



Zimbabwe Council for Higher Education

Quality Assurance in Higher Education



MANUAL ON ACADEMIC AND INSTITUTIONAL AUDITS



PREAMBLE

The Zimbabwe Council for Higher Education (ZIMCHE) Act of 2006 mandates the ZIMCHE to audit the internal quality assurance systems of all institutions of higher education in Zimbabwe [Section 7, subsection 5(bii)]. The auditing process is expected to provide critical information on the quality of education provision in the country. This manual outlines how institutions of higher learning shall be audited by the ZIMCHE. Institutional audits are developmental in nature and are aimed at supporting continuous quality improvement and enhancement in institutions of higher education. The institutions referred to in this manual are universities and their branch campuses

ACRONYMS

| | |
|---------|--|
| AIA | Academic and Institutional Audits |
| AQAR | Annual Quality Assurance Report |
| ASG-QA | African Standards and Guidelines for Quality Assurance in Higher Education |
| ESG-QA | Guidelines for Quality Assurance in the European Higher Education Area |
| INQAAHE | International Network of Quality Assurance Agencies in Higher Education |
| IQA | Internal Quality Assurance |
| IQAU | Internal Quality Assurance Unit |
| NAAC | National Assessment and Accreditation Council |
| QA | Quality Assurance |
| SER | Self-Evaluation Report |
| SSR | Self-Study Report |
| ZIMCHE | Zimbabwe Council for Higher Education |

DEFINITION OF TERMS

Definitions of important quality assurance (QA) concepts which are in this manual are given below including the sources of the definitions. Some of the definitions are similar but are included to show the range of terms associated with institutional audits.

Audit: In the context of quality in higher education, it is a process for checking that procedures are in place to assure quality, integrity or standards of provision and outcomes (Inter-University Council for East Africa).

Criteria/Standards: In general terms, a criterion is a standard by which individual things or people may be compared and judged or a standard on which a decision is made. In quality assurance parlance in higher education, criteria or standards can also be viewed as broad aspects or elements on which the quality of an institution is assessed. Under criteria, there are criterion statements or standard statements which set the level to be achieved under the criterion or standard (UNESCO, 2020, Understanding and assessing quality: Module 2). Some external quality assurance agencies call these criterion or standard statements guidelines or criterion requirements. A guideline can be viewed as instruction that shows or tells how something should be done. In this manual, the word standard shall be used.

External Institutional Audit: is a process by which an external person or team checks that procedures are in place across an institution to assure quality, integrity or standards of provision and outcomes (Inter-University Council for East Africa).

External Assurance: is the way an external quality agency assures that an institution has Internal Quality Assurance (IQA) systems in place that manage the quality of its activities and educational provision (Council on Higher Education, South Africa).

Institutional Audit: refers to an external quality review process of an institution's quality management system and its constituent elements. Such a review systematically and objectively evaluates the system's appropriateness, coherence and effectiveness in assuring the quality of institutional delivery of higher education's core functions (Council for Higher Education, South Africa).

Internal Institutional Audit: it is a self-assessment process that institutions undertake for themselves to check that they have procedures in place to assure quality, integrity or standards of provision and outcomes across the institution (Inter-University Council for East Africa). Institutional audit involves auditing of academic and administrative processes of an institution.

Academic Audit: Like more traditional programme reviews, it is a peer review process including a self-study and a site visit by peers from outside the institution. However,

unlike the traditional approach to programme evaluation, an academic audit process emphasizes self-reflection and self-improvement rather than compliance with predetermined standards. The purpose of an academic audit is to encourage departments or programmes to evaluate their “education quality processes” – the key academic activities required to produce, assure, and regularly improve the quality of teaching and learning ([Microsoft Word - AcademicAuditOverview_2005_.doc \(roanestate.edu\)](#)).

Academic and Institutional Audit: Based on the foregoing definitions, academic and institutional audits encompass auditing of academic programmes and administrative processes of an institution. Overall, institutional audits encompass academic audits. It is important to note that academic auditing is not the same as financial auditing.

Internal Quality Assurance: is the integrated institutional system of people, policies, processes and practices used by an institution to manage and strengthen the quality of its delivery of the core academic and associated functions, as determined by its vision, mission and strategic goals (Council on Higher Education, South Africa).

Quality Enhancement: refers to initiatives developed and implemented to raise an institution’s standards and the quality of its education provision beyond that of the threshold standards and benchmarks (Council on Higher Education, South Africa).

Quality Management System: refers to the institutional arrangements that assure the quality of learning and teaching, assessment, research, and community engagement. Such an integrated, internal system supports, develops, enhances and monitors the institution’s delivery of the core functions of higher education (Council for Higher Education, South Africa).

Quality of Higher Education: Given the numerous definitions of quality in the literature, the main definitions of quality of higher education used in this manual include fitness of purpose, fitness for purpose, value for money, transformation and customer satisfaction.

Definitions of Education 5.0 concepts

Innovation: A new idea or method, or the use of new ideas and methods to solve a given problem or to meet given need(s) in a community. It is important to note that innovation can be imitated resulting in what is often referred to as “imitative innovation” which is defined as the development of a new product based on the application of an innovation that already exists or the improvement of an existing product based on previous innovation.

Industrialisation: It is a process by which an economy is transformed from a primarily agricultural and subsistence one to one based on the manufacturing of goods and provision of services. In this regard, a culture of innovation should lead to industrialisation in a country.

Community service: Unpaid work performed by a person or group of people for the benefit and betterment of their community without any form of compensation. Community service can be distinct from volunteering since it is not always performed on a voluntary basis and may be compulsory. Although personal benefits may be realized, it may be performed for a variety of reasons including citizenship requirements of a course or university policy. Both students and staff are expected to participate in community service.

Community engagement: Community engagement is another form of community service. It is the “collaboration (among) institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity. Through community engagement, community and university knowledge and resources are brought together in and out of the classroom, as well as on and off campus to “enrich scholarship, research, and creative activity; enhance curriculum, teaching and learning; prepare educated, engaged citizens; strengthen democratic values and civic responsibility; address critical societal issues; and contribute to the public good.” (University of North Carolina, 2022)

Community outreach: It is another form of community service which involves providing professional services, or services of a specific expertise, to a group of people who may not otherwise have access to those services. In addition to delivering services, outreach has an educational role such as raising the awareness of existing services.

Teaching and learning: The teaching-learning process is a joint process whereby a lecturer or teacher assesses the learning needs of students, establishes specific learning objectives, develops teaching and learning strategies, implements plan of work and evaluates the outcomes of the instruction. Differentiating the twin processes of learning and teaching is very important. In this regard, teaching is imparting a particular subject matter to one or more learners, learning is gaining knowledge by studying, being taught and experiencing. It is important to note that learning is the end goal of teaching. However, we should also note that students can learn without teachers, but teaching cannot take place without students.

Research: Refers to “creative and systematic work undertaken to increase the stock of knowledge” (<https://www.nsf.gov/statistics/randdef/rd-definitions.pdf>). Similarly, Merriam Webster Dictionary defines research as investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws. Overall, research involves the collection, organisation and analysis of data to increase understanding of a topic or issue. Research may also be an expansion on past work in the field. To test the validity of instruments, procedures, or experiments, research may replicate elements of prior research. Overall, good research should lead to innovation.

Quality culture: Refers to an attitude and set of values employed by an institution to improve the levels of quality in its service. It can also be viewed as an environment where team members genuinely care about the quality of their work and make decisions based on achieving that level of quality. This is done by making sure that everyone in an institution knows the quality standards to be achieved and works towards their achievement willingly.

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1.1 Introduction

This manual delineates how the ZIMCHE conducts its academic and institutional audits. It first defines the concept of audit in quality assurance (QA) in higher education and then outlines the principles, objectives and scope of QA in higher education. It also provides a roadmap on how academic and institutional audits shall be conducted by the ZIMCHE. The content of this manual is largely based on international best practices embedded in the African Standards and Guidelines for Quality Assurance in Higher Education (ASG-QA); Council on Higher Education (CHE) of South Africa, the National Assessment and Accreditation Council (NAAC) of India and the International Network of Quality Assurance Agencies in Higher Education (INQAAHE). This manual:

- ✓ delineates the role and responsibilities of peer reviewers in an external QA system;
- ✓ describes the desirable profile of external peer reviewers;
- ✓ explains how the external peer reviewers will be trained and selected;
- ✓ outlines factors that should be considered in the composition of audit panels;
- ✓ delineates the role of the ZIMCHE coordinator of a site visit;
- ✓ explains the importance of confidentiality and scheduling of a site visit;
- ✓ outlines how a site visit report is compiled; and
- ✓ describes the role of the institution in the audit process.

It is important to note that two self-assessment reports (at institutional and programme levels) constitute two important documents which peer reviewers should assess during programme and institutional audits. The data to compile these two reports are based on the institutional self-assessment questionnaire and the programme self-study questionnaire which institutions should complete before peer reviewers visit an institution to validate claims made by the institution. The final report to be compiled by the audit panel will focus on the claims made by the institution *vis-a-vis* the evidence provided during the site visit. The overall objective of the final report will be to assess the overall effectiveness of the internal quality assurance system of an institution as a tool to ensure successful student learning outcomes premised on Education 5.0., that is, teaching (including learning), research, community service, innovation and industrialisation.

The manual explains in detail the ZIMCHE's procedures and criteria for institutional audits. Therefore, as a policy document, the manual should be adhered to ensure consistency and coherence of the institutional audit process. The QA standards and guidelines outlined in the institutional self-assessment and programme self-assessment questionnaires are supposed to enable institutions to analyse and evaluate their quality performance in relation to their vision and mission. It is hoped that successful implementation of the QA standards will nurture a quality culture whereby the majority of institutional staff members genuinely care about the quality of their work and make decisions based on achieving that level of quality. This is done by making sure that everyone in an institution knows the quality standards to be achieved and works towards their achievement willingly.

The criteria for institutional audits are the 17 standards in the institutional self-assessment questionnaire (Appendix 1a and Appendix 1b) and the criteria for programme audit are the 12 elements in the programme self-assessment questionnaire (Appendix 2). The programme self-assessment questionnaire is generic and applicable to programmes in all disciplines. Exceptional performance in each of the standard statements for institutional and programme audits demonstrates a sound internal quality assurance system of an institution. It is highly recommended that institutions study this manual carefully in order to simplify the auditing process, thus facilitating the work of the ZIMCHE and its audit panels. Furthermore, it should be noted that adherence to this manual will also ensure that the review process will be most useful to the institution.

1.2 Context for institutional audits

The ZIMCHE Act (Chapter 25:27) stipulates that institutions should be audited as part of a quality assurance mechanism. In this regard, Section 7, Subsection 5b(ii) says that the ZIMCHE must “audit the institutional quality assurance systems in higher education”. A full audit of an “institution determines whether or not, and to what extent, an institution’s internal quality assurance (IQA) systems, policies and procedures ensure the effective provisioning of good quality higher education that enhances the likelihood of student success through quality learning and teaching, research opportunities and integrated community engagement” (Council on Higher Education (CHE), 2021:14). The emphasis for institutional audits is on deliberate, continuous, systematic and measurable improvement of the student experience focusing on the management of the core academic functions of higher education, that is, teaching and learning, research, community engagement, innovation and industrialisation. Other important aspects of institutional audits include governance and financial management system of an institution.

The major premise undergirding institutional audits is that institutions are responsible for their own internal quality management systems. Accordingly, for an institution to have an effective internal quality assurance system, the ZIMCHE expects the institution’s Internal Quality Assurance Unit (IQAU) to successfully perform the following functions:

- i. Facilitate the implementation of approved quality assurance standards embedded in the ZIMCHE’s institutional and programme self-assessment questionnaires;
- ii. Develop and apply quality benchmarks/parameters for various academic and administrative activities of the institution;
- iii. Facilitate the establishment of a learner-centred environment conducive to quality education and develop the teaching staff to adopt the required knowledge and technology for participatory teaching and learning process;
- iv. Provide a feedback response system to students, staff, parents and other stakeholders on quality-related institutional processes;
- v. Disseminate information on various quality parameters of higher education including indicators of successful institutional and programme performance (to include criteria used to rank universities) ;
- vi. Organize inter and intra institutional workshops, seminars on quality related themes and promotion of quality circles;
- vii. Document various programmes/activities that contribute to quality improvement;
- viii. Act as a nodal centre of the institution for coordinating quality-related activities, including adoption and dissemination of best practices;
- ix. Develop and maintain institutional database for the purpose of maintaining and enhancing the institutional quality management system;
- x. Promote quality culture in the institution; and

- xi. Prepare an Annual Quality Assurance Report (AQAR) based on the ZIMCHE's institutional and programme self-assessment questionnaires and then submit the report to the ZIMCHE by December 31 of each year.

In view of the foregoing, cardinal facets of an internal quality management system of an institution comprise the following:

- i. A quality management system that includes strategic planning and management of QA, policies, systems, strategies and resources used by the institution to satisfy itself that its quality requirements and standards are being set, met and periodically reviewed;
- ii. Quality support and enhancement, which refers to an effective and action-oriented support provided by the quality management system to develop, sustain, and enhance existing levels of quality; and
- iii. Quality monitoring and evaluation, being that part of the system that records and reports back to the institution – and by extension, to the ZIMCHE as the external quality assurer or agency. This should also include reporting on challenges and recommendations for improvement.

1.3 Principles for institutional audits

Based on the literature, institutional audits are guided by certain principles which include the following:

- i. Institutional audits are a key component of an external quality assurance system in higher education in Zimbabwe and world-wide.
- ii. The obligation to undergo an institutional audit applies to all institutions of higher learning accredited by the ZIMCHE regardless of whether they are public or private, local or foreign.
- iii. The main responsibility for internal quality assurance lies with individual institutions. Therefore, guided by the ZIMCHE QA Standards embedded in the institutional and programme assessment questionnaires, each institution is responsible for establishing, implementing, maintaining, improving and enhancing its own internal quality assurance system.
- iv. The value of institutional audits rests on compiling reliable and credible information required for internal quality-related planning and self-assessment, peer review and public reporting.
- v. Student views, experiences, engagement and participation in institutional activities and the student voice are crucial when evaluating an institution's quality management system.
- vi. Institutional audits are peer-driven and evidence-based processes and audit team reports are comprehensive, transparent, informative, credible, coherent and consistent.
- vii. Institutional audits are developmental and are aimed at supporting continuous quality improvement and enhancement in institutions of higher education.
- viii. In the process of institutional audits, great emphasis is given to commendations, suggestions, recommendations and their implementation within a given time scale.
- ix. The process of institutional audits is aimed at fostering a quality culture within institutions of higher learning in Zimbabwe.

- x. Institutional audits are a key component of the ZIMCHE's broad-based quality assurance mandate.
- xi. The ZIMCHE as the external quality assurance agency in Zimbabwe is also there to assist institutions to develop and implement coherent, credible and effective internal quality assurance systems based on international best practices.
- xii. Institutional audits demonstrate the nexus between external quality assurance and internal quality assurance systems. As an external quality assurance agency, the ZIMCHE oversees the development and implementation of institutional audit standards and guidelines and then evaluates (audits) the implementation of the standards and guidelines. However, the implementation of the standards and guidelines is purely an internal quality assurance matter which institutions should operationalise on a daily basis without the ZIMCHE's involvement. Hence, the Manual is a Handbook on how institutions should operate to enhance the provision of quality education.

1.4 Objectives of an institutional audit

The main objectives of institutional audits are to:

- i. Assess the level of internal quality assurance implementation in all the institutions.
- ii. Assess the consistency, coherence and effectiveness of an institution's internal quality assurance system in enabling student success and achievement of Education 5.0.
- iii. Encourage and support institutions to develop, implement, maintain and strengthen their internal quality management systems within a culture where institutional self-reflection leads to continuous quality improvement at programme and institutional levels.
- iv. Assist institutions to develop reliable, robust and evidence-based quality management processes that are reflected in their strategies, systems, policies, rules, standards and performance indicators.
- v. Serve as one external mechanism, among others, to protect students from inferior educational provision and negative student experiences.
- vi. Assure society that the internal quality assurance system in an institution is an important safeguard for protecting the quality of an institution's educational provision and qualifications.
- vii. Evaluate the effectiveness of quality-related actions that the institution is undertaking to achieve its strategic goals, vision and mission.
- viii. Provide the ZIMCHE as the regulator with basic information about the institutions' performance based on a common set of standards, in order to:
 - identify and promote good practices in quality management throughout the higher education sector;

- encourage the design of capacity development and improvement programmes by the ZIMCHE as the regulator and other stakeholders; and
- establish an informed national picture of institutional quality arrangements in higher education in Zimbabwe.

1.5 Scope of regular institutional audits

- i. A regular institutional audit is a periodic on-site verification activity of internal quality assurance system of the whole institution to ensure compliance to set quality assurance standards as well as enhancement of an institution's quality management system.
- ii. It is conducted to determine the coherence, effectiveness and efficiency of the institution's internal quality assurance system of its core functions in enhancing students' likelihood of success. These quality assurance mechanisms are directed towards improving learning and teaching, research and community engagement, innovation and industrialisation consistent with Education 5.0.
- iii. Regular institutional auditing involves auditing the entire institution plus a sample of academic programmes. The focus areas of the audit are the standard elements in the institutional self-assessment questionnaire (Appendix 1a and Appendix 1b) and the programme self-assessment questionnaire (Appendix 2).
- iv. Given that most universities are beginning to establish their IQAs, institutional audits would be conducted regularly until such a time when most IQAs of institutions have matured. Accordingly, all institutions will be audited in the next 2-3 years. Institutions that will receive positive audit reports would then be audited after every 5 years.
- v. Regular audits shall be carried out in all institutions of higher learning accredited by the ZIMCHE regardless of whether they are public or private, local or foreign. Branch campuses (learning centres) of an institution shall also be audited as part of the parent institution. A branch campus (learning centre) is a campus or site of an institution that is located in a community beyond a reasonable commuting distance from its parent institution, and offers courses or programmes of study.
- vi. Apart from institutional audits at institutional level, regular audits will also involve auditing at least three programmes of every institution yearly. The programme self-evaluation questionnaire will be used to audit the selected programmes.
- vii. Programme accreditation in (vi) above will be accompanied by programme compliance assessment based on the ZIMCHE programme accreditation standards which were used to accredit the programme at its inception.

1.6 Special institutional audits

Continuous institutional self-evaluation, based on the principle that institutions themselves are responsible for their quality assurance, is required as a permanent feature of an institution's quality management system. This is inline with the ZIMCHE's objective of promoting continuous quality improvement that goes beyond a culture of compliance with minimum standards. However, it is possible for the ZIMCHE to conduct a special institutional audit if:

- i. Requested to do so by the parent Ministry and in line with specified Terms of Reference; or
- ii. There has been a noticeable increase in quality-related complaints against an institution which remain unresolved; or
- iii. There are substantial concerns emanating from institutional and programme accreditation reports.

The decision as to whether a special audit may be undertaken, lies solely with the ZIMCHE or the parent Ministry. The specifics of how, when and by whom and under which applicable circumstances or conditions will be specified in advance through an approved Terms of Reference for that special audit.

1.7 Development of institutional and programme self-assessment questionnaires

The development of the institutional self-assessment questionnaire was based on the existing ZIMCHE QA standards, the African Standards and Guidelines for QA in Higher Education (ASG). For further operationalisation of the ASG, the ZIMCHE adopted and adapted some of the relevant QA standards and guidelines from the ASEAN University Network, the Council on Higher Education (CHE) of South Africa, and the Guidelines for Quality Assurance in the European Higher Education Area (ESG). However, all these standards are closely related as most of them were derived from the ESG standards. The ZIMCHE also disaggregated standards which it thought were over aggregated, for example, teaching, learning, and assessment is considered as one standard under the ASG and the ESG but the ZIMCHE disaggregated it to have teaching and learning standard, and then student assessment as a standalone standard. The same was done for the Governance and Management QA Standard under the ASG. This is consistent with international best practices, e.g. under the ASEAN University Network QA standards. The ZIMCHE also included Education 5.0 given the importance of this policy imperative in Zimbabwe. The ZIMCHE finally came up with the following 17 QA standards:

- Standard 1: Vision, Mission, Values and Culture;
- Standard 2: Governance;
- Standard 3: Leadership and Strategic Management;
- Standard 4: Human Resources Management;
- Standard 5: Physical Facilities and Infrastructure;
- Standard 6: Financial Resource Management;
- Standard 7: External Relations, Partnerships, Networks and Internationalisation;
- Standard 8: Internal Quality Assurance;
- Standard 9: Student Recruitment and Admission;
- Standard 10: Curriculum Design, Monitoring and Evaluation
- Standard 11: Teaching and Learning;
- Standard 12: Student Assessment;
- Standard 13: Research, Innovation, Industrialisation and Intellectual Property;
- Standard 14: Student Services and Support;
- Standard 15: Community Service, Outreach and Engagement
- Standard 16: Public Communication;
- Standard 17: Management of Information and Data;

The QA Standards and the accompanying items and diagnostic questions (Appendix 1b) help institutions to identify gaps in their IQA management systems. They also help institutions to find strategies to fill the identified gaps.

The ZIMCHE also developed a programme self-assessment questionnaire based on international best practices. The questionnaire focuses on key areas which should be addressed whenever a programme review or assessment is carried out. Programme areas which need attention during programme self-assessment include:

- Intended learning outcomes;
- Details of programme structure and content;
- Teaching and learning opportunities and strategies;
- Student assessment;
- Academic staff quality;
- Support staff quality;
- Student quality;
- Facilities and infrastructure;
- Quality enhancement activities and strategies;
- Programme outputs and outcomes;
- Community engagement/Community service; and
- Research, innovation and industrialisation.

In addition, leadership and management of programmes by chairpersons and deans where the programme is housed are also assessed as a component of programme self-study.

1.8 Initiating the institutional audit process and the audit fee

- i. The ZIMCHE will initiate an institutional audit by sending a letter to request the institution to begin its institutional self-evaluation as part of the institutional audit process.
- ii. The letter would also request the institution to designate a staff member to liaise with the ZIMCHE on matters related to the institutional audit. The letter would further indicate the deadline for submission of the self-evaluation report. In addition, the letter would advise the institution about the external review process that would follow once the self-evaluation report is accepted by the ZIMCHE.
- iii. To reduce the burden of paying the audit fee by individual institutions in a given year, all institutions will be required to pay an annual audit fee given that at least three programmes of each institution shall be audited every year. The audit fee will be factored into the annual subscription fee paid by each institution.

1.9 Self-evaluation process

- i. Self-evaluation is an important element in the process of institutional audits. It is therefore the responsibility of the institution to start the internal procedures for the preparation of the audit, to ensure timely submission of the self-evaluation report and all other relevant documentation.

- ii. The self-evaluation process is a time-consuming activity and institutions should therefore invest their time and other resources into this process. An institution is therefore required to set up a team to coordinate the self-evaluation process. The team should comprise of people in the institutional leadership from various units of the institution. The Pro Vice-Chancellor of the institution is the ideal chair of the team. Including students in the team is considered as an international best practice.
- iii. Ensuring a broad representation of people in the process will provide a more holistic view about the strengths and weaknesses of the institution.
- iv. The secretariat for the team should be the personnel in the Internal Quality Assurance Unit of the institution.
- v. The team should regularly meet in order to discuss progress and exchange views.
- vi. The institution should ensure that all necessary data are collected and analysed based on the ZIMCHE standards and guidelines.
- vii. The goal of the self-evaluation process is to identify strengths and weaknesses in order to strengthen the capacity for improvement through a self-reflective process. Hence, it is of great importance that the self-evaluation is undertaken in a manner that allows for and encourages critical reflection and analysis.
- viii. The two main instruments to collect data for self-assessment is the institutional self-study questionnaire and the programme self-study questionnaire. These two questionnaires provide a step-by-step procedure for conducting self-evaluations at institutional and programme levels.

It should be noted that ideally, a self-evaluation exercise is not only carried out in preparation of an institutional audit. It should take place on a periodic basis without necessarily involving the ZIMCHE. e.g. every two years. Institutions should understand that quality assurance is a continuous process that primarily serves the institution itself and is not just undertaken to assess compliance with the standards set by the ZIMCHE.

1.10 Self-evaluation report

- i. The self-evaluation report is a crucial element in the review process. It constitutes the finalisation of the whole self-evaluation process. It is also the major document that the audit panel uses in its work during on-site visit.
- ii. The report should adequately describe all features related to the institution. However, it is essential that the report is not merely descriptive, but to a large extent it must be analytical in its findings.
- iii. The report is expected to provide evidence for the findings in order to allow an outside reader to understand how the peer review team arrived at its conclusions.

- iv. It is expected that the self-evaluation report does not just list strengths and weaknesses, but must also suggest solutions for the further development of the institution and how shortcomings would be addressed. This should be done in the form of specific actions to be taken, indicating a clear time frame.
- v. Apart from being an important institutional audit document, the self-evaluation report must also be used as an internal working document and guide for the institution.
- vi. Given the holistic nature of the self-assessment exercise, the findings of the self-assessment report should be distributed widely to all departments in the institution. This is not just essential for information purposes, but will also allow individuals to take action in their areas of responsibility.
- vii. The external review process would begin after the self-evaluation report has been submitted to the ZIMCHE. The ZIMCHE will forward the report to the appointed review panel members.
- viii. The Chairperson of the Audit Committee of the Institution will sign the self-evaluation report on behalf of the institution.

1.11 Audit panel nomination

Upon submission of the self-evaluation report, the ZIMCHE will initiate the process of appointing a panel of peer reviewers.

1.12 External peer review as a component of institutional audits

External peer review for academic and institutional audits has become an internationally accepted component of quality assurance in higher education. An expert taking part in the quality assurance process is generally described as an external peer reviewer. A peer review process can be defined as the evaluation of work by one or more people with similar competencies and backgrounds as the producers of the work (the peers). It functions as a form of self-regulation by qualified members of a profession within a given field. Peer review methods are used to maintain quality standards, improve performance, and provide credibility. Therefore, external peer reviewers are peers to the people they are visiting and assessing. At the same time, they are external to the programme or institution and therefore provide an outsider's perspective that enriches the programme or institution. Since the process of assessing the work of peers involves checking to ascertain compliance, the peer review process can also be referred to as academic auditing. The word "audit" was borrowed from financial audit. However, the approach used in academic auditing is not the same as the financial auditing. Hence, without specialised training, financial auditors cannot perform academic audits.

Peer reviewers participate in the site visits and are responsible for making the necessary judgments in accordance with the purpose of the review. They do substantial preliminary work prior to the site visit and provide the analysis of the documentation provided by the institution for the review process. The reviewers are responsible for formulating the conclusions of the review which the ZIMCHE would review for its final decision-making.

During the peer review process, collective professional judgment is critical to ensure the legitimacy of decisions. It is therefore important that peer reviewers avoid bias such as social bias whereby the reviewers tend to be influenced by social aspects such as the reputation of the institution being reviewed.

or personal acquaintance with staff members of an institution. In most cases, such bias can be avoided if:

- The peer reviewers are adequate to the tasks to be accomplished;
- The peer reviewers have no conflicts of interest;
- The peer reviewers receive the necessary training; and
- The peer reviewers' reports are evidence-based and clear.

In addition to the foregoing, it is important that reviewers are presented with clear instructions about their roles and responsibilities in the form of handbooks or guidelines as well as briefings on the ZIMCHE's approach to the review task.

The external reviewers' main roles in a review exercise are to:

- analyse the self-evaluation report and supporting documents;
- participate in the site visit to the institution and/or programmes under review;
- collect and analyse appropriate information and evidence before and during an institutional audit visit;
- conduct interviews with various institutional role players during the institutional audit visit in order to substantiate the conclusions that the institution reaches in its audit portfolio as well as the information and evidence upon which the conclusions are based; and
- make the necessary judgments in the review process in accordance with the purpose of the review and the totality of evidence presented.

During the site visit, the review team collects information from key internal and external stakeholders of the institution. The visit by the review team gives the institution an opportunity to discuss and find ways of improving the learning environment. Given that the focus of a quality audit is the enhancement of internal quality assurance of an institution, reviewers would focus more on the validation of the self-assessment report and on the evaluation of the improvement plan presented by the institution or programme. These considerations are essential when determining how to define who the peer reviewers will be, how to select them, and how to train them.

Based on the report of the institution and the recommendations of the review team, the ZIMCHE Council will take its final decision(s). It may also make a recommendation for a decision that might be taken by the parent Ministry.

1.13.1 Selection of peer reviewers and constituting the review team

- i. In selecting the reviewers, a call for interested reviewers shall be sent to all universities. Potential reviewers would be expected to have experience at the level of Chairperson, Dean or Director or above. Basic understanding of effective higher education systems would be essential. Interested applicants will be required to undergo training in internal and external quality assurance.

- ii. At the end of the training, assessment shall be conducted to select successful trainees.
- iii. A register of successful reviewers shall be kept and future reviewers shall be drawn from this register.
- iv. Reputable international reviewers shall also be considered if resources permit.

1.13.2 Based on international best practices, the criteria of selecting the peer reviewers shall be as follows:

- i. Experience in university management and teaching, including research supervision;
- ii. Knowledge and understanding of the higher education sector locally and globally;
- iii. Ability to understand and evaluate information provided by institutions;
- iv. Academic and administrative expertise of relevance to the assessment visit;
- v. Report-writing skills and capacity to lead interactions;
- vi. Personal traits that are essential to enhance teamwork such as the ability to work in groups and willingness to listen to others; and
- vii. Has undergone successful training in internal and external quality assurance including the academic audit process.

Overall, a panel of reviewers shall be selected based on the criteria that ensure that the review team members, collectively, have appropriate competencies to analyse and formulate judgments that relate to the scope and focus of the type of review to be conducted. Selection of reviewers shall be meticulous so that individuals with high levels of professionalism and the requisite skills to carry out the review in a fair, credible and competent manner shall be appointed.

1.14 Role of the ZIMCHE coordinator of the site visit

- i. Each audit shall be coordinated by the ZIMCHE Director of Academic and Institutional Audits (AIA).
- ii. In the period preceding the audit visit, the Director (AIA) provides advice to the institution on its preparations for the audit, and works with the audit team on the initial analysis of all documents pertaining to the audit at hand.
- iii. Director (AIA) accompanies the team during the briefing visit and for the final part of the audit visit, providing advice as appropriate.
- iv. It is the responsibility of the Director (AIA) to assess the extent to which the team's findings are supported by adequate and identifiable evidence, and that the audit report provides information in a succinct and readily accessible form, supported by reference to more detailed evidence and analysis in the annexes to the report.
- v. Director (AIA) is responsible for managing and overseeing all aspects of the audit process and liaising with the auditee on all matters relating to the audit.

Other responsibilities of the ZIMCHE coordinator during the site visit include:

- i. Assisting the Chair of the peer team in keeping to (or amending, as necessary) the planned programme;

- ii. Liaising with the auditee's nominated contact person throughout the visit (including seeking further information or requesting additional meetings, as necessary);
- iii. Assisting the Chair of the peer team to ensure that all panel members fully understand the agreed agenda for each session;
- iv. Recording succinct summaries and notes of issues for clarification, re-consideration and reporting;
- v. In conjunction with the Chair, leading private panel meetings for panel members to discuss emerging issues;
- vi. Ensuring that administrative and logistical arrangements for the visit proceed smoothly.

Two ZIMCHE officials will accompany the Director (AIA) to witness the whole audit process. They will also be expected to help coordinate data groups that will provide evidence given that peer reviewers may split into small groups as they collect evidence from the stakeholders. However, all data collection shall be recorded by members of the peer review team.

1.15 Training of peer reviewers

Assessing quality is a specific skill. Normally, experts in a team are specialists in a discipline and may not have much experience in evaluation or quality assessment. Therefore, these experts must be trained on programme and institutional audits beforehand. The training may be organised in a separate workshop or might take place just before site visits. Based on international benchmarks, the training of peer reviewers may take about 4-5 days.

All peer reviewers should have basic knowledge about quality of higher education, quality assurance and quality assessment in higher education. They must all be aware of the do's and don'ts when carrying out academic and institutional audits. The training seeks to address the following questions:

1. What is quality assurance and what are the two main types of quality assurance?
2. What factors led to the rise of quality assurance in higher education locally and globally?
3. What is the link between internal and external quality assurance?
4. What are the various definitions of quality audits?
5. What does quality of higher education mean?
6. How can quality of higher education be measured?
7. What are the various types of quality models in higher education and how can they be operationalised?
8. What are the various international quality assurance standards and guidelines?
9. What are the performance indicators of institutions and their programmes?
10. What are the key focus areas of programme and institutional assessments?
11. Who are academic leaders in an institution and what is their role in quality assurance?
12. What are the key elements of an effective institution, programme, department and faculty?
13. How does an institution operationalise Education 5.0?
14. What are the elements of good institutional governance?
15. How does an academic auditor interpret the ZIMCHE institutional and programme self-assessment questionnaires/guidelines?
16. What are the qualities and competencies of a good quality assurance auditor in higher education?

17. Explain the importance of confidentiality, impartiality and objectivity in academic and institutional audits.
18. How does one analyse a self-assessment report?
19. How does one formulate questions during a site visit?
20. How does one organise the interviews during a site visit?
21. How should a peer reviewer behave during a site visit?
22. How should a peer review team write a site visit report?

Apart from training peer reviewers, the ZIMCHE is readily available to build QA capacity of staff and key stakeholders of institutions such as university councillors or board members. Globally, university councillors or board members are now expected to be conversant with QA standards and practices in higher education since they have oversight over effective institutional administration and management.

1.16 Preparations for a site visit

1.16.1 Before the Visit

The peer team shall:

- i. Read the Self-Evaluation Report (SER)/Self-Study Report (SSR) and related institutional materials thoroughly, to understand the institution and its context of operation;
- ii. Identify the probes for collecting complete information, the list of institutional documents to be reviewed, and the points for interaction with the various stakeholders; and
- iii. Plan the pre-visit meeting to discuss with the institution issues related to the visit and its quality assurance parameters.

1.16.2 The visit schedule

- i. Just before the visit, the ZIMCHE will send a tentative visit schedule to the institution requesting it to make changes to suit its context, without deleting any session given in the generic schedule.
- ii. The schedule is finalised by the ZIMCHE in consultation with the institution. It is the responsibility of the peer team to ensure that the visit is conducted as per the schedule agreed upon. Any last-minute changes in the schedule should be avoided. The number of days for a site visit is based on international best practices {e.g. the National Assessment and Accreditation Council (NACC) of India}
- iii. An institutional audit usually takes 4-5 days depending on the size of the institution.
- iv. A peer review team usually consists of 5-8 peer reviewers, again depending on the size of the institution being audited.

16.1.3 During the visit

It is important to note that the peer team visits the institution on behalf of the ZIMCHE. Therefore, it is imperative for the peer team members to be professional in carrying out its mandate.

During the visit, the peer team is expected to:

- i. Hold meetings with various stakeholders of the institution;
- ii. Collect all the information provided by the institution and seek additional information if required;
- iii. Take notes meticulously, based on the interactions and the review of institutional documents; and
- iv. Identify achievements and constraints, strengths and weaknesses of the institution.

16.1.4 In addition to the foregoing, the peer team must ensure:

- i. Adherence to the time schedule and the agenda;
- ii. Participation of all members of the team in the discussions;
- iii. Positive and cordial approach in all interactions; and
- iv. Professional and objective approach in dealing with the assessment process.

16.1.5 While looking for documentary evidence, it is important to:

- i. Seek evidence only if it will supplement validation of the SSR; and
- ii. Look for relevant information based on documentary evidence.

The institutional coordinator is expected to assist in locating the necessary documents.

As the visit progresses, the inputs for report writing need to be simultaneously collated and validated with the information in the SSR. While report writing is the overall responsibility of the Chairperson of the team, it is expected that the views of all the other members of the team are also valued and unanimously collated in the Report.

The data given in the profile of the institution, which is to be submitted with the Peer Team Report, should be checked for factual accuracy during the visit. The team must also check and correct discrepancies in the data (if any), in the different sections of the Peer Team Report.

16.1. 6 End of the site visit

- i. At the end of the site-visit, the review panel makes an oral report on its main findings to the management of the institution. The presentation is not meant to be a discussion. Hence, no questions or comments are allowed.
- ii. The review panel will also summarise the next steps towards the approval of its report by the ZIMCHE.
- iii. The Chair of the panel is expected to thank the Head of the Institution for providing the required information.

1.17.1 Code of conduct

- i Inline with international best practices and in order to maintain professionalism, peer team members and the ZIMCHE staff must avoid accepting gifts in any form, from the institution and its staff.
- ii After the visit, peer team members are expected to maintain confidentiality of all proceedings of the on-site visit and the peer team report.
- iii All the peer team members are required to submit a duly signed certification for having adhered to the Code of Conduct.

1.17.2 Declaration of confidentiality

As part of their appointment, peer reviewers will be required to sign a declaration of confidentiality stating that:

- i. Information provided by an institution is used only for the purpose of audit;
- ii. Information marked by an institution as confidential is not disclosed to third parties by the peer reviewers or the ZIMCHE, though it may be used to inform audit findings;
- iii. Staff, students or other stakeholders who are invited to provide information may elect to do so in confidence, in which case the information is treated in the same way as confidential information provided by the institution;
- iv. Audit interviews are confidential in the sense that the panel does not reveal outside a session what is said by any individual, nor are individuals identified in the audit report. Institutions are encouraged to require the same degree of confidentiality from interviewees;
- v. The peer reviewers shall keep confidential information in a secure place;
- vi. Peer reviewers are required to destroy material relating to an audit, including the institutional submissions and any notes or annotations they have made, once an audit is complete; and
- vii. Peer reviewers make no media or public comments on audits in which they participate.

1.18 Institution's right to decline proposed peer reviewers

Before a site visit commences, names of peer reviewers selected to carry out the review process shall be sent to the institution to be audited for a no objection. If an institution has reservations with any of the proposed peer reviewers, it is free to point out that so that replacements could be made. It is hoped that institutions would also act professionally when they respond to nominated peer reviewers.

1.19 Writing the audit panel report

- i. The peer team as a whole is responsible for drafting the report under the leadership of the chairperson of the team.

- ii. The panel report shall be written in a manner that it is easy for an outside person to understand. The report needs to be evidence-based and include appropriate information about all the ZIMCHE criteria for institutional audits.
- iii. It is expected that within each section of the report, the review panel describes the situation, undertakes an analysis in terms of each criterion, and concludes with a final statement.
- iv. The peer report should also provide a summary of the performance of the institution on each of the programmes sampled for assessment.
- v. The review panel should provide recommendations for improvement where necessary. These recommendations should clearly refer to the analysis.
- vi. At the end of the report, the review panel should provide a summative overview of the recommendations.

Overall, the content of the peer report must focus on:

- a) The extent to which the institution meets the 17 criteria of QA and the 12 criteria for programme audit;
- b) The extent to which the internal QA unit is well set out in executing its roles as defined by the institution and general IQA best practices;
- c) Soundness of the institution's management and governance systems;
- d) The institution's arrangements for maintaining appropriate academic standards and quality of provision of postgraduate research programmes;
- e) The institution's approach to developing and implementing institutional strategies for enhancing the quality of its educational provision, both taught and by research;
- f) Soundness of other campuses as learning centres to ensure academic excellence;
- g) The institution's ability to implement Education 5.0;
- h) Overall impression of the institution – Are the management, governance, teaching, research, community engagement, innovation and industrialisation practices sound?

In addition to the criteria, the team is expected to summarise important information provided by various stakeholders during interaction with them. The interaction with key stakeholders shall be guided by points of interaction shown in Appendix 4. The focus of this section in the report shall be to point out important issues raised by the key stakeholders.

1.20 Finalising the peer team report

- i. After the site visit, the review panel shall compile its draft report in 5 working days. This draft report shall be shared with the institution. The higher education institution has 5 working days to check for the accuracy of the report and to bring any factual errors to the attention of the review panel. However, apart from factual errors, the institution cannot comment on the substance of the report or its findings.
- ii. The review panel shall correct potential mistakes within 5 working days and send the final report to the ZIMCHE.

The final report is expected to have the following subheadings:

- i. Letter of Transmittal
- ii. Executive Summary
- iii. Acknowledgments
- iv. Introduction
- v. Terms of reference
- vi. Brief overview of the institution
- vii. Institutional performance on all the ZIMCHE QA standards (17 standards)
- viii. Performance of sampled programmes on all the ZIMCHE QA programme elements (12 elements)
- ix. Stakeholder perceptions of institutional performance on selected points of interaction
- x. Strengths, weaknesses and challenges
- xi. Conclusions and recommendations
- xii. Appendices

Detailed notes on how to write to self-assessment report are shown in Appendix 3.

1.21 Audit approval and notification

- i. After receiving the final report from the review panel, the ZIMCHE staff in the Academic and Institutional Audits Unit shall analyse the report.
- ii. The ZIMCHE may, in case of any ambiguities, refer the report back to the review panel for further explanations. In this case, the review panel shall respond to the specific questions of the ZIMCHE.
- iii. The final report shall be discussed and approved by the ZIMCHE Council. In its deliberations, the ZIMCHE Council shall ensure consistency and coherence in terms of recommendations made.
- iv. After the approval by the ZIMCHE Council, the higher education institution shall be notified in writing about the adoption of the report alongside a copy of the final review panel report.
- v. The higher education institution may appeal the judgments of an institutional audit exercise, if the appeal is made in relation to (1) factual contents of the report and (2) substantive errors within the report. The appealing institution shall pay the fees for appealing. The procedure to appeal is outlined in the Appeals Guidelines (Appendix 5).

1.22 Follow-up procedure

- i. After the review panel report is approved by the ZIMCHE Council and sent to the institution, the institution is required to establish an action plan and submit this plan to the ZIMCHE within six weeks.
- ii. In the action plan, the institution is expected to state timelines for the action plan which is agreeable to the ZIMCHE.
- iii. The action plan shall be based on the recommendations and suggestions contained in the panel report approved by the ZIMCHE.
- iv. The institution shall be required to report progress to the ZIMCHE in relation to the implementation of the action plan after every 6 months.
- v. The ZIMCHE shall assess the annual progress report and provide feedback to the higher education institution.
- vi. This feedback might entail to ask the higher education institution to revise the action plan if necessary in order to further enhance the quality of the institution.

1.23 Institution's right to appeal

An institution that is aggrieved by the assessment process or its outcome or any other related issue is entitled to appeal to the Chairperson of Council for redress. A special Council Committee shall be established to handle audit complaints from institutions. The decision of the Special Committee shall be final. It is therefore important that peer members and the team as a whole carry out the peer review exercise diligently and professionally.

1.24 Role of the institution in institutional audits

Institutional audits are aimed at strengthening the internal quality assurance of institutions given that the auditing process is largely a developmental process. Therefore, institutions are expected to play an important role in the whole auditing process. Accordingly, each institution is expected to perform the following tasks as part of the auditing process and good IQA practice:

- i. Cascade the academic and institutional audit manual, institutional self-assessment questionnaire and the programme self-assessment questionnaire to all stakeholders (i.e. all institutional staff – teaching and non-teaching/support, all students and council members);
- ii. Complete the institutional self-assessment questionnaire;
- iii. Complete 4 programme self-assessment questionnaires (from different faculties/colleges) Programmes taught at branch campuses must also be included in the sample;
- iv. Compile an institutional self-assessment report;
- v. Provide all the evidence to support claims in the self-assessment report;
- vi. Appoint a representative team to compile a self-assessment report;
- vii. Appoint an institutional coordinator for academic and institutional audits;
- viii. Respond to all issues raised in the peer team report before its submission to the ZIMCHE Council;
- ix. Prepare an action plan to address all recommendations made after the report has been adopted by the ZIMCHE; and
- x. Disseminate institutional audit reports to all key stakeholders after it has been adopted by the ZIMCHE. The best practice is to upload the audit report to the institution's website.

The ZIMCHE expects all institutional staff (teaching and non-teaching/support), all students and council members to be familiar with the academic and institutional audit manual, institutional self-assessment questionnaire and the programme self-assessment questionnaire.

APPENDIX 1A: INSTITUTIONAL SELF-ASSESSMENT QUESTIONNAIRE

INTRODUCTION

This questionnaire can also be viewed as guidelines to collect data for institutional self- assessment. In this manual, the word questionnaire is used to emphasise its use as a data collection tool.

HOW TO COMPLETE THIS QUESTIONNAIRE

1. Under each standard/criterion in the questionnaire, institutions are expected to respond to each criterion statement using the following rating scale:
 - i. **Absolutely inadequate:** The QA practice to fulfil the criterion is not implemented. There are no plans, documents, supporting evidence or results available. Immediate improvement must be made.
 - ii. **Inadequate and improvement is required:** The QA practice to fulfil the criterion is still at its planning stage or is inadequate where improvement is necessary. There is little documentation or evidence available. Performance of the QA practice shows little or poor results.
 - iii. **Adequate as expected:** The QA practice to fulfil the criterion is adequate and the evidence to support that it has been fully implemented. Performance of the QA practice shows consistent results as expected.
 - iv. **Excellent (example of world-class or leading practices):** The QA practice to fulfil the criterion is considered to be excellent or example of world-class or best practices in the field. There is evidence to support that it has been innovatively implemented. Performance of the QA practice shows excellent results and outstanding improvement trends.
2. In column 7 (Evidence available), the institution is expected to tick any of the evidence listed if available in the institution. The institution can also add any source(s) of evidence not listed in this column.

3. The institution should tick in the appropriate box that best represents its observation for each element under review.
4. Under observations/suggestions, the institution writes its comments/suggestions under each sub-criterion statement.
5. Under recommendations, the institution makes its own recommendations for each sub-criterion statement.

STANDARD 1: VISION, MISSION, VALUES AND CULTURE

An institution should have vision, mission, values and culture statements that clearly provide direction for everything that happens in an institution including addressing institutional mandate. They keep everyone focused on where the institution is going and what it is trying to achieve. They define the core values of the institution and how people are expected to behave. The vision describes the desired future state of the institution. It addresses the direction of the institution and what it wants to be in the future. On the other hand, the mission describes the purpose of the institution and what it intends to achieve for its stakeholders. Culture can be defined as shared values, beliefs, norms and behaviours of a group of people. These four elements should be aligned and provide direction for strategic planning and formulation of strategic goals and policies of the institution. Again, they should be well crafted for them to be meaningful.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/Indicators |
|---|----------|----------|----------|----------|------------------------------|------------------------|---|
| 1. The vision, mission and values of the institution are clearly and concisely crafted. | | | | | | | <ul style="list-style-type: none"> • Vision and mission statements displayed in public and strategic places • Institutional values displayed in public and strategic places • Strategic plans • Annual work plans |
| 2. The vision, mission and values have been approved by the institution's highest decision-making authority and are regularly reviewed. | | | | | | | |
| 3. The vision, mission, values and culture of the institution inform a shared understanding between the institution and its stakeholders. | | | | | | | |

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| 4. The stated vision and mission of the institution align with national priorities and context especially Education 5.0. | | | | | | | <ul style="list-style-type: none"> • Management review minutes • Previous internal and external assessment/audit reports Policies, guidelines and programmes |
| 5. Senior leaders of the institution ensure that the vision and mission meet stakeholders' needs. | | | | | | | |
| 6. The institution's mission statement defines the institution's broad educational purpose, its intended student population and its commitment to achieving student learning. | | | | | | | |
| 7. Senior leaders of the institution foster a positive culture which includes a set of values to align with the vision. | | | | | | | |
| 8. Senior leaders of the institution ensure that stakeholders are satisfied with the vision, mission, values and culture of the institution. | | | | | | | |
| 9. The vision, mission, values and culture of the institution are articulated, cascaded and demonstrated for implementation. | | | | | | | |
| 10. Review of the vision, mission, values and culture is carried out to meet stakeholders' needs and to assess their satisfaction. | | | | | | | |
| 11. The vision, mission, values and culture, and their development processes are improved to meet stakeholders' needs. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 2: GOVERNANCE

The institution should promote and uphold sound corporate governance by adhering to key tenets of good institutional governance such as integrity, equity, responsiveness, transparency, efficiency and accountability. This is critical because bad institutional governance could lead to unsatisfactory service delivery to clients and stakeholders, which can hinder its development. Governance refers to the structures, mechanisms, and processes by which an institution is controlled and directed against balancing the interests of the stakeholders and public accountability. The governance system should:

- have external members and use a full range of expertise required for effective governance of the higher education institution;
- protect the academic integrity and quality of higher education through academic governance arrangements that provide a clear separation between corporate and academic governance, including a properly constituted academic board and course advisory committees; and
- ensure that all delegations (including financial, academic and managerial) are appropriate, documented, observed and regularly reviewed; and monitor potential risks and ensure that the institution has strategies to mitigate these risks.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/Indicators |
|---|---|---|---|---|----------------------|-----------------|---|
| 1. The institution has relevant organs of governance, such as the University Council, Senate, Management Board, Student Body; Quality Assurance Committee, Faculty and Departmental Boards, and various committees, each with a clear mandate, duties, responsibilities, powers, privileges and tenure; and these organs are properly coordinated to ensure efficiency, and effectiveness and accountability. | | | | | | | <ul style="list-style-type: none"> • Institutional plans, policies and guidelines in various areas • Structures of governing bodies • Appointment letters of |

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| 2. The institution has well-structured and meaningful (having cognate disciplines together) Faculties and Departments with well-qualified teaching and non-teaching/support staff. | | | | | | | <p>members to governance bodies</p> <ul style="list-style-type: none"> • Risk management plan • Audit reports of governance system and structure • Minutes of various meeting • Completed checklist off accreditation standards. • University Acts/Charters and Ordinances Public Entities and Corporate Governance Act. |
| 3. Governance system is established to set strategic direction of the institution given the specific context of the institution. | | | | | | | |
| 4. The institution makes use of its autonomy responsibly and has policies and procedures for the delegation of authority for financial and management decisions, whenever needed. | | | | | | | |
| 5. The institution has a system of governance that advances the accomplishment of its mandate and goals. | | | | | | | |
| 6. The institution ensures provision of adequate resources for the appropriate functioning of each organisational component. | | | | | | | |
| 7. Council/Board Committees meet as planned and there are minutes to support this. | | | | | | | |
| 8. There is separation of responsibilities between the committees. | | | | | | | |
| 9. The institution has yearly audited financial statements and student statistics. | | | | | | | |
| 10. The institution has sufficient independence/autonomy from any sponsoring entity or responsible authority in terms of its adherence to the ZIMCHE Act. | | | | | | | |
| 11. The institution enables students and staff to participate in decision-making through | | | | | | | |

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| their representatives such as the Students' Representative Council and Staff Associations. | | | | | | | |
| 12. Decisions from governance bodies are translated into action plans, policies and guidelines for implementation. | | | | | | | |
| 13. Review of the governance system of the institution is carried out annually | | | | | | | |
| 14. The governance system of the institution is improved for institutional effectiveness and better risk management. | | | | | | | |
| 15. The Council/Board of the institution adheres to all the provisions of the enabling Act/Charter of the institution | | | | | | | |
| 16. The institution is complying with all accreditation standards which enabled it to register and operate. | | | | | | | |
| 17. The institution assesses its governance using the Public Entities and Corporate Governance ACT instrument from the Office of the President and Cabinet. | | | | | | | |
| 18. The Council/Board assesses the performance of principal officers of the institution in line with the appropriate statutory instruments | | | | | | | |
| 19. The performance of the Chairperson of Council/Board and other councillors/board members is assessed yearly using valid and reliable instruments and performance report produced, | | | | | | | |
| 20. There is a code of ethics for Council/Board members which they sign. | | | | | | | |

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| 21. All the national and relevant statutory instruments on the operations of the Council/Board are adhered to. | | | | | | | |
| 22. All the Committees of Council/Board are constituted and operational. | | | | | | | |
| 23. All institutional policies are approved by Council and they are implemented and evaluated. | | | | | | | |
| 24. The institution ensures regular consultations with stakeholders, compiles reports on the consultations, and follows up actions on key issues of policy and operations to promote cohesion, harmony and identity within the institution. | | | | | | | |
| 25. The institution promotes a high degree of institutional integrity and responsiveness by advocating and demonstrating honesty and non-discrimination in its treatment of staff, students, members of the public and in the management of institutional affairs. | | | | | | | |
| 26. The institution has policies and procedures to manage conflict of interest throughout the institution. | | | | | | | |
| 27. The institution has implemented sound processes for deterring, detecting and dealing with academic misconduct by students or staff. | | | | | | | |
| 28. The institution has effective, systematic, timely and fair processes for investigation of complaints, grievances and appeals. | | | | | | | |
| 29. The institution publishes on a regular basis, impartial and objective qualitative and quantitative information about its activities, staffing, courses offered, | | | | | | | |

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| research undertaken, and community services provided. | | | | | | | |
| 30. The institution demonstrates high ethical standards in the management of all its affairs through its policies procedures and practices, to include attention to academic fraud by staff and students, plagiarism and in assessment procedures. | | | | | | | |
| 31. The institution has policies that promote equal opportunities and transparency in its recruitment and promotion of staff, student admission and criteria for graduation. | | | | | | | |
| 32. The institution has an ethics committee to take care of all issues relating to integrity and related matters, which reports periodically to senior management. | | | | | | | |
| 33. The institution respects academic honesty by respecting copyrights, patents and other forms of intellectual property through active monitoring and evaluation mechanisms. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 3: LEADERSHIP AND STRATEGIC MANAGEMENT

Senior leaders of an institution are the top management and those reporting directly to them. Often, they consist of the members of the board, and the vice-chancellor and those that directly report to them. Senior leaders are usually appointed or elected based on institutional and regulatory requirements. They serve as a pivotal role in guiding the institution in achieving its strategic goals. The organisational chart and job descriptions are used to define management structure, roles and responsibilities, decision making and reporting. Apart from the generic leadership, leaders of an institution should be involved in strategic management. Strategic management involves visioning, setting goals and objectives of an institution, analysing the competitive environment, analysing the internal organisation, setting the strategies to achieve goals, evaluating the strategies, and ensuring that management rolls out the strategies across the organisation to achieve organisational goals. It is an iterative process that encompasses strategy planning, development, implementation, and evaluation. Strategic management tools an institution can use may include but not limited to balanced scorecard, management by objectives, scenario planning, SWOT analysis, forecasting and projections to envision the future. The whole process of strategic management involves strategic thinking. The strategic plan is the output of the strategic planning process, and it is often conceived based on the institution's external environment and internal capabilities. The plan should address both current and future challenges and risks as well as the vision and mission of the institution.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/ Comments | Recommendations | Examples of sources of evidence/Indicators |
|---|----------|----------|----------|----------|------------------------------|------------------------|---|
| 1. Senior leaders of the institution establish management structure with defined roles and responsibilities, decision-making, communication and reporting to achieve the vision, mission and culture; and strategic goals of the institution. | | | | | | | <ol style="list-style-type: none"> 1. Institutional plans, policies and guidelines in various areas 2. Structures of governing bodies 3. Appointment letters of members to governance bodies 4. Risk management plan 5. Audit reports of governance system and structure |
| 2. Senior leaders of the institution are involved in communicating and engaging stakeholders in driving the vision, mission and culture; and | | | | | | | <ol style="list-style-type: none"> 6. Minutes of various meeting 7. Completed checklist off accreditation standards. |

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| management structure with defined roles and responsibilities, decision-making, communication and reporting to achieve the vision, mission and culture; and strategic goals of the institution. | | | | | | | |
| 9. The institution has an effective system of leadership staffed by appropriately qualified, competent and experienced leaders and managers with well-defined levels of responsibilities and accountability. | | | | | | | |
| 10. The institution's strategic planning encompasses strategy development, implementation and evaluation, and considers the internal capabilities, external environment and inputs from stakeholders. | | | | | | | |
| 11. Strategic planning is carried out to fulfil the vision, mission and values of the institution. | | | | | | | |

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| 12. The institution's strategic plan has clear key result areas which are aimed at achieving the vision and mission of the institution. | | | | | | | |
| 13. Institutional strategic goals/key result areas are translated into institutional unit and individual goals. | | | | | | | |
| 14. Institutional strategic plan is cascaded and translated into long and short-term action plans (or annual work plans) for implementation. | | | | | | | |
| 15. Key performance indicators and targets are established to measure the performance of the key result areas/strategic goals of the institution. | | | | | | | |
| 16. The strategic planning process as well as key performance indicators and targets are regularly assessed and improved to meet the strategic goals of the institution. | | | | | | | |
| 17. The HEI has an effective system of leadership staffed by appropriately qualified, competent and | | | | | | | |

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| experienced administrators with well-defined levels of responsibilities and accountability. | | | | | | | |
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Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 4: HUMAN RESOURCES MANAGEMENT

In the context of strategic human resource management, people are the single most important capital in an institution as the quality of the institution depends on the quality of its leaders and employees. It is therefore important that they are recruited based on merit, qualifications and experiences that fit with the job functions and organisational culture. Competences of leaders and employees should be identified and evaluated, and relevant training and development activities are organised to equip them with relevant knowledge, skills, and attitude to carry out their roles effectively. Motivation is a key consideration in the design and implementation of performance management system, compensation, and recognition schemes, and work-life balance. A conducive environment is essential to support Education 5.0, i.e., teaching, research, community service, innovation, and industrialisation as well as the well-being of the employees.

| Elements of the standard | 1 | 2 | 3 | 4 | Observation/ Comments | Recommen- dations | Examples of sources of evidence/Indicators |
|---|----------|----------|----------|----------|----------------------------------|------------------------------|--|
| 1. Human resource planning (considering succession, promotion, redeployment, termination, and retirement) is carried out to fulfill the vision and mission of the institution. | | | | | | | <ul style="list-style-type: none"> • Human resources plan • Employee profiles in terms of age, gender, qualification, etc. |
| 2. There are gender-sensitive policies on human resources that ensure recruitment and retention of adequate numbers of qualified and competent staff to achieve the mission of the institution. | | | | | | | |

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| 3. Academic staff development for the professionalisation of teaching using various modalities (e.g. face-to-face, blended and online) is provided for staff. | | | | | | | <ul style="list-style-type: none"> • Career and succession plans • Recruitment criteria • Training needs analysis • Training and development plan and budget • Peer review and appraisal system • Student feedback • Award and recognition schemes • Staff workload • Organisation chart • HR policies • Staff handbook • Job descriptions • Employment contracts |
| 4. Recruitment and selection criteria including fairness and transparency for appointment, deployment and promotion are determined and communicated. | | | | | | | |
| 5. Staff competences including leadership skills of various staff categories are identified and established. | | | | | | | |
| 6. There is gender balance in management and decision-making positions. | | | | | | | |
| 7. Training and developmental needs of staff are identified, and activities are implemented to fulfil them. | | | | | | | |
| 8. Performance management system including rewards, recognition and coaching/mentoring schemes is implemented to motivate and support teaching, research and community service/community engagement, innovation, and industrialisation. | | | | | | | |
| 9. Review of the human resource plans, policies, procedures, and schemes is carried out. | | | | | | | |
| 10. The human resource plans, policies, procedures, and schemes are improved to enhance teaching, research and community service/community engagement, innovation and industrialisation. | | | | | | | |
| 11. The institution employs well-qualified and sufficient number of academic and administrative staff in order to carry out its activities to achieve its vision and mission. | | | | | | | |
| 12. The institution has a policy on workload such as maximum student-staff ratios. | | | | | | | |
| 13. The institution promotes staff on merit. | | | | | | | |
| 14. Mechanisms for evaluating and acting on staff wellness and satisfaction are in place and effective. | | | | | | | |

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| 15. The institution ensures that staff recruitment and appointment procedures are adhered to in accordance with the Human Resources Policy. | | | | | | | |
| 16. The institution has published and implemented standards and procedures for all staff and other professionals for actions such as promotion, tenure, grievance, discipline and dismissal, based on principles of fairness with due regard for the rights of all persons. | | | | | | | |
| 17. The institution provides appropriate institutional support for the advancement and development of staff, including teaching, research, scholarship and service. | | | | | | | |
| 18. The institution provides criteria for the supervision, performance appraisal and review of teaching effectiveness for part-time and full-time staff. | | | | | | | |
| 19. The institution adheres to principles of academic freedom in the context of institutional mandate | | | | | | | |
| 20. The institution honours its contractual obligations e.g. contact, sabbatical, staff wellness and safety (sick leave) etc. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 5: PHYSICAL FACILITIES AND INFRASTRUCTURE

The physical resources are the hardware of any institution of higher education. Providing adequate, relevant and up-to-date resources is essential to support the strategic goals of an institution. They also provide a conducive and safe environment for teaching, learning and research. Effective management and monitoring of these resources will ensure that the needs of stakeholders (especially the students) are well-catered for and that the resources are well maintained and effectively utilised.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/indicators |
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| 1. The institution has adequate academic and administrative facilities (lecture theatres, seminar rooms, academic and administrative staff offices, laboratories, workshops, recreational facilities, dining facilities, ablution facilities, etc.). | | | | | | | <ul style="list-style-type: none"> • Campus development and upgrading plans • Asset register for institutional facilities, equipment, computer hardware and software, etc. |
| 2. The institution has adequate, well equipped and a properly organised library and resources for the number of students and staff (physical and online). | | | | | | | <ul style="list-style-type: none"> • Maintenance plans and records • Safety, health and environmental policies • Emergency plans |
| 3. Appropriate infrastructure such as specialist laboratories, including computer laboratories that are required for the programmes on offer are available and sufficient. | | | | | | | <ul style="list-style-type: none"> • Student and staff feedback reports • Budgets for facilities and infrastructure |
| 4. The institution has adequate ICT infrastructure. | | | | | | | <ul style="list-style-type: none"> • Library collections and online database/journal subscriptions |
| 5. The institution has a system in place to plan, maintain, evaluate and improve its physical facilities and infrastructure such as teaching and learning facilities, laboratories, equipment and tools etc. to meet the needs of Education 5.0 | | | | | | | <ul style="list-style-type: none"> • Recreational facilities • Band width size • Student-computer ratio • Number of owned vehicles/buses |
| 6. The institution has a system in place to plan, maintain, audit and improve its IT facilities and infrastructure such as computers, networks, backup, security and access rights to meet the needs of | | | | | | | <ul style="list-style-type: none"> • Registration of vehicle books |

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| education, research and service is established and implemented. | | | | | | |
| 7. The institution makes ownership of mobile computing devices by students mandatory | | | | | | |
| 8. The institution provides wired and wireless Internet connectivity in all the facilities it operates from. | | | | | | |
| 9. The institution provides adequate numbers of computing devices and adequate ancillary ICT peripheral devices (e.g. projectors, interactive boards) in all its teaching / learning venues. | | | | | | |
| 10. The institution provides bandwidth that is commensurate with the user population of its network | | | | | | |
| 11. The institution provides appropriate and licensed software for administrative, teaching, learning and research requirements of the institution | | | | | | |
| 12. The institution uses of technology in instruction delivery through the use of technologies such as e-learning, social media and personal information management platforms | | | | | | |
| 13. The institution has a system in place to plan, maintain, evaluate and improve its academic resources such as library resources, teaching aids, online databases, | | | | | | |

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| etc. to meet institutional teaching, learning, innovation and other needs. | | | | | | |
| 14. The institution has a system in place to plan, implement, evaluate and improve the environment, health and safety and access to people of special needs. | | | | | | |
| 15. The institution has an efficient transport system. | | | | | | |
| 16. The institution has adequate water supply. | | | | | | |
| 17. The institution has adequate alternative sources of energy. | | | | | | |
| 18. The institutional grounds are well-maintained. | | | | | | |
| 19. The institutional facilities are well-labelled (effective signage). | | | | | | |
| 20. The institutional ambience is pleasant. | | | | | | |
| 21. The institutional branch campuses have adequate learning facilities such as IT laboratories and libraries. | | | | | | |
| 22. The institutional facilities gender sensitive and friendly to people with disabilities. | | | | | | |
| 23. The institution has a well-documented plans and policies for the institutional library services. | | | | | | |
| 24. The institution provides a collection of varied, authoritative, classical and recent | | | | | | |

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| knowledge and information resources that support the mission of the institution and the needs of staff, students and researchers. | | | | | | |
| 25. The institution provides library resources in multi-media format i.e. print, electronic, visuals, video, audio and audio-visuals. | | | | | | |
| 26. The institution uses a standard cataloguing manual such as Anglo American Cataloguing Rules, second edition (AACR2) and also uses a standard classification scheme such as the Library of Congress Classification Scheme (LCCS) or the latest Dewey Decimal Classification Scheme. | | | | | | |
| 27. The institution provides information services that promote the accessibility of the available information resources. | | | | | | |
| 28. The institution provides appropriate instruction and support for library users to enhance their efficiency and effectiveness in obtaining, evaluating and using library and information resources. | | | | | | |
| 29. The institution collects and archives the intellectual output generated by the institution. | | | | | | |

Overall strengths and weaknesses of the implementation the standard/criterion -----

STANDARD 6: FINANCIAL RESOURCE MANAGEMENT

Effective financial management is the cornerstone to successful institutional management. Even when an institution successfully mobilises large amounts of financial resources, not much will be achieved without putting in place cost-effective management systems. The institution must therefore provide adequate resources to support the strategic goals of teaching, learning, research, community service, innovation and industrialisation. Without adequate resources the quality of education will be compromised.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/Indicators |
|---|---|---|---|---|----------------------|-----------------|--|
| 1. Financial resources, appropriate to the nature and size of the institution, are sufficient to allow for the planning, implementation, improvement and monitoring of the institution's quality management system. | | | | | | | <ul style="list-style-type: none"> • Financial reports and statements • Budgets of organisational units • Financial documents and records • Internal and external audit reports • Satisfaction survey reports • Financial management system in place |
| 2. The institution has a system to plan, implement, audit and improve the financial resources of the institution to support its vision, mission and strategic goals. | | | | | | | |
| 3. Key financial procedures and practices meet institutional and regulatory requirements in the country. | | | | | | | |
| 4. Financial statements and reports are always accurate and up-to-date. | | | | | | | |
| 5. The institution has several sources of income apart from government grant and/or tuition fees. | | | | | | | |
| 6. The institution has put in place effective resource mobilisation strategies. | | | | | | | |

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| 7. The institution's financial management system promotes effective revenue management strategies. | | | | | | | |
| 8. The institution has effective internal control systems. | | | | | | | |
| 9. The institution has a transparent budgetary planning and control system. | | | | | | | |
| 10. The institution has an effective internal audit system. | | | | | | | |
| 11. The external audit report has not been qualified in the past two years. | | | | | | | |
| 12. The institution has put in place effective debt management strategies. | | | | | | | |
| 13. The institution has put in place effective risk management strategies. | | | | | | | |
| 14. The institution has put in place an effective assets management system. | | | | | | | |
| 15. The institution continuously assesses its financial health using specific quantitative indicators such as liquidity ratios. | | | | | | | |
| 16. The institution's procurement system is transparent and trustworthy. | | | | | | | |
| 17. Stakeholders (e.g. staff and students) are satisfied with the overall financial management of the institution. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 7: EXTERNAL RELATIONS, PARTNERSHIPS, NETWORKS AND INTERNATIONALISATION

Higher education institutions are expected to be active in establishing external relations, networks, partnerships. In most QA standards, these aspects fall under internationalisation which is becoming an important component of higher education institutions. External relations, networks and partnerships are resources and capabilities that institutions should take advantage of as they add value if properly planned and coordinated. These linkages should help institutions to achieve their strategic goals and bring benefits to stakeholders. Benefits may include enriching students' learning experiences, increasing student mobility, credit transfers, improving systems and processes, cross-border education, collaborative or joint education and research etc. Collaborating with other institutions nationally, regionally and internationally is therefore a very important strategic and quality assurance issue. The networks and partnerships could also include joint programme offers. An institution must therefore have mechanisms that promote cooperation with other higher education institutions, professional bodies, research institutions and relevant social actors at national, regional and international levels in order to facilitate mobility of students and staff as well as advancing external relations, partnerships and networks.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/ Comments | Recommendations | Examples of sources of evidence/indicators |
|--|---|---|---|---|--------------------------|-----------------|---|
| 1. The institution's external relations, networks and partnerships are improved by an authorised institutional body. | | | | | | | <ul style="list-style-type: none"> • Policies and plans • Memorandum of Understanding (MoU) • Partnership contracts/agreements • Alumni charters • Report of extent the institution has implemented the internationalisation policy. |
| 2. The institution's external relations, networks and partnerships are meant to achieve the vision, mission and strategic goals of the institution. | | | | | | | |
| 3. The institution has policies, procedures and agreements to foster external relations, networks and partnerships which are implemented. | | | | | | | |
| 4. The institution's policies, procedures and agreements to foster external relations, networks and partnerships are implemented. | | | | | | | |
| 5. The institution has signed Memorandum of Understanding (MoU), partnership contracts or agreements, collaboration partnerships, etc.as mechanisms to | | | | | | | |

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| establish and maintain partnerships or relationships. | | | | | | | |
| 6. MOUs or contracts or agreements include critical details such as period of partnership, terms and conditions and mutual expectations. | | | | | | | |
| 7. The institution has a policy on student and staff exchange/mobility. | | | | | | | |
| 8. The institution has a programme on student and staff exchange/mobility with regional and international institutions. | | | | | | | |
| 9. The institution has a budget for regional and international student and staff exchange/mobility programme. | | | | | | | |
| 10. External relations, networks, partnerships and other aspects of internationalisation are a key result area of the institution. | | | | | | | |
| 11. Where collaboration involves offering joint programmes, the institution ensures that programmes under collaboration are of the required standard and rigour as those of the parent institution. | | | | | | | |
| 12. Where collaboration involves offering joint programmes, the institution takes the responsibility to assure the quality of the educational provision under collaboration. | | | | | | | |
| 13. The institution is involved in internationalisation at home. | | | | | | | |
| 14. Where collaboration involves offering joint programmes, the institution ensures that the programmes are both approved by the ZIMCHE and are subject to periodic quality audits. | | | | | | | |

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| 15. Where collaboration involves offering joint programmes, the institution ensures that students are fully informed of the nature of the collaboration between the institutions concerned. | | | | | | | |
| 16. The institution reviews its external relations, networks and partnerships regularly. | | | | | | | |
| 17. The institution has an international office to handle issues related to student and staff exchange. | | | | | | | |
| 18. The institution is implementing the ZIMCHE internationalisation policy. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 8: INTERNAL QUALITY ASSURANCE

The main responsibility of any institution is to provide quality education which is a multidimensional concept. It is therefore essential that each institution establishes a structured internal quality (IQA) system that makes it effective in monitoring, evaluating and improving the quality of education embedded in Education 5.0. The organisation of the IQA system can be centralised, decentralised or a hybrid of both. While there is no one model or system that can fit all institutions, the following criterion statements or items and diagnostic questions provide guidelines on how an institution should operationalise its IQA system. Institutions should also be aware that their IQA systems complement the external quality assurance (EQA) system provided by the ZIMCHE. In fact, after an institution has evaluated itself, the next step is external quality assurance assessment, which constitutes an institutional audit. Essentially, an institutional audit focuses on assessing the IQA system of an institution with a view to improve it.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/indicators |
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| 1. The institution has a quality assurance policy which delineates the rationale of the policy, roles and responsibilities of the IQA unit, subunits of the IQA unit, roles and responsibilities all staff, management and Council/Board. | | | | | | | <ul style="list-style-type: none"> • Strategic QA plans and goals • Annual workplan of QA unit(s) • Internal and external QA assessment/audit reports • QA manual, policies and procedures • Organisation chart of QA unit(s) • Job description of QA personnel • Minutes of QA Committee meetings • Reports on performance of IQA system • Record of QA events • QA awareness and training plans • Training needs analysis |
| 2. The IQA unit of the institution has clear structures, roles and responsibilities to meet the strategic goals and quality assurance of the institution. | | | | | | | |
| 3. The IQA unit and its subunits help guide the institution in raising the quality of teaching, learning, research, community service, community engagement, innovation and industrialisation as well as other defined strategic areas. | | | | | | | |
| 4. The institution's strategic QA plan encompasses strategies, policies, stakeholders' engagement and activities as well as QA promotion and training to meet the strategic goals and quality assurance of the institution. | | | | | | | |
| 5. The institution has put in place strategies to engage the stakeholders in developing the QA plan to raise their commitment to QA. | | | | | | | |
| 6. The institution's strategic QA plan is cascaded and translated into long and short-term action plans for implementation. | | | | | | | |
| 7. The institution has a system to document, review and communicate QA policies, systems, processes and procedures and the system is implemented. | | | | | | | |
| 8. The institution's QA system is documented, systematically filed, stored, archived and updated. | | | | | | | |

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| 9. The institution's QA communication to stakeholders is planned and serves a specific purpose. | | | | | | | <ul style="list-style-type: none"> • Induction and training programmes • Training records and attendance • Training performance indicators |
| 10. Key QA performance indicators and targets are established to measure the performance of quality assurance in the institution. | | | | | | | |
| 11. The QA system has specific instruments to assess all dimensions of quality of education provision in the institution including stakeholder satisfaction with the services provided by all sections of the institution. | | | | | | | |
| 12. The results of QA performance assessment are released to relevant stakeholders in a timely manner for improvement. | | | | | | | |
| 13. The strategic QA planning process, assessment of performance and key performance indicators and targets are continuously improved to meet the strategic goals and quality assurance of the institution. | | | | | | | |
| 14. The institution's QA system is guided by clear principles which are disseminated to all key stakeholders of the institution | | | | | | | |
| 15. The institution's QA system is based on known and reputable international QA standards and guidelines and best practices in higher education | | | | | | | |

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| <p>16. The institution has developed several QA guidelines to enhance the quality of education provision and some of these guidelines are on:</p> <ul style="list-style-type: none"> • Peer review of teaching • Course development • Student services • Research quality • Dissertation supervision • Programme design and development • Student attachment • Programme review | | | | | | | |
| <p>18. The institution has developed several QA instruments to evaluate the quality of education services provided by the institution and some of these instruments include questionnaires to assess:</p> <ul style="list-style-type: none"> • Students' satisfaction with the learning environment • Students' satisfaction with their programmes of study/tracer studies • Students' satisfaction with library services • Online teaching and learning • Market orientation of academic programmes | | | | | | | |
| <p>19. The institution has a quality enhancement plan to continually enhance institutional quality including policies, systems, processes, procedures and resources.</p> | | | | | | | |
| <p>20. As part of quality enhancement, the institution has criteria for selecting comparative and benchmarking information and partners to improve performance. The partners may include educational and non-educational establishments</p> | | | | | | | |

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| with the singular purpose of seeking continual improvement and organisational learning. | | | | | | | |
| 21. The institution has clearly documented systems and mechanisms for self-evaluation. | | | | | | | |
| 22. The institution uses evidence-based approaches to assess achievement of its key goals and objectives. | | | | | | | |

Overall strengths and weaknesses of the implementation standard/criterion -----

STANDARD 9: STUDENT RECRUITMENT AND ADMISSION

In the context of the systems theory, the quality of any output depends a lot on the quality of the input. This means that the quality of the entering students is a key factor in determining the quality of graduates which depends on the selection criteria and process. The institution must therefore have pre-defined, published, and consistently applied policies and procedures that ensure fair and equitable recruitment and admission, progression, certification and support services through all phases of the student’s lifecycle. In admitting students, the institution should also consider students’ future career paths including employability.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/ Comments | Recommendations | Examples of sources of evidence/indicators |
|---|---|---|---|---|--------------------------|-----------------|--|
| 1. The institution has plans, policies and a communication system for student admission to various programmes. | | | | | | | <ul style="list-style-type: none"> • Student selection criteria • Trend of student intakes • Student handbook |
| 2. The institution has documented policies and strategies that promote students’ welfare and guidance in curricular, vocational and personal areas. | | | | | | | |

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| 3. The institution's channels to disseminate information to potential students include but not limited to websites, social media, outreach activities, publications, press media, and emails | | | | | | | <ul style="list-style-type: none"> • Publications such as brochures, pamphlets, prospectuses, etc. • Press media release • Social media release • Marketing information • Gender mainstreaming policy |
| 4. The institution has established criteria to select quality students for each programme. | | | | | | | |
| 5. The institution's criteria to select quality students include but not limited to admission tests, national examination, past academic performance, language proficiency, and regulatory requirements. | | | | | | | |
| 6. The institution has procedures to monitor the implementation of the recruitment and admission of students. | | | | | | | |
| 7. The institution has measures in place to monitor student recruitment and admission and these measures include but not limited to enrolment figures, cut-off points and results of admission tests. | | | | | | | |
| 8. Student recruitment and admission are improved to ensure that they remain relevant and effective. | | | | | | | |
| 9. The institution has an online application system in addition to the manual system to ensure ease of application | | | | | | | |
| 10. The institution has an online application system in addition to the manual system to ensure ease of application | | | | | | | |
| 11. The institution has policies and strategies for marketing/promoting the institution and its programmes, recruitment, admission, selection and registration. | | | | | | | |
| 12. The institution has policies and strategies that promote diversity and inclusivity in admission, including gender mainstreaming and consideration of disadvantaged groups. | | | | | | | |

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| 13. The institution has policies and strategies that ensure that students admitted meet minimum general and programme-specific entry requirements. | | | | | | | |
| 14. The institution has policies and strategies that ensure monitoring, evaluation and benchmarking for improvement of enrolment management. | | | | | | | |
| 15. The institution has policies and strategies that promote student retention and progression. | | | | | | | |
| 16. The institution is familiar with theory and practice of enrolment management. | | | | | | | |
| 17. The institution has clear and documented admission policies which are readily available and accessible in hardcopy, softcopy and online | | | | | | | |
| 18. The institution has admission policies that are well communicated to all stakeholders. | | | | | | | |
| 19. The institution has evidence that it consistently implements the admissions policies. | | | | | | | |
| 20. The institution has admission policies that address inclusivity, accessibility, gender, race, religion, creed and political diversity. | | | | | | | |
| 21. The institution has an up-to-date student statistics. | | | | | | | |
| 22. The institution has a student advisory system that enables students to make informed choices about programmes and progression. | | | | | | | |
| 23. Expected student learning outcomes for all academic programmes are explained to students. | | | | | | | |
| 24. The institution avails to current and prospective students results of programme reviews. | | | | | | | |
| 25. The institution provides students with accurate and comprehensive information and advice regarding financial aid, scholarships, grants, loans and refunds. | | | | | | | |
| 26. The institution has documented policies and procedures for credit accumulation and transfer. | | | | | | | |

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| 27. The institution set performance indicators that measure student progress and completion rates. | | | | | | | |
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Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 10: CURRICULUM DESIGN, MONITORING AND EVALUATION

Institutions should have study programmes which provide students with both academic knowledge and skills including those that are transferable, which may influence their personal development and may be applied in their future careers. Institutions should have processes for the designing, approving, monitoring and evaluation of programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated and should include the correct level of the national qualifications framework for higher education in Zimbabwe. The institution must therefore have policies and systems that ensure the design and development, monitoring and evaluation of quality and relevant study programmes that are learning outcomes-based and aligned with the needs of stakeholders. In the case of open and distance learning, the institution should put in place mechanisms for pre-testing or piloting the learning materials to ensure that they are at the learners’ level and that the learners will be able to use them without difficulty.

A programme must be designed in such a way that institutions can offer a Post Graduate programme only if the institution already offers appropriate, relevant, aligned programmes at the foundation level of either Bachelor’s degree level or Post-Graduate degree level.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/indicators |
|---|----------|----------|----------|----------|-----------------------------|------------------------|---|
| 1. The institution has a system to design, develop, monitor, review and approve curricula for all | | | | | | | |

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| study programmes and courses with input and feedback from stakeholders. | | | | | | | <ul style="list-style-type: none"> • Curriculum design, review and approval process reports • Programme regulations • Minutes of meetings of curriculum committee • Stakeholder's inputs • Results of assessment and examination • Reports from external examiners • Programme and course feedback • Reports from surveys, focus group, dialogue, tracer studies etc. • Evidence of programme accreditation by ZIMCHE • Curriculum evaluation reports |
| 2. The content of all programmes includes the stipulated ZIMCHE Minimum Bodies of Knowledge and Skills (MBK/S). | | | | | | | |
| 3. The institution has clearly defined entry level requirements (5 O levels and 2 A level passes and other special requirements for specific programmes) | | | | | | | |
| 4. Credits showing students' achievement necessary for graduation are clearly stated for each programme | | | | | | | |
| 5. The institution has a system to formulate and align expected learning outcomes of the programme and its courses to the stakeholders' needs. | | | | | | | |
| 6. The course outlines and delivery plans of the programme and its courses are documented, communicated and delivered based on the expected learning outcomes. | | | | | | | |
| 7. Review of the curriculum design, monitoring and evaluation of the curricula are carried out at specified intervals. | | | | | | | |
| 8. The curriculum design, monitoring and evaluation processes are carried out and improved to ensure that they remain relevant and up-to-date to meet the changing needs of the stakeholders. | | | | | | | |
| 9. The institution has policies and procedures for introducing new programmes and amending or phasing out standing programmes. | | | | | | | |
| 10. Programmes are subject to continuous monitoring (including periodic external review) | | | | | | | |

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| and development to ensure currency and relevance. | | | | | | |
| 11. The institution has academic programmes that are in line with the mission and objectives of the institution and address the expectations and needs of stakeholders. | | | | | | |
| 12. The programmes show range, depth, coherence, and relevance, and are up-to-date and adequate in content and scope, promoting core content, ideas, values and the acquisition of employability and entrepreneurship skills. | | | | | | |
| 13. The institution ensures that programmes' structure and credit hours/points are in accord with international norms for the amount of study required for each degree offered by the institution. | | | | | | |
| 14. All programmes on offer are approved by the ZIMCHE as the External Quality Assurance Agency and relevant professional bodies, where applicable. | | | | | | |
| 15. The institution has effective mechanisms for industry and other stakeholders' participation in curriculum design and validation. | | | | | | |
| 16. The institution has policies requiring learning outcomes to be defined and documented for all programmes and courses and ensures that the programme specifications (details) are accessible to learners (or stakeholders). | | | | | | |
| 17. The institution has programmes that are delivered by adequate, qualified and competent staff with relevant pedagogical skills. | | | | | | |
| 18. The institution has appropriate formal agreements for all programmes offered in partnership with other institutions, specifying | | | | | | |

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| in detail the roles and responsibilities of both partners, including teaching commitments and quality assurance arrangements. | | | | | | | |
| 19. The institution promotes gender equity and the prevention of HIV/AIDS and has programmes that mainstream gender and HIV/AIDS. | | | | | | | |
| 20. The institution promotes education for sustainable development (ESD) and all its programmes have mainstreamed ESD. | | | | | | | |
| 21. Programmes are designed in such a way that the institution offers a Post Graduate programme only if the institution already offers appropriate, relevant, aligned programmes at the foundation level of either Bachelor's degree level or Post-Graduate degree level. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 11: TEACHING AND LEARNING

The institution should put in place, in a way that is consistent with its vision and mission, policies and procedures that promote learning and acquisition of appropriate knowledge, competencies and skills; and assure fair and transparent assessment based on student-centred assessment. The selected teaching and learning methods should facilitate the achievement of the expected learning outcomes, create a conducive environment for learning, promote deep learning and motivate students to learn and discover knowledge themselves. In addition, institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in the learning process, and that the assessment of students reflects this approach. Student-centred learning and teaching play an important role in stimulating students' motivation, self-reflection and engagement in the learning process. Where online teaching is used, it is supported by well-written distance education modules to support elearning and the module course material is related to online course material. The module writers of online teaching are also well-trained.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/ Comments | Recommendations | Examples of sources of evidence/indicators |
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| 1. The institution has a system to select appropriate teaching and learning activities that are aligned to the educational philosophy (Education 5.0) and the achievement of the expected learning outcomes. | | | | | | | <ul style="list-style-type: none"> • Evidence of qualifications in the form of the academic and professional certificates • Acceptable lecturer student ratio • Evidence of action learning such as project, practical training, assignment, industrial attachment, etc. • Student feedback • Student course evaluation instrument • Peer evaluation instrument • E-Learning Management System (LMS), e.g. Moodle • Programme and course specifications • Internship reports • Reports of community service/community engagement • Life-long learning handbook |
| 2. The institution has a system to engage, assign and approve academic staff deployment based on merit, qualification, expertise and experience. | | | | | | | |
| 3. Qualifications of teaching staff are vertically aligned to each other and relevant to the courses/modules taught. | | | | | | | |
| 4. Minimum qualifications for lectureship in undergraduate programmes is a Master's degree aligned to the Bachelor's degree qualification in the relevant discipline. | | | | | | | |
| 5. Minimum qualifications for lectureship in postgraduate programmes is a Doctoral degree aligned to the Master's and Bachelor's degree qualifications in the relevant discipline | | | | | | | |
| 6. Teaching assistants are holders of first degrees in the relevant discipline for them to assist with tutorials and practicals; and shall not take charge of complete courses/modules. | | | | | | | |
| 7. Teaching staff have evidence of research output, quality teaching and community service. | | | | | | | |
| 8. Technical staff have a minimum qualification of a diploma in a relevant discipline. | | | | | | | |
| 9. Teaching and learning activities in the institution enhance life-long learning and are constructively aligned to the achievement of the expected learning outcomes. | | | | | | | |

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| 10. The teaching and learning strategies are student-centred and flexible; motivate students' self-reflection and engagement in the learning process. | | | | | | | <ul style="list-style-type: none"> • Well written and designed course module to support any form of distance teaching (defined as where the student and teacher are physically separated). • Well-written distance education course modules that support online teaching and learning. |
| 11. The environment and resources are appropriate and adequate to support each student. | | | | | | | |
| 12. Teaching and learning activities are monitored and evaluated for quality and improvement. | | | | | | | |
| 13. Students evaluate their lecturers for teaching and learning effectiveness every semester. | | | | | | | |
| 14. Peer evaluation of teaching is done regularly using an approved instrument. | | | | | | | |
| 15. The teaching and learning activities are improved to achieve the expected learning outcomes, quality of teaching and learning and life-long learning. | | | | | | | |
| 16. Where online teaching is used, it is supported by well-written distance education modules to support elearning and the module course material is related to online course material. | | | | | | | |
| 17. Online teaching as distance teaching instruction is supported by occasional face-to-face sessions. | | | | | | | |
| 18. Instructors who teach online are trained to write modules to complement elearning. | | | | | | | |
| 19. Gender-responsive pedagogy, andragogy and heutagogy are used in all programmes in the institution. | | | | | | | |

Overall strengths and weaknesses of the standard/criterion -----

STANDARD 12: STUDENT ASSESSMENT

Student assessment is one of the most important aspect of higher education. It is integral to curriculum design and to the learning journey of all students. Student assessment enables a learner to determine their progress through the medium of ongoing feedback, and it also determines whether a student has met the intended learning outcomes. The focus on assessment in higher education is increasing, being closely linked to the enhancement of learning and teaching strategies and the emphasis on student-centred learning. Student assessment can be defined as the process of evaluating students' abilities and achievements. It is an ongoing continuous and daily activity in every classroom, and it is integral to effective teaching. The outcomes of student assessment have a profound effect on students' future careers. It is therefore important that assessment is carried out professionally at all times and takes into account the extensive knowledge that exists on testing and examination processes. Assessment also provides valuable information for institutions about the efficiency of teaching and learner support. Student assessment is expected to:

- ✓ be designed to measure the achievement of the expected learning outcomes;
- ✓ be fit for purpose, whether diagnostic, formative or summative;
- ✓ have clear and published grading and marking criteria;
- ✓ be undertaken by people who understand the role of assessment in the students' progression towards achieving the knowledge and skills associated with their intended qualification; where possible, not relying on the evaluation of one single examiner;
- ✓ take account of all the possible consequences of examination regulations;
- ✓ have clear regulations covering student absence, illness and other mitigating circumstances;
- ✓ ensure that assessment is conducted securely in accordance with the institution's stated procedures;
- ✓ be subjected to administrative verification in ensuring the effectiveness of the procedures;

- ✓ inform students about the assessment being used for their programmes, what examinations or other assessment methods they will be subjected to, what will be expected of them, and the criteria that will be applied to the assessment of their performance.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/indicators |
|---|----------|----------|----------|----------|-----------------------------|------------------------|---|
| 1. Student assessment is carried out professionally at all times. | | | | | | | |

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| 2. The institution has a system to plan and select appropriate types of student assessment during the course of study. | | | | | | | <ul style="list-style-type: none"> • Student assessment, project work, thesis, final examination, etc. • Policy and procedures documents • Marking scheme • Moderation process • Appeal procedure • Programme and course specifications • Examination regulations • Minutes of meetings of the examination board |
| 3. The institution has several known student assessment methods. | | | | | | | |
| 4. The assessment procedures are published and consistently applied. | | | | | | | |
| 5. Assessment standards are stated for each programme and are competence- or outcomes-based, where applicable. | | | | | | | |
| 6. Assessment is carried out by competent and impartial examiners. | | | | | | | |
| 7. Integrity of examinations and award of degrees are ensured to guard against examination malpractice. | | | | | | | |
| 8. There is regular objective feedback to students on their strengths and weaknesses, and appropriate counselling support for improvement. | | | | | | | |
| 9. There is appeals process for students who may feel aggrieved by the assessment. | | | | | | | |
| 10. There is a QA handbook which covers a range of QA issues in addition to teaching, learning and assessment and the Handbook is known to staff and students. | | | | | | | |
| 11. In the institution, student assessment is aligned to the achievement of the intended learning outcomes. | | | | | | | |
| 12. The student assessment methods and the results of the assessment are reviewed to ensure validity, reliability | | | | | | | |

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| and fairness and the achievement of the expected learning outcomes. | | | | | | | |
| 13. The types of student assessment and assessment methods are improved to ensure their validity and reliability towards the achievement of expected learning outcomes. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 13: RESEARCH, INNOVATION, INDUSTRIALISATION AND INTELLECTUAL PROPERTY

Research is essential for innovation and the development of novel solutions to current and future challenges facing local communities, the nation and the global community. This is the basis for the heritage-based education philosophy enunciated by government. Innovative research also leads to industrialisation and modernisation of the country. Research is therefore an important key result area in institutions of higher education. Research provides the foundation for the advancement of knowledge as well as the discovery of new knowledge. It is the source of new ideas, methods, technology and innovation across a wide range of disciplinary and multi-disciplinary areas. Related to research and innovation is intellectual property which is a broad term for the various rights which the law provides to protect creative work, and especially to protect economic investment in creative effort. It includes copyrights, patents, designs, trademarks, inventions, and research data, records and results. Research conducted by or supported by the institution should also comply with the intellectual property rights policy established by the institution.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Sources of evidence for the standard as a whole |
|---|---|---|---|---|----------------------|-----------------|---|
| 1. The institution has research at both institutional and programme levels to ensure proper engagement in research. | | | | | | | <ul style="list-style-type: none"> Handbook on heritage-based education philosophy |
| 2. Teaching staff and students in all programmes offered in the institution | | | | | | | |

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| 10. There are standards, procedures, and processes for the approval of research proposals, and theses, and the conduct and supervision of research studies. | | | | | | <p>with other universities and organisations</p> <ul style="list-style-type: none"> • Sources and amount of research fund • Reports on innovation hubs and industrial parks activities and results • Samples of goods and services produced • Patents, copyrights, trademarks • Research data, records and results • Research publications |
| 11. There are policies, research management systems and strategies, adequate infrastructure and resources that facilitate all staff to undertake innovative research and publish research results. | | | | | | |
| 12. There are standards and processes for the approval of research proposals and theses/dissertations, in line with the research needs of the national or regional context, and capacity building possibilities for researchers, management of research partnerships and research contracts, handling of intellectual property and commercialisation of research, and effective and trustworthy management of research information. | | | | | | |
| 13. There is adequate academic integrity through the establishment and use of appropriate research committees and boards to ensure academic integrity | | | | | | |
| 14. The institution has a system to establish research collaboration and partnerships to meet research goals. | | | | | | |
| 15. The research undertaken is relevant and responsive to the needs for academic advancement and | | | | | | |

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| community development expectations. | | | | | | | |
| 16. The institution has a system to manage and protect inventions, patents, copyrights, research results. | | | | | | | |
| 17. The institution has a system to record, store and retrieve intellectual property. | | | | | | | |
| 18. The institution conducts regular training workshops for staff to enhance conceptual understanding of research, innovation, industrialisation and modernisation to enhance their operationalisation. | | | | | | | |
| 19. There is effective monitoring and evaluation of the research system as a whole. | | | | | | | |
| 20. The institution has significantly improved its research output by at least 10% in the past 12 months. | | | | | | | |
| 21. The institution has a dissertation supervision policy meant to curb sexual abuse of students by supervisors (e.g. through co-supervision) and the policy is widely distributed. | | | | | | | |
| 22. The institution has an all-inclusive research board to promote innovative and sustainable research for national needs and requirements. | | | | | | | |
| 23. The institution promotes consultancy and extension services in a conducive environment with various partners for | | | | | | | |

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| the development of knowledge frontiers and the nation. | | | | | | | |
| 24. The institution adequately funds the programmes and initiatives of the institution's research board, up to at least 10% of the institutional annual budget under normal circumstances. | | | | | | | |
| 25. The institution offers progressive solutions to national issues. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 14: STUDENT SERVICES AND SUPPORT

Student services is rarely considered as an area of quality assurance, yet it is very critical. In fact, students are key stakeholders in the provision of quality education. Most importantly, the student is the key client of higher education institutions. Accordingly, provision of quality services is essential. The roles of student services can begin before a student reaches university. For example, student services may have a key role in attracting students to a particular university, with sport and societies being factors that influence students' choices most in other countries. Other support units, such as accommodation and health services, play a major role in influencing the choices of local and international students. Once the students arrive, these expectations have to be met. As students arrive on campus, orientation activities are crucial in providing information and peer support, promoting social integration for all students (but particularly for international students), and reassuring students when they may be at their most vulnerable.

Good student services in the areas of accommodation, catering, health, counselling, and advice are vital for retention and enhanced learning experiences; without them, more students would leave without completing their programmes. It is also important that services are provided within and by the university, rather than in the broader community, so that they are student-centred and responsive to the particular needs of the academic community. Integration is easier for students in on-campus accommodation. Involvement in sports, recreation, clubs, societies and the Students' Union activities helps students develop their organisational, management and leadership abilities, and their skills in communication and teamwork, making them both more responsible citizens and more attractive to prospective employers. These are all very important transferable skills and students benefit enormously from being challenged to do things for themselves.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/indicators |
|--|----------|----------|----------|----------|-----------------------------|------------------------|--|
| 1. The institution has guidelines on the provision of student services and support. | | | | | | | <ul style="list-style-type: none"> • Student records • Student academic results • Student feedback • Student monitoring system • Student attendance • Student handbook • Survey results • List of student services and support • Service performance indicators • ZIMCHE Policy on the Minimum Norms and Standards for Student Housing |
| 2. The institution has a handbook on student services and support. | | | | | | | |
| 3. Student services and student monitoring system are planned, and this includes tracking student progress, academic performance and workload. | | | | | | | |
| 4. Student services and support; and student monitoring system are implemented to meet the needs of the students. | | | | | | | |
| 5. Qualified support staff with relevant competencies is assigned to deliver the desired level of service quality to students. | | | | | | | |
| 6. Student monitoring system is used to aid student learning, improve student well-being and enhance educational policies and procedures. | | | | | | | |
| 7. Review of student services and support is carried out to seek improvements and to raise the quality of services provided. | | | | | | | |
| 8. Student services and support; and student monitoring system are improved to meet stakeholders' needs. | | | | | | | |
| 9. Accommodation for students is adequate. | | | | | | | |
| 10. The institution has successfully implemented the ZIMCHE policy on the minimum norms and standards for student housing | | | | | | | |
| 11. Recreational facilities are in place and adequate. | | | | | | | |

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| 12. Dining facilities for students are in place and adequate. | | | | | | | |
| 13. The institution has appropriate student advisory system covering both academic and social aspects of student life. | | | | | | | |
| 14. The institution offers a broad range of competitive and non-competitive sports and recreation activities. | | | | | | | |
| 15. The institution has a student governance system that promotes development of leadership skills and engenders an ethos of democracy and tolerance of diversity. | | | | | | | |
| 16. The institution programmes that support development of appropriate life skills for students. | | | | | | | |
| 17. The institution provides an efficient alumni service. | | | | | | | |
| 18. The institution has mechanisms to monitor graduate destinations. | | | | | | | |
| 19. The institution has adequate facilities and amenities for diverse and dynamic student campus life. | | | | | | | |
| 20. The institution has mechanisms to cater for its off-campus students and students with special needs by facilitating transport and specialised services for students with disabilities. | | | | | | | |
| 21. The institution has a student charter that spells out student rights and privileges, duties and obligations, as well as grievances handling procedures. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 15: COMMUNITY SERVICE, OUTREACH AND ENGAGEMENT

The institution must encourage and promote community engagement and community service as part of its social responsibility. The institution is not only responsible for teaching, learning and research, but also for serving society. The institution must therefore ensure that community engagement activities are conducted within institutional policies and strategies that facilitate collaboration between the institution and its larger communities (local, national, regional, continental and global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity. Community engagement and community service provide learning opportunities to students and staff beyond the classroom. They also expose students to a holistic experience in learning and character development. The provision of community engagement and service should meet the vision and mission of the institution and bring mutual benefits to the institution and society at large. The institution should plan to engage the community and to provide service to meet its vision and mission. The institution should also be aware of the subtle difference between community engagement and community service. Community service-learning is also a unique community service and pedagogical strategy. The institution should integrate heritage-based education philosophy into community engagement to develop local resources for the benefit of the institution and the community.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/indicators |
|--|----------|----------|----------|----------|-----------------------------|------------------------|---|
| 1. The institution has policies and guidelines for community engagement and community service involving staff and students. | | | | | | | <ul style="list-style-type: none"> • Community service and community engagement policy • Community service and community engagement budget • Community Service contracts/agreements • Programme/course specifications • Reports on community |
| 2. The institution uses community service-learning as a teaching strategy. | | | | | | | |
| 3. The institution has integrated heritage-based education philosophy into community engagement to develop local resources for the benefit of the institution and the community. | | | | | | | |
| 4. The institution has a system to measure and monitor the community engagement and address community service stakeholders' needs and to their satisfaction. | | | | | | | |

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| <p>5. For the benefit of the students, institution, and society, the institution incorporates community engagement in its activities, for all the following reasons:</p> <ul style="list-style-type: none"> • Enriching scholarship, research, and creative activities; • Enhancing teaching and learning; • Facilitating preparation of educated and engaged citizens; • Strengthening democratic values and civic responsibility in students; and • Addressing critical societal issues and contribute to public good. | | | | | | | <p>service/engagement done</p> <ul style="list-style-type: none"> • Photos of students and staff partaking in community service / community engagement |
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Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 16: PUBLIC COMMUNICATION

The institutions must ensure that promotion of their programmes is carried out in a fair and ethical manner, premised on acceptable best practices. This is important because information about the institution’s activities is useful for prospective and current students, alumni and other stakeholders, and the public at large. The information includes programmes offered, selection criteria, expected learning outcomes, qualifications they award, teaching and learning procedures, graduation rates, learning opportunities, and information about the employment of its graduates. While the key stakeholder to receive the information is the student, other stakeholders such as parents, regulatory bodies and government authorities are also interested in the information institutions disseminate to the public.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/indicators |
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| f. Understanding of independent learning expectations; | | | | | | | |
| g. Schedule for face-to-face interactions, in the case of ODL and part-time programmes; | | | | | | | |
| h. Plagiarism and related penalties; | | | | | | | |
| i. Graduation information; and | | | | | | | |
| j. Collection of certificates and transcripts. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

STANDARD 17: MANAGEMENT OF INFORMATION AND DATA

The institution should ensure that it collects, analyses and uses relevant information for the effective management of its programmes and other activities. Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system. Various methods of collecting information may be used. It is important that students and staff are involved in providing and analysing information and planning follow-up activities. The information gathered focuses on overall performance of the institution and general information about the institution. Major information of interest includes key performance indicators; profile of the student population; student progression, success and drop-out rates; students’ satisfaction with their programmes; learning resources and student support available; and career paths of graduates including employability rates.

| Elements/descriptors of the standard | 1 | 2 | 3 | 4 | Observation/Comments | Recommendations | Examples of sources of evidence/indicators |
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| Academic performance | | | | | | | |
| 1. A variety of different types and sources of data are used by the institution, e.g. quantitative and qualitative data, input and output data. | | | | | | | <ul style="list-style-type: none"> • Performance reports of the institution |

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| 2. The institution has an electronic, protected and legally compliant data-management and retrieval system to provide accurate, complete and on-time information to support the quality management of the core functions of the institution. | | | | | | | <ul style="list-style-type: none"> • Stakeholders' satisfaction trends • Graduates, alumni and employer's surveys • Press reports • Employment surveys • Employment statistics • Stakeholders feedback • Data records • Data warehouse • Management and operational reports |
| 3. Credible and reliable data (for example, on throughput and completion rates) are systematically captured, and analysed as an integral part of the institutional quality management system so as to inform consistent and sustainable decision-making. | | | | | | | |
| 4. The pass rates and dropout rates of all study programmes and courses are established, monitored and benchmarked for improvement | | | | | | | |
| 5. The average time to graduate for all study programmes is established, monitored and benchmarked for improvement | | | | | | | |
| 6. Employability of graduates of all study programmes is established, monitored and benchmarked for improvement | | | | | | | |
| 7. The satisfaction levels of stakeholders on the quality of graduates are established, monitored and benchmarked for improvement. | | | | | | | |
| 8. The institution develops the capacity to interpret the data and to act on the results. | | | | | | | |
| 9. An evidence- and data-led approach is used to improve teaching, student success, the student experience, differential success rates, etc. | | | | | | | |

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| Research productivity | | | | | | | |
| 1. The type and volume of research activities by academic and research staff are established, monitored and benchmarked for improvement. | | | | | | | <ul style="list-style-type: none"> • Performance reports of research • Press releases • Publications and citations • Registration of patents, trademarks, copyrights • Research Board minutes • Research funds • Strategic research plans and goals |
| 2. The type and volume of research activities by students are established, monitored and benchmarked for improvement. | | | | | | | |
| 3. The type and volume of research publications including citations are established, monitored and benchmarked for improvement. | | | | | | | |
| 4. The type and volume of intellectual property are established, monitored and benchmarked for improvement. | | | | | | | |
| 5. The amount of research fund for each type of research activity is established, monitored and benchmarked for improvement. | | | | | | | |
| 6. The result of research and innovation, including commercialisation, incubation, establishment of start-ups, etc., is established, monitored and benchmarked for improvement. | | | | | | | |
| Community engagement | | | | | | | |
| 1. The community engagement and community service results of the institution, faculties, staff and students are assessed, monitored and benchmarked for improvement. | | | | | | | <ul style="list-style-type: none"> • Performance reports of community engagement and service • Strategic plans and goals • Press releases |
| 2. The community engagement and community service results of the | | | | | | | |

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| institution are categorised by faculty, academic staff and students. | | | | | | | <ul style="list-style-type: none"> • Students reports and feedback • Community feedback |
| 3. The type and volume of community engagement and community service; and contribution to society are assessed, monitored and benchmarked for improvement. | | | | | | | |
| 4. The societal impact and achievement of the community engagement and community service; and contribution to society are assessed, monitored and benchmarked for improvement. | | | | | | | |
| 5. Impact on students and staff of community engagement and community service is assessed, monitored, and benchmarked for improvement. | | | | | | | |
| 6. The satisfaction of stakeholders in community engagement and community service; and contribution to society is assessed, monitored and benchmarked for improvement. | | | | | | | |

Overall strengths and weaknesses of the implementation of the standard/criterion -----

APPENDIX 1B. DIAGNOSTIC QUESTIONS FOR THE 17 STANDARDS

Diagnostic questions are provided to help practitioners to discover their QA practices. They also guide institutions to address pertinent QA questions which may not be covered adequately in the questionnaire items based on the Likert scale. They can also be viewed as probing questions designed to encourage deep thought about QA practices. Hence, they complement questionnaire items in the self-assessment instrument.

Standard 1: Vision, Mission, Values and Culture

1. Is the institution's vision and mission relevant to its purpose and existence?
2. Are both the vision and mission well crafted?
3. How do students and staff define the culture of the institution? Is there congruence?
4. Were the stakeholders involved in developing the vision and mission?
5. Were the vision, mission and values communicated to the students and staff? If Yes, are students and staff familiar with the vision, mission and values of institution?
6. Are the senior leaders of the institution personally involved in communicating and demonstrating the shared values of the institution? If Yes, how do they do that?
7. Are the values of the institution shared and are they reflected in the behaviour of both students and staff?
8. Are the vision, mission and values of the institution reviewed? If yes, how?

Standard 2: Governance

1. What are the governance systems and structure of the institution?
2. What are the governance bodies of the institution?
3. Does the institution have meaningful and well-staffed faculties and departments consistent with a normal and functional institution?
4. What are the roles and responsibilities of the governance bodies?
5. Are the faculties and departments well-structured with cognate disciplines clustered instead of being grouped together just for convenience?
6. Are all the committees of Council fully functional?

7. Does the Council observe all elements of good institutional governance such as accountability, efficiency, effectiveness, transparency, ethical conduct, rule of law, participatory decision making (cooperative governance) involving staff and students? If yes, how is this done?
8. Does the Council adhere to all statutory requirements such as Public Entities Corporate Governance ACT?
9. Does the institution adhere to all provisions of the Enabling Act/Charter?
10. What does the Council do to ensure transformation and sustainability of the institution?
11. What are the criteria for appointing member to the various governance bodies in the institution?
12. Is the governance system and structure evaluated? If Yes, how?
13. What risk management strategies are in place?

Standard 3: Leadership and strategic management

1. Does the institution distinguish between leadership and management roles? If yes, what are the roles of each?
2. What kind of management structure does the institution have?
3. Is the management structure aligned to the vision, mission and values and the strategic goals of the institution?
4. What are the roles and functions of the management and the various organisational units?
5. How do senior leaders engage key stakeholders in driving the vision, mission and strategic goals of the institution?
6. Is the leadership and management structure evaluated? If yes, how?
7. What improvements have been made to improve leadership and management structure?
8. The institution has a good understanding of strategic management. If yes, how does it go about it?
9. Are stakeholders involved in strategic management? If yes, how?
10. What tools does the institution use in its strategic planning and strategic management?
11. Is the strategic plan aligned to the vision and mission the institution?
12. Does the institution have long and short-term plans or annual work plans? If Yes, are they aligned to the strategic plan?
13. What key performance indicators are established to measure and monitor the achievement of strategic goals or key result areas?
14. How is the review of strategic management and goals carried out?
15. Are the organisational goals aligned to the SMART principle (i.e. Specific, Measurable, Achievable, Relevant and Time-bound)
16. Is the institution involved in strategic thinking and strategic agility? If yes, how?

Standard 4: Human Resources Management

Academic and Support Staff/Non-teaching staff

1. What are the qualifications and skills of staff members?

2. Do the skills, qualifications and expertise of the staff match their roles?
3. What challenges does the institution encounter with regards to human resources, such as age distribution, difficulties in filling vacancies or in attracting qualified academic staff?
4. How does the institutions handle the challenges it faces?
5. How many fulltime Master's and PhD degree holders are there among the academic in each academic department?
6. What policies are in place with regard to the employment of academic and support staff involved in teaching and research?
7. How is training of junior/new academic and support staff carried out?
8. How satisfied are staff members with their work arrangements?
9. What is the institution's staff-to-student ratio and how is it determined?
10. Are there any indicators used to measure the quality of academic and support staff? If yes, what are the indicators?
11. Does the institution have a policy on staff inbreeding especially academic staff?
12. Does the institution promote staff diversity and inclusivity? If yes, how diversified is its staff?

Staff Management

1. Is there human resources planning of academic and support staff in the institution? If Yes, how is it carried out?
2. What are the recruitment and promotion criteria of academic and support staff?
3. Is there any performance management system for academic and support staff in the institution? If Yes, how is it done?
4. Is there any succession plan for key positions in the institution? If Yes, what is it done?
5. Is there any career development plan for academic and support staff in the institution?
6. To what extent are academic and support staff members satisfied with the HR policy?
7. Does the institution assess staff satisfaction with their work environment? If Yes, what indicators are used to measure the satisfaction level of academic and support staff?

Training and Development

1. Does the institution train and develop its staff? If yes, who is responsible for academic and support staff training and development activities?
2. Does the institution have a training and development policy?
3. Does the institution carry out training needs assessment? If yes, how is it done?
4. What percentage of the institution's budget is allocated for training of academic and support staff?

Standard 5: Physical facilities and infrastructure

Physical Facilities and Infrastructure

1. Do institutional facilities which include lecture-halls, seminar rooms, laboratories, reading rooms, and computer rooms meet the needs of students and staff?
2. Are the laboratory facilities and equipment adequate?
3. Do the laboratories and equipment meet the relevant regulatory requirements?
4. Are the teaching aids sufficient for students and staff and are they readily available for use?
5. Are the facilities and infrastructure maintained regularly?

IT Facilities and Infrastructure

1. Are hardware and software adequate to meet the needs of teaching and research needs?
2. Is there a policy for replacing or renewing hardware and software? If Yes, what is the policy?
3. How are the IT facilities and infrastructure maintained?
4. Are the IT development and upgrading plans up-to-date?
5. Is the wifi coverage and bandwidth adequate to meet the demands of students and staff?
6. Are the computer systems and networks secure? If yes, give details.
7. Are computers and networks protected from viruses and hacking?
8. Is the anti-plagiarism software in place?
9. Do institutional branch campuses have adequate IT facilities and infrastructure?

Academic Resources

1. Is the library adequately equipped for teaching and research? If Yes, give details.
2. Is the library easily accessible and reachable by students in terms of location and opening hours?
3. Is there a budget for purchasing and subscribing collections, online databases and journals? If Yes, how big is the budget?
4. What library services are provided to support teaching, learning and research?
5. Do institutional branch campuses have adequate library facilities?

Health and recreational facilities

1. Does the institution have a health facility for students and staff? If yes, is it sufficiently equipped and staffed?
2. How easily accessible is the facility?
3. Do students and staff have access to health insurance and is it generally affordable?

Standard 6: Financial resource management

1. Does the institution have a reputable financial management system?
2. What are the financial policies, procedures and practices in place and are they satisfactory?
3. Is strategic planning and financial planning aligned?
4. How is the institutional budget determined? How participatory is the budgeting process?
5. How diversified are the sources of funding for the institution?
6. Is the institution involved in resource mobilisation?
7. Is there a special budget for each element for Education 5.0, e.g. research, teaching and innovation?
8. Does the institution have robust financial controls to deal with fraud?

Standard 7: External Relations, Partnerships, Networks and Internationalisation

1. Do the partners of the institution include business and industry, other universities, professional bodies, alumni, government and non-government organisations, among others?.
2. Does the institution have MOUs with its partners? If yes, does these contain critical details such as period of partnership, terms and conditions and mutual expectations?
3. Are the goals for establishing external relationship or partnership aligned with the institution's vision and mission?
4. What are the expected benefits of the external relations, partnerships, networks and internationalisation to the institution and its stakeholders?
5. How does the institution choose its partners and networks?
6. What criteria are used to identify, select, evaluate, renew or not renew partnerships?
7. Is the institution involved in internationalisation at home? If Yes, how?

Standard 8: Internal Quality Assurance

1. Does the institution have a functional IQA unit? If yes, how is it organised?
2. Does the institution have an IQA policy? If yes, what are the key contents of the policy?
3. What is the institution's strategy on the provision of quality education broadly defined?
4. What are the institution's preferred definitions of quality education?
5. Does the institution have a culture of verbalising its definitions of quality education to inculcate the culture of quality?
6. What are the roles and responsibilities of QA units, faculties, departments for assuring quality?

7. How are stakeholders engaged and involved in QA?
8. How is the IQA system implemented, evaluated and improved?
9. Does the IQA system in the institution complement the external quality assurance system? If yes, explain.
10. Is top leadership and management committed to the IQA system? Justify your response.
11. Is the IQA system aligned to the vision, mission and values of the institution? If yes, how?
12. Are the stakeholders aware of the IQA system of the institution? If yes, who is responsible for the awareness and training of QA?
13. Is there a plan for QA awareness and training?
14. What QA competences are needed for staff to carry out their QA roles effectively?
15. Does the institution carry out training needs assessment for QA? If yes, how are training needs in QA identified?
16. Does the IQA have performance indicators of quality in higher education? If yes, what are they?
17. What indicators are used to measure the QA awareness and training activities and their effectiveness?
18. Does the institution have a QA enhancement plan? If yes, is the plan aligned to the strategic QA plan?
19. Does the institution benchmark its operations to improve quality? If yes, list these benchmark partners and explain how they were selected?
20. Does the institution's benchmarking process lead to organisational learning? If yes, is the organisational learning documented and shared?
21. Does the institution review its benchmarking process for continuous improvement?

Standard 9: Student Recruitment and Admission

1. Does the institution have a student admission policy?
2. Are student intakes monitored and analysed? If yes, how?
3. How are students selected? Who selects them? Are those involved conversant with student admission?
4. What criteria are used for admitting local and foreign students?
5. What is the institution's policy with regard to the intake of local and foreign students?
6. What measures are taken to influence the quality and the size of each intake?
7. Does the institution consider lecturer-student ratio and facilities when enrolling students?
8. Is the admission policy non-discriminatory?
9. Is the institution familiar with theory and practice of enrolment management? If yes, what are the institutions enrolment management strategies?

Standard 10: Curriculum Design, Monitoring and Evaluation

1. Who is responsible for designing the curriculum?
2. Are academic staff and students involved in the curriculum design? If Yes, how are they involved?
3. What are the roles of the stakeholders in the design and review of the curriculum?

4. How is curriculum change brought about? Who takes the initiative?
5. Who is responsible for implementing the curriculum?
6. When designing curriculum, how is benchmarking with other institutions done?
7. Does the institution have curriculum committees? If yes, what are the roles of curriculum committee(s)?
8. How is a programme and its courses monitored and evaluated? Is the monitoring and evaluation done systematically?
9. Are students involved in evaluating the curriculum and courses? If yes, how are they involved?
10. How frequent is the curriculum evaluated?
11. What actions are taken to improve the curriculum and its design process?

12 (a) Does the programme design phase of the institution include the following activities:

1. Determining stakeholders' needs;
2. Formulating expected learning outcomes of the programme;
3. Setting student admission requirements;
4. Determining programme structure and content;
5. Setting approach to teaching and learning;
6. Setting approach to student assessment;
7. Determining subject matter experts and resources;
8. Aligning to national qualification framework and subject benchmarks; and
9. Marketing and promotion of programme?

13(b) Does the programme development phase include the following activities:

1. Formulating expected learning outcomes of the course and lessons;
2. Developing course syllabus and delivery plan;
3. Determining teaching and learning methods; and
4. Setting student assessment?

14 (c) Does the programme evaluation include the following activities:

1. Monitoring and evaluating the needs of the stakeholders;
2. Evaluating the achievement of the expected learning outcomes;
3. Evaluating the relevancy and currency of the programme and courses and their contents;
4. Evaluating the teaching and learning methods;
5. Evaluating the student assessment; and
6. Evaluating the quality of students?

Standard 11: Teaching and learning

1. What is the educational philosophy which is guiding the teaching learning process?
2. Are the instructors clear about the distinction between teaching and learning?
3. What are the teaching and learning methods used in the institution?
4. Does the institution provide and promote diversity and inclusivity of the learning environment? If yes, explain (e.g. consider student exchange programmes, internship, and community service learning).
5. Are teaching and learning methods aligned with the expected learning outcomes?

6. Does the institution use technology in teaching and learning? If yes, how is it used?
7. What e-learning facilities are available in the institution a) for lecturers b) for students?
8. How are teaching and learning evaluated?
9. Are teaching and learning strategies inclusive for the disabled?
10. Is there any collaboration in teaching across the institution and/or institutions?
11. Are there any methodological innovations the institution is using which make them stand out from other institutions?
12. In what ways are issues of inclusivity addressed in the e-learning mode of teaching-learning?
13. What teaching methods are used? Are they relevant and varied?
14. Are the teaching methods consistent with best practices in higher education?
15. Are there any barriers that prevent the use of desired teaching and learning methods (e.g., number of students, infrastructure, teaching skills, etc.)?
16. Does the institution deliver all or some of its courses through distance teaching defined as “any form of education in which the teacher and the learner are separated in either time or space”? If yes, does the institution ensure that:
 - a. There are face-to-face sessions to provide general orientation and introduction to the course materials at the commencement of the course;
 - b. There are special face-to-face sessions for difficult aspects of the course during the programme/course; and
 - c. There are face-to-face sessions to provide some revision work to learners before examinations?

Standard 12: Student assessment

1. To what extent do the assessment and examinations cover the content of the courses and programme?
2. To what extent do the assessment and examinations cover the objectives of the courses and of the programme as a whole?

3. What assessment methods does the institution use?
4. Are the assessment methods varied?
5. What safeguards are put in place to ensure objectivity of assessments?
6. How satisfied are the students with the assessment methods and procedures?
7. What are the rules for re-assessment and are students satisfied with these?
8. Are the assessment methods inclusive?
9. How are students' complaints about assessment handled?
10. Does the institution have student assessment procedures which are published and consistently applied? If yes, do these include all the following:
 - a. A range of assessment methods (e.g. coursework, projects, research, i. dissertation and examinations to serve formative and summative assessment purposes),
 - b. Internal and external moderation
 - c. Invigilation procedures
 - d. Monitoring of student progress
 - e. Validity and reliability of assessment practices
 - f. Recording of assessment results and settling of disputes
 - g. Rigour and security of assessment system?
11. Does the institution implement student-centred teaching and learning? If yes, does it:
 - a. respect and attend to the diversity and inclusivity of students and their needs, enabling flexible learning path;
 - b. consider and use different modes of delivery, where appropriate;
 - c. flexibly use a variety of pedagogical methods;
 - d. regularly evaluate and adjust the modes of delivery and pedagogical methods;
 - e. encourage a sense of autonomy in the learner, while ensuring adequate guidance and support from the instructor;
 - f. promote mutual respect within the learner-teacher relationship;
 - g. have appropriate procedures for dealing with students' complaints?

Standard 13: Research, innovation, industrialisation and intellectual property

1. How does the institution manage its research, innovation and industrialisation?
2. Does the institution have a research policy?
3. Does the institution have a handbook on innovation and industrialisation?
4. Has the institution put in place innovation hubs and industrialisation parks?

5. What goods and services has the institution produced?
6. Has the institution registered any patents? If yes, list them.
7. Does the institution have a policy on intellectual property management?
8. What is the institution's strategy on research?
9. Does the institution have a policy on research ethics including management of human subjects?
10. How is research organised at the faculty and departmental levels?
11. Does the institution have guidelines on conducting research and producing publications of high quality?
12. What are the roles and responsibilities of QA units, faculties, and centres for assuring quality in research?
13. How are the research strategies and policies implemented, evaluated and improved?
14. Are the research and innovation activities aligned to the vision and mission of the institution?
15. How are the research funds secured and tracked for accountability?
16. What are the key performance indicators for research activities?
17. Has research and innovation in the institution made any impact to the community and the country at large?
18. How is the impact of research and contribution to society measured?
19. How are outputs and outcomes of research and innovation measured?
20. Does the institution have a policy to protect intellectual property rights?
21. Does the institution collaborate with other organisations in its research?
22. ? How are research data, records and results captured, stored and published?

Standard 14: Student services and support

1. Do student services and support include academic advice, counselling, co-curricular activities, grievances handling, and other student support services?
2. What indicators are used to monitor student progress and performance?
3. How are the data in the monitoring system used?
4. What roles do academic staff members play in providing academic advice and support to students?
5. How does the institution help first year students and underperforming students?
6. How does the institution empower students with study skills for all students including those with problems?
7. What assistance is given to students in completing their internships and dissertations?
8. How does the institution advise students on problems concerning course options, change of options, interruption or termination of studies?
9. Does the institution provide career guidance services?
10. How is the quality of student services and support measured?

11. How satisfied are students with the support services provided by the institution?
12. Does the institution offer student support off-campus?

Standard 15: Community engagement/ community service

1. Does the institution have a policy on community engagement and community service?
2. Does institution distinguish between community engagement and community service?
3. What role does the institution play in the local, regional, and international community?
4. What are the key services provided?
5. Do the services provided support the vision and mission of the institution?
6. How satisfied are the stakeholders with the services provided?
7. What benefits are derived from the community engagement and service?
8. Does the institution have mechanisms for partnering with other stakeholders in the community for sustainable development?

Standard 16: Public communication

1. Does the institution have guidelines on public communication?
2. Who is responsible for ensuring that the information sent to the public including students is clear and accurate?
3. Does each programme have required information for effective communication to current and potential students?
4. Does the information use various media to communicate the required information by stakeholders?
5. Does the institution communicate the required information to key stakeholders regularly and when required?
6. Is the staff responsible for communicating with stakeholders trained to communicate effectively?
7. Is the information required by stakeholders easily accessible?

Standard 17: Management information and data

Pass Rates and Dropout Rates

1. What is the system to monitor pass rates and dropout rates of students?
2. What does each department think of its pass rates? If not satisfactory, what measures have been taken to improve the pass rates?
3. How high is the dropout rate? What are the explanations for the dropout rate?
4. Where do the dropout students go to?

Average Time to Graduation

1. What does the department think of the average time to graduate?
2. What measures have been taken to promote graduation and to shorten the average time to graduate?
3. What effect do these measures have?

Quality of Graduates

1. How satisfactory is the quality of the graduates?
2. How the achieved standards match the expected standards?
3. How graduates get their jobs? What are the career prospects of graduates over the last few years?

Employability of Graduates

1. What percentage of graduates found a job within six months of graduation over the past five years? What percentage of graduates found a job within a year?
2. What percentage of graduates is still unemployed 1 year after graduation?

Stakeholders' Satisfaction

Staff:

1. What mechanisms are available to staff to express their satisfaction or dissatisfaction about the programme, resources, facilities, processes, policies, etc.?
2. What indicators are used to measure and monitor the satisfaction level of staff?
3. What initiatives are carried out to raise the satisfaction level of staff? How effective are they?

Students

1. How does each department know about what the students think about the courses, programme, teaching, examinations, etc.?
2. How does the department cope with the feedback and complaints from students?

Alumni (Graduates)

1. What is the opinion and feedback of the graduates about the competencies that they acquired from the programme and the institution as a whole?
2. How is the feedback from the alumni used to improve the programme?

Labour Market

1. How satisfied are employers with the quality of the graduates?
2. What are the specific complaints about the graduates?
3. What specific strengths of the graduates are appreciated by the employers?

Research productivity

1. What types of research activities are carried out by the faculties, research centres, staff and students?

2. How are the research activities aligned to the research goals? How are they aligned to the vision and mission of the university and faculty?
 3. What is the trend of research quantity and quality over time?
 4. Are research activities benchmarked for improvement?
 5. How are staff and students motivated to carry out research?
1. What types of community engagement and community service are carried out by the institution, faculties, staff and students?
 2. To what extent is community engagement and community service aligned to the institution's goals?
 3. What is the trend of community engagement and community service over time?
 4. Are community engagement and community service benchmarked for improvement?
 5. What are the benefits and impact of community engagement and community service to society?

Community service, outreach and engagement

1. What types of community service, outreach and engagement are carried out by the institution, faculties, staff and students?
2. To what extent is community outreach, community engagement and community service aligned to the institution's goals?
3. What is the trend of community engagement , community outreach and community service over time?
4. Are community outreach, community engagement and community service benchmarked for improvement?
5. What are the benefits and impact of community outreach, community engagement and community service to society?

APPENDIX 2: PROGRAMME SELF-ASSESSMENT QUESTIONNAIRE

1.1 PREAMBLE

The quality of programmes offered in any university is of paramount importance. Programme quality ensures international recognition of the degrees conferred by an institution. Thus, quality assurance (QA) at programme level is critical. In fact, the provision of quality education in any university is most noticeable at programme level. This explains why some universities are well-known for offering certain degree programmes. For easy quality management, emphasis is usually put on programme delivery. Programme self-study as a component of QA at programme level is therefore essential. The outcomes of QA at programme level are:

- Ability to meet expectations of stakeholders;
- Effectiveness and competitiveness of the programmes;
- Modernization of the curriculum;
- Promotion of academic innovation;
- Readiness to meet programme accreditation and programme audit requirements; and
- Timely production of comprehensive self-assessment reports;

Programme self-study is an Internal Quality Assurance (IQA) mechanism which universities should use to maintain and enhance the quality of education provision in an institution. It is aimed at enhancing programme quality with regard to the following dimensions:

- quality of inputs;
- quality of processes;
- quality of outputs; and

- Quality of outcomes

Finally, the programme self-assessment questionnaire is generic and applicable to programmes in all disciplines. The questionnaire can also be viewed as guidelines to collect data for programme self- assessment. In this manual, the word questionnaire is used to emphasise its use as a data collection tool.

1.2 Focus areas of programme self-study (assessment)

Apart from continuous enhancement of the quality of a given programme, this questionnaire provides a framework for carrying out programme self-study in preparation for external programme audit by the ZIMCHE. Universities must therefore use this questionnaire to write their programme self-study reports before external programme audit. The questionnaire focuses on key areas which should be addressed whenever a programme review or assessment is carried out. Based on the literature review and government policy guidelines, programme areas which need attention during review or assessment include:

- Expected learning outcomes
- Details of programme structure and content
- Teaching and learning opportunities and strategies
- Student assessment
- Academic staff quality
- Support staff/Non-teaching staff quality
- Student quality
- Facilities and infrastructure
- Quality enhancement activities and strategies
- Programme outputs and outcomes
- Community engagement/Community service
- Research, innovation and industrialisation

In addition, leadership and management of programmes by chairpersons and deans where the programme is housed should also be assessed as a component of programme self-study.

It is important to note that this questionnaire is premised on the Zimbabwean higher education policy context, that is, Education 5.0, which encompasses 5 expected functions of higher education institutions, namely, teaching, research, community service, innovation and industrialisation. The questionnaire also includes international QA standards at programme level. Hence, in designing this questionnaire reference was made to the existing the ZIMCHE QA standards, African

Standards and Guidelines for QA in Higher Education (ASG) and the ASEAN University Network guidelines on programme self-study. This questionnaire can also be viewed as “Programme Self-Study Guidelines for Quality Assurance”.

1.3 How to complete this questionnaire

This questionnaire focuses on 4 aspects:

- a) Assessment of quality assurance systems in the development and implementation of academic programmes;
- b) Assessment of execution of roles by the Chairperson of Department where the programme is housed;
- c) Assessment of execution of roles by the Faculty Dean where the programme is housed; and
- d) Overview of statistical data of the Department where the programme is housed.

From Section (a) to (c), reviewers are expected to respond to each statement using the following scale:

1. **Absolutely inadequate:** The QA practice to fulfil the given statement is not implemented. There are no plans, documents, supporting evidence or results available. Immediate improvement must be made.
2. **Inadequate and improvement is required:** The QA practice to fulfil the given statement is still at its planning stage or is inadequate where improvement is necessary. There is little documentation or evidence available. Performance of the QA practice shows little or poor results.
3. **Adequate as expected:** The QA practice to fulfil the given statement is adequate and the evidence to support that it has been fully implemented. Performance of the QA practice shows consistent results as expected.
4. **Excellent (example of world-class or leading practices):** The QA practice to fulfil the given statement is considered to be excellent or example of world-class or best practices in the field. There is evidence to support that it has been innovatively implemented. Performance of the QA practice shows excellent results and outstanding improvement trends.

In column 7 (Evidence available), the institution is expected to tick any of the evidence listed if available in the institution. The institution can also add any source(s) of evidence not listed in this column.

The institution should tick in the appropriate box that best represents its observation for each criterion statement.

Under observations/suggestions, the institution writes its comments/suggestions against each statement

Under recommendations, the institution makes its own recommendations against each criterion statement statement.

1.4 Composition of the self-study team

The composition of the review team shall be as follows:

- Chair – a senior academic appointed by the Vice Chancellor
- Programme Coordinator
- Senior Assistant Registrar in the Faculty (Secretary)
- Two teaching staff members
- Two non-teaching/support staff members
- Two student representatives
- One member of staff from the Quality Assurance Directorate

1.5 Data collection methodology

The review team will collect data from all key stakeholders which include students, teaching and non-teaching/support staff. Data collection will include interviews, questionnaires and document analysis. Programme staff is therefore expected to keep files of all programme documents such as programme regulations, staff

information such as qualifications, job descriptions and student profiles. Both programme staff and students should be readily available for interviews and focus group discussions. The reviewers should advise in advance staff and students who will participate in the exercise. The whole process should transparent and participatory consistent with good institutional governance.

1.6 Programme self-assessment report

The programme review report shall be based on programme quality assurance standards which are operationalised through elements of each standard. The assessment will focus on the performance of the institution on each of the standards. The evidence collected shall be part of the report and should be attached as an appendix.

2.0 Programme QA standards and their respective elements

2.1 Intended learning outcomes

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|---|---|---|---|---|-----------------------|-----------------|---|
| i. The aim or purpose of the programme is clear. | | | | | | | <ul style="list-style-type: none"> • Programme regulations • Accreditation and benchmarking reports |
| ii. The programme has clear learning outcomes. | | | | | | | |
| iii. The learning outcomes are measurable and achievable. | | | | | | | |

| | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|---|
| iv. | The students and staff are familiar with the learning outcomes of the programme. | | | | | | | <ul style="list-style-type: none"> • Programme and course brochures • Stakeholders' input reports • Programme information on university and faculty websites |
| v. | The learning outcomes take into consideration vision and mission of the University. | | | | | | | |
| vi. | The content of the programme address labour market needs. | | | | | | | |
| vii. | The learning outcomes for the programme are aligned with the ZIMCHE requirements. | | | | | | | |
| viii. | The learning outcomes of each course are consistent with programme learning outcomes. | | | | | | | |
| ix. | The learning outcomes cover both subject/discipline specific and transferable learning outcomes. (Transferable learning outcomes relate to almost all disciplines such as problem-solving, written and oral communication, teambuilding and information technology). | | | | | | | |
| x. | The learning outcomes reflect the demands and needs of the stakeholders, e.g. students themselves and employers. | | | | | | | |
| xi. | The learning outcomes are reviewed on a regular basis. | | | | | | | |
| xii. | The learning outcomes of the programme are being realised. | | | | | | | |
| Overall assessment | | | | | | | | |

2.2 Programme structure and content

| Examples of sources of evidence/indicators | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|--|---|---|---|---|-----------------------|-----------------|---|
| i. The programme has a qualified coordinator with a clear job description. | | | | | | | <ul style="list-style-type: none"> • CVs of fulltime lecturers who teach on the programme • CVs of part-time lecturers who teach on the programme. • Programme and course brochures • Stakeholders' input reports • Programme information on university and faculty websites • Benchmarking reports • Programme development guidelines |
| ii. Approved regulations of the programme are readily available. | | | | | | | |
| iii. The programme has a least 2 fulltime and qualified lecturers. | | | | | | | |
| iv. Names and qualifications of the full-time lecturers who teach on the programme appear on the departmental webpage of the University. | | | | | | | |
| v. The duration of the programme is clearly stated. | | | | | | | |
| vi. The mode of delivery of the programme is adhered to. | | | | | | | |
| vii. The duration of each course on the programme is clearly stated. | | | | | | | |
| viii. The courses are reasonably spread throughout the duration of the programme. | | | | | | | |
| ix. The teaching and learning methods and student assessment are aligned to the learning outcomes. | | | | | | | |
| x. Good practices and benchmarks were used to design the programme and the courses. | | | | | | | |
| xi. The programme has a file of its local and international benchmarks. | | | | | | | |
| xii. Approved programme or curriculum design model(s) or guidelines was used to develop the programme. | | | | | | | |

| | | | | | | | |
|--------------------|---|--|--|--|--|--|--|
| xiii. | The programme has a detailed and up-to-date information in form of a brochure or handbook. | | | | | | |
| xiv. | All courses in the programme meet the Zimbabwe Credit Accumulation and Transfer System (ZIMCATS) standards. | | | | | | |
| xv. | The Minimum Body of Knowledge and Skills (MBK/S) of the programme were approved by the ZIMCHE. | | | | | | |
| xvi. | All course synopses were approved by the University Academic Board/Senate and the ZIMCHE. | | | | | | |
| xvii. | All course synopses are communicated and made available to students and other stakeholders. | | | | | | |
| xviii. | The all courses have course outlines and are aligned with the expected learning outcomes of the programme. | | | | | | |
| xix. | Each course content helps to achieve the expected learning outcomes of the programme. | | | | | | |
| xx. | The programme and its content are continuously reviewed. | | | | | | |
| Overall assessment | | | | | | | |

2.3 Teaching and learning opportunities and strategies

| Examples of sources of evidence/indicators | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|---|---|---|---|---|-----------------------|-----------------|---|
| <ul style="list-style-type: none"> The instructors follow clearly stated teaching and learning guidelines to enhance the quality of teaching. | | | | | | | <ul style="list-style-type: none"> Statement on educational philosophy Evidence of practical/action learning such as students' projects, industrial attachment reports, etc. Samples of students' feedback Online students' learning portal Programme and course brochures Community service reports Copies of Memorandum of Understanding (MOU) |
| <ul style="list-style-type: none"> The teaching guidelines are readily available to teaching staff. | | | | | | | |
| <ul style="list-style-type: none"> Teaching and learning activities in the programme are well- crafted and aligned to enable achievement of programme learning outcomes. | | | | | | | |
| <ul style="list-style-type: none"> Teaching and learning methods are based on known educational philosophy? (e.g. learning by doing). | | | | | | | |
| <ul style="list-style-type: none"> Teaching and learning activities in the programme foster the achievement of 21st graduate skills. | | | | | | | |
| <ul style="list-style-type: none"> Teaching and learning in the programme address Education 5.0 goals, i.e. teaching, research, community service, innovation and industrialisation. | | | | | | | |
| <ul style="list-style-type: none"> Effective pedagogical strategies have been developed or identified in the programme. | | | | | | | |
| <ul style="list-style-type: none"> Student centred teaching and learning strategies are used in the programme. | | | | | | | |
| <ul style="list-style-type: none"> Teaching methods used in the programme are diverse and include use of ICT. | | | | | | | |
| <ul style="list-style-type: none"> Teaching and learning activities in the programme enhance life-long learning. | | | | | | | |
| <ul style="list-style-type: none"> A variety of methods are used to assess teaching and learning in the programme. | | | | | | | |
| <ul style="list-style-type: none"> The teaching approaches achieve the learning outcomes. | | | | | | | |
| <ul style="list-style-type: none"> The learning environment is conducive to ensure maximum students' success. | | | | | | | |

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| • Research is integrated into the programme. | | | | | | | | |
| • Practicum or practical training is part of the programme. | | | | | | | | |
| • Community service-learning is part of the programme. | | | | | | | | |
| • Teaching staff is well-trained to use a variety of online teaching methods. | | | | | | | | |
| • Teaching staff can effectively use eLearning platforms such as Moodle | | | | | | | | |
| • Students are trained to use elearning platform such as Moodle | | | | | | | | |
| • Instructors who teach online are trained to write modules to complement elearning. | | | | | | | | |
| • Teaching staff can assess students' performance using online teaching platform. | | | | | | | | |
| Overall assessment | | | | | | | | |

2.4 Student assessment

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|---|---|---|---|---|-----------------------|-----------------|--|
| i. Student assessment in the programme is planned, regular and continuous. | | | | | | | <ul style="list-style-type: none"> • Appeal procedure • Examination regulations • Marking schemes • Moderation process |
| ii. Student assessment in the programme is aligned to the achievement of learning outcomes. | | | | | | | |

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| iii. | Student assessment in the programme include timelines, methods, regulations, weight distribution, rubrics and grading. | | | | | | | <ul style="list-style-type: none"> • Course outlines • Samples of work assessed e.g. assignments |
| iv. | Student assessment methods in all courses include assessment rubrics and marking schemes that ensure validity, reliability and fairness of student assessment. | | | | | | | |
| v. | Feedback on student assessment is timely and enhances learning. | | | | | | | |
| vi. | Students have access to appeal procedures in connection with their assessments. | | | | | | | |
| vii. | Student assessment covers student entrance, student progress and final examinations/tests. | | | | | | | |
| viii. | Student assessment uses a variety of methods. | | | | | | | |
| ix. | Student assessment reflects the expected learning outcomes and the content of each course in the programme. | | | | | | | |
| x. | The criteria for assessment are explicit and known by students and teaching staff. | | | | | | | |
| xi. | The assessment methods cover the objectives of each course. | | | | | | | |
| xii. | The overall assessment is viewed by the students and teaching staff as fair and transparent. | | | | | | | |
| Overall assessment | | | | | | | | |

2.5 Academic staff quality

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|--|---|---|---|---|-----------------------|-----------------|--|
| i. The lecturers/instructors are qualified to teach at the levels they teach. | | | | | | | <ul style="list-style-type: none"> • Lecturer distribution in terms of age, gender, expertise, etc • Research and publication data • Recruitment criteria • Staff qualifications • Training needs and plan • Peer review • Student feedback • Staff workload • Allocation of roles and duties for the programme |
| ii. There are at least 2 PhD degree holders who teach on the programme. | | | | | | | |
| iii. All lecturers hold relevant academic qualifications to teach at appropriate levels | | | | | | | |
| iv. Professors or senior lecturers mentor junior or new teaching staff. | | | | | | | |
| v. Senior academic staff members are allocated classes to teach undergraduate students. | | | | | | | |
| vi. There is a policy on the involvement of academic staff in supervision of research projects/dissertations, seminars, and practical training/attachment. | | | | | | | |

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| vii. | The lecturer-student ratio and workload are monitored to improve the quality of teaching and research and service. | | | | | | |
| viii. | The lecturer-student ratio is generally acceptable by students and teaching staff. | | | | | | |
| ix. | The recruitment and selection criteria for all teaching and non-teaching/support staff is known and communicated to all interested stakeholders. | | | | | | |
| x. | The competences of all teaching and non-teaching/support staff on the programme are evaluated using a known evaluation instrument. | | | | | | |
| xi. | Training and developmental needs of teaching and non-teaching/support staff are identified and activities implemented to fulfil them. | | | | | | |
| xii. | Performance management system including rewards and recognition is implemented to motivate and support teaching and research activities. | | | | | | |

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| xiii. | Types and quantity of research activities by academic staff are established, monitored and benchmarked for improvement. | | | | | | | |
| xiv. | Academic or teaching staff carry out research and publish in reputable academic journals. | | | | | | | |
| xv. | Academic staff members know the minimum number of research articles they must publish in a year | | | | | | | |
| Overall assessment | | | | | | | | |

2.6 Support staff quality

| Elements of the standard | | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|---------------------------------|---|----------|----------|----------|----------|------------------------------|------------------------|---|
| i. | Programme support staff members are adequate and qualified. | | | | | | | <ul style="list-style-type: none"> • Recruitment criteria • Staff qualifications • Job descriptions • Training needs and plan |
| ii. | Recruitment and selection criteria for appointment, deployment and promotion of non-teaching/support staff widely are communicated. | | | | | | | |

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| iii. | Competences of support staff are identified and evaluated. | | | | | | <ul style="list-style-type: none"> • Staff workload • Termination, re-employment and retirement schemes • Performance appraisal system • Student feedback • Staff handbook • Job description |
| iv. | Training and developmental needs of support staff are identified and activities implemented to fulfil them. | | | | | | |
| v. | Performance management including rewards and recognition for support staff is implemented to motivate support staff. | | | | | | |
| vi. | Support staff members for the library are competent and sufficient. | | | | | | |
| vii. | Support staff members for the laboratories are competent and sufficient. | | | | | | |
| viii. | Support staff members for programme management are competent and sufficient. | | | | | | |
| ix. | Students and other stakeholders are satisfied with the support services available. | | | | | | |
| x. | Support staff members are satisfied with their roles. | | | | | | |
| xi. | There is a career development plan for support staff. | | | | | | |
| xii. | There are no major difficulties in attracting qualified support staff. | | | | | | |

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| xiii. Recruitment and promotion criteria of support staff are in place and widely communicated. | | | | | | | |
| Overall assessment | | | | | | | |

2.7 Student quality and support

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|--|---|---|---|---|-----------------------|-----------------|--|
| i. Entry requirements for the programme are adhered to. | | | | | | | <ul style="list-style-type: none"> • Student selection process and criteria • Student workload, number of courses per semester. • Student performance report • Record of student participation in academic and non-academic activities, extracurricular activities, etc. |
| ii. The admission rate for the programme is known, documented and favourable. | | | | | | | |
| iii. Student intake policy and admission criteria are clearly defined, communicated, published, and up-to date. | | | | | | | |
| iv. There is an adequate monitoring system for student progress, academic performance, and workload. | | | | | | | |
| v. The programme staff members provide academic advice, co-curricular activities and other student support services to improve learning, | | | | | | | |

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| entrepreneurship and employability of graduates. | | | | | | | |
| vi. The physical, social and psychological environment for the programme is conducive for teaching and research as well as personal well-being of students. | | | | | | | |
| vii. The programme has an up-to-date record of student drop outs and discontinued students. | | | | | | | |
| viii. The average student completes her/his programme in planned time. | | | | | | | |
| ix. The programme attracts local, national and international students. | | | | | | | |
| x. The programme coordinator and chairperson of department regularly address students on programme issues and academic excellence. | | | | | | | |
| xi. There are tracer studies for the programme graduates. | | | | | | | |
| Overall assessment | | | | | | | |

2.8 Facilities and infrastructure

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|---|---|---|---|---|-----------------------|-----------------|---|
| i. Teaching and learning facilities and equipment (lecture halls, classrooms, etc.) for the programme are adequate. | | | | | | | <ul style="list-style-type: none"> • List of facilities, equipment, computer hardware and software , etc. • Maintenance plan • New facilities and upgrading plans • Safety, health and environmental policy • Emergency plan • Student and staff feedback |
| ii. Library resources for the programme are adequate. | | | | | | | |
| iii. Digital library is available and up-to-date. | | | | | | | |
| iv. Laboratories and equipment for the programme adequate. | | | | | | | |
| v. ICT facilities including e-learning infrastructure for the programme are adequate. | | | | | | | |
| vi. The teaching and learning equipment for the programme is up-to-date, readily available and effectively deployed. | | | | | | | |
| vii. An anti-plagiarism software is available for use by both students and teaching staff. | | | | | | | |
| viii. The ICT system provides a highly accessible computer network and infrastructure that enables students and staff to fully exploit information technology for teaching, | | | | | | | |

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| learning, research and development services and administration. | | | | | | | |
| ix. Environmental Health and Safety Standards meet stipulated requirements by health authorities. | | | | | | | |
| Overall assessment | | | | | | | |

2.9 Quality enhancement activities and strategies

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|--|----------|----------|----------|----------|------------------------------|------------------------|--|
| i. Programme staff members participate in Departmental Quality Assurance meetings. | | | | | | | <ul style="list-style-type: none"> • Curriculum design, review and approval process and minutes • Stakeholders input • External examiners' reports • Local and international benchmarking • Programme and course feedback |
| ii. Stakeholders' needs and feedback serve as input to programme design and development. | | | | | | | |
| iii. The programme compiles reports on needs assessment during programme design. | | | | | | | |
| iv. Programme design and development processes | | | | | | | |

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| x. | Students enrolled in the programme evaluate their instructors using Student Evaluation of Teaching Instrument/Questionnaire. | | | | | | |
| xi. | The Faculty Dean and Chairperson of Department (where the programme is (housed) are aware of the teaching performance of each staff on the programme based on student evaluation of teaching and peer evaluation. | | | | | | |
| xii. | Support services and facilities (at the library, laboratory, IT facility and student services) are subjected to evaluation by both students and staff. | | | | | | |
| xiii. | Students and staff are familiar with the University Quality Assurance Guidelines such as Dissertation Supervision Guidelines, Student Evaluation of Teaching Instrument/Questionnaire and Student Evaluation of Dissertation Supervision Instrument/Questionnaire. | | | | | | |

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| xiv. | The department where the programme is housed regularly receives adequate feedback from its students, alumni and staff. | | | | | | |
| xv. | Stakeholder feedback mechanisms are systematic and subjected to evaluation and enhancement. | | | | | | |
| xvi. | Approved quality assurance standards/ guidelines implemented at programme level. | | | | | | |
| xvii. | Programme content development involves all teaching staff members. | | | | | | |
| xviii. | Programme development involves students and alumni. | | | | | | |
| xix. | Programme development involves the labour market. | | | | | | |
| xx. | The programme as a whole (including its courses) is subjected to structured and formal student evaluation. | | | | | | |
| xxi. | The programme as a whole is benchmarked against local, regional and international universities. | | | | | | |

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| xxii. | The feedback from various stakeholders is used to improve the quality of teaching and learning. | | | | | | | |
| xxiii. | The programme collaborates with other programmes and departments to promote and extend programme objectives, goals and outcomes. | | | | | | | |
| xxiv. | The teaching and learning process, assessment schemes, the assessment methods and the assessment itself are always subjected to quality assurance and continuous improvement. | | | | | | | |
| xxv. | The teaching and learning processes are based on international best practices. | | | | | | | |
| Overall assessment | | | | | | | | |

2.10 Programme outputs and outcomes

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|--------------------------|---|---|---|---|-----------------------|-----------------|--|
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|--------------------|---|--|--|--|--|--|--|---|
| i | Pass rates and dropout rates are established, monitored and benchmarked for improvement. | | | | | | | <ul style="list-style-type: none"> • Curriculum design, review and approval process and minutes • Stakeholders input • External examiners' reports • Local and international benchmarking • Programme and course feedback • Uses of feedback for improvement • Samples of feedback questionnaire • Reports from surveys, focus group, dialogue, tracer studies, etc |
| ii | The average time to graduate for students is established, monitored and benchmarked for improvement. | | | | | | | |
| iii | The average time for students to graduate is satisfactory. | | | | | | | |
| iv | The employability of graduates is established, monitored and benchmarked for improvement. | | | | | | | |
| v | Entrepreneurship of graduates is established, monitored and benchmarked for improvement. | | | | | | | |
| vi | There are measures in place to promote graduation and reduce the average time to graduate. | | | | | | | |
| vii | Graduates' career prospects are being realized. | | | | | | | |
| viii | Satisfaction levels of stakeholders are established, monitored and benchmarked for improvement. | | | | | | | |
| ix | The level of research activities by academics staff and students is established, monitored and benchmarked for improvement. | | | | | | | |
| Overall assessment | | | | | | | | |

2.11 Community engagement/Community Service

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|--|---|---|---|---|-----------------------|-----------------|--|
| i. Students enrolled in the programme are engaged in community service activities. | | | | | | | <ul style="list-style-type: none"> • Student community service surveys • Student and staff community service reports • Student and staff community service photos |
| ii. Students in enrolled in the programme are engaged in community service learning. | | | | | | | |
| iii. Programme staff members are engage in community service and community engagement activities. | | | | | | | |
| iv. Community engagement activities by staff in the programme enrich scholarship and research activities. | | | | | | | |
| v. Community engagement activities in the programme enhances research, teaching and learning. | | | | | | | |
| vi. Community engagement activities in the programme facilitate preparation for educated and engaged citizens. | | | | | | | |
| vii. Community engagement activities in the strengthen democratic values and civic responsibility. | | | | | | | |
| viii. Community engagement activities in the programme address critical societal issues and contribute to public good. | | | | | | | |

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| ix. The programme has mechanisms for partnering with stakeholders in the community for sustainable development. | | | | | | | |
| x. The programme evaluates the efficacy of its community engagement activities. | | | | | | | |
| Overall assessment | | | | | | | |

2.12. Research, innovation and industrialisation

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|---|---|---|---|---|-----------------------|-----------------|---|
| i. The programme has criteria, procedures and processes for the approval of research proposals and theses, and the conduct and supervision of research studies. | | | | | | | <ul style="list-style-type: none"> • Research evaluation guidelines • Student Research/Dissertation Handbook • List of research potential research areas • List of department publications online • Dissertation samples |
| ii. Each student at both undergraduate and graduate levels carries out individual research as part of his/her dissertation | | | | | | | |
| iii. The programme has adequate infrastructure and resources that facilitate all staff and students to undertake innovative research, and publish research results. | | | | | | | |
| iv. There is a shared understanding of the nature, role and goals of research in the programme. | | | | | | | |
| v. Programme staff and students fully understand heritage based education | | | | | | | |

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| | philosophy and can easily operationalise the 5 dimensions of Education 5.0. | | | | | | |
| vi. | The programme has an approved handbook on how to operationalise Education 5.0 | | | | | | |
| vii. | The programme encourages lecturers to focus on research that addresses national needs and in line with Education 5.0. | | | | | | |
| viii. | The programme encourages academic integrity and protection of human subjects during research by staff and students. | | | | | | |
| ix. | The research output in the programme is disseminated throughout the University and the world at large. | | | | | | |
| x. | The programme has successfully implemented its activities on innovation and industrialisation. | | | | | | |
| xi. | Programme staff and students have successfully provided | | | | | | |

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| goods and services through their activities | | | | | | | |
| xii. Programme staff and students have successfully produced patents | | | | | | | |
| Overall assessment | | | | | | | |

PROGRAMME QA 13: PROGRAMME MANAGEMENT (13b) (EXECUTION OF ROLES BY CHAIRPERSON RESPONSIBLE FOR THE PROGRAMME)

| Elements of the standard | 1 | 2 | 3 | 4 | Observations/Comments | Recommendations | Examples of sources of evidence/indicators |
|--|---|---|---|---|-----------------------|-----------------|--|
| The Chairperson: | | | | | | | |
| i. Communicates with staff in the Department regarding | | | | | | | <ul style="list-style-type: none"> • Staff counselling programme • Minutes of Departmental meetings • Staff performance appraisal guidelines/instrument • Student recruitment guidelines • Programme marketing guidelines • Staff development guidelines • Department work plan |
| ii. All programmes, the Department, Faculty and University matters. | | | | | | | |
| iii. Provides counselling/advisory services to both teaching and non-teaching/support staff in the Department and the programme. | | | | | | | |
| iv. Guides new teaching staff into committees and activities at programme | | | | | | | |
| v. and department levels. | | | | | | | |
| vi. Evaluates teaching and non-teaching/support staff in the Department and the programme | | | | | | | |
| vii. Encourages teaching and non-teaching /support staff on the programme and Department to get tenured. | | | | | | | |

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| viii. | Initiates and coordinates programme and Department efforts to recruit students. | | | | | | |
| ix. | Serves as academic adviser (at programme and Department levels) for both new and old students where necessary. | | | | | | |
| x. | Conducts exit interviews with graduating students in the Department. | | | | | | |
| xi. | Prepares and manages Department budget. | | | | | | |
| xii. | Distributes/delegates the workload fairly and appropriately | | | | | | |
| xiii. | among teaching staff in the Department . | | | | | | |
| xiv. | Supervises staff members in the Department. | | | | | | |
| xv. | Organises, calls, and presides at department meetings | | | | | | |
| xvi. | Communicates with the University administration and other departments in the University. | | | | | | |
| xvii. | Initiates and leads development of new programmes in the Department | | | | | | |
| xviii. | Performs public relations for the Department | | | | | | |
| xix. | Coordinates staff development in the Department. | | | | | | |
| xx. | Builds departmental student and staff morale. | | | | | | |
| Overall assessment | | | | | | | |

PROGRAMME QA 13: PROGRAMME MANAGEMENT (13b) (EXECUTION OF ROLES BY DEANS RESPONSIBLE FOR THE PROGRAMME)

| Elements of the standard The Dean: | 1 | 2 | 3 | 4 | Observations/ Comments | Recommendations | Examples of sources of evidence/indicators |
|---|---|---|---|---|---------------------------|-----------------|--|
| i. Advocates for the programme, Department and Faculty, especially by joining the university-wide processes in strategic planning, budget, facilities planning, to position the programme, Department and Faculty favourably in the University's broader planning | | | | | | | <ul style="list-style-type: none"> • Faculty strategic plan • Minutes of Faculty meetings • Faculty Quality assurance schedule of meetings • Minutes of Faculty Quality Assurance meetings |
| ii. Coordinates all components of the Faculty that include programmes, departments, centres, academic programmes development activities, community engagement and other activities of the Faculty. | | | | | | | |
| iii. Convenes strategic intellectual meetings and discussions about future academic directions of programmes, departments, centres, and the Faculty itself. | | | | | | | |
| iv. Engages teaching staff and students in discussions of all important programme, Department and Faculty issues and assuring a positive, high-quality working environment. | | | | | | | |
| v. He/She is actively involved in hiring highly effective department chairpersons, programme | | | | | | | |

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| coordinators, staff and others who report to them. | | | | | | | |
| vi. Does performance evaluations for all staff who report to them. | | | | | | | |
| vii. Leads in oversight role in accreditation, programme review and other processes that are important for continuous improvement of the Faculties' activities. | | | | | | | |
| viii. Coordinates quality assurance at programme, Department and Faculty levels. | | | | | | | |
| ix. Facilitates fund raising in their Faculties to raise funds for scholarships, programmes, facilities and other Faculty needs. | | | | | | | |
| Overall assessment | | | | | | | |

3.0 Any additional information

If you have any additional information or comments about this review, please write the information below.

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4.0: Overview of department statistical data where the audited programme is housed.

4.1 Student enrolment in the current semester

| Programme | Level of Study | | Total |
|--------------|----------------|-----------|-------|
| | Undergraduates | Graduates | |
| - | | | |
| - | | | |
| - | | | |
| - | | | |
| - | | | |
| Total | | | |

Total number of international students enrolled in the programme-----

4.2 Teaching staff qualifications (as shown on the University website)

| Teaching staff Qualifications | Males | Females | Total |
|-------------------------------|-------|---------|-------|
| Professors | | | |
| PhD | | | |
| Masters | | | |

| | | | |
|--------------|--|--|--|
| First Degree | | | |
| Diploma | | | |

Total number of international fulltime staff who teach on the programme -----

4.3 Non-teaching/support staff qualifications

| Non-teaching/support staff Qualifications | Males | Females | Total |
|--|--------------|----------------|--------------|
| PhD | | | |
| Masters | | | |
| First Degree | | | |
| Diploma | | | |
| Certificate | | | |

4.4 Department Resources for the current academic year

| Resources available for use by the Department | Total | Comments |
|---|-------|----------|
| Lecture rooms | | |
| Lecture theatres | | |
| Laboratories | | |
| Computer laboratories | | |
| Number of computers | | |
| Overhead projectors | | |
| Department budget for the year | | |
| Staff Offices | | |
| Budget for maintenance | | |
| ICTs connectivity and speed | | |

Comments-----

4.5 Department policies/guidelines for staff development, performance appraisal and promotion

| | Available (Tick) | Not available (Tick) | Comments |
|---|------------------|----------------------|----------|
| Staff development policies/guidelines | | | |
| Staff induction policies/ guidelines | | | |
| Staff diversity and inclusivity policies/guidelines | | | |
| Performance appraisal policies/guidelines (including provision of feedback) | | | |
| Staff promotion policies/guidelines | | | |

Comment

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4.5 Research productivity in the past 12 months

| | Total | Comments | |
|--|-------|----------|--|
| Articles published in reputable journals | | | |
| Conference proceedings | | | |
| Conferences attended | | | |
| Conferences organised | | | |

Comments -----

4.6 Financial resources mobilised by the Department in the past 12 months

| Activity | Total in Zimbabwe dollars | Indicate Evidence | Comments |
|---------------------|---------------------------|-------------------|----------|
| Research | | | |
| Consultancy | | | |
| Workshop/Conference | | | |
| Other | | | |

Comment.....

4.7 Graduate employment for the programme

Indicate the number of students employed by gender and by employer.

| Sector | Gender | | Level | |
|-------------------------------|--------|--------|---------------|----------|
| | Male | Female | Undergraduate | Graduate |
| Public Sector | | | | |
| Private Sector | | | | |
| Non-governmental organisation | | | | |

| | | | | |
|--------------------------------------|--|--|--|--|
| Entrepreneurs | | | | |
| Unemployed since the last graduation | | | | |

4.8 Student support services and records (Tick the appropriate box)

| The following are readily available and documented in the Department | Not observed | Needs improvement | Well executed | State available evidence if well executed |
|--|--------------|-------------------|---------------|---|
| Career guidance services | | | | |
| Financial guidance services | | | | |
| Financial support services | | | | |
| Student counselling services | | | | |
| Accurate and up to date students' records | | | | |
| Admissions requirements | | | | |
| Other..... | | | | |

Comments-----

6.9 Areas that have improved in the past 12 months

| Area of improvement for the programme | Please tick (√) against areas that have improved in past 12 months Or put an X against areas that have not improved and need urgent attention in the next 12 months | Comments |
|---------------------------------------|---|----------|
| Research | | |
| Teaching and Learning | | |
| Library | | |

| | | |
|---|--|--|
| ICTs | | |
| Student Support | | |
| Learning resources | | |
| Faculty responsiveness to stakeholder needs | | |
| Staffing | | |
| Student employability | | |
| Stakeholder engagement | | |
| Quality assurance | | |
| Other | | |

APPENDIX 3: DETAILED NOTES ON HOW TO WRITE A SELF-ASSESSMENT REPORT (SAR)

1. Purpose of a self-assessment report (SAR)

A self-assessment report serves four purposes:

- i. sets the institutional context for the audit, by providing information on its vision, mission and goals, the design of its quality assurance system and related components.
- ii. describe and reflect on the coherence, effectiveness and efficiency in the core academic functions, together with the contribution made by the quality management systems and processes, in enabling the likelihood of student success and improved learning, teaching and research, the institution's integrated community engagement as well as results on innovation and industrialisation.
- iii. provide documentary evidence in support of the description and self-evaluation of the institution's quality management system; and
- iv. identify areas of strength and areas that require improvement and development.

2. Overview of self-assessment report

A typical self-assessment report would take some time to prepare. However, the duration depends on the stage of development of the institution, availability of data and information, and the maturity of the institutional QA system of the institution. Before the assessment, it is important that the top management, the IQA leadership as the coordinator of the self-assessment exercise, and staff have a common understanding of the self-assessment criteria and their requirements. Sensitisation of the criteria and their requirements is therefore important. The SAR should be written in an objective, factual and complete manner and it should follow the Checklist for institutional self-assessment. Below are some guidelines for preparing a comprehensive SAR.

The SAR is an account of the institutional internal QA system. It should be both descriptive and analytical. The diagnostic questions provided in each of the criteria/standards help the institution to effectively evaluate its QA practices. The SAR should follow a systematic format based on the standards/criteria in the questionnaire.

The report should clearly address what, where, when, who and how questions of the QA systems or practices of the institution and how the IQA is implemented and managed to fulfil the criteria/standards. This will help in putting all the related information together.

The report should focus on information and data (objective evidence) that directly address the criteria/standards. The report must be concise and factual. It should also provide trends and statistics to show achievements and performance. The quantitative data and results provided in the SAR and evidence provided should be accurate, consistent and reliable.

When analysing an institution's own internal quality assurance, the report should use evidence to show how far the criteria/standards have been met. In addition, it should also seek best practices from other institutions for benchmarks and improvement. So the institution should be able to cite benchmarks and best practices from other institutions nationally, regionally and internationally.

3. Key components of self-assessment report

Overall, the SAR should consist of 3 parts, namely the organisational profile; criteria/standards and requirements focusing on how the institution addresses the criteria/standards; and lastly; the overall self-assessment of institutional QA.

The organisational profile of the institution should address the overview of the organisation and structure of the institution (main campus) and its affiliates (branch campuses), governing board, workforce, educational programmes, key research and services, operating environment and challenges the institution is facing. The institution should include any other relevant information which it deems important.

The organisational description should include:

- i. Vision, mission and values of the institution. Should also include its organisational culture if known.
- ii. Organisational structure of the institution and its affiliates including the latest organisation chart.
- iii. Organisational structure of the governing board or its equivalent including the latest organisation chart.
- iv. Educational programmes offered by the institution and its affiliates. This will include a summary of the study programmes offered by the institution, accreditation status, number of students starting with undergraduates and then postgraduate programmes. If the programmes are many this can be included in the appendix.
- v. Name and number of faculties/colleges, schools, departments, units, academic support structures
- vi. Staff headcount (managerial, academic, academic support, service support), as well as the employment equity profile
- vii. Student throughput and completion rates per year of first registration and per programme
- viii. Academic staff/student ratio at undergraduate and postgraduate level
- ix. Infrastructure capacity
- x. Research performance and impact; and

- xi. Community engagement/community service projects.

This section should also list the research centres or centres of excellence located in the institution.

Academic staff profile of the institution and its affiliates should be provided indicating the academic rank, full-time and part-time, PhD holders and other relevant details of academic staff by faculty and department. This should be put in the appendix.

Based on the organisational chart, the report should also present management staff as well as non-management staff.

Organisational environment is the next section which should examine the regulatory environment in which the institution operates in and how it affects the operation of the institution. The institution should describe the key strategic challenges faced by the institution in the operating environment and how it plans to overcome them. It should also describe the strategic strengths and opportunities of the institution in the operating environment and how it takes advantage of them.

The criteria/standards and requirements section deals with how the institution addresses the QA criteria/standards and requirements. The institution should present the write-up according to the 17 criteria/standard as listed in the Institutional self-assessment questionnaire. All responses to the questionnaire items and diagnostic questions should be concise and factual. Statements should be supported with data wherever appropriate.

Given that the information management standard/criterion focuses on the results achieved by the institution, the institution should use results expected for this standard/criterion to demonstrate progress (performance trends), achievement (performance levels against targets) and comparisons of performance with that of competitors and/or benchmarks.

The last part of the report looks at the institution's overall self-assessment of institutional quality assurance. The organisation of the self-assessment of institutional QA at the institution covers the following:

- i. Summary of strengths - summarise the points that the institution considers to be its strengths and mark the points that the institution is proud of.
- ii. Summary of weaknesses - indicate which points the institution considers to be weak and in need of improvement.
- iii. Improvement plan – recommendations to close the gaps identified in the self-assessment and the action plan to implement them including the timescale.
- iv. The completed the questionnaire/checklist will be included in the appendix section.

After the self-assessment report, the next step will be a site visit by peer reviewers who will carry out external QA assessment based on the self-assessment report as part of institutional audit. Details of the process will be presented later.

APPENDIX 4: TEMPLATE TO GUIDE THE PEER REVIEWERS IN DATA COLLECTION WITH STAKEHOLDERS

Institutional and programme self-assessment questionnaires provide the main templates for collecting data during the site visit. However, in addition to the self-assessment questionnaires, the ZIMCHE peer reviewers are encouraged to benchmark their data collection against the NAAC template shown below. NB. The NAAC template has been modified to suit the local context.

Points for Interaction: Data Sheets

Note: These areas are only pointers to elicit responses from the group. One need not ask all these questions if the information is flowing through without asking. Important thing is to LISTEN, ask clarifications but NOT to spend time in giving own opinion.

Interaction with Council members (at least 5 including Council Chairperson)

- Effectiveness of the institution in terms of achieving its vision and mission including implementation of Education 5.0
- Institutional effectiveness in terms of resource mobilisation
- How the institution is performing in the area of governance focusing on transparency, accountability, integrity, ethical conduct, social responsibility, fairness, and participatory decision making
- How the institution is addressing broad governance issues in the Public Entities Corporate Governance Act (PECOG ACT) based on the Governance Questionnaire for state enterprises from the Office of the President and Cabinet.
- How the institution is fairing in enhancing the quality of education being provided by the institution.
- Availability of teaching and learning facilities, e.g. at branch campuses

Interaction with Management Committee

- Translation of Vision and Mission into programmes
- Filling of vacancy, Grievance redressal mechanism
- Welfare programmes, Future plans of the institution, plans to generate resources
- Problems faced in managing this institution and solutions worked out
- Interactions with various stakeholders. Change of course as a result of the same.
- Availability of teaching and learning facilities at branch campuses

Interaction with the Head of the Institution (Vice Chancellor)

- Initiation of programmes, Modifications in Curriculum

- Translation of vision and mission into Programmes
- Mechanism of the institution on initiation of new programmes and modifying existing programmes
- Policy on the assessment of student performance
- Appointment of faculty, training technical staff and teaching staff evaluation
- Teaching and non teaching staff development programmes
- Facilitation of academic research research and consultancy
- Facilitation of extension activities/community engagement activities.
- Encouraging student and staff participation in community engagement activities.
- Grievance redressal mechanism and welfare programmes
- Details of institutional SWOT Analysis (if any)
- Availability of teaching and learning facilities at branch campuses
- Problems faced in managing the institution and solutions found
- Interactions with various stakeholders. Change of course as a result of the same.
- Innovation carried out by the institution during the current VC's tenure
- Extent to which the institution has implemented Education 5.0

Interaction with teaching staff

- Initiation of programmes, modifications in curriculum
- Teaching- learning methods, Students' feedback
- Faculty evaluation through self-evaluation
- Faculty development programme, awards / recognition
- Access to computer centre. Level of computer literacy & use
- Grievance redressal mechanism & Welfare programme
- Participation in the preparation of the Self-study Report
- Impact of autonomy (If applicable), Details of any innovative activity.
- Availability of teaching and learning facilities at branch campuses

Interaction with Students

- Reason for choosing course / institution

- Match between curriculum and expectations (flexibility, choice, content)
- Appropriateness of the curricular content to the development of the knowledge and skills
- Relevance to prospective career / further study, Student timetable and workload
- Understanding of Education 5.0
- Teaching and Learning of Education 5.0
- Entrepreneurship knowledge and skills acquired
- Opportunities for practical and vocational experience, where appropriate
- Range of teaching and learning methods experienced
- Students' views on quality of teaching
- Guidance and support for independent study
- Students' understanding of assessment methods and criteria
- Feedback on assessed work, Access to computer laboratories
- Availability of teaching and learning facilities at branch campuses
- Health services and canteen/dining facilities
- Grievance redressal mechanisms in the institution
- Financial aid, academic and personal counseling
- Three things most appreciated in the institution
- Three things that need attention to serve the student community even better
- Accuracy of the information that the institution publishes on important issues of interest to students
- Students' awareness of what is expected of them
- Students' experiences as learners
- Students' voice in the institution and the extent it is listened to

Interaction with staff

- Staff development programmes
- Staff views on the value of their contribution to the institution
- User friendly approaches towards students
- Staff welfare programmes and grievance redressal mechanism
- Level of computer literacy & use

- Development of hard and soft skills

Interaction with parents

- General impression about the institution
- Any specific reason for selecting the institution for their children
- The nature of interaction with the Head / Faculty of the institution and frequency
- Role of the institution in community engagement
- Employment levels of graduates
- Usefulness of the institution in the community
- Suggestions as to how this institution can help its students even more
- Availability of teaching and learning facilities at branch campuses

Interaction with Alumni

- Competencies developed at the institution
- Alumni prominent positions
- Alumni meeting – nature and outcome, plans to generate resources
- Suggestions for active functioning of Alumni Association
- Suggestions for the improvement of the institution and areas in which they can contribute

Internal Quality Assurance Unit (IOAU)

- QA Capacity of staff in the Unit
- Familiarity with international QA standards and guidelines such as the ASG-QA and the ESG-QA.
- Collection of feedback from students, parents and lectures
- Interaction with the potential employers
- Identifying new research area suitable to local and national needs
- Surveys for need-based and customised programmes
- External academic and administrative audit of the Unit by the academic peers
- Suggestion for augmentation of infrastructure from parents, lecturers, students and alumni
- Documentation of activities of the institution, and plans to generate resources
- Optimum utilisation of the institution's infrastructure

- Availability of teaching and learning facilities at branch campuses
- Samples of data collection instruments and use of feedback by the institution

Adapted from: <http://www.naac.gov.in/images/docs/Guidelines/Guidelines-to-Peer-Team-Members-01-04-2021.pdf>

APPENDIX 5: GUIDELINES ON APPEALING AGAINST ACADEMIC AND INSTITUTIONAL AUDITS' JUDGEMENTS AND DECISIONS

1.0 INTRODUCTION

These guidelines outline the appeals procedure for an appeal made by a higher education institution against an academic and institutional audit decisions. The guidelines are applicable to academic and institutional audits carried out by the Zimbabwe Council for Higher Education (ZIMCHE). The procedure for such an appeal is referred to in the Academic and Institutional Audits Manual Section 1.2.1 (V). These guidelines are premised on the African Standards and Guidelines for Quality Assurance in Higher Education (ASG-QA) and the European Quality Assurance Agency (EQAA).

1.1

An institution can lodge an appeal against an audit decision by the ZIMCHE within 14 working days of the official publication of an audit decision. The appeal is addressed to the Chairman of the ZIMCHE Council. The appeal needs to be made in writing by the head of the institution which was audited by the ZIMCHE. The ZIMCHE should confirm receipt of the appeal.

1.2

An appeal can be lodged on procedural grounds or in cases of unreasonable decision or judgement. Procedural grounds refer to the academic and institutional audits being conducted against the audit procedures of the ZIMCHE contained in the Academic and Institutional Audits Manual. Unreasonable judgement refers to either the review team's or the Council's conclusion(s) as unfounded or disproportionate in light of the available evidence.

1.3

The institution needs to point at the procedural grounds and/or the unreasonable judgement in its appeal. The appeal is considered based on the deficiencies outlined by the institution.

1.4

The appeal is forwarded to the Appeals Committee of the ZIMCHE. The Appeals Committee decides on the appeal within 8 weeks.

1.5

The Appeals Committee can decide to grant or to reject an appeal. If the Appeals Committee rejects an appeal, the institution will receive a written notification of the rejection by the Appeals Committee, which also outlines the reasons for the rejection. If the Appeals Committee grants an appeal, the ZIMCHE Council will take a new audit decision(s) in light of the findings of the Appeals Committee. The new decision will be sent to the institution in writing by the ZIMCHE.

1.6

The Appeals Committee consists of five members including a Chair who is the Chair of the ZIMCHE Council, the Chief Executive Officer of the ZIMCHE (to represent the ZIMCHE secretariat), one ZIMCHE Council member who is not a member of the Higher Education Quality Assurance Committee (HEQAC), and two international quality assurance experts conversant with international internal quality assurance best practices (acceptable to both the institution and the ZIMCHE Council). Should a member of the Appeals Committee have a conflict of interest regarding the appeal of the institution, the member shall be replaced. International quality assurance experts on the Appeals Committee are not permanent. They are engaged on a case-by-case basis. The decision of the Appeals Committee is based on majority basis.

1.7

The Appeals Committee meets in case of an appeal. The meetings of the Appeals Committee are closed. The Appeals Committee can at its discretion decide to invite the leadership of the higher education institution. The Appeals Committee can request that the ZIMCHE staff in charge of the academic and institutional audits against which the appeal is lodged provides comments on the procedure of the audit. The Appeals Committee can also request an explanation from the audit team chair about the judgements made in the audit report or from the HEQAC Chairperson about the audit decision. The Appeals Committee can ask for a ZIMCHE staff member for secretarial support during its meeting.

1.8

The institution that has appealed foots the full bill of the appeal including the transport, accommodation and subsistence of the members of the Appeals Committee, and any other required monies to execute the whole appeal process. All expenses incurred during the appeal process are not refundable.

1.9

The decision of the Appeals Committee is final.

Signature:.....  Date:.....

Prof. K. P. Dzvimbo (Chief Executive Officer)