



**DID SOMEONE SAY QUALITY?
*CONTRIBUTION TO A DEBATE***

*The Quality Project:
Reflections on the method*

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Knowing and telling ourselves we do not know
Is good.
Not knowing and telling ourselves we know
Leads to trouble.

Being aware of the trouble
Allows us to avoid it

A wise man does not encounter trouble
Since he lives in awareness of it
And so, does not suffer from it.

Lao Tseu

Tao Te King, the book of the Way and Virtue

Without questioning, we are unable
To define our areas of knowledge,
And admit our ignorance.

Wisława Szymborska

Nobel Prize in Literature 1996

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FOREWORD

For a long time, humanitarian action has been in the spotlight, acclaimed in the public eye. It has attracted numerous men and women in search of human adventures, aspiring to commitments of solidarity or simply seeking a change of scenery. It has become one of «society's most recognised values»; l'Abbé Pierre and Bernard Kouchner became emblematic figures and were counted among the most-highly esteemed personalities. But humanitarian aid is now seen in a different light. Scandals have emerged, criticisms against the system are voiced, and practices are questioned.

The humanitarian concept is a part of many cultures, dating back farther than chivalry. It has developed exponentially over the past few decades. The first Nobel Peace Prize in history was awarded to Henry Dunant, a Swiss businessman, who, coming across the horrors of the Solférino battlefield, devoted himself to another battle that led to the creation of the International Red Cross. The last Nobel Peace Prize of the 20th century was awarded to Médecins Sans Frontières (MSF), created against the rights of States and for the rights of victims, against silence, and for testimony. Present in all fields, the *French doctors* (who have not been solely French for a long time now) created a new form of citizen revolt against the unacceptable. The 20th century has seen many blood-shedding wars, but it has also witnessed the emergence of an array of actors, all committed to solidarity: emergency or development workers, charity or international aid organisations, humanitarian or Human Rights associations, volunteers or employees. They have recently been joined by new public (civil security, army, local authorities) or private (consultants, companies) operators. For a long time, the humanitarian movement was not prone to reflections on quality and evaluation. But does “doing good” absolve one from raising questions about “being good at doing good”? Donor requirements and questions among the general public have been quick to put these issues at the top of the agenda.

In the last few years of the century, initiatives to improve practices have multiplied. Faced with attempts to standardise humanitarian action, our response is to promote imagination and continuous adaptation to address complex and ever-changing situations. International debates on this subject have, in the end, allowed the discussion and thinking to progress. The search for quality cannot be limited to applying formulas and standards.

After a critical phase of opposition to certain procedures and approaches, a resolutely propositional position had to be taken. There lies the aim of the Quality Project.

This document attempts to present «reflections on the method» of this Project.

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1 INTRODUCTION

1.1. Quality and Humanitarian Action: background

Quality is not a concept foreign to humanitarian workers, it is often even claimed as one of their main concerns. However, its formalisation, as well as its implementation are still very partial and imperfect. The goods production and service industries are way ahead.

As observed in the world of charity or care-giving, in humanitarian action it was considered that the alliance of generosity and technical skill could only bring about the best for beneficiaries. Everything took place as if the explicit mission of the actors in those professional worlds of «assistance», which is to come to the rescue and «do good», could intrinsically not produce poorly-designed, poorly-performed aid, or even cause hazardous effects.

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Hospitals, which have existed in France for centuries, had not implemented a real quality approach until the past ten years. All the same, we have known for much longer than that, alongside the undeniable and numerous services they render, that hospitals are sometimes iatrogenic, and that their efficiency is very mediocre; so it is not surprising that humanitarian NGOs, only a few decades old, are now only beginning to deal with the issue of quality. This is a sign of maturity and of a genuine professional attitude: the age of romanticism is starting to disappear; it is no longer enough to «do good» and to say so: you have to prove it ...

The implicit merit points, earned both in-house and out, that accompanied NGO actions, have been replaced by a demand for explicitness by the donors, civil societies, politicians, and representatives of the beneficiaries... Money granted by citizens has to be accounted for and responsibility taken for the actions as well as their impact (*accountability*).

A few quality approaches have been around for a little while among humanitarian workers: at headquarters, there are procedures dealing with financial management, marketing, logistics, human resources... In the field, codes of conduct, implementation standards, good practice guidelines, yearly monitoring, setting up of technical coordinators ... all these tools applied to the field are both relevant and limited, but the universal tool making it possible to ensure quality in all circumstances where humanitarians intervene, is not available yet and undoubtedly will not be anytime soon...

There are two major problems in setting up a quality approach in this sector of activity:

- **A cultural problem:** accepting to consider that there is possibly a risk of error in one's own practice, even if the practice is based on the sincerest humanism, and even if it is based on substantial experience.

- **A technical problem:** the very nature of humanitarian actions distinguishes them considerably –due to the contexts of emergency, insecurity, diversity and complexity that characterises them– from activities in other professional sectors where quality tools are well established. Furthermore, setting up a quality approach (long-term approach), in particular dealing with field workers (short- or mid-term presence), is assuredly difficult: the priorities and agendas are not necessarily shared, between an NGO and its volunteer workers.

Within the framework of reflections on a quality policy, these distinct specificities in the humanitarian world must nevertheless neither foster conceptual laziness (do not change anything, continue to do «good as usual»), nor foster simplistic thinking. We need to know how to be ambitious in our long-term goals and remain modest in the proclamation of the tools implemented. The Quality Project is founded on those grounds.

1.2. The Quality Project

In partnership with other NGOs, the multi-professional team (health, nutrition, housing, food security, law and protection of civilians, evaluation specialists) of Groupe URD's Quality Project, is conducting an experiment on a new quality approach, applied to field actions: quality tools are indeed rarest on that level, and their transposition from other professional sectors is the least probable, for the reasons of high specificity mentioned above.

The Quality Project aim is two-fold:

- a) Improve the service rendered (the assistance component as well as the vital protection component) to beneficiaries, and
- b) Set up dynamics of institutional change based on injecting fieldwork results back to the teams, and on continued training for volunteers, so as to raise their level of expertise (knowing, knowing how to reflect, knowing how to do), which should in turn improve the quality of the service rendered as well as the volunteers' sense of fulfilment.

**IMPROVING QUALITY
MEANS DEVELOPING A
PRACTICE AIMED AT
MEETING THE NEEDS
OF THE BENEFICIARIES,
USING A SYTEMATIC
PROCESS OF
IDENTIFICATION AND
IMPROVEMENT OF ALL
ASPECTS OF ASSISTANCE**

Improving the service rendered is the final outcome of a whole chain of actors and actions that is commonly called the project cycle; the quality of a service is "all the properties and features that provide it with the aptitude to meet needs, whether explicit or implicit" (NF 50-20).

Working on and improving quality entails developing a practice aimed at fulfilling the beneficiaries' needs, by using a systematic process of identification and improvement of all the aspects of the proposed assistance; it therefore means working on the project cycle, the elaboration and implementation process of the service, "delivered" with a set of features that should satisfy the beneficiary while observing humanitarian principles, in particular those of independence and impartiality.

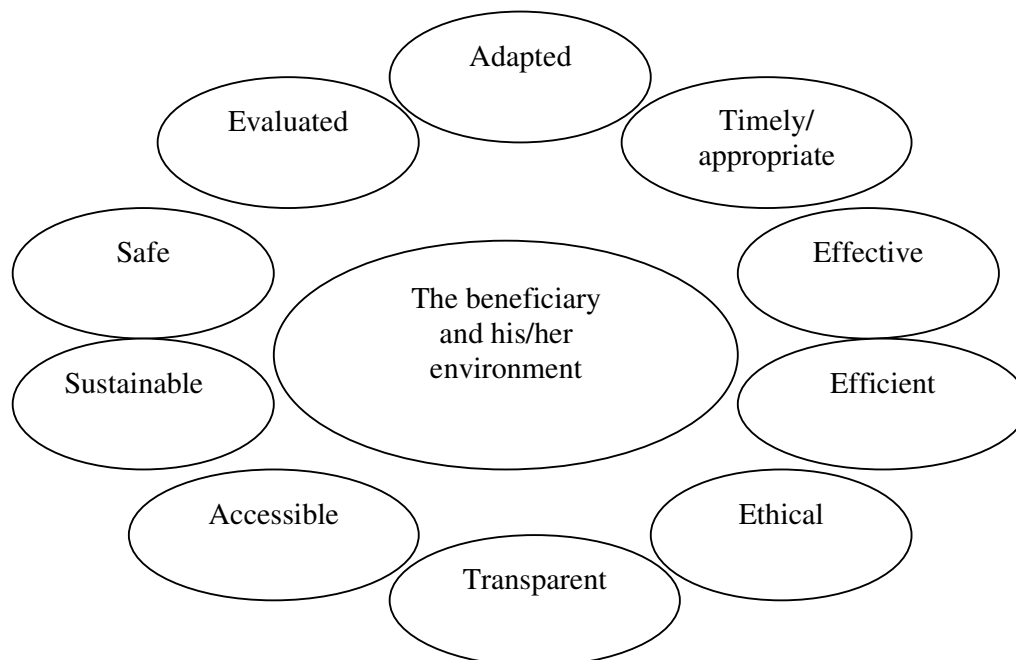
1.3. Quality: what are we talking about?

The «quality» concept is easily a catch-all, hotchpotch, full of good intentions. Its real, concrete meaning seems so obvious that it would be unnecessary to debate it. All the same, it should be noted from the start that the word does not hold the same meaning for everyone: as a result, in the humanitarian world, quality naturally deals with populations in distress as a priority; but other stakeholders (institutional and private donors, politicians, the media...) also have to be considered in the production of a quality mission. Not everyone considers quality from the same point of view as the beneficiary, which is quite normal... So right from the start of our study, we had to try to specify the meaning of the word, both holistically for humanitarian action, and specifically, for each of the professional fields involved.

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The general definition of quality, provided above (NF Standard), our own professional experience, various theoretical references (including that of the CCASS - Canadian Council for Approval of Health Services), led us to try describing precisely what the quality of a humanitarian action is composed of: what adjectives describe it? What are «all the properties and features that provide it with the aptitude to meet needs»? What needs? Whose needs? We chose to place the beneficiary, and his environment, at the heart of all the issues related to quality.

A humanitarian action is of quality, if it is:



THE «TEN COMMANDMENTS OF QUALITY»

ADAPTED:	The needs and expectations of beneficiaries are regularly surveyed, through a participatory approach. The intervention is regularly readjusted according to changes in the context or needs. Agencies' expertise are appropriate for the given intervention; monitoring and reorientation processes are in place.	THESE «TEN COMMANDMENTS» WHICH CAN CHARACTERISE QUALITY IN AID INTERVENTIONS, WILL BE USED TO EVALUATE HUMANITARIAN ACTION
APPROPRIATE:	The intervention is useful, necessary, appropriate, acceptable, does no harm, represents a priority, and is implemented in a timely manner.	
EFFECTIVE:	An improvement in beneficiaries' quality of life can be measured.	
EFFICIENT:	The intervention must allow for the highest impact possible at minimum cost in terms of resources, time, and suffering. This said, savings in costs and time are justified when they allow the agency to respond to more needs.	
ACCESSIBLE:	The intervention reaches the appropriate target population, in the right place, at the right time.	
SUSTAINABLE:	Relays exist between agencies and local partners, between agencies, and between agencies and donors ; there is a visible link between relief and development.	
SAFE:	Risks are surveyed, evaluated, mitigated or avoided, both for victims and agencies. Ad-hoc factors, such as the risk and nature of the conflict, the environment and social dynamics are taken into consideration.	
TRANSPARENT:	The intervention is carried out in a transparent manner, with regards to aid workers, beneficiaries and their environment, in a way as to build relationships of trust.	
ETHICAL:	The intervention respects the dignity of the people involved, and upholds the principles of humanitarian law, international human rights, and the rights of refugees. It is fair and impartial	
EVALUATED:	The intervention is evaluated, thereby contributing to a continuous learning process. This evaluation notably includes an analysis of the satisfaction of beneficiaries and various stakeholders	

These «ten commandments», which we feel characterise quality in humanitarian interventions rather well, will be used as a yardstick in evaluating quality.

This point will be dealt with later on.

2 DIFFERENT EXPERIENCES IN IMPROVING QUALITY

In this experimental research approach, what other experiences can we learn from or be inspired by?

The sectors of business, social economy and humanitarian action have gone through several stages to improve quality. In this chapter, we will describe three types of experience: the ISO-9000 standard, accreditation in the health sector and the Sphere Project.

2.1. ISO-9000 quality management systems

The definition of quality in the industrial and service sector has gone through several stages: quality control, total quality, quality assurance. The goal of the latter is to avoid the occurrence of malfunctions and hence to avoid poor quality. Several initiatives have been set up, of which ISO-9000 is the best known and the one most widely adopted.

**ISO-9000 TARGETS
THE «WAY OF DOING»
THE JOB, AND NOT THE
RÉSULT OR THE
QUALITY OF THE JOB
ITSELF: THE TARGET IS
THE PROCESS AND NOT
THE PRODUCT**

ISO, International Standard Organisation, is an organisation that has developed standards for a wide range of fields in the industrial and technology sectors since 1947. Most ISO standards are quite specific to a product, material or process. However, ISO-9000 and ISO-14000 standards are known as «*generic management system standards*». They form the family of ISO guidelines and standards associated with management systems. The ISO-9000 field is quality management. Everyone has a definition of quality, with the ISO-9000 definition referring to the characteristics of the product or service the customer needs. Quality management therefore implies that the organisation ensures that its processes agree with the customer's needs.

ISO-9000 targets the «way of doing» the job, and not the result or the quality of the job itself: **the target is the process¹** and not the product. To do so, ISO-9000 describes **the conditions** that the organisation must put into place **to manage the processes that affect quality**. It is, in no way whatsoever, a method specific to a trade: ISO-9000 is a **generic** method because it describes those conditions in a general sense.

ISO-9000 has been used by a wide range of firms (in the automobile, hotel, communications and software industries, etc.. .); and firms and countries have adopted it as an evaluation² and selection tool.

- *Can we consider humanitarian action as an industrial-type activity?*
- *Consequently, can we get inspiration from these practices?*
- *Can we adopt them?*

¹ Three models (ISO-9001, ISO-9002, ISO-9003) are available depending on the processes that the organisation carries out (development, production, installation, service, inspection, tests), as well as a guide of what a quality system should be (ISO-9004).

² Private offices such as Bureau Veritas or SGS provide the service of «certification» and compliance with ISO-9000 conditions.

Several elements have to be taken into consideration:

- in order to work, ISO-9000 needs a minimum amount of **regularity**; activities have to be structured, the characteristics of the resources, “customers” and environment have to be relatively stable and predictable. In the humanitarian sector, activities are not necessarily identical or repetitive. Furthermore, humanitarian staff is often young and turnover rapid over the course of a mission. But the most important point is the **variable of uncertainty**: «customers» are not «formatted» or targeted; the environment is turbulent, ever-changing and volatile; all of which requires the frequent adaptation of the assistance and therefore of the activity deployed.
- **The culture of quality** as it is conceived in other fields, is still new in humanitarian circles. A tool as exhaustive, cumbersome and technical as the ISO-9000 standard is likely not to facilitate the involvement of humanitarians (volunteer, benevolent, salaried workers) in an approach that is making its debut.
- The ISO-9000 quality management system relies substantially on the drafting and observance of **procedures**³. Given the complexity and variability of intervention conditions in humanitarian action, the needs for adapting action very rapidly at times, and the rarity of inter-NGO and internal capitalisation systems, it is, at this point in time, hard (and undoubtedly fairly unrealistic) to try to describe standards of means, organisation, and ways of doing things, the state of the art as it were, for all humanitarian activities.
- Finally, the choice of a quality approach relying on the ISO-9000 standard, gives rise to at least two problems in a humanitarian context:

What do we do when the conditions required for working according to the standard do not exist and cannot exist? Do we stop everything? Do we leave?

What do we do when the standard is reached? Rest on our laurels?

Lastly, ISO-9000 is doubly interesting. It generates the creation of a quality management system, and requires the implementation of the means to update it over time. However, it is cumbersome which is a disadvantage if the standard is to be strictly applied.

ISO-9000 can become a tool for improving quality, in particular for predictable processes: administrative management at headquarters and in the field, general management of project cycle stages, as well as logistics management.

Two Swiss NGOs recently received the ISO-9001:2000 certification. Analysis of the preparation mechanisms of the quality manual, as well as processes taken into consideration for the quality management system set up by those NGOs, will provide information concerning the fields in which this tool can be applied in humanitarian action. However, in the field, the applicability of such an approach remains to be seen.

³ Very precise description of the way to carry out an activity. The procedure specifies the aim and field of application of an activity, what is to be done, in what circumstances, when, by whom, where, how, with what equipment, and how it should be recorded...

2.2. Health services sector

To improve quality, hospitals have implemented, for over 50 years in North America and much more recently in Europe, a process of accreditation for health establishments. This accreditation was initially very focused on the care-giving facility, general policy, human and material resources, and organisation. Those components were studied sector by sector, trade by trade, based on the idea that the availability of proper means will produce proper results.

The system set up has evolved over time. Currently, the accreditation process centres quality analysis on the patient and his «trajectory» within the establishment. This new approach takes a cross-cutting and multi-professional view, centred on the processes.

Can the humanitarian sector be inspired more by this experience?

Many similarities can be traced between the two sectors:

- Humanitarian action, like hospitals, produces service activities, without seeking a profit, where the “customer” must remain at the centre.
- In both sectors, there are many professions involved in taking charge of a given situation and very many actors involved, with goals that are not necessarily convergent: caregivers, other service providers, patients, unions, local politicians, the government, civil society and consumer associations, administrators and managers, social security...
- Both fields are subject to **uncertainty on a regular basis** as far as the volume and nature of the “customers” to be served is concerned,
- In both cases, the emergency situation is frequent and not always predictable,
- Major budgetary constraints arise and influence both sectors,
- There is the need, and the risk, of promoting a culture of assistance and donations, in the health sector as well as in the humanitarian one,
- **Each undertaking is unique and separate** in both sectors. Nevertheless, the use of statistics and «population» approaches transform individuals into numbers and populations into «targets»,
- Frequently, complex technical components and intense emotional involvement are intricately related in hospital settings as well as in the humanitarian sector.
- Lastly, although the activities associated with the care-giving profession (management, logistics, hotel accommodations, ...) may come close to an industrial culture, the heart of the profession (care-giving) remains, in large majority, quite craft-like in nature, even when very technical; the same is true for humanitarian work.

CURRENTLY, THE ACCREDITATION PROCESS IN HOSPITALS CENTRES QUALITY ANALYSIS ON THE PATIENT... THIS NEW APPROACH TAKES A CROSS-CUTTING AND MULTI-PROFESSIONAL VIEW

The accreditation process set up in the hospital sector deals with:

- The key stages of the patient's trajectory (rights and information, file, organisation of care, accommodations),
- Some key points of management (general management, human resources, logistics, information system),
- and with the projected management of some clearly-identified risks (blood transfusion, etc.).

The accreditation manual, an evaluation tool, describes references or standards; **a standard is defined as the statement of an expectation or a requirement** enabling the delivery of a quality service. For example, a standard in the Human Resources Management chapter states: «continued education makes it possible to ensure the improvement of the staff's level of expertise». Each standard is accompanied by criteria, enabling the teams to assess the level to which a standard is fulfilled.

The standards stated in the accreditation manual of French health establishments are valid and applicable in any health establishment whatsoever in France. These standards are of value because **they were validated in a given context** (French hospital system), by groups of professionals, through practice and based on common sense. On the other hand, some of these standards would not be valid in other western countries (mainly due to cultural specificities), and even less so in developing countries (for cultural, technical and economic reasons...): this emphasises the fact that many standards have a limited field of validity.

The accreditation system set up leads hospital teams to **question their own practice collectively at each stage of the process**, so as to enter into the virtuous circle of constant improvement.

The current evolutionary stage of accreditation, now being studied, deals with the development of result indicators.

The philosophy underlying accreditation is based on self-evaluation by the hospital teams themselves, fostering self-criticism, excluding any notion of punishment. This approach encourages constant improvement of the service rendered via reflection on organisations and practices. This self-evaluation is rounded out by an outside evaluation, an «inspection» conducted by peers from outside the establishment, coming to provide an outside observer's neutrality, backed by professional expertise, and ending with recommendations. As a result, it is a practice combining peer reviews and the first components of collective learning.

2.3. The Sphere Project

The Sphere Project, initiated in 1997 and currently being evaluated, aims to “increase the effectiveness of humanitarian assistance, and to make humanitarian agencies more accountable.” It is based on a humanitarian charter and **minimal standards** to abide by during aid interventions, the link between the two being the “right to assistance and protection” (rights-based approach).

Minimal standards have been developed for five sectors:

- water and sanitation
- health services
- nutrition
- shelter and site planning
- food aid

Each sector includes:

- standards: more focused on “what” than on “how”
- key indicators for each standard: often quantitative tools, making it possible to check the application of the standard.
- notes for reflecting on the standard: often qualitative, explaining elements beyond the indicators or describing field specificities in detail.

The minimal standards proposed by Sphere **have application limits**. As highlighted by the introductory remarks in this document, they are only applied if:

- there is **access** to the affected populations
- **consent** and **cooperation** have been obtained from the authorities in place
- the **security** conditions are reasonable
- there are enough human, financial and material resources

The normative approach as it is developed by Sphere raises a certain number of issues that need to be developed in-depth here.

In which environment are the Sphere standards applicable?

All the Sphere application conditions presented above are, alas, very rarely united in the field. The standards and indicators proposed are therefore tools applicable in a rarely observed, ideal environment.

What should be done when conditions of security or of access to the populations are not met?

What should be done when there are not enough financial or human resources, as is often the case in forgotten crises? Leave? Draft another standard?

Do the standards make it possible to deal with a complex reality?

The standards proposed by Sphere are **limited to five very targeted sectors**, whereas the needs of populations in crisis situations are much more complex. Sectors are mixed together, other sectors emerge (facilitation of communication routes, support to local NGOs, education, etc.). Often, the activities and **plans** required for managing the constraints of access, security or resources **are not included in the five sectors foreseen by Sphere**.

Do the indicators provide information about the application of the standard?

The Sphere indicators raise a two-fold problem:

- on the one hand, an indicator is, by definition, a **variable**; it is a component that is measured, and that provides information about a deviation with respect to a standard. Yet, the indicators proposed by Sphere are often invariable data and figures, therefore proposed like standards to be reached. How can measurements be taken with an invariant indicator?
- on the other hand, these standards / indicators are unsuitable since in no case whatsoever are they universally applicable.

For example, let's take the case of standards in the «water and sanitation» chapter. Standard 1 pertaining to water access states that each individual must have access to *sufficient quantities* of water for drinking, cooking and household hygiene. Yet, one of the key indicators of that standard is: *at least 15 litres of water per day and per person*.

So, is a *sufficient quantity* of water per day the same for:

- a group of starving, displaced people in the Sahara?
- a displaced person in a tropical country?
- a displaced person in Afghanistan in winter?
- children?
- pregnant women?

What role should be granted to local participation?

What use is it to consult populations and ask them to participate if we already know the nature and the scope of the response, and if the standards for the products or services are already defined?

With what risks?

The donors, governments and the public in general need a means for classifying and assessing the humanitarian actors' financial demands. They are even starting to set up classification systems, a first step towards accreditation. The possible adoption of Sphere as a selection tool is likely to penalise effective actors who do not use this approach.

Humanitarian action needs a means for guaranteeing the quality of its aid. Nevertheless, if we adopt unsuitable guidance tools, the results of the action are very likely to be just as unsuitable, and the populations that we want to help will pay the price.

3 TOOL FOR IMPROVING QUALITY IN HUMANITARIAN INTERVENTIONS

In the previous chapter, three examples of quality approach were presented in various sectors. Following is a presentation of how Groupe URD proposes to tackle quality in the humanitarian field:

For which users? Based on which sources of inspiration? Based on which principles? And with which aims?

3.1. Sources of inspiration for the quality tool designed by Groupe URD

Briefly, three ways to helping raise the level of quality can be outlined: either by precisely describing the expected practice (standard), by questioning the practice observed (evaluation), or by doing a mixture of the first two. Choosing one method over another depends on the type of activity, labour, resources, activity context, professional and geographic culture...

Groupe URD draws inspiration from several sources:

- first of all, the basic principle of quality assurance : better to prevent beforehand, than inspect afterwards; prevention consists of mastering critical points;
- the rigour of the ISO-9000 model;
- the spirit of benevolence, encouragement and teaching of the hospital accreditation process, based above all on self-evaluation and collective learning;
- the Socratic method of seeking the truth through maieutics (Socrates was the son of a midwife...) and questioning, rather than through response or affirmation.

3.2. A tool for whom, for what purpose?

3.2.1. Take the user into account

The first quality of a tool is that of being used, therefore to be useable. To do so, the development of a tool for improving quality in the sector of humanitarian action must take into account several factors:

- **the practically-omnipresent emergency context** leaves little time for reflection and calls for fast action;
- **the high turnover rate of field workers** favours neither learning over time nor the construction of an institutional memory;
- the substantial workload of field workers;
- the frequent **stress** induced by the context in which the teams are working;
- **the situation of isolation** in certain contexts and of certain teams;
- **the complexity of the needs** to be met and the multiplicity of tasks to be fulfilled;

A SIMPLE QUALITY TOOL...ADAPTED TO THE REALITY OF THE FIELD AND OF HUMANITARIAN CULTURE... BASED ABOVE ALL ON THE INTELLIGENCE, EXPERIENCE AND PROFESSIONALISM OF THE TEAM INVOLVED IN THE MISSION

All these components plead in favour of an easy-to-use and easy-to-understand, manageable, user-friendly, flexible quality tool, adapted to the field reality and to humanitarian culture, based above all on the intelligence (from *inter* and *legere*: both in the sense of linking and choosing), experience and professionalism of the team involved in the mission, more than on outside opinions that do not have such precise understanding of the context in which the team is working.

3.2.2 A tool for the field

The tool that we suggest building is, above all, designed for the field: that is to say, that it does not concern, or concerns very little, operations at headquarters (funding, external communication and marketing, purchasing...).

Some operations at headquarters, on the other hand, will be dealt with via the field issues: human resource management (recruitment, training...), strategy, logistics, in-house communication, organisation, coordination... We hope that this bottom-up approach will prove to be more pragmatic and operational than the traditional top-down approach.

The tool will be especially targeted at:

- Improving the **initial diagnosis methods**, decision-making, programme design: if indeed these initial phases of a project are not conducted with the greatest rigour, the whole project will be, at best mediocre, at worst useless or even harmful;
- Improving the **follow-up/evaluation methods**: since the capacity to rapidly adapt the aims and means is essential in humanitarian intervention contexts.

3.3. Tool-building principles

3.3.1. Quality assurance and critical points

Throughout the project cycle, “critical points” can be highlighted. In quality assurance, this term is used for any activity or factor that can and must be controlled, to prevent one or several identified risks.

QUESTIONS ARE
RAISED:
MARKERS
ALLOWING US TO
FIND OUR WAY,
BEACONS THAT
CAN SHED LIGHT
ON CRITICAL
MOMENTS...

The quality assurance approach consists of **preventing «non-quality»** through **pre-established and systematic actions being applied to the critical points**, to the identified risks. With a sense of humour, Murphy’s Law (1949) prophetically describes the basis for going from the quality control culture to the quality assurance culture: «if there is one or several ways to do something, and one of those ways is likely to end in a catastrophe, you can be sure that someone will manage to choose it».

In the humanitarian world, given all the characteristics mentioned above, we think that what can currently improve the quality of a mission and its impact is identifying its critical points, analysing and questioning them rather than providing ready-made answers, standard from one mission to the next, from one situation to the next. **Questions are raised**: they are markers allowing us to find our way, beacons that can shed light on critical moments.

3.3.2. The project and its critical phases

In the project cycle, it is easy to identify moments, phases or phase segments, that are always critical, either because the frequency of errors is high in that phase, or because an error in that phase would cause very harmful consequences (with respect to the quality of life for the beneficiaries or teams, deadlines, costs). Those phases are:

- **the situation/needs diagnosis and analysis phase**, particularly crucial since there are no useful remedies without solid diagnosis and without precise identification of the context;
- **the intervention decision and programme design phase**, crucial for guaranteeing that there will be a strong link between the aid offered and the initial diagnosis;
- **the resource mobilisation phase**: the biggest constraints of «means obligations» do indeed often occur in this phase;
- **the programme implementation phase** for constantly making sure what we are doing is really what we planned to do, and if not, why not;
- **the monitoring and adaptation phase** for making sure that the assistance still responds to the needs, which implies the possibility of re-evaluating the action and adapting it;
- **the final evaluation phase** for identifying whether the service provided corresponded to the beneficiaries’ needs, if it really improved their living conditions and quality of life and for making sure the lessons learned can be capitalised for other actions

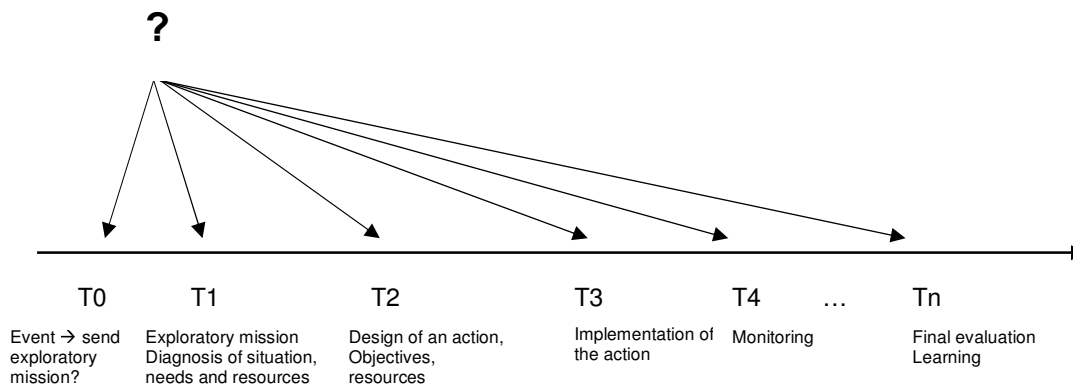
In each of these phases, at each of these critical points, presumably shared by all humanitarian missions, questions can be raised. **Quality through questioning** sets up markers and beacons that should make it possible to avoid a certain number of projects going astray or running aground, and as a result, favour a response better adapted to the needs.

3.3.3. The project and critical links

A humanitarian mission can be described as a macro process (providing aid to a category of a population for one or more identified needs) that can be broken down into elementary processes (do a situation diagnosis, design the aid required, prepare the logistics, implement the aid, follow-up and check how activities are carried out...). The efficiency of the macro process as a whole depends on the actual efficiency of each elementary process and the efficiency of the relations between the processes.

The links, or interfaces between the processes, are essentially exchanges of information, actions of coordination and bilateral or unilateral decision making. So as to prevent frequent malfunctions due to the lack of links between processes, **critical links also have to be pinpointed** and questions asked about their existence and functionality.

Questioning critical points at different key stages of the action



3.3.4. The project and risk analysis

There is of course a certain logic to be used in analysing the risks related to the critical points: it is costly, time-consuming and useless to question each detail of a project.

Selecting critical points is based on the analysis of the consequences that the beneficiaries will experience in case of error or malfunction at a given point in time: which neutral or deplorable consequence may have an effect on the beneficiary in the case of an unpredicted risk?

Attention is mainly paid to the risks that may have an effect on the beneficiaries: those risks determine the critical points. Those risks concern:

- **the tasks** within a process and having an effect on it,
- **the links** required between processes and having an effect on the macro process,
- **the team**

3.3.5. Fields covered by questioning

There are several fields and types of questions:

- **General questions:** questions need to be asked about the operator, the donor, the crisis, the population concerned, the survival strategies and vulnerabilities, the various stakeholders...
- **Questions based on the field of activity:** Each sector has specificities, therefore question grids need to be established sector by sector: food security, housing, health, agronomy, economy, transportation...
- **Cross-cutting questions:** Cross-cutting axes have to be taken into account in all the fields and must also be questioned: questions dealing with protection, IHL and security, the link between emergency and development, coordination, participation, information, gender issues...
- **Questions about the NGO staff:** the goal is to question the actor, his expertise, his experience, his physical, emotional and moral condition, his needs and expectations. The «helpers» themselves also need to be helped.

3.3.6. Generic questions to guide the action and reflection

With this structure of reflection, a set of **generic** questions can be outlined since they are undoubtedly pertinent in a large majority of different contexts.

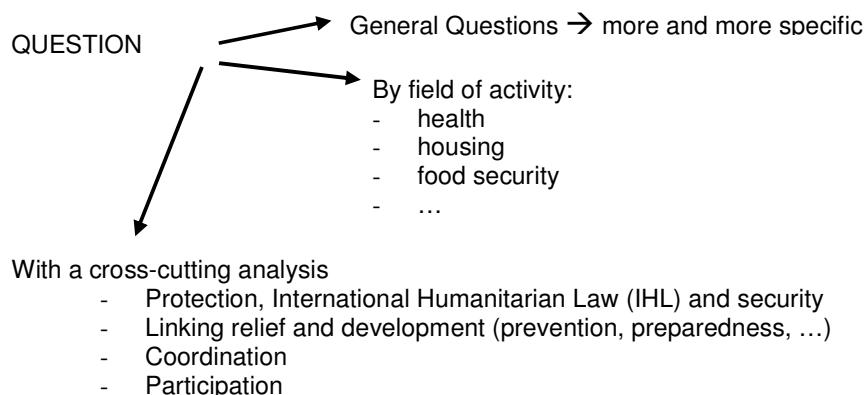
Groupe URD seeks to suggest them to field teams, so that the teams will ask them during the crucial stages of their mission. These questions attempt to pinpoint the risks of error, neglect, malfunction or bias with respect to the aim pursued.

These questions signal the path to follow, call for reflection, help shed light on decisions and set up responses for action; they help correct errors or avoid them; they support creativity and intelligence; they make it possible to ensure that the beneficiary's needs are taken into account in each stage.

They also facilitate evaluation.

The process/critical points: questions are what make the method

In each critical stage:



3.4. From questioning to evaluation

3.4.1. Evaluating means assigning a value

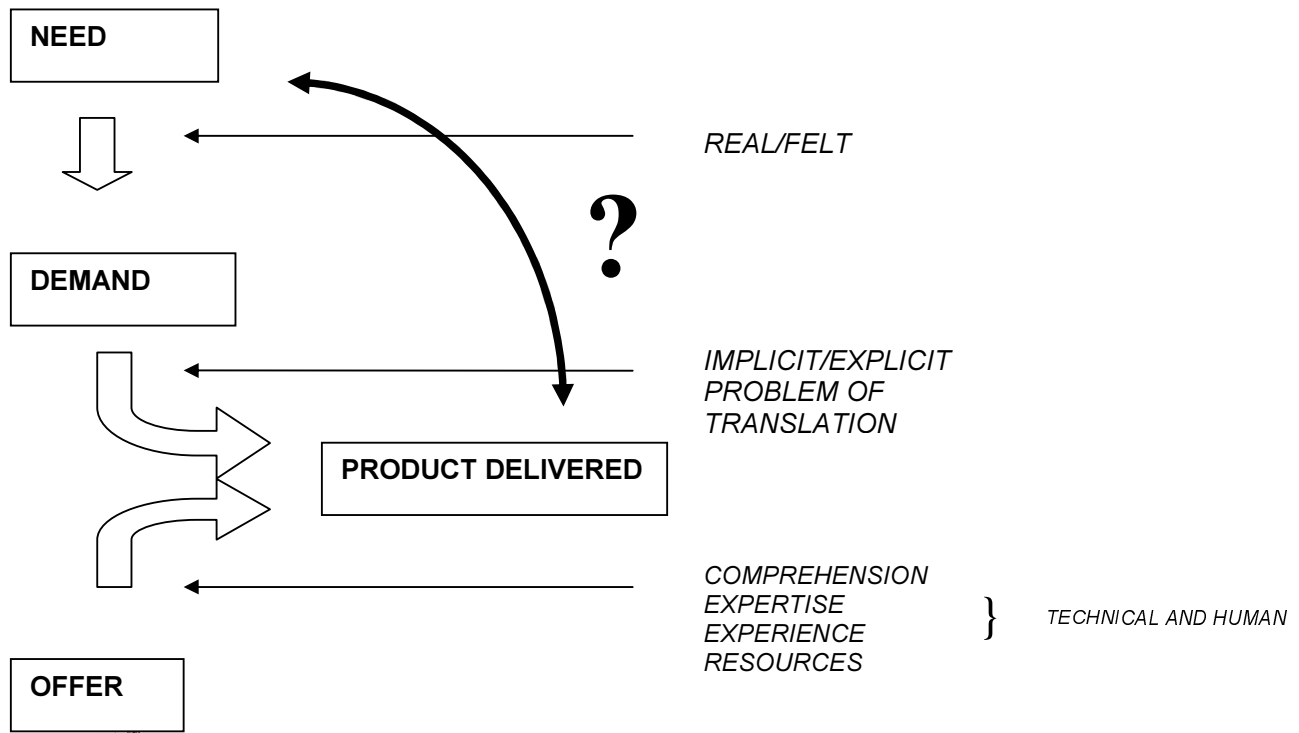
Too often, evaluation has only consisted of measuring the level to which the goals determined prior to the action were achieved. Delayed impacts and side effects have rarely been taken into account. The very nature of humanitarian action, of its context and its «no time» aspect have nevertheless led to evaluating components that were not initially determined: more things happened than were originally planned. The evaluation is therefore going to measure a deviation between a predetermined goal in an initial situation, and the impact of what was really done about the situation. The evaluation should make it possible to put forth a value judgement as well as analyse the changes and constraints that favoured or troubled the implementation of the action.

Evaluating the quality of an action deals with three components: structures (human, material and financial means), procedures (ways of doing) and outcome (achievements, impacts, side effects). In the humanitarian world, the following can be involved:

- Evaluating how beneficiaries were protected and their needs fulfilled;
- Evaluating the expertise and organisation of the technical actions of the aid, in particular the proper use of resources;
- Analysing the impact of the action on the situation and the safety of the actors.

More pragmatically, we might say that it is a matter of evaluating the best possible balance between needs fulfilment, available expertise, constraints and available resources.

It is a matter of evaluating the best possible balance between needs, expertise, constraints and available resources



3.4.2. Evaluation criteria: the standard

A criteria is a component which is referred to in order to make an assessment in relation to an aim. For example, in the case of food distribution, an assessment criteria could be, among many others, how long the beneficiaries have to wait.

Each criteria is made up of **two components**: a **variable (or indicator)**, that enables measurement of the criteria (in our example, the average waiting period is x minutes), as well as a **quality requirement, standard or reference** (optimal waiting period in a given context is y minutes).

Generally, evaluations are made in relation to a standard: for a given criteria, a deviation between the indicator (measurement of what is observed) and the standard can be noted. In the case mentioned above: the difference between y and x .

3.4.3. Measuring criteria: in relation to which standards?

In the Quality Project, the question grid dealing with a set of critical points will quite naturally lead to evaluating those same critical points.

The evaluation criteria used will be directly based on the quality characteristics of a humanitarian action, described in Chapter 1.3: it should be adapted, timely effective, efficient, accessible, continuous, safe, transparent, ethical, evaluated.

At this point, the question is, in relation to which standard are we going to measure the criteria, since Groupe URD precisely believes there is a problem in describing and using **universal** standards in humanitarian activities?

We naturally do not have any ideological reticence with respect to the concept of a standard: however, it should be specified that certain standards have a universal value (worldwide, a meter is 100 centimetres), and others only have a limited field of validity (useful caloric ration varies depending on climate, age, physical activity...). As a result, the concept of universal standards put forward by Sphere, applicable in all situations and all contexts, seems inappropriate to us. Therefore, standards unique to the context in which they are going to be used should be described. This approach implies that **for each action, standards have to be defined** to evaluate the action in function with the criteria linked to the «ten commandments» of quality.

3.4.4. Choosing criteria and standards

**DIFFERENT
FACTORS WILL
NEED TO BE TAKEN
INTO ACCOUNT
DEPENDING ON THE
CONTEXT, TO
DEFINE ADAPTED,
REALISTIC
STANDARDS**

If we take our criteria example concerning the beneficiary's waiting period at the time of food distribution (See 3.4.2), we see that a reference period also has to be established; a standard that would correspond to a quality action. If we are in a heavily populated refugee camp, where the people cannot leave or cannot take part in other economic activities (they therefore have time), and in which the climate is mild, the waiting period to be observed could be longer than the one for food distributions in the middle of winter in Kabul for women who cannot easily leave their household for a long time. Different factors will need to be taken into account depending on the context, to define adapted, realistic standards.

Defining standards to be reached for each criteria is not easy, and **other experience should undoubtedly be referred** to when elaborating them. We can refer to our past experience, or to that of other actors having worked in similar contexts or projects, for example. For certain technical points, we can refer to **technical literature**, that will nevertheless have to be adjusted to the current context.

We also have to be willing to review the pertinence of criteria and standards to be reached **depending on changes in the programme** and the situation. A two-hour waiting period may turn out to be adapted during a period of large crowds, and in a context of good security; but if security deteriorates, that period may become too long, and the distribution modalities will have to be revised to reduce it.

Lastly, it is also important to remember that **various types of indicators can be used**. We have a tendency to resort more easily to quantitative indicators (as in our example), whereas qualitative indicators are also full of lessons, or even more pertinent (ex. beneficiaries' satisfaction, reasons for satisfaction and/or dissatisfaction).

3.4.5. Evaluation: by whom, for what purpose?

Evaluation, in many cases, is experienced by field workers, as an inspection, a source of criticism. This is particularly the case during outside evaluations requested by donors. Hence a certain amount of apprehension concerning evaluations.

However, in a quality approach, there is especially a need for self-evaluation. Since each mission is a team effort, self-evaluation is necessarily done as a team. Self-evaluation can be backed up by an outside evaluation (by peers, by other actors). The quality tool is designed to support such an approach.

**IN A QUALITY
APPROACH, THERE
IS ESPECIALLY
A NEED FOR SELF-
EVALUATION...
THE QUALITY
TOOL WAS
DESIGNED TO
SUPPORT SUCH
AN APPROACH**

Only evaluation makes it possible to «stick» to reality, to the field, to the needs. Only evaluation makes it possible to adapt, evolve, and really strive towards quality service for the beneficiaries. Only evaluation makes it possible to be accountable to oneself and to the others about what has been done.

Evaluation enables all that: but it doesn't do it! Another, often neglected stage is indispensable for reaping the fruits sown by questioning and evaluation: **learning**.

3.5. From evaluation to learning: evaluate to evolve

3.5.1. Assumptions and observations at the outset

Experience alone does not keep us from making the same mistakes. Evaluation of the experience and its close association with a formalised and systematic process of learning is what will make it possible to modify a behaviour, to learn something and to progress.

**USEFUL
ÉVALUATION WILL
SEEK AND ANALYSE
THE CAUSES OF THE
EFFECTS
UPSTREAM...
ONLY THE
UNDERSTANDING OF
THE CAUSES WILL
ENABLE
INSTRUCTION**

The evaluation of an action can have two different aims: to inspect or to foster improvement of practices. Within the framework of the Quality Project, we are especially interested in the latter. In practice, the questioning/evaluation tool described above cannot be dissociated from learning: it is in fact one in the same tool, including two periods of use and designed for one aim: improving the service rendered to the beneficiaries. Nevertheless, that does not exclude the fact that evaluation is also used for inspecting, for accountability: accountability is necessary and legitimate, even if that practice is currently not very widespread and often flawed.

Evaluation is only likely to improve the practice if it does indeed enable learning: an evaluation that reports what was done and enumerates observations will not enable anything, or at least not much. Useful evaluation will seek and analyse the causes of the effects upstream. Why was such and such action productive and why wasn't another one? Why did it happen that way? How was it tackled? Only the understanding of the causes will enable instruction which emphasises the importance of choosing the aim and modalities of the evaluation.

The large majority of mistakes, in a group effort made by a large number of individuals from different professions, is related to a lack of organisation, coordination, information transfer, or communication. Since errors are most often shared and collective and since everyone is concerned, the evaluation and learning processes should also be collective.

The philosophy of this collective self-evaluation approach has to be considerate: neither fault nor guilty participants are sought; otherwise the natural defence behaviour of individuals and of groups in the face of critical examinations will enable neither to understand the mistakes (sometimes they will even be hidden), nor to learn anything: we learn less when threatened by a big stick than through competition or encouragement.

Several stakeholders are concerned by the lessons learnt from an evaluation: first of all, the NGO teams, but also their partners, who will pick up the relay; the donors who sometimes impose constraints (whether technical constraints, deadlines, visibility or budget limitations...) on the operator that are incompatible with the best interest of the beneficiaries; the civil society which sometimes tends to be overly sensitive to the immediate media coverage and forgetful of the long term...

3.5.2. Learning in the Quality Project

Based on the aforementioned assumptions and observations, for the past two years we have been experimenting, and are going to continue to do so, with a process that closely associates field evaluation and learning. After each evaluation mission, a mini-seminar brings together the pluridisciplinary team of evaluators, NGOs and local partners.

The aim is to:

- bring the matter from the **field**,
- **reflect together**, discuss,
- determine the **critical points** of the projects and the questions that can shed light on them,
- evaluate them
- then, within the group, highlight the **lessons learnt** and the course for improvement.

As learning is a practice that is established over time, each project is evaluated, by the same team, several times, at intervals several months apart.

4 FROM THE QUALITY PROJECT TO THE QUALITY METHOD

4.1. The Quality Project: an experimental approach

Led by Groupe URD in partnership with many other NGOs, the Quality Project instigated two years ago, is proceeding with its active phase of experimentation: iterative field missions, evaluating different humanitarian programmes in different countries and different contexts, which will make it possible to draft and test a grid of questions, the latter making it possible to survey and analyse successes, problems and failures. Each mission will be concluded, in the field, with a mini-seminar bringing together the Quality Project mission, the NGO teams and partner agencies. Upon returning to Europe, once again, a feedback phase will take place, to reach the teams at headquarters. The goal, as described above, is to bring the knowledge to the fore, share it and assimilate it, both for the Quality Project team and the agencies involved.

The missions already conducted or planned within the framework of the Quality Project are listed in Annex 1, and the ensuing publications are listed in Annex 2.

In the mid-term, after the experimental phase, the prototype phase will take place: a few of the NGOs involved will test the combined evaluation/learning method (questioning-evaluation/mini-seminar) in the field, in order to improve and validate it.

4.2. The Quality method

A document presenting an initial “public” version of the quality method will be made available to humanitarians, for training and in-house use, and will lead to its circulation (publications, colloquia...).

A method is a tool (questioning - evaluation / mini - seminar), associated with directions for use. The document will therefore include: the questioning grid, with a background of critical points and questions, comments, and directions for using the grid and mini-seminar.

Obviously, this quality method is itself designed to be regularly evaluated and improved in order for it to be adapted to the users’ needs (changes in techniques, practices, cultures, intervention situations ...), and to constantly foster better implementation of quality humanitarian aid.

5 CONCLUSION

The Quality Project, inspired by Quality Assurance principles, is aimed at developing a **self-evaluation and collective learning tool**. By focusing on the key phases of the Project Cycle, this tool will help field actors conduct projects fulfilling the «ten commandments» of quality: an action will be adapted, timely, effective, efficient, accessible, continuous/sustainable, safe, transparent, ethical and evaluated.

The Quality Project approach is itself necessarily collective: on the one hand, by calling on the experience and support of humanitarian actors, and on the other hand, by nurturing the debates on humanitarian practices through missions conducted in the field within the framework of the Project.

The issue of responsibility and quality in humanitarian aid can be formulated as follows:

question to evaluate,

evaluate to account for
and learn,

learn to improve the service
rendered to beneficiaries.

ANNEXES

ANNEX 1:

Missions conducted and planned within the framework of the Quality Project

Missions in AFRICA

- ***Evaluation missions conducted***
 - Summer 2000; Mission in Anjouan, Little Comoro Island, in cooperation with AMI
- ***Missions planned in the countries of the GULF OF GUINEA (Guinea, Sierra Leone, Liberia)***
 - Spring-Summer 2003: Multidisciplinary missions on the humanitarian situation in the three countries of the Gulf of Guinea

Missions in CENTRAL AMERICA

- ***Iterative evaluation missions with mini-seminars***
 - June 2001 – Mission n°1 to El Salvador: 4 months after the earthquake (three-member team, for 3 weeks); 1st mini-seminar in San Salvador.
 - September 2001 – Mission in Nicaragua and the Honduras (three-member team), 3 years after Hurricane Mitch (Three years post-Mitch).
 - September 2001 – Mission n°2 in El Salvador, 8 months after the earthquakes; 2nd mini-seminar in San Salvador.
 - December 2001: Mission n°3 in El Salvador, 12 months after the earthquakes; 3rd mini-seminar in San Salvador.
- ***In-depth studies in Central America (conducted by junior researchers)***
 - «Non-governmental Cooperation and Decentralised Cooperation» in 4 zones of Nicaragua (Somoto, Esteli, Posoltega, Ciudad Sandino), August 2001- Jan 2002
 - Mini-social audit, «Beneficiaries speak out» in El Salvador, Sept - Dec 2001
 - «Partnership in crisis: a quality tool?» in El Salvador, in partnership with Atlas Logistique Sept-Dec 2001

Missions in AFGHANISTAN

- ***Iterative evaluation missions with mini-seminars***
 - March 2002 – Preparation Mission: institutional framework of the Quality Project in Afghanistan
 - July-August 2002 – First Quality Project mission in Afghanistan (five-member team, 4 weeks); mini-seminar in Kabul.
- ***Missions planned***
 - January 15 – February 15, 2003 (dates to be confirmed)
 - Summer 2003.
 - October 2002 – January 2003: Humanitarian aid in the reconstruction of Kabul.

ANNEX 2:**Publications and reports within the framework of the Quality Project**

All these documents are available on the Groupe URD website www.urd.org or can be obtained by writing to urd@urd.org

The Quality Project in Central America 2001

Grünewald F., V. de Geoffroy, L. Lister, 2001, *NGO responses to Hurricane Mitch: Evaluations for Accountability and Learning*, in : Humanitarian Practice Network, November 2000, thematic file 34, ODI, London

Carid J, de Geoffroy V, Levron E. *Capitalisation des ONG, le cas du Salvador 4 mois après les séismes de 2001*, Mission report n°1, June 2001.

Grünewald F, de Geoffroy V, Levron E. *Capitalisation des actions de reconstruction en Amérique Centrale, 3 ans après Mitch au Nicaragua et au Honduras, 8 mois après les séismes au Salvador*. Iterative evaluations with mini-seminars, Mission report n°2, September 2001.

Groupe URD, *Quality Project activity report, year 2001. Improving humanitarian practice, from capitalisation to the training of aid workers. Case studies: the natural disasters in Central America*, November 2001.

Groupe URD, *La participation: vues d'Amérique Centrale*, April 2002

Grünewald F., Pirotte C. ; de Geoffroy V.; *Le travail du Groupe URD après l'ouragan Mitch : une approche globale et expérimentale de l'évaluation comme outil d'apprentissage ; in « Evaluer l'action humanitaire : vues de praticiens »*; Collection « pratiques humanitaires en questions »; ed Kathala ; 2002; Paris

The Quality Project in Afghanistan

Grünewald F, *Afghanistan: an innovative lessons learning procedure: iterative evaluations with mini-seminars; an URD proposal; Groupe URD*; December 2001

Grünewald F, *Methodology for the Afghan Evaluation*, June 2002.

Grünewald F, Maury H, Bousquet C, Levron E, Dufour C, *The Quality Project in Afghanistan, Mission n°1 : July 20, - August 24, 2002*, Mission report, November 2002.

Research Documents

Grünewald F, de Geoffroy V, *Les dangers et incohérences des approches normatives pour l'aide humanitaire, Synthèse des réflexions soulevées*, 1999.

Groupe URD, *Projet Qualité: projet pour l'amélioration de la Qualité de l'action humanitaire*, July 2000.

Portat M. ; *Perception de la qualité et état des lieux des processus qualité menés par les ONG de santé françaises partenaires du Projet Qualité*, Post-graduate report, internship done with Groupe URD; 2000.

Grünewald F. ; *L'évaluation et ses enjeux dans le secteur de l'action humanitaire: revue des recherches du Groupe URD sur la période 1997-2002*; Groupe URD; November 2002.

Conference and Seminar Proceedings

Groupe URD, *Evaluer pour Evoluer, l'action humanitaire dans le processus de reconstruction en Amérique Centrale*, Conference Proceedings, March 28, 2002.

Groupe URD, *Proceedings from the launching seminar of the Quality Project*, February 20-21, 2002.

