effective and accurate Quality Reviews, we will ask you to sign a contract that will give the details of the work that you will do.

**3.2 Access the Standards**
The latest version of the HPass Standards can be found on the HPass web site [https://hpass.org/organisations/quality-standards/learning/](https://hpass.org/organisations/quality-standards/learning/)

Before the next part of the process we ask you to become familiar with the Standards and the key actions.

**3.3 Allocations**
When you have successfully completed training, signed and returned your contract you will be contracted as an HPass Quality Reviewer. We will try whenever possible, to allocate you to an organisation where you are able to communicate in the local language. To reduce cost and time, every attempt will be made to allocate you to an organisation as near as possible to where you reside. If travel causes you an issue, please let us know.

You will be notified of an allocation by email. Acceptance or rejection of the allocation will need to be made within five days of the date of the email. If a reply is not received within five days, the allocation will be removed and offered to an alternative Quality Reviewer.

Organisations will also be able to reject the allocation of an individual Quality Reviewer by emailing the reasons to HPass.

**3.4 Conflicts of Interest**
If you know of a conflict of interest that may impact on the Quality Review, please let us know. Every effort will be made to prevent conflicts of interests. Any potential conflict of
interest must be reported to the Lead Quality Reviewer or the Chair of the Approval Committee by emailing HPass.

A conflict of interest could be that:

- you have worked for the organisation in the past
- the organisation is a competitor of your organisation
- you have a financial or other personal interest in the organisation

This list is not exhaustive.

You will be expected to sign a conflict of interest declaration (See ANNEX 2: Conflict of Interest Declaration)
4. THE QUALITY REVIEW

4.1 The Start of the Review

When you have accepted an allocation, you will be sent the self-evaluation tool that the organisation has completed. The tool will be in the format of a Google Sheet or an Excel spreadsheet. The sheet will have tabs to access;

1. Guidance
2. The standards (8 tabs for the Learning Standards and 7 tabs for the Assessment Standards)
3. Quality Reviewer’s Report
4. Outcome

4.1.1 Guidance Tab

This worksheet gives guidance to organisations about how to use the self-evaluation tool. It starts with an Introduction.

It informs organisations that an important part of quality is reflecting on what is being done now and making change or improvement when necessary. It explains that the self-evaluation tool is part of a reflection process and is a place for organisations to record evidence that shows how they are meeting each of the component standards. Organisations are asked to look at what they do well, and what they might want to improve. They are asked to identify any gaps and to make an action plan to address those gaps.
Organisations are asked, when possible and appropriate, to involve teams of people in the completion of the self-evaluation tool. The process should not be a one-person exercise. You should be able to see input from across the organisation.

The Guidance sheet also explains the terminology that is used in the Standards and the self-evaluation tool. It explains the format of each of the standards worksheets.

4.1.2 The Standards Tabs (8 for the Learning Standards and 7 for the Assessment Standards)

Each of these worksheets has the same format.

(i) At the top of each worksheet is the title of the standard with information about what the standard is meant to do.

(ii) Overall Guidance explains the purpose of the standard. It gives information about the detail required to self-evaluate whether an organisation has evidence to show that the standard is being met.

(iii) The key actions associated with each standard are listed and at the top of the sheet are hyperlinks allowing users to navigate quickly to each key action. For organisations that require further guidance the Standards handbook page numbers are shown by the key action. Each key action is a table to be completed by the organisation. It asks organisations to identify people who are contributing to the self-evaluation. It asks organisations to state what they are doing now and what evidence they have to prove the action. Organisations that are uncertain what format evidence can take, are referred to a list of suggested evidence. Organisations are asked to decide whether evidence requires any update.

(iv) If actions are required, below the suggested evidence list is a table where a SMART action plan can be made. For each key action it asks what action is to be taken; who has responsibility for taking the action; the target date for completion; the actual date the action was completed and any further notes.
4.1.3 The Quality Reviewer’s Report Tab

This is for your use and is explained in Section 6.

4.1.4 The Outcome Tab

Information that you enter in your report will pre-populate into this sheet. It is a summary of the self-evaluation and the Quality Review. It will be sent to the organisation after it has been confirmed by the Approval Committee.
5. STAGE 1 OF THE QUALITY REVIEW

Stage 1 takes place before your visit or before you start to collect evidence using electronic information. It takes place at a distance from the organisation and may lead to further discussions with the organisation. The objectives of Stage 1 are for you to;

a) Receive any information provided at the application stage
b) Review the information entered by the organisation in the self-evaluation tool
c) Evaluate site-specific conditions and to discuss with the organisation what you will require at Stage 2. These discussions could be by email or face to face electronic methods of communication e.g. Skype.
d) Review with the organisation their understanding of the requirements of the Standards, particularly about the Key Actions. You will be able to discuss the evidence that they have listed and what will need to be available at the time of the Quality Review. This will include;
   1. Information about the scope of the organisation’s systems including the sites that they operate from
   2. The processes and equipment that the organisation uses.
   3. The types of control that are in place – particularly if the organisation operates across multi sites.
   4. The nature and extent of any sampling across geographical sites that you may need to carry out
   5. Any local regulations that must be complied with.
e) Discuss and agree the detail of Stage 2 to ensure that you will have understanding of the organisation’s structure and systems. It is also an opportunity for you to answer any questions that the organisation may have about Stage 2. You and the organisation will then be able to agree whether the organisation is ready to move to Stage 2.

It is possible at this stage to identify any areas of concern that could cause an issue during Stage 2.

Allow enough time between Stage 1 and Stage 2 for the organisation to resolve any areas of concern identified in Stage 1. If significant change is needed, then all or part of Stage 1 might need to be repeated. Depending upon the outcome of Stage 1, you or the organisation may decide to cancel or postpone Stage 2.

5.1 How to review the application
  (i) Address: Please check that a full and accurate address has been given. Check the web site to ensure that all information is up to date.
  (ii) Years of delivering learning and/or assessment services: An organisation must have a history and evidence of delivering learning and assessment services. This gives an idea of the ‘maturity’ of the organisation. The answer may lead you to ask further questions during the Quality Review.
Email: An organisation email address will be expected. If Outlook; AOL or other private email provider is used, please note and question this.

Approval, inspection, or validation by another organisation: This will indicate whether there may be any potential conflict of interest. Ensure that you ask questions to make sure this will not happen.

Intention to work with other organisations: If the organisations works with other organisations in the delivery of learning and/or assessment services, this may increase the scope of the review. You need to check that the other organisation has been informed of the application for HPass Approved Provider status.

The sites where delivery of learning and/or assessment services takes place: You will ask for information about how the organisation controls learning and/or assessment provision to other sites even if they are only used for a short period of time.

The types of learners / candidates: There may be learners or candidates who access their learning programme or assessment service by use of the internet; Skype technology; or one who is periodically visited by organisation staff. This may require different, specific evidence of how a quality service is provided.

The list of learning or assessment services provided. If the number of programmes is large, the organisation is asked to provide a representative sample of the learning or assessment services and a link to their web site where you will be able to obtain more information about the programmes. You need to know before the review what types of services are being delivered by the organisation.

Ensure that the legal agreement has been agreed to by the head of the organisation.

5.2 How to review the self-evaluation tabs

The purpose of the self-evaluation tool is;

1. For the organisation to reflect and review. It is an opportunity for them to consider each of the key actions and to list what is already being done and whether key actions are already being taken
2. To assist you to plan for Stage 2 of the Review.
3. For you to compile your report.

At Stage 1 you will need to use the self-evaluation tool to inform planning for the Quality Review. It will be necessary to read the entries made by the organisation and ensure you understand the references that are made.

If an organisation is applying for HPass Approved Provider status for both the Learning and Assessment Standards, the organisation will have completed the two self-evaluation tools.

You need to read what the organisation is doing now and what evidence they have. This will allow you to make a list of what evidence you will want to see when you review. Some of the evidence may be self-explanatory and you may not wish to study it in depth. You may need to discuss other listed evidence to obtain clarification of what it is and how it is used e.g. a policy.
You will also need to look at the action plans to determine whether they have been necessary and realistic. If the date of completion has passed, then you can check during Stage 2 that there is evidence that the actions have been taken.

When you have read through the application and the self-evaluation completed by the organisation the following scenarios may occur;

<table>
<thead>
<tr>
<th>After reading the self-evaluation tool;</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>You understand the evidence that is listed and feel that the evidence should be enough.</td>
<td>Decide which significant pieces of evidence you would like to review and include them in your Review plan.</td>
</tr>
<tr>
<td>You understand the evidence that is listed but feel that some of the evidence is weak or missing.</td>
<td>Compose questions to ask at specific meetings in your Review plan.</td>
</tr>
<tr>
<td>You do not understand some of the listed evidence.</td>
<td>Compose questions to ask when you make initial contact with the organisation.</td>
</tr>
<tr>
<td>Decide which evidence you want to check to ensure it is up to date and relevant e.g. policies</td>
<td>Include them in your Review plan.</td>
</tr>
<tr>
<td>An action plan has not been signed off as complete.</td>
<td>Compose questions to ask about progress at your initial contact with the organisation.</td>
</tr>
<tr>
<td>The evidence or action plan does not appear to address the key actions.</td>
<td>Compose questions to ask at specific meetings in your Review plan.</td>
</tr>
</tbody>
</table>

Your appraisal of the self-evaluation tool should provide a plan and a list of;

- People who you would like to speak with
- Evidence you would like to see
- Sites you would like to visit
- Questions you would like to ask

You should then contact the organisation, preferably by email, to introduce yourself as their Quality Reviewer and to establish a communication channel. The email should be addressed to the head of the organisation and the head of quality should be copied in.

Once contact is established you will be able to provide the organisation with your draft Quality Review plan (see below) and to ask questions e.g.

1. Which location will be best to visit?  
2. What language(s) are spoken by staff?  
3. What language is used for record keeping?  
4. Has the organisation used the services of an Advisor? An Advisor is a person appointed by HPass with the role of providing advice and guidance about the Standards and about how to complete the self-evaluation tool. If an Advisor has assisted the organisation you need to determine whether s/he will be present during
the Review. It is not expected that an Advisor will play a role during the Review. S/he should step back during the Review.

5. What is the nature of any accreditation, approval or working relationship with other organisations?

6. There may be areas of the self-evaluation tool that are difficult to understand or where you feel there may be missing information.

7. Has the organisation found evidence that applies and that they have used for several different key actions?

8. You may wish to ask questions about any action plans

9. What is the best time for a visit?

10. What is the usual start time for a normal working day?

N.B. This list is not exhaustive.

5.3 The Review Plan
The suggested format for a Review plan (with notes) is given in Annex 3.

The objective of compiling the plan is to ensure that you have enough time to review and understand the evidence during Stage 2. Time will be limited during Stage 2. You will need to make quick decisions based on what evidence the organisation is able to show you. You are allocated to make judgements based on valid evidence. Do not spend a long time searching for evidence. The plan means that the organisation should have available what you need to see and the people who you need to question on the day of the Quality Review. However, you can make recommendations or require action to be taken.

(i) A recommendation is advisory. Recommendations are made when you can see opportunities for improvement. Key actions will be being taken but there are opportunities for there to be better practices. Recommendations will not prevent the awarding of HPass Approved Provider status.

(ii) Actions are mandatory. Actions are required when a key action is not being taken or evidence is insufficient for you to judge that a key action is being fully completed. Actions will prevent the awarding of HPass Approved Provider status.

Build your plan around the Standards. Remember that there are seven component standards to the Assessment Standards and eight component standards for the Learning Standards. If you are Reviewing both the Learning and Assessment Standards, consider whether any of the evidence overlaps. This may also be the case for the individual standards and is a suggested question (question 7 above).

Present your plan to the organisation. Gain their agreement that the plan is realistic and will allow time for you to see the evidence and meet with relevant members of staff.

Meetings do not have to be conducted face to face. It is acceptable to use Skype or other electronic methods of communication where personnel are located at a distance. Do not impose financial and time costs on an organisation where alternative methods of communication can be used.
You will require a quiet room or area to work in. Check that this will be available. Avoid any entertainment that may be offered. This could be seen to be a conflict of interest. It will also take time that you could otherwise use for the Review. It is acceptable for you to receive a light lunch and non-alcoholic beverages if they are offered.

Try to ensure that your planning will make it easy for evidence and people to be found quickly and efficiently.

6. STAGE 2 OF THE QUALITY REVIEW

The purpose of Stage 2 is to evaluate the effectiveness of the key actions taken by the organisation when they are using and working to the Standards. Stage 2 shall, whenever possible, take place by a visit. However, there may be occasions when a remote or electronic review is required.

6.1 Mode of Review

There are three types of review You will be informed of the required mode;

1. **Remote** - a visit conducted at premises located at a distance from the main premises of the organisation. This may be necessary when geographical, political or cost implications arise. The format of the visit will be the same as a visit to the main premises. However, it is anticipated that greater detail will need to be paid to the Review plan to ensure that all required information will be available at the remote premises. It will not be possible for evidence to be ‘fetched’. If during the remote Review, it is realised that further information is required, then the action plan will need to specify exactly what is required, how and by when it can be sent to you. This may extend the length of the Review. Inform the organisation of the extension and ensure you keep the Lead Quality Reviewer informed.

2. **Electronic** - does not involve a visit. It is carried out using electronic communication and may be because of geographical, political difficulties or cost. Evidence will to be sent to you as email attachments or information shared on the iCloud. Ensure that the organisation can use electronic methods of communication. Interviews can be conducted via Skype or similar communication methods. An electronic Review is likely to be fragmented and take place over several days.

3. **Visit** - to the main premises or to other locations where the organisation delivers services. The need to visit alternative sites will need to be assessed and discussed with the Lead Quality Reviewer before arrangements are made.

The normal and expected mode of a Review will be a visit. Do not change the mode of the Review without consulting the Lead Quality Reviewer.
Whether the Review is remote, electronic or by visit, you will ask to review at least the following:

a) information and evidence that shows how the organisation is using and conforming to the requirements of the Standards
b) performance monitoring, measuring, reporting and reviewing against Key Actions and targets that are consistent with the expectations of the Standards
c) the organisation’s systems and organisation performance about meeting applicable statutory, regulatory or contractual requirements
d) the organisation’s operational control of processes (e.g. assessment and learning tools design and implementation)
e) the organisation’s internal reviewing and management review
f) the organisation’s policies and procedures

On the day of the visit aim to arrive at the start of a normal working day. Ensure that you are aware of the distance to be travelled and the local traffic conditions at that time of day.

You will need to take with you an HPass letter of introduction and ID (Passport; national ID card).

It is anticipated that the Review will take one working day for each Standard.

6.2 The Opening Meeting
You are asked to start the visit by holding a formal opening meeting with management and where possible those responsible for the functions to be reviewed. It is anticipated that this meeting will last for no more than one hour (preferably less).

The purpose of the opening meeting is to provide a short explanation of what is going to happen and will consider the following:

a) introduction of everyone present, including a short introduction of their roles and responsibilities
b) confirmation of the objectives and possible outcomes of the Review
c) confirmation of the Review plan
d) confirmation of the formal communication channels between you and the organisation
e) confirmation that the evidence required is available
f) confirmation of matters relating to confidentiality
g) confirmation of any relevant health and safety requirements, security and emergency procedures
h) the introduction and confirmation of the role of any Quality Reviewer in training; observer; translator or other authorised person, if present
i) the method and timing of reporting
j) confirmation that you are responsible for and in control of the Review
k) methods and procedures to be used during the Review (including any sampling)
l) confirmation of the language(s) to be used
m) opportunity for questions

6.3 Verifying the Evidence
The day will then proceed according to your plan which will probably include:

- meetings. These may be with programme teams; assessors; delivery staff; candidates; learners; administrative staff and will be opportunities to discuss processes and outcomes. Take care that you retain control of the meeting and that you gather the information that you require. Take and retain notes of the meeting, including start and finish times. If an Adviser has been allocated to the organisation s/he should not play any part in the Review.
- interviews. These are usually more focused than meetings. You will request an interview where there is a key person with overall responsibility for a service or there may be evidence about which you want more information. Ask open ended questions and take and retain notes of the meeting, including start and finish times.
- records and documents. You may need a translator to be present. Allow enough time at the planning stage.
- observation of processes and/or activities – opportunities (if time allows) for you to see learning and assessment practices in operation. This only needs to be done as an information gathering exercise and only to confirm the existence of evidence.

Make sure you allow enough, realistic time slots for each activity. This will allow you to judge how the Key Actions are being taken and to measure the quality. The organisation may refer to suggested evidence lists that are available in the Standards’ handbooks. These are only suggestions. The organisation may have different evidence to show that the Key Actions have been taken. This will be perfectly acceptable.
Evidence will be a wide range of formats. You will need to have an open mind. The question will always be, “Is there sufficient evidence to prove that the organisation is taking the key action?”. The answers will be one of the following 3 options;

<table>
<thead>
<tr>
<th>Answers to “Is there sufficient evidence to prove that the organisation is taking the key action?”</th>
<th>Action</th>
</tr>
</thead>
</table>

21
YES

No further action

YES, but there is a potential for improvement

Make recommendation(s) for improvement

NO, the key action is not being taken

Make required actions

6.4 Closing meeting

Ask management and, where possible and appropriate, those responsible for the functions reviewed to be present at a formal closing meeting. Ensure this is in your Review Plan. Record the names and roles of people present and take and retain formal notes.

The purpose of the closing meeting is to present your conclusions, including recommendations for improvement to the management. You are not able to communicate an approval decision. You should emphasise to the management that they will be informed of the final decision after the Approval Committee has met to consider your report including any actions and/or recommendations.

Describe to the management any issues so that they are understood. If necessary, outline the time frame of any action plan that may be needed. The closing meeting is not a place for long discussion about issues but it is an opportunity to check that the evidence is accurate and that the issues are understood. If the organisation’s management does not agree with or accept the issues, ask them to wait for the signed off report from the Approval Committee. Tell them that they will then be able to submit an appeal (See Quality Manual Appendix 3). The organisation will receive a copy of your report.

Make sure that the closing meeting includes;

a) the method and time frame for the Review report
b) the process for handling issues.

\[ \text{c) the time frame for any corrections or corrective actions} \]

\[ \text{d) information about the appeal process} \]

Give the people present the opportunity to ask questions. Any diverging opinions will be discussed and where possible resolved at this meeting. Record in your report any diverging opinions that are not resolved and ensure that these are clear to the Approval Committee or Lead Quality Reviewer.

7. THE QUALITY REVIEWER’S REPORT

Your report is compiled by adding information to the tables in the worksheet labelled Quality Reviewer’s report.

When you open the Quality Reviewer’s Report tab, you will see;

(i) Space for you to enter your name
The date of your report

The mode of the Quality Review (Visit; Electronic; Remote)

The type of Quality Review (Initial Approval; Monitoring Review (either year 1 or Year 2); Re-Approval; Short notice (exceptional reasons for a Quality Review)

A column where the organisation’s action plan entries will be pre-populated with information that they have entered in the standards worksheets. This will allow you to enter notes about whether the action has been completed or whether it is still in progress

A column for you to make a decision about whether the key action is being taken. We ask you to enter your decision as a number. Enter;

a. 0 (zero) if No the key action is not being taken. This will be an important, serious or significant issue that totally prevents a standard from being met. See Section 7.1 for further information about major issues. You will need to enter the action required, in the next cell.

b. 1 (one) if Yes, the key action is being taken but you have made recommendations for improvement. Enter the recommendations in the ‘Recommendations’ cell. Recommendations do not affect the capability of the organisation to achieve HPass Approved Provider status.

c. 2 (two) if Yes, the key action is being taken in full. The evidence you have reviewed has been enough and has proved that the Key Actions are being taken. There may be recommendations for improvement but these will not prevent a Yes decision.

The self-evaluation tool will show whether the standard has been met or not met

In the appropriate box provide comments on key actions, including any good practice that you observe

If there should be any points of non-agreement between you and the organisation these should be listed in the appropriate box at the bottom of the report worksheet.

In the Summary box you should provide a brief overview of the review. Include any significant points that happened at either Stage 1 or Stage 2. Please write in paragraphs, bullet pointing and cross referencing where necessary. Avoid the use of jargon and acronyms. The Approval Committee will need a picture of how the Review progressed, when they meet to review your recommendation. Without full information the Approval Committee may have to delay their decision and ask you for further information.

Submit your report to HPass within 5 working days of the completion of the Quality Review.

7.1 Major Issues

Major means a situation which, based on the evidence available raises significant doubt about the capability of the organisation to achieve the Standard(s) and objectives of HPass Approved Provider e.g.

- You have judged that, based on what has been presented to you, there is the no evidence that a key action or key actions have been taken or;
• You have judged that there is no evidence that an organisation can maintain conformance to the requirements of the applicable Standard or;
• delays that affect the learner’s or candidate’s schedule or;
• major delays to a delivery schedule or;
• a learning programme or assessment schedule that does not take place because of failures in key actions or;
• repeated occurrences of the same minor or many minor issues.

7.2 The Outcome
The organisation will be sent this summary of your report. There is no need for you to enter any information. It will be pre-populated with information that you enter in your report. It is subject to any amendments or change required by the Approval Committee.

8. THE APPROVAL COMMITTEE
The Approval Committee will meet monthly to review your report alongside the application form.

The committee will be composed of appropriately qualified and knowledgeable personnel

The Approval Committee has three options:

1. Accept your report that indicates full approval and issue an Approved Provider certificate
2. Accept your report that indicates that HPass Approved Provider should not be awarded, inform the organisation and end the process
3. Reject your ‘Approve’ or ‘Not Approve’ report and agree with the organisation any further measures to achieve HPass Approved Provider status.

The decision will be communicated to the organisation. If the organisation wishes to appeal the decision, they will be referred to Appendix 3 of the Quality Manual and asked to follow the appeal process.

9. THE REVIEW CYCLE
The normal Review programme is made up of the initial approval and then a three-year cycle of Reviews.

• Year 1 Initial approval
• Year 2 Maintaining approval monitoring review
• Year 3 Maintaining approval monitoring review
• Year 4 Re-approval

You may be allocated to conduct any of these reviews. All will be based on the self-evaluations submitted by the organisation. The same principles will apply. However, the Year 1 and Year 2 monitoring reviews will be conducted electronically. The Year 4 Re-approval will revert to a visit.
<table>
<thead>
<tr>
<th>Annex</th>
<th>Title</th>
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<tbody>
<tr>
<td>Annex 1</td>
<td>Code of Conduct for Quality Reviewers</td>
</tr>
<tr>
<td>Annex 2</td>
<td>Conflict of Interest Declaration</td>
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<tr>
<td>Annex 3</td>
<td>Review Plan with Notes</td>
</tr>
<tr>
<td>Annex 4</td>
<td>Overview of the Learning Standards</td>
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<tr>
<td>Annex 5</td>
<td>Overview of the Assessment Standards</td>
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ANNEX 1: Code of Conduct for HPass Quality Reviewers

The purpose of the Code of Conduct is to ensure professional conduct of Quality Reviewers.

The Code of Conduct has been based on ISO/IEC 17021-1:2015(E). A Quality Reviewer shall be:

- Ethical, i.e. fair, truthful, sincere, honest and discreet;
- Open-minded, i.e. willing to consider alternative ideas or points of view;
- Diplomatic, i.e. tactful in dealing with people;
- Observant, i.e. actively aware of physical surroundings and activities;
- Perceptive, i.e. instinctively aware of and able to understand situations;
- Versatile, i.e. adjusts readily to different situations;
- Tenacious, i.e. persistent, focused on achieving objectives;
- Decisive, i.e. reaches timely conclusions based on logical reasoning and analysis;
- Self-reliant, i.e. acts and functions independently while interacting effectively with others;
- Objective, i.e. not influenced by personal feelings, interpretations, or prejudice; based on facts;
- Independent, i.e. not subject to another’s authority or jurisdiction; autonomous;
- Impartial, i.e. ability to make unbiased Review observations and conclusions.
- Professional, i.e. exhibiting a courteous, conscientious and generally business-like conduct in the workplace;
- Morally courageous, i.e. willing to act responsibly and ethically even though these actions may not always be popular and may sometimes result in disagreement or confrontation;
- Organized, i.e. exhibiting effective time management, prioritization, planning, and efficiency.

HPass Quality Reviewers are required to use all the above skills while performing HPass Quality Reviews.

Assumptions to inspire confidence that are embedded in the HPass Quality Assurance Mechanisms are:

1. Impartiality
2. Competence
3. Responsibility
4. Openness
5. Confidentiality

Impartiality

Impartiality is defined as actual and perceived presence of objectivity (Ref. 3.2 of ISO 17021-1:2015) Impartiality is assured by independence and competence of Quality Reviewers.

Quality Reviewers shall;

1.1 declare any bias, preference or conflict of interest that will impact on the conduct of Reviews and shall decline any allocation that may influence an unbiased judgement.
1.2 not enter into any activity or relationship that may influence an unbiased judgement or conflict with the interests of HPass.
1.3 make unbiased decisions using a high level of professional objectivity when collecting, analysing and reporting information about organisations.
1.4 not be influenced by their own interests or the interests of other individuals or organisations when making judgements.
1.5 not be influenced by a third party

**Competence**

Quality Reviewers will use the knowledge, skills and experience required by the HPass Quality Review requirements.

Quality Reviewers shall;

2.1 accept only those allocations for which they have the necessary knowledge, skills and experience
2.2 operate the stated processes required by the HPass Quality Review process.
2.3 be open to feedback and strive to improve the effectiveness and quality of their performance.
2.4 apply Quality Review principles, procedures and techniques
2.5 collect information through effective interviewing, listening, observing and reviewing documents and records

**Responsibility**

Quality Reviewers have responsibility to obtain reasonable assurance that the HPass Humanitarian Learning Standards (Learning Standards) and the HPass Standards for the Assessment of Humanitarian Competencies (Assessment Standards) are being used accurately and appropriately.

Quality Reviewers shall;

3.1 plan and perform an HPass Quality Review effectively and to the required Standard.
3.2 make valid recommendation(s) based on facts
3.2 not be influenced by personal feelings, interpretations, or prejudice
3.3 act responsibly and ethically even though these actions may not always be popular and may sometimes result in disagreement or confrontation.

**Openness**

The Quality Reviewing process will have a lack of secrecy and not conceal findings.

Quality Reviewers shall;

4.1 be willing to consider alternative ideas or points of view;
4.2 deliver open, frank and honest feedback
Confidentiality

The information gathered during a Quality Review will be valued and will not be disclosed without appropriate authority unless there is a legal obligation to do so.

Quality Reviewers shall;

5.1 respect and value gathered information
5.2 not use information gathered during the Quality Review process for any personal reasons or in any way that contravenes any law
5.3 not use information in a way that is detrimental to HPass or the reviewed organisation.

Use of the Code of Conduct

As a Quality Reviewer you make a valuable and important contribution to upholding the HPass Humanitarian Learning Standards (Learning Standards) and the HPass Standards for the Assessment of Humanitarian Competencies (Assessment Standards) and determining HPass Approved Provider status.

Following the behaviours set out in this Code of Conduct will give you the reassurance that you are providing the Review service to a high standard. This Code will also organisations exactly what they should expect from HPass Quality Reviewers.
ANNEX 2: Conflict of Interest Declaration

Conflict of interest is a situation in which a Quality Reviewer, who is in a position of trust, has a competing professional or personal interest. Such competing interests can make it difficult to fulfil Quality Review duties impartially. A conflict of interest exists even if no unethical or improper act results. A conflict of interest can create an appearance of impropriety that can undermine confidence in the Quality Reviewer and the Review activity. A conflict of interest could impair an individual's ability to perform his or her duties and responsibilities objectively.

Quality Reviewers are not to provide Quality Review services for work for which they may previously have been responsible within the last 12 months, but each instance should be carefully assessed.

When allocating Quality Reviewers to organisations, the Lead Quality Reviewer shall take steps to identify, evaluate the significance, and manage any perceived or actual conflict of interest that may impinge upon Review work.

Instances of perceived or actual conflict of interest by Quality Reviewers including organisations shall immediately be reported to the Lead Quality Reviewer or the Chair of the Approval Committee.

Declaration

I certify that I have conformed to the Code of Conduct and have no conflicts of interest for the period < Contract Date>. If an issue arises with my professional behaviour that is not in the spirit of the Code of Conduct, or if a conflict of interest should occur in the coming period < Contract Date>, I shall immediately report it to the Lead Quality Reviewer or the Chair of the Approval Committee.

Signed:

Print Name:

Date:
## ANNEX 3: Review Plan with Notes

<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th>Address</th>
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| Purpose | To review organisation’s processes, procedures and documents  
*This is not the objective of the Review. It is the purpose of the plan – to ensure that processes, procedures and documents are reviewed as evidence that key actions are being taken.* |
|----------|--------------------------------------------------------------|

<table>
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<tr>
<th>Review team</th>
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| Review criteria | Enter which Standards are being reviewed. If both Standards are being reviewed, then one day needs to be allocated for each Standard. You will need to complete two plans. |
|-----------------|

| Objectives | HPass Approved Provider status;  
*Your role is to review against the Standards. If the organisation is awarding HPass badges, then the Approved provider Status will result in an endorsed badge. The organisation needs to be aware of this enhanced status.* |
|-------------|

<table>
<thead>
<tr>
<th>Review date(s)</th>
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| Scope | State here any reasons that limit the scope of the review e.g. you are not able to review every site of an organisation or the organisation is very big with multiple modes of operation |
|-------|

| Key personnel to be met | You may not be able to name people. It is roles that are important e.g. Quality manager; HR manager; Team leader |
|-------------------------|

<table>
<thead>
<tr>
<th>Plan –</th>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>People involved</th>
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</table>
**Overall Commitment**

People involved in humanitarian action have access to high-quality learning programmes that will allow them to work more effectively.

<p>| 1. Analysis: Relevant learning needs are identified and prioritised | 1.1 periodically identify humanitarian learning needs using evidence |
| | 1.2 prioritise which learning needs to address |
| | 1.3 identify competencies that need to be developed using relevant competency frameworks when available |
| | 1.4 analyse target learners’ existing competencies to identify gaps |
| | 1.5 analyse target learners’ characteristics, learning preferences and requirements |
| 2. Design: Learning programmes are designed and prepared according to identified needs | 2.1 develop learning objectives to cover gaps in competencies |
| | 2.2 choose appropriate modalities to deliver learning programmes |
| | 2.3 make sure content, materials and activities are suitable and up-to-date using existing resources when available |
| | 2.4 take into account target learners’ existing knowledge, skills and experience |
| | 2.5 make sure learning programmes are appropriate for the target learners’ characteristics, cultures and contexts |
| | 2.6 incorporate methods and tools to assess learning |
| | 2.7 validate learning programme and materials by gathering feedback or piloting |
| 3. Delivery: Learning programmes are delivered effectively | 3.1 deliver learning programmes as agreed |
| | 3.2 make support available to learners throughout the programme to help them to meet the learning objectives |
| | 3.3 draw on learners’ knowledge and experience during the learning programme |
| | 3.4 implement learning programmes that are responsive to learners’ progress |
| | 3.5 have in place reasonable measures to mitigate safety and security risks to learners |
| 4. Assessment: Learning is assessed | 4.1 make sure assessments are fair, consistent and appropriate |
| | 4.2 promptly share results of assessment with learners |
| | 4.3 provide recognition of learning achievement |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Against the learning objectives</td>
<td>4.4 record evidence-based results</td>
</tr>
</tbody>
</table>
| 5. Resources: Resources for learning programmes are appropriate, sufficient and well managed | 5.1 identify the resources needed to implement learning programmes effectively  
5.2 follow procedures for procuring, maintaining and managing the resources needed  
5.3 have in place reasonable measures to mitigate safety and security risks to staff and other resources |
| 6. Communication: Communication effectively supports learning services | 6.1 use and maintain appropriate and accessible communication channels  
6.2 use clear and accessible language for all communications  
6.3 ensure information about learning services is relevant, accurate and available when needed  
6.4 listen and respond appropriately to communications |
| 7. Administration: Administration systems effectively support learning services | 7.1 provide effective administrative and logistical support before, during and after learning programmes  
7.2 implement systems to enrol target learners onto appropriate learning programmes  
7.3 store personal information using secure and appropriate data-management procedures  
7.4 share personal and confidential information only as agreed |
| 8. Evaluation and Accountability: Evaluation and accountability mechanisms effectively support learning services | 8.1 systematically monitor and evaluate learning services  
8.2 use transparent and accessible methods to receive honest feedback  
8.3 record and deal with concerns and complaints  
8.4 use lessons learnt to improve and update learning programmes through periodic review  
8.5 make information about the quality of learning services available and transparent  
8.6 treat learners, staff and other stakeholders in a way that promotes inclusivity, anti-discrimination and well-being |
# ANNEX 5: Overview of the Assessment Standards

## Overall Commitment

People involved in humanitarian action have recognition of their competencies that demonstrate their ability to work effectively.

<table>
<thead>
<tr>
<th>1. Analysis: Relevant assessment needs are identified</th>
<th>1.1 identify the purpose of the assessment</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1.2 identify relevant competency frameworks within the humanitarian or other sectors</td>
</tr>
<tr>
<td></td>
<td>1.3 decide what knowledge, skills, attitudes or competencies to assess; and</td>
</tr>
<tr>
<td></td>
<td>1.4 analyse target candidate(s)’ characteristics, assessment preferences and requirements</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2. Design: Assessments are designed and prepared according to identified needs</th>
<th>2.1 define measurable assessment criteria that candidates will be able to demonstrate through assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>decide appropriate assessment modalities</td>
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<tr>
<td></td>
<td>2.3 plan the steps for a consistent, inclusive and impartial assessment process including measures to prevent dishonesty</td>
</tr>
<tr>
<td></td>
<td>2.4 define the expected outcomes of each step of the assessment processes</td>
</tr>
<tr>
<td></td>
<td>2.5 choose or create appropriate assessment tools to accurately measure the selected knowledge, skills, attitudes or competencies</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>3. Delivery: Assessments are delivered effectively and accurately</th>
<th>3.1 carry out assessments as designed</th>
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<tbody>
<tr>
<td></td>
<td>3.2 have in place reasonable measures to mitigate safety and security risks to candidates</td>
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<td></td>
<td>3.3 interpret the results of assessments in a standardised and impartial way based on evidence</td>
</tr>
<tr>
<td></td>
<td>3.4 share assessment results</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
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</tr>
<tr>
<td>4. Resources: Resources for assessments are appropriate, sufficient and well managed</td>
<td>4.1 identify the resources you need to implement assessments effectively</td>
</tr>
<tr>
<td></td>
<td>4.3 have in place reasonable measures to mitigate safety and security risks to staff and other resources</td>
</tr>
<tr>
<td>5. Communication: Communication effectively supports assessments</td>
<td>5.1 use and maintain appropriate and accessible communication channels</td>
</tr>
<tr>
<td></td>
<td>5.3 ensure information about assessment services is relevant, accurate and available when needed</td>
</tr>
<tr>
<td>6. Administration: Administration systems effectively support assessments</td>
<td>6.1 provide effective administrative and logistical support before, during and after assessments</td>
</tr>
<tr>
<td></td>
<td>6.3 store candidates’ personal information using secure and appropriate data-management procedures</td>
</tr>
<tr>
<td></td>
<td>6.5 share personal and confidential information only as agreed</td>
</tr>
<tr>
<td>7. Evaluation and Accountability: Evaluation and accountability mechanisms effectively support quality assessments</td>
<td>7.1 systematically monitor and evaluate assessment services</td>
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<td>7.3 record and deal with concerns and complaints</td>
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<td>7.5 make information about the quality of your assessment</td>
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<td>services available and transparent</td>
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<td>-----------------------------------</td>
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<tr>
<td>7.6 treat candidates, staff and other stakeholders in a way that promotes inclusivity, anti-discrimination and well-being</td>
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