QUALITY ASSURANCE AND ACCREDITATION FOR HIGHER EDUCATION IN NEPAL

A Brief Guideline

Quality Assurance and Accreditation Division
UNIVERSITY GRANTS COMMISSION
Sanothimi, Bhaktapur
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PREFACE

In Nepal, higher education is expanding rapidly in response to the ever increasing aspiration of people for quality higher education. Every year higher education institutions are being added and student enrolment in higher education institutions is increasing. With the increasing number of graduates, concerns of quality and relevance of higher education programs and the delivering institutions are also growing particularly in view of employability of the graduates and/ or their capacity for self initiatives/ entrepreneurships to generate employment. A substantive number of students is going abroad for higher education seeking better quality and relevance.

This phenomenon, although new to Nepal, is already a core concern and focus of higher education development in many parts of the world. Quality Assurance and Accreditation (QAA) has been recognized as one of the important aspects in this regard. QAA system ensures that institutions of higher education fulfill a set of criteria, not only at institutional level but also in their academic programs to offer better results to the society. Realizing the importance, University Grants Commission Nepal has initiated the development of a system for QAA in the country through the Second Higher Education Project (SHEP), a national project being implemented by UGC, Nepal with the support of the International Development Association (IDA). SHEP intends to bring comprehensive reforms in higher education and research through a set of incentives for promoting effective management and financial sustainability of academic institutions, and by improving access for academically qualified under-privileged students, including girls, *dalits* and educationally disadvantaged *janjati* to higher education through the provision of financial assistance scheme and enhanced capacity of higher secondary schools.

Quality Assurance and Accreditation (QAA) has been taken as a mission of improving quality of education in Nepal. Some of the steps that have already been taken in this regard include formation of Quality Assurance and Accreditation Committee (QAAC), establishment of QAA Division, and preparations of regulatory framework and guidelines for QAA.

This is a short version of the guidelines for QAA intended to bring basic information about the provisions and procedure of QAA in Nepal. We hope that the readers will find this guideline useful for bringing information and also helping to take practical steps towards successful implementation of QAA.

ABBREVIATIONS

CMC	Campus Management Committee
GB	Governing Body
HEI	Higher Education Institution
ICT	Information Communication Technology
IQAAC	Internal Quality Assurance and Accreditation Committee
LoI	Letter of Intent
MOE	Ministry of Education
PRT	Peer Review Team
QAA	Quality Assurance and Accreditation
QAAC	Quality Assurance and Accreditation Committee
QAAD	Quality Assurance and Accreditation Division
SAT	Self Assessment Team
SHEP	Second Higher Education Project
SSR	Self Study Report
TC	Technical Committee
TSC	Technical Sub- Committee
TU	Tribhuvan University
UGC	University Grants Commission

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SECTION I
INTRODUCTION

1.1 INTRODUCTION

The University Grants Commission (UGC) has launched the Quality Assurance and Accreditation (QAA) program as an important aspect of reform in higher education in Nepal. Accordingly, a Quality Assurance and Accreditation Committee (QAAC) has been formed for the development and implementation of QAA activities in higher education in Nepal in 2007. The QAA Division in UGC has been established to facilitate QAAC and to perform regular activities related to QAA.

1.2 DEFINITION

Accreditation is the process by which authorized body evaluates the quality of a higher education institution (HEI) as a whole or of a specific educational program in order to formally recognize it as having met certain predetermined minimal criteria or standards. The QAA provides opportunities for HEIs and their programs to assess their performance and their weaknesses.

Thus, *accreditation is a process of quality assurance* whereby a program in an approved HEI is critically appraised at intervals not exceeding five years to verify that the HEI or the program meets the norms and standards prescribed by the QAAC. Accreditation does not seek to replace the system of a ward of Degrees and Diplomas by the Universities and Boards of Technical Education. It, however, provides quality assurance that the academic aims and objectives of the HEI are known to be honestly pursued and effectively achieved by mobilizing the resources currently available, and that the institution has demonstrated capabilities to ensure effectiveness of the educational program(s) over the validity period of accreditation.

The result of this process is the awarding of a status (a yes/no/ conditional decision) of accreditation, valid for a specified period of time. The process implies initial and periodic self-study and assessment by external peers.

1.3 OBJECTIVES OF QAA

1. Facilitating higher education programs, institutions and universities to develop quality assurance mechanisms by providing formats for self-assessment, peer reviews and quality audits
2. Recognizing the contribution of the various professional councils,
3. Certifying the quality of the programs and HEIs on the basis of reviews, assessments and audits of the programs and the HEIs,
4. Offering quality advocacy in relation to measuring the equivalency of the various academic degrees earned from the universities across the world,
5. Helping the HEIs to assess their strengths, weaknesses, opportunities and threats through an information processing system, and
6. Making QAA a publicly popular move for an overall development of higher education in the country.

1.4 WHY ACCREDITATION?

The need and demand for accreditation has arisen because of rapid growth in the number and variety of HEIs and programs since the 1990s in Nepal. The overwhelming objective of the accreditation process is to recognize and acknowledge the value-addition in transforming a student admitted to a program/institution into a graduate with enhanced knowledge and an acceptable level of professional and personal competence. Some of the important aspects of QAA are listed in terms of following questions and answers.

i) **Why do HEIs need quality assurance?**

- to meet statutory requirements,
- to satisfy professional obligations,

- to meet stakeholders' expectations,
- to get internal and external confidence,
- to meet accountability for development.

ii) **What are the internal forces and procedures that influence the quality assurance?**

- university regulations,
- strategic planning,
- the role of the faculty and the university,
- program design and approval,
- validation,
- reviews,
- annual course monitoring,
- student assessment and course monitoring, and
- teaching and learning processes.

iii) **What are the external forces that influence quality assurance?**

- regulatory bodies,
- international collaborators,
- funding,
- government requirements,
- external examiners and
- professional bodies.

1.5 WHO WILL BE ELIGIBLE FOR PARTICIPATION IN QAA PROCESS?

Participation in QAA is a voluntary process. At present, UGC is running only **INSTITUTIONAL ACCREDITATION**. Any HEIs which qualify as per pre-determined criteria are eligible and can participate in the QAA process.

The following are the eligibility criteria for participating in the QAA process:

- HEIs must have at least 50% full time teachers
- Designation of the academic posts listed by the HEI must have been approved by the respective affiliating university

- Executive head and Head of Departments (HoDs) must be full time teachers
- HEIs must have produced at least 2 batches of graduates or have run graduate programs for 5 years
- In the case of professional HEIs, they should be recognized by the respective professional councils and meet the minimum requirement of the councils.

Any other HEIs/units (including cross-border and trans-national) may also be taken up for assessment and accreditation by QAAC, if directed by the UGC and or the Ministry of Education, Government of Nepal.

A letter of no objection from the affiliating HEI should be attached along with the application for QAA.

(In the case of Master/Post Graduate level institutions, there must be senior faculties with research publications and experience).

1.6 PURPOSES OF ACCREDITATION

Accreditation serves the following purposes:

1. **Assuring Quality**: Accreditation is the primary means by which universities, colleges and programs assure education quality to students and the public.
2. **Source of Improvement**: Accreditation provides a source and urge for continuous improvement in the educational practices followed by an institute, due to the periodic evaluation by the agencies.
3. **Easing Transfer**: Accreditation of institutions and programs is important to students for smooth transfer of programs among colleges and universities.
4. **Recognition**: Accreditation of institutions and their programs makes them recognized as a symbol of high quality education practitioner. The government and local agencies also openly refer to these institutes to the students and encourage them to consider only accredited institutes.

5. **Engendering Employer's Confidence**: Accredited status of an institution or program is important to employers while evaluating credentials of job applicants and providing financial support to current employees seeking additional education

1.7 INSTITUTIONAL ARRANGEMENT OF QAA SYSTEM

Consistent with the government policy, University Grants Commission (UGC) using the authority provided in its Regulation 2003 (2060 B.S.) has formed Quality Assurance and Accreditation Division (QAAD) and Quality Assurance and Accreditation Committee (QAAC) as the permanent functional entity to undertake quality assurance and accreditation related matters. The QAAC is responsible for executing quality assessment and accreditation of higher education programs and institutions.

The Quality Assurance and Accreditation Division (QAAD) established in UGC is responsible for regular activities related to QAA which include organizing dialogues with various stakeholders (academic community, students and employers), drafting benchmarks for academic programs in collaboration with the leading academics, drafting the manual for self assessment, planning self-assessment in various institutions, supporting peer-reviewers and final editing of the peer review reports. The functioning of the QAAD including the procedures to carry out the accreditation has been documented in the Quality Assurance and Accreditation Guidelines.

The Division is headed by Director, who is a full-time staff member with adequate qualifications to coordinate the Peer Reviewers. A five member Technical Committee (TC) consisting of reputed professionals led by senior academics/ professionals has been formed by UGC to assist QAAD in maintaining the standards of QAA and to provide technical inputs. The Technical Committee will form technical sub-committees as appropriate for implementation of QAA and will report to QAAC (See Appendix I and II).

1.8 SCOPE OF THE CURRENT QAA PROVISIONS

The scope of QAA covers quality audit, quality assurance and accreditation on the basis of voluntary participation of various higher education institutions including public, communities and private institutions. While program-based QAA would be better than institution based assessment for the purpose of helping potential students make better informed choices, there is a risk that program-based QAA may overwhelm the system at least initially. To mitigate the risk, the UGC will support both program-based and institution-based assessment, so that the choice of the approach can be based on the implementation experience, including needs/demands of students and policymakers. UGC has provision of undertaking institutional assessment and accreditation at present, the provision will be extended to academic programs as well.

The QAA process starts with preparation of self assessment (Self Study Report) which gives HEIs opportunity to review their current status. The institutions with good performance may apply for accreditation

It is expected that by 2014 a full-fledged national system of QAA will be operational under a National Board of QAA and through an autonomous QAA centre.

1.9 INSTITUTIONAL ASSESSMENT AND ACCREDITATION PROCEDURES

QAA procedure consists of a four–stage process, which is a combination of self-study and peer review. The four stages are as follows:

I. Submission of a Letter of Intent (LoI)

The HEIs willing to participate in the QAA process have to submit a Letter of Intent in the specified format along with the information of the information and determine the eligibility. QAAD will send the manuals and guidelines to the eligible institutions to complete the entire process of self-assessment.

II. Preparation and Submission of Self–Study Report (SSR)

The eligible institution itself has to prepare the Self – Study Report (SSR).

Preparation of SSR is an internal exercise for the participating institutions expected to be done with honesty, self-trust and confidence. It aims at providing an opportunity for the institutions to measure their effectiveness and efficiency, and to identify core strengths and weaknesses (See Section III for details).

III. Peer Review

After receiving the formal SSR report from the participating institution, QAAC forms a Peer Review Team (PRT) to evaluate the QAA status based on the SSR and visit the institution and inspect the patterns of evidence to validate the SSR through observation and interaction with the people concerned in the respective institution. The team also checks the validity and reliability of the information reported in SSR. It also provides a confidential score to facilitate the final grading. The PRT report and the assessment will be discussed in the Technical Committee and will be submitted to QAAC.

IV. Final Decision for Accreditation

QAAC reviews the PRT report and recommends to UGC for the accreditation status. UGC gives final decision.

In case of the accreditation the certification will be valid for a period of five years. The institutions will have to apply for Accreditation and undergo a fresh QAA process after five years. However they may apply it even before the maturity of this period and the process will be started accordingly (See Appendix III).

1.10 THE INTENDED OUTCOMES OF THE QAA PROCESS

The following are the intended outcomes of the QAA process:

- **assessment** of the performance of institutions and universities through the preparation of self-study report,

- involvement of the institutions through self-realization for **improvement** of their performance,
- **mobilization of national human resources** by involving professional councils/societies in quality assurance activities of higher education and thus making the process more public sustainable and cost effective approach,
- transformation of higher education institutions by making them **more competitive** and **sustainable** in global markets and economy,
- **safeguarding the societal interests** for quality higher education by publishing the QAA processes and outcomes, and
- **collaborating** with National and International bodies/societies on accreditation

1.11 HOW TO APPLY FOR ACCREDITATION

STEPS

a. Assess the eligibility with reference to eligibility criteria (See Sub section 1.5)

b. Fill LoI (LoI format can be accessed from UGC website: www.ugcnepal.edu.np).

c. Submit the LoI to UGC with the prescribed registration fee.

SECTION II

CRITERIA AND BENCHMARKS

QAA is accomplished through a process of Self-Assessment and Peer Reviews using defined criteria/benchmarks derived from generic and discipline-related. Benchmarks will be elaborated by the team of academic experts and published prior to the start of the QAA process for each particular academic program. To build a culture of compliance with academic standards, a quality audit process will be initiated in parallel to assess the compliance of a given program with the academic standards prescribed by the university concerned.

Generic criteria are equally applicable to all universities, colleges and programs, whereas specific criteria are applicable for specific programs and institutions. These criteria form the bases for both preparing the SSR by the institutions and the validation of the SSR by the PRT.

As currently UGC is undertaking only institutional assessment and accreditation. It has defined generic criteria only. The details about the generic criteria identified by QAAC to serve as the basis of its assessment procedures for institutions are presented below:

The Eight Criteria

- Policy and Procedures
- Curricular Aspects
- Teaching-Learning and Evaluation
- Research, Consultancy and Extension
- Infrastructure and Learning Resources
- Student Support and Guidance
- Information System
- Public Information

2.1 POLICY AND PROCEDURE

Formal policies and procedures provide a framework within which higher education institutions can develop and monitor the effectiveness of their quality assurance system. It also helps to increase public confidence. The policy statement of an institution is expected to include:

i) institutional strategy for quality and standards,

ii) organization of quality assurance system,

iii) responsibilities of individual departments, units and individuals for the assurance of quality,

iv) relationship between teaching and research in the institution,

v) involvement of students in quality assurance,

vi) ways in which the policy is implemented, monitored and revised.

2.2 CURRICULAR ASPECTS

This criterion deals with how the curriculum - either assigned by a University or marginally supplemented or enriched by an institution, or totally remade, depending on the freedom allowed in curricular design, aligns with the mission statement of the institution. In addition, issues of academic flexibility and diversity to suit different levels of learners, aspects on career orientation, multi-skill development and involvement of stakeholders in curriculum updating, are also gauged under this criterion. The focus of this criterion is captured in the following criteria:

i) stated goals and objectives that are communicated systematically to all its constituencies,

ii) consistency of programs of the institution with goal and objectives,

iii) wide range of the programs of the institution offering that provide adequate academic flexibility,

iv) feedback system from academic peers, students, employers and other stakeholders to initiation, review and redesign of the programs,

v) practices of sustainable curricular to achieve academic excellence.

2.3 TEACHING-LEARNING AND EVALUATION SYSTEM

This criterion deals with the efforts of an institution to serve students of different backgrounds and abilities through effective teaching-learning experiences. Interactive instructional techniques that engage students in higher order 'thinking' and investigation through the use of interviews, focused group discussions, debates, projects, presentations, experiments, internship and application of ICT (Information Communication Technology) resources are important considerations. It also probes into the adequacy, competence as well as the continuous professional development of the faculty who handle the programs of study. The efficiency of the techniques used to continuously evaluate the performance of teachers and students is also a major concern of this criterion. The focus of this criterion is captured as follows:

i) transparency in admission process,

ii) programs of teaching and learning cater to individual differences amongst learners,

iii) facilitatation of the effective conduct of the teaching-learning processes,

iv) provision for use of ICT in the enhancement of teaching process,

v) effective mechanism to recruit adequate qualified faculty,

vi) reliable and valid evaluation process of the students,

vii) regulations on students' absence, illness and other circumstances,

viii) an open and participative mechanism for evaluation of teaching and promoting work satisfaction of the faculty,

ix) opportunities for continued academic growth and professional

development of staff,

x) good practices in teaching, learning and evaluation to achieve academic excellence.

2.4 RESEARCH, CONSULTANCY AND EXTENSION

This criterion seeks information on the policies, practices and outcomes of the institution, with reference to research, consultancy and extension. It deals with the facilities provided and efforts made by the institution to promote a research culture. The institution has the responsibility to enable faculty to undertake research projects useful to the society. Serving the community through extension, which is a social responsibility and a core value to be demonstrated by institutions, is also a major aspect of this criterion. The focus of this criterion comprises the following:

i) promotion of research culture among faculty and students,

ii) encouragement to faculty to publish their works in academic journals,

iii) encouragement to faculty to participate in professional academic programs,

iv) promotion of faculty participation in consultancy works,

v) institutional responsiveness to community needs through the extension and conducting relevant extension,

vi) good practices in research, consultancy and extension to achieve academic excellence.

2.5 INFRASTRUCTURE AND LEARNING RESOURCES

This criterion seeks to elicit data on the adequacy and optimal use of the facilities available in an institution to maintain the quality of academic and other programs of the institutions. It also requires information on how every constituent of the institution - students, teachers and staff - benefits from these facilities. Expansion of facilities to meet future development is included among other concerns. This criterion focuses on:

i) adequacy in using the physical facilities for the conduct of the educational programs efficiently,

ii) balancing the growth of the infrastructure with the academic growth of the institution,

iii) effective mechanisms for maintenance and optimal use of infrastructure,

iv) adequate library, computer facilities and other learning resources, with easy access to all its constituencies.

2.6 STUDENT SUPPORT AND GUIDANCE

The highlights of this criterion are the efforts of an institution to provide necessary assistance to students, to acquire meaningful experiences for learning at the institution and to facilitate their holistic progression. It also seeks information on student and alumni profiles. The focus of this criterion is on the following:

i) Provision of clear information to students about admission, completion requirements for all programs; the fee-structure and refund policies; financial aid and student support services

ii) Sufficient and well-run support services to all its students,

iii) Effective monitoring of students progression,

iv) Mechanisms for student counseling and placement services,

v) Effective mechanism to use student feedback for quality enhancement.

2.7 INFORMATION SYSTEM

Institutions should ensure that they collect, analyze and use relevant information for the effective management of their programs of study and other activities. Various categories of information under this criterion include the following:

i) Students' progression and success rates,

ii) Employability of graduates,

iii) Students' satisfaction with their programs,

iv) Effectiveness of teachers,

v) Profile of student population,

vi) Available learning resources and their cost,

vii) Equity issues,

viii) Institutions' own performance indicators.

2.8 PUBLIC INFORMATION

Institutions should regularly publish upto date, impartial and objective information-both quantitative and qualitative-about the institutions as well as awards they are offering. It is their responsibility in fulfillment of their public role. The information should be accurate, impartial, objective and readily accessible and should not be used simply as a marketing opportunity. The public information captures the following:

i) Programs they are offering,

ii) Intended learning outcomes,

iii) Qualification they award,

iv) Teaching, learning and assessment procedures used,

v) Learning opportunities available to their students,

vi) Profile of current student population and views and employment destinations of past students.

SECTION III
ACCREDITATION PROCESS

3.1. ACCREDITATION PROCESS

The accreditation process consists of four steps as follows:

The Accreditation Process

Steps	Accreditation Process	Responsible Agency
Step I	**Develop Predetermined Evaluation Criteria or Benchmarks for Assessment:** On the basis of national level consultations with various stakeholders, the QAAC will identify evaluation criteria and benchmarks encompassing all aspects of functioning of the institutions.	**QAAC**
Step II	**Prepare Self-Study Report (SSR):** The most important step in the process of accreditation is the preparation of the SSR by the institution, based on the guidelines provided by QAAC. The participating institutions prepare SSR in two parts, where **part I** is the organization of the data and **part II** is the self-analysis based on **part I**.	**QAAC + Concerned Institute**
Step III	**Conduct Peer Review:** About a month prior to receiving the SSR from a participating institution, QAAC will form a Peer Review Team (PRT) selecting individual members from the UGC roster on case by case basis. PRT will consist of at least four academics—including one international academic. Each member of the PRT will provide his/her individual markings and the final marking on each criterion will be the average from each of the PRT members. The final score will be weighted average of scores for the various criteria. ***Please refer to sub section 3.3 for detailed information regarding peer review arrangements.***	**QAAC + Concerned Institute**
Step IV	**QAAC Recommends and Final Decision by UGC:** QAAC reviews the report and makes final decision on results and grades of the participating institution and whether or not to confer the status of accreditation and recommends the result to UGC.	**QAAC + UGC**

3.2 SELF-STUDY REPORT

Self Study Report (SSR)

What is SSR?

It is the most important step and document in the process of accreditation. Preparation of SSR is an internal exercise of an institution to measure effectiveness and efficiency, and to identify core strengths and weaknesses of the institution.

Who prepares SSR?

SSR is prepared by the HEIs interested to undergo assessment for accreditation. However, its preparation is based on the criteria developed by the QAAC.

What are the parts of SSR?

SSR is prepared in following parts:

- Part I: Information/data about the institution consistent to the format of the QAAC
- Part II: Preamble and narratives outlining the functioning and performance of the institution and summary
- Part III: Annexes/attributes

What does Part I of SSR consist?

Part I consists of SSR form filled with justification.

What does Part II of SSR consist?

Part II consists of preamble, narratives of criterion – wise analysis and Summary.

What should be included in the preamble?

Preamble should include the following points:

- Very brief introduction to the institute outlining – development

history; institutional highlights e.g., major activities and achievements; challenges; development initiatives.

- Self – Study Report preparation – How it is understood; formation of SSR Team; Approaches; Interactions with stakeholders; validation interaction and working committees, management committees.

What should be mentioned in narratives of criterion–wise analysis?

The narrative is the heart of the SSR and should reflect the findings and conclusions resulting from the self-study process. The narrative should be written in paragraph form in response to the standards. The accompanying standard format for the SSR is a document that provides detailed instructions on how to respond in the narrative to each standard.

Narratives of criterion–wise analysis should mention:

- Objectives/targets
- Current status
- Fulfillment analysis
- Best practices (highlight)
- Critical appraisal (Challenges, issues) and
- Efforts made

What does Part III consist?

It consists of annexes. It should be noted that information and documents must be verified and authorized.

Submission of the SSR

The duly completed SSR should be submitted by the head of the institution at UGC. It is expected that the head of the institution should have reviewed the document prior to submitting it to the QAAD. The SSR will be forwarded to the review team through QAAC.

A specified number of copies should be prepared for the Review Team. The number of copies required will be dependent on the complexity of the programs within an institution and the size of the Review Team.

The SSR and appended materials will be provided to the review team prior to the external reviewers' visit to institution.

After the collection of the data for **Part-I** of the SSR, the institution has to present a summative analysis of its functioning in terms of the **eight** criteria. This **Self-Analysis** is the form P**art-II** of the SSR.

Quality improvement in the educational system is possible and sustainable from within itself and external audit and assessment can function as a catalyst. It is believed that an introspective and frank self assessment helps the institution to perceive its strengths and weaknesses. This sets it on the path of quality enhancement. This is, therefore, mandatory to lay emphasis on the Self-study.

Based on the data collected according to the format for Self-study **(Part-I)**, the institution should give an appraisal of its own perception. The self-assessment form should be made one of the substantial bases of the assessment in QAAC evaluation.

The report should be very precise and contain the following sections:

Section I: Preamble

Section II: Criterion-wise report

Section III: Summary

Section IV Appendix

The preamble of the analysis should highlight the distinctive characteristics of the institution and the purpose for which it undergoes the process of assessment and accreditation. It may explain how the report has been prepared and also identify the individuals and groups who were involved in the process.

The section on the criterion-wise analysis should contain the institution's perception of its own performance on the basis of the various criteria

for assessment identified by the QAAC. The institution may also provide information on its outstanding achievements/distinguishing features under each criterion. The data collected on the basis of each of the criteria should be so analyzed as to make it clear how expectations indicated under each criterion are matched by fulfillment. It may discuss any challenges that were identified in the functioning of the institution.

Policy and Procedures

The analysis of this criterion has to explain how the institution defines its goals, objectives and standards for quality. The document should also include the framework within which the institutions monitor the effectiveness of its quality assurance system.

Curricular Aspects

The goals, objectives and standards of the institution are to be translated into action. The curricular aspect should reflect the institutional action plan about how the curricula are designed, what are the possibilities about the diversity and flexibility of learners. It should also seek information on the practices of the institution in initiating and redesigning courses consistent with the regional and national needs.

Teaching-Learning and Evaluation

The practices of teaching and learning adopted in the institution are to be reflected under this criterion. It should also inform about the adequacy and competency of the faculty who handle various programs of the study as well as the efficiency of the evaluation methodology of the institution.

Research, Consultancy and Extension

The self-appraisal on research, consultancy and extension should focus on the facilitating aspects of the institution to promote research, consultancy and extension and its outcome.

Infrastructure and Learning Resources

The analysis of this criterion should highlight the adequacy, optimal use and maintenance of the facilities available in the institution to enhance the quality of the academic and other aspects.

Student Support and Guidance

This part of the analysis should focus on the efforts of the institution to provide the necessary assistance for good students' experiences in the institution and to facilitate their progression. It should also focus on students and alumni profiles.

Information Systems

The analysis on this issue should highlight the institutional arrangement about the information systems, which are required to develop the institutional efficiency in management.

Public Information

The analysis on this subject should highlight on how the institutional information is published, and the concerns of the stakeholders are collected as feedback for further improvement. Similarly, the impact of such information towards the quality assurance process of the institutions should also be focused. The various subjects under the criteria 1 to 8 should be the coverage of such information systems.

Documentation with SSR

The SSR should be accompanied by supporting documents for all of the statements made. The following list gives the details of the documents to be collected and sent to the QAAC office along with the SSR.

- Act and Statutes
- Institutional Calendar and Annual Reports for the past two years
- Rules, regulations, and/or guidelines relating to the composition, powers and functions of the various academic and administrative authorities and committees. These may

include the details of academic council, senate, executive council, planning division, college development council, admissions, examinations, extension, library committee, research committee, affiliation committee, purchases and other financial norms, building/ maintenance committee, etc.

- Documents on the current list of academic programs, duration, fee structure, etc.
- Guidelines of the Publications and other units, if any
- Criteria for facilitating the Faculty for professional development programs
- Master plan of the institution
- Records of student feedback
- Audit report for last two years

A glossary of abbreviations and terms may be included to ensure that the SSR is easy to read. Besides these, any other records necessary for the assessors to make an objective study, such as minutes of meetings, excerpts of administrative records, etc. may have to be made available as and when they are called for.

Other Conditions

A successful self-study must have the total commitment of the governing body, administration and every member of the faculty of the institution. All the constituents of the institution should not only be kept fully informed but also be as closely involved in the study as possible. The following three basic commitments are essential for a successful self – assessment:

i. willingness to provide adequate time and effort,

ii. the support of all institutional personnel, and

iii. a conscious dedication at all levels to perform the task.

In order to fulfill the commitments, the head of the institution has to play a continuous, positive and creative role.

The eligible HEIs **MUST**:

- Form an Internal QAA Committee and a Self Assessment Team
- Prepare SSR Schedule
- Prepare Work Plan and Budget for SSR preparation
- Approval of Internal QAA Committee, Self Assessment Team, Schedule, Work Plan and Budget by the Campus Management Committee (CMC)/ Governing Body (GB)

a. Form Internal QAA Committee and Self Assessment Team

The HEI must form an Internal QAA Committee (IQAAC) and a Self Assessment Team (SAT). IQAAC must be coordinated by Head of the Institution and represented by Head of Departments, SAT coordinator. It is suggested that the IQAAC should be of at least 5 members including the head of the institution, member of CMC/GB and senior academic and management staffs. The major functions of the IQAAC should be but not limited to:

- Supervision and feedback to SSR preparation
- Make recommendation to CMC/GB
- Conduct periodic internal quality audit based on SSR requirements

The SAT should be of at least 5 members including senior faculty as the coordinator and other members who have sound knowledge in documentation, report writing, editing, data analysis, public relation, communication etc. For the SSR preparation, SAT must:

- Co – ordinate the collection and analysis of data relating to the various aspects of the institutions and its functions in respect to QAA criteria and indicators.
- Organize the facts and the results into a logical and cohesive report.
- Function as an institutional facilitator during the on – site visit of the review team from the QAAC.

If the committee and team plan the data collect ion in a systematic way and sets deadlines for various stages of the report writing like preparing the criterion-wise draft analysis, circulating it among the members of the institution, preparing the final version, etc., the whole process as observed from various international practices is completed in a few weeks' time.

b. SSR Preparation Schedule

The eligible institution must prepare a schedule showing how it plans to proceed on each criterion for the Self Study Report preparation. The schedule must clearly define responsible person, his/her activities and the time line to accomplish the task in each criterion. (See Appendix IV)

c. Work Plan and Budget for SSR Preparation

The institution must provide work plan and the detailed budget breakdown for the preparation of SSR.

d. Approval from CMC/GB

The institution must provide evidence showing approval of IQAAC, SAT, Schedule, Work Plan and Budget by CMC/GB.

Trimester Follow Up

QAAD will make trimester follow up to the institutions and if needed (or demanded by the institution) will provide technical support or orientation to them.

3.3 PEER REVIEW TEAM

The Peer Review Team (PRT) is a significant and vital component of the entire assessment and accreditation process. Peer review is a process used for checking the work performed by one's equals (peers) to ensure it meets specific criteria. Peer review is used in working groups for many professional occupations because it is thought that peers can identify each other's errors quickly and easily, speeding up the time that it takes review processes is to verify whether the work satisfies the

specifications for review, identify any deviations from the standards, and provide suggestions for improvements.

The PRT members should review thoroughly the self-study report before the visit, become familiar with the standards for accreditation, arrive at the institution on time, remain for the entire visit, be punctual in meeting, and plan to be an active and fully involved member of the team.

Roles and Responsibilities of the PRT

The PRT is responsible for conducting observations of the institutions to identify the real status and to make sure that the desired improvements are going on effectively so as to adhere to the standards of accreditation. On fulfillment of the responsibilities of the visit, the PRT will seek to address the following questions:

- Did the process identify and involve stakeholders?
- Does the data support the decisions made by the school throughout the process?
- Does the list of desired results state clear and measurable expectations for student performance?
- Have the strengths and limitations been appropriately assessed?
- Does the action plan appropriately address the components specified
- What evidence exists to illustrate student performance?

In summary, the functions of the PRT members are to assess the adequacy of the improvement process and the action plan, to identify strengths of the institution, develop recommendations which may help to strengthen their efforts, to assess compliance with the standards for accreditation, and to develop a written report of the findings.

Peer Review Procedure

The following are the seven-step review procedure in the creation and selection of each substantive SECTION before releasing it to the public:

I: Draft Completion

The authors who are expert in the subject compose and edit the content of assigned subject-matter SECTION.

II: Initial Peer Review

4 – 6 Peer Reviewers, who are also subject experts, comb each section for the following elements, returning comments to authors:

Content

- Is the content accurate?
- Is the content unbiased?
- Will the content be of use to the judiciary?

Format

- Is the format easy for the judiciary to use?

Language

- Is the spelling and grammar perfect?
- Is the language appropriate for the judiciary?

Glossary/Links/Keywords

- Is the list of glossary terms appropriate and complete?
- Are the links appropriate, accurate and complete?
- Is the list of scientific and legal keywords appropriate and complete?

Others

- Could the document be improved in any other way?

III: First Editorial Period

Each author edits his/her SECTION in accordance with the Peer Reviews recommendations noting the following:

- Areas of contention and conflicting reviews
- Any Peer Reviewer's comments with which s/he disagrees

IV: Second Review Period

Reviewers re-examine the edited SECTIONS and return their final comments to the Committee Chair. If points of contention remain between Authors and Peer Reviewers, the Chair makes final decision regarding content, involving other experts when necessary.

V: Second Editorial Period

Authors make any necessary changes to their respective Sections in accordance with Chair's recommendations from the Second Review Period.

VI: Web Draft Period

Finalized Sections are compiled formatted and posted on a website as a draft.

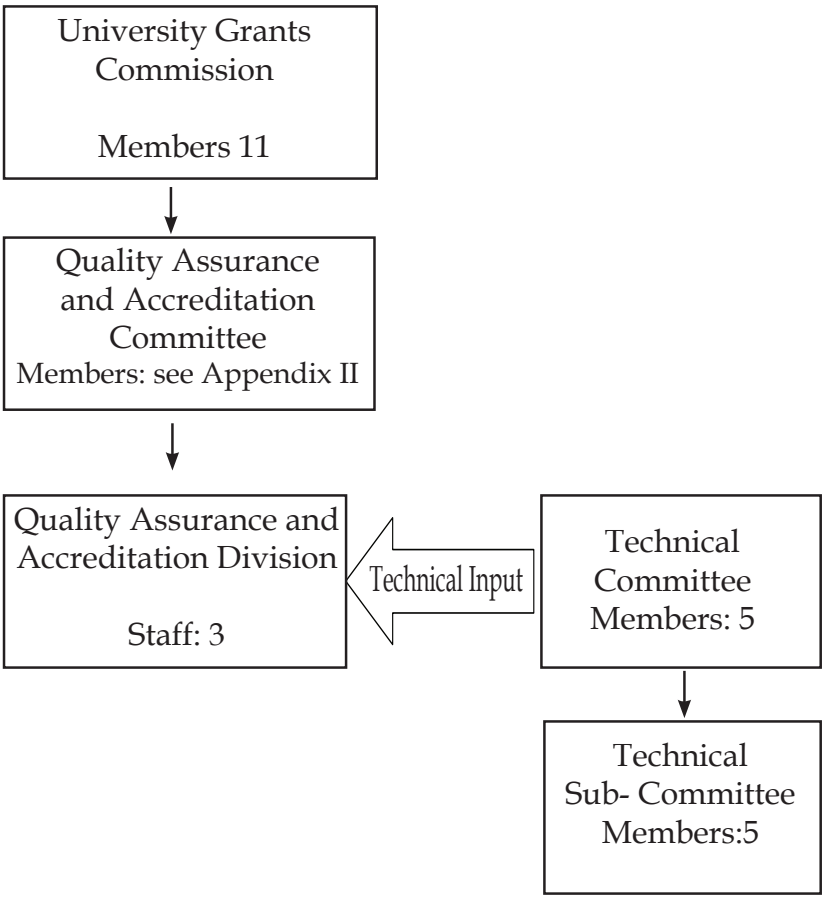
VII: Final Review Period

All Authors and Reviewers evaluate the Draft Website for the following:

- All items on Initial Peer Review list
- Parity of content among sections
- Interplay with previously launched content
- Overall effect of site other details

APPENDIX I

INSTITUTIONAL ARRAGNGEMENT OF QAA SYSTEM



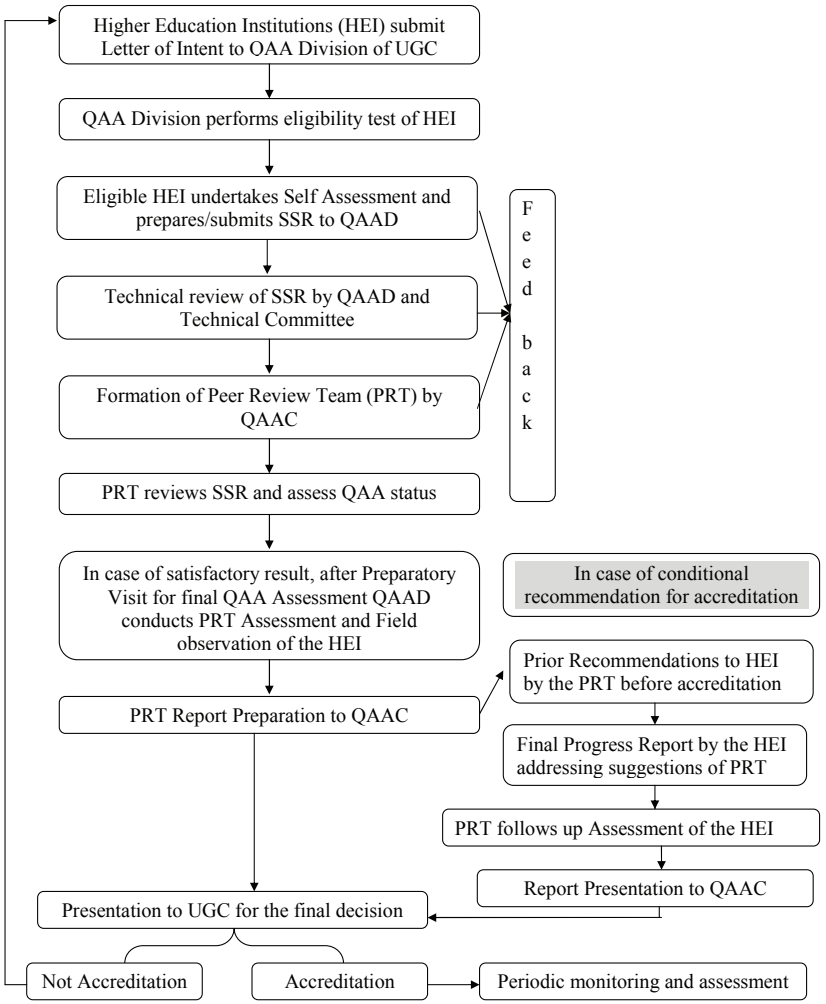
APPENDIX II

QUALITY ASSURANCE AND ACCREDITATION COMMITTEE (QAAC)

Chair	Chairperson, UGC
Members	Member Secretary, UGC
	One representative each from MOE and the Universities
	One nominee each from Deans and Department Heads nominated by UGC
	Four prominent professors nominated by UGC
	One representative from each professional councils (See Appendix VII)
	One representative of student Unions
Members Secretary	Director, QAAD

APPENDIX III

FLOW CHART FOR INSTITUTIONAL ACCREDITATION PROCESS



APPENDIX IV
DUMMY SSR PREPARATION SCHEDULE

Criteria	Responsible person (Who?)	Activities		Date (When?)	Remarks
		What?	How?		
Policy and Procedures	Name and Designation	What are to be done to address the requirements of the criterion?			
Curricular Aspects	"	"			
Teaching-Learning and evaluation	"	"			
Research-consultancy and extension	"	"			
Infrastructure and learning resources	"	"			
Student support and guidance	"	"			
Information system	"	"			
Public information	"	"			

APPENDIX V

WEIGHTAGE DISTRIBUTION OF THE GENERIC BENCHMARKS

SN	Generic Benchmarks (Criteria)	Institution
	Policy and Procedures	15
	Curricular Aspects	10
	Teaching-Learning and evaluation system	15
	Research-consultancy and extension	10
	Infrastructure and learning resources	20
	Student support and guidance	10
	Information system	10
	Public information	10
Total		**100**

APPENDIX VI
GRADING SYSTEM

A Peer Review Team (PRT) consisting of at least four academicians including one international academic will make criterion-wise judgment on academic institutions. Each of the eight criteria contains sub-criteria within which the PRT will provide its marking. Each member of the PRT will provide his/her individual marking and the final marking on each criterion will be based on weighted average scores for the various criteria.

The weighted average score will be used to assign the overall grade of the institutions. In general, if the overall score is more than 50%, the institution will get the **"Accredited"** status and any score less than that will result in **"Not-Accredited"** status. Specific rules may apply to specific programs and Institutions types.

Academic institutions which do not attain the minimum required point for accreditation would also be notified indicating that it is "Assessed and Found not Qualified for Accreditation". The assessment outcomes will be valid up to period of five years or till the next assessment.

APPENDIX VII

PROFESSIONAL COUNCILS IN NEPAL

- Nepal Medical Council (NMC)
- Nepal Engineering Council (NEC)
- Nepal Nursing Council (NNC)
- Nepal Ayurvedic Medical Council (NAMC)
- Nepal Health Professional Council (NHPC)
- Nepal Veterinary Council (NVC)
- Nepal Bar Council (NBC)
- Nepal Pharmacy Council (NPC)

APPENDIX VIII
GLOSSARY OF THE KEY TERMINOLOGIES

1. ACCREDITATION

- Accreditation is a process of external quality review used in higher education to scrutinize colleges, universities and educational programs for quality assurance and improvements. Institutions and educational programs seek accredited status as a means of demonstrating their academic quality to students and the public and to become eligible for government funds.
- Accreditation is a process in which certification of competency, authority, or credibility is presented. The organizations that issue credentials or certify third parties against official standards are themselves formally accredited by the standard bodies; hence, they are sometimes known as "accredited certification bodies". The accreditation process ensures that their certification practices are acceptable, typically meaning that they are competent to test and certify third parties, behave ethically, and employ suitable quality assurance.
- Accreditation is the process by which a (non-) governmental or private body evaluates the quality of a higher education institution as a whole or of a specific educational program in order to formally recognize it as having met certain predetermined minimal criteria or standards. The result of this process is usually the awarding of a status (a *yes/no* decision), of recognition, and sometimes of a license to operate within a time-limited validity. The process can imply initial and periodic self-study and assessment by external peers. The accreditation process generally involves three steps with specific activities:

i) *a self – assessment process,* conducted by the faculty, the administrators, and the staff of the institution or academic program, resulting in a report that takes as its reference the set of standards and criteria of the accrediting body;

ii) *a study visit,* conducted by a team of peers, selected by the accrediting organization, which reviews the evidence, visits the premises, and interviews the academic and administrative staff, resulting in an assessment report, including a recommendation to the commission of the accrediting body;

iii) *examination by the commission,* of the evidence and recommendation on the basis of the given set of criteria concerning quality and resulting in a final judgment and the communication of the formal decision to the institution and other constituencies, if appropriate.

iv) Accreditation is both a status and a process. As a status, accreditation provides public notification that an institution or program meets standards of quality set forth by an accrediting agency. As a process, accreditation reflects the fact that in achieving recognition by the accrediting agency, the institution or program is committed to self-study and external review by one's peers in seeking not only to meet standards but to continuously seek ways in which to enhance the quality of education and training provided.

v) Accreditation is applicable both to an institution as a whole and to a program. ***Some characteristics of accreditation are as follows:***

- Accreditation is a **formal** decision
- Accreditation is based on an **overall assessment** of the HEI or its core activities
- Accreditation is based on the assessment of at least **minimum requirements** (threshold quality)

- Accreditation concerns a ***yes/no/*conditional** decision
- Accreditation will have consequences, e.g.
  - In the professional field
  - Concerning recognition
  - Concerning funding
  - Concerning student aid

Accreditation might be seen as providing a formal quality certificate to an HEI or a program showing that the HEI or the program meets at least expected minimum requirements.

2. ASSESSMENT

Assessment is the evaluation of the quality itself. Assessment process is aimed to collect data, information and evidence of the quality of the higher education institutions as a whole (institutional assessment) or its core activities (education, research and community service) separately (program assessment). It goes beyond quality procedures (although it will be included) and tries to judge the quality of input, process and output. Assessment does not necessarily lead to a formal accreditation decision. However, formal accreditation needs to be based on assessment.

3. BENCHMARKS

A standard, a reference point, or a criterion against which the quality of something can be measured, judged and evaluated, and against which outcomes of a specified activity can be measured. The term, benchmark, means a measure of the best practice performance. The existence of a benchmark is one necessary step in the overall process of benchmarking.

Benchmarking is defined as a diagnostic instrument, a self-improvement tool, an open and collaborative evaluation of services and processes, a method of teaching an institution how to improve, an ongoing, systematically oriented process of continuously comparing and measuring the work processes of one organization with those of others by bringing an external focus on internal activities.

4. CRITERIA

Standards for accreditation or certification of an institution or program. These involve expectations about quality, effectiveness, financial viability, compliance with national (central and local government) rules and regulations, outcomes, and sustainability.

5. EVALUATION

Evaluation, also called review, is used as the general description of the activity of an agency for collecting data, information and evidence about the quality of an institution, the quality of parts of an institution or the quality of its core activities: education and/or research.

6. HIGHER EDUCATION INSTITUTION

Any education institution which runs university level programs (bachelor and above).

7. MANAGEMENT AUDIT

A management audit also looks at general management, general policy and policy making.

8. PEER REVIEW AND EXTERNAL EVALUATION

External review and evaluation of the quality and effectiveness of an institution's academic programs, staffing and structure, carried out by a team of external evaluators who are specialists in the fields reviewed and knowledgeable about higher education in general.

9. SELF- STUDY

The self assessment or evaluation of the quality and effectiveness of an institution's own academic programs, staffing, and structure, based on standards set by authorized quality assurance body. Self-studies are usually undertaken in preparation for a quality assurance site visit by external reviewer/Peer reviewer.

10. SITE VISIT

Evaluation by a team of peer reviewers who examine the institution's self-study; interview faculty, students, and staff; and examine the structure and effectiveness of the institution and its academic programs. Usually results in an evaluation. Normally, it is a part of the accreditation process, but may be initiated by the institution itself.

11. STANDARDS

The level of requirements and conditions that must be met by institutions or programs to be accredited or certified by a quality assurance or accrediting agency. These conditions involve expectations about quality, attainment, effectiveness, financial viability, outcomes, and sustainability.

12. QUALITY ASSURANCE

Quality assurance is the activity of providing evidence needed to establish quality in work and the activities that require good quality are being performed effectively. All those planned or systematic actions necessary to provide enough confidence that a product or service will satisfy the given requirements for quality.

13. QUALITY AUDIT

A quality audit evaluates especially the procedures and processes for the assurance of the quality. The main assumption is that if QA procedures are in place, one may expect that higher education institutions will deliver higher quality performance results.

APPENDIX IX
FORMAT FOR THE LETTER OF INTENT

(Please use the institutional letter head)

From,
The Principal/Campus Chief/Head of the Institution
Name of the Institution:

To
The Chairman,
Quality Assurance and Accreditation Committee, UGC
Sanothimi, Bhaktapur
P.O Box 10796

Subject: Request for QAA Assessment and Accreditation

Dear Sir/Madam,
I am pleased to inform you that our Institution has duly decided to request UGC/QAAC, for accreditation of the institution/program as stated below. The information necessary for the process in the format given by the UGC is enclosed herewith.

Accreditation requested for;

Institution ☐ Program ☐

S. N.	Programs for Accreditation	Program Started (in year AD)	Number of Batches of Graduates Produced	No. of Full Time Teacher	No. of Total Teacher	HoD Full Timer: Yes/No

Thanking you,

Sincerely yours

Authorized signatory

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