

# Higher Education Institutions

## Institutional Quality Audit Standard



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## Forward

To realize and implement the national goals of development and escaping from abject poverty, education plays the most pivotal role and takes the lion share. Without education brighter and prosperous future is unimaginable. However, the mere presence of education which does not consider and put aside quality has nothing to do in addressing the aforementioned issues of bringing development and escaping from acute poverty. Establishing the foundational block of unwavering quality auditing system in education is a key to achieve any goal a country aspires. As one of the poorest nations in Sub Saharan countries, Ethiopia has been grappling to establish system of quality control in all level of its educational sector. Particularly after the beginning of partial privatization of the sector, quality of education has been the most burning issue throughout the country. It has become a buzzword among the academic and political elites. Hence Ethiopia desperately needs to establish an educational system which does not compromise quality.

To achieve this, the government of Ethiopia established ETA (Educational and Training Authority) mainly as a regulatory and quality assurance body of the higher educational sector. In return ETA has established the Chief Executive Office of quality audit, which strives to realize the national vision of materializing unwavering and uncompromising quality of education. To this end the Chief Executive Office of audit has formulated a standard to perform its mission of assuring quality in both private and public higher education sectors. This standard has been developed to address the pressing need of having quality education in HEI and will answer the societal question of assuring quality education in Ethiopia. To realize this ETA has developed standards to conduct task of quality audit effectively.

Eventually in the name of ETA the License and Quality Audit Deputy Director is grateful for all experts and individual who spent their precious time and invaluable expertize relentlessly throughout the development of this document.



## Preamble

In recent years, Ethiopia has experienced significant growth in its higher education sector, driven by both public investment and private sector participation. This expansion has underscored the need for robust quality assurance mechanisms to maintain and improve educational standards. In response, the Ethiopian government established the Higher Education Relevance and Quality Agency (HERQA) in 2003 to oversee quality assurance across public and private higher education institutions. With the evolving landscape of higher education, HERQA transformed into the Education and Training Authority (ETA) through Proclamation No. 1263/2021, with its powers and duties further detailed in Regulation No. 515/2022.

ETA has redefined the processes of licensing, auditing, and accrediting HEIs, making quality audits a prerequisite for accreditation. This shift represents a commitment to a more rigorous and integrated quality assurance system. The purpose of the institutional quality audit is to ensure that HEIs adhere to high-quality standards, align with national priorities, and continuously improve their systems and processes to provide quality education that meets the needs of students, the labor market, and the broader society.

The Higher Education Institutional Quality Audit Standard document outlines the framework, standards, and guidelines for conducting institutional quality audits in Ethiopia's higher education institutions. These audits assess the effectiveness of internal quality assurance systems in achieving institutional objectives, compliance with ETA's requirements, and alignment with both national and international quality standards. This document serves as a critical tool for ETA in fostering continuous improvement, promoting accountability, and ensuring transparency in higher education. By evaluating HEIs through the lens of fitness for purpose and fitness of purpose, ETA aims to build trust among stakeholders and facilitate the development of educational institutions that meet both national goals and global benchmarks



## Acronyms

<b>AEEC :</b>	Accreditation Eligibility Evaluation Certificate
<b>CPD:</b>	Continuous Professional Development
<b>EQA:</b>	External Quality Assurance
<b>ETA:</b>	Education Training Authority
<b>FFP:</b>	Fitness for Purpose
<b>FOP:</b>	Fitness of Purpose
<b>HEI:</b>	Higher Education Institution
<b>HEP:</b>	Higher Education Proclamation
<b>HERQA:</b>	Higher Education Relevance Quality Agency
<b>SIMS:</b>	Students Information Management system
<b>TVET:</b>	Technical Vocational Education Training



## Definition of Terms

**Accreditation:** refers to the quality assurance approach under which services and operations of education and training institutions are evaluated and verified by an external body to determine if applicable and recognized standards are met.

**Accreditation Evaluation Eligibility letter** is an official document confirming that an **HEI** has met the necessary criteria for its **Internal Quality Assurance (IQA)** system and is eligible for a formal evaluation for accreditation. signifying a HEI's eligibility for accreditation assessment.

**Appeal:** refers to the formal procedure through which an institution or individuals can contest or seek a review of a decision made by the regulatory body regarding quality assessments, commendations, or recommendations.

**Approach:** is the first dimension of the ADRI cycle, which focuses on evaluating what the HEI aims to achieve for a given topic and how it proposes to achieve it.

**Alumni:** refer to graduates of a HEI institution.

**Assessment:** refers to mechanisms to measure student's attainment of education outcomes.

**Commendations:** refers to quality audit findings of ETA indicating areas of strengths of an institution in its quality assurance system for exemplary practices, achievements, or outcomes that align with quality standards.

**Conflict of Interest:** refers to a situation where the auditors' interests, relationships, or affiliations with HEIs interfere with their impartiality or objectivity in conducting quality audit of the HEI's quality assurance processes.

**Deployment:** refers to the second dimension of the ADRI cycle, which focuses on whether a HEI's plans for a given topic are being followed in practice, and if not, why not.

**Fitness for purpose:** refers to a quality assurance approach that evaluates how effectively an HEI or its programs meet the institution's stated objectives, such as its mission, vision, and strategic goals.



**Fitness of purpose:** refers to a quality assurance approach that evaluates the relevance and appropriateness of institution's stated objectives, considering the HEI's legal and regulatory responsibilities, ensuring that the HEI's objectives are realistic, contextually appropriate, and not merely aspirational.

**Focus Area:** refers to a domain or category within the institutional quality audit standards framework that addresses key components of the quality assurance system of HEIs.

**Guideline:** refers to specific expectation within a standard, when met, indicates compliance with that standard.

**Higher Education Institution:** refers to a university, university college, college or institute that delivers higher education programs.

**Improvement** refers to the fourth dimension of the ADRI cycle, which focuses on how effectively an HEI is improving its approach and deployment for any given topic in order to achieve better results.

**Internal Quality Assurance System (IQAS)** refers to the set of policies, procedures, and practices that an institution implements to continuously monitor, evaluate, and improve the quality of its academic programs, administrative processes, and overall institutional performance.

**Learning Outcomes** refer to the specific, measurable knowledge, skills, and attitudes that a student is expected to acquire upon completing each course within a HEI program.

**Standard:** refers to a set of established criteria, benchmarks, or guidelines that define the expected quality and performance of institutional operations.

**Recommendations:** Refers to suggestions as a result of institutional quality audit findings aimed at enhancing the quality and effectiveness of quality assurance system of an HEI. These are based on identified areas for improvement and guide institutions toward achieving stated quality standards.

**Quality** refers to the degree to which an HEI meets established standards, guidelines, and stakeholder needs. Quality is assessed through the concepts of "fitness for purpose" and "fitness of purpose" ensuring that institutions are effective and responsive to their mission.





**Quality Audit:** refers to an independent evaluation of the effectiveness of the IQA system by which an HEI sets.

**Quality assurance:** refers to the systematic processes and practices designed to ensure that educational institutions meet established standards of quality in terms of teaching, learning, research, and overall academic management. ETA set these standards and monitor compliance to safeguard the integrity, credibility, and effectiveness of higher education institutions.

**Quality Audit Cycle:** refers to the interval Quality Audit takes place, which is carried out every five year.

**Quality Audit Report:** refers to a formal document that presents the findings, analysis, commendations and recommendations from a quality audit conducted within an HEI. The report assesses whether processes, systems, and practices align with established ETA quality audit standards.

**Quality Auditors:** refers those professionals who have been assigned the role of quality auditor by the Authority in conducting quality audit in HEI institutions.

**Quality Enhancement:** refers to the process where steps are taken to bring about continuous improvements in quality.

**Self-Evaluation** refers to the systematic, internal process through which an institution assesses its own performance, practices, and outcomes to ensure they align with established standards, goals, and quality expectations. It involves the institution critically examining its strengths, weaknesses, and areas for improvement across various dimensions, such as academic programs, student support, governance, research, and overall

**Results:** refers to the third dimension of the ADRI cycle, which focuses on the evidence of the outputs and outcomes of a topic's approach and deployment.



## Introduction

### 1.1 Background

Over the past three decades, the Ethiopian government has actively reformed and expanded the public higher education sector to produce competent graduates for the labor market. This effort has included encouraging private investment, resulting in a significant increase in higher education institutions. However, this rapid growth has brought challenges in ensuring quality and implementing effective quality assurance mechanisms. To address these concerns, the government established the HERQA under Proclamation No. 351/2003. HERQA's mandate included overseeing the quality and relevance of higher education in both public and private institutions. This initiative aims to uphold educational standards and align academic offerings with market needs, ensuring that graduates are well-prepared for the workforce. The effectiveness of a quality assurance system directly impacts the quality of graduates, with a well-functioning system increasing the likelihood that educational outcomes meet established standards. One effective tool for demonstrating quality improvement in HEIs is quality audit.

Quality audit is one of the quality assurance approach employed by ETA to ensure the relevance and quality of HEIs. Audits serve as a systematic approach to evaluate the quality and effectiveness of educational programs and the overall institutional framework. Thus audits assess the capacity and capability of these systems to uphold and continuously improve the quality of educational offerings. ETA's external quality audits are conducted in two forms: program and institutional audits. Institutional audits focus on evaluating the internal quality assurance systems of HEIs. The aim of a program audit is to improve both the quality and the operational effectiveness of a specific educational program. Program audits provide a structured framework for continuous improvement, helping institutions ensure that their programs are valuable and impactful for students and stakeholders. The goal is to ensure that institutions not only meet current standards but are also committed to ongoing enhancement of their programs.



Despite existing legal provisions for accountability, many institutions audited by HERQA showed limited responsiveness in implementing the recommendations forwarded in audit reports. This gap highlighted the need for a more effective mechanism to ensure that institutions actively address quality concerns. HERQA has undergone significant reforms, transitioning into the Education and Training Authority (ETA) through Proclamation No. 1263/2021. Additionally, Regulation No. 515/2022 was issued by the Council of Ministers to outline the Authority's structure and responsibilities. ETA has redefined the processes of licensing, auditing, and accrediting HEIs, making institutional quality audits as a prerequisite for accreditation. This shift created a robust commitment to a more rigorous and integrated quality assurance system in the HEIs, focusing not only on educational outcomes but also on the processes and systems that produce those outcomes. This comprehensive approach ensures that quality is embedded in every aspect of higher education, fostering continuous improvement and accountability within institutions.

## **1.2. Legal framework of Quality audit**

At the inception of HERQA through Proclamation No. 351/2003, the agency was tasked with ensuring that whether the higher education and training provided by institutions met established quality standards and relevance. To fulfill this mandate, HERQA implemented two quality assurance methods: license and external quality audits. While license was limited to private higher education institutions (HEIs), external quality audits were conducted across all HEIs, regardless of their ownership status. As a result, HERQA has performed audits on a significant number of institutions. However, most HEIs have not been responsive to the recommendations outlined in the audit reports due to a lack of accountability and limited monitoring. Lately, it has become clear that there are inadequate legal provisions regarding HEIs' responsibilities to address the recommendations in quality audit reports. This situation underscored the necessity for new legal framework. Consequently, HEP No. 650/2009 was enacted, followed by Proclamation No. 1152/2019, which included specific articles outlining the quality assurance responsibilities of HEIs. Under HEP 650/2009 (Article 22/5) and HEP 1152/2019 (Article 21/6), institutions are required to implement the agency's recommendations for quality enhancement. However, despite the establishment of these legal frameworks to ensure accountability for HEIs,



previous practices persist. Consequently, if HEIs do not address the recommendations in the audit reports, they encounter no consequences.

HERQA has undergone significant structural reforms, evolving into ETA through Proclamation No. 1263/2021. This reform integrates audit outcomes into the accreditation process by requiring audits as a prerequisite for both program and institutional accreditation, marking a significant advancement in establishing a structured approach to quality audits. Following this legal framework, a quality audit directive has been created to oversee the audit activities of higher education and TVET institutions, emphasizing a systems-oriented quality audit.

### **1.3. Importance of External Quality Audits**

The Institutional Quality Audit conducted by the ETA is a fundamental tool in fulfilling ETA's mission and achieving its objectives for ensuring high-quality and relevant education and training across Ethiopia.

First, the audit is intended to ensure compliance with the national standards and international benchmarks, directly supporting ETA's objective of assessing the relevance and quality of education and training provided by institutions. By verifying that institutions' internal quality assurance systems meet both national and international benchmarks, the audit helps guarantee that institutions operate in line with ETA's commitment to high-quality education that is pertinent to Ethiopia's developmental needs.

In line with ETA's mission to foster continuously improvable internal quality assurance systems within institutions, the audit promotes continuous improvement by identifying both strengths and areas for development.



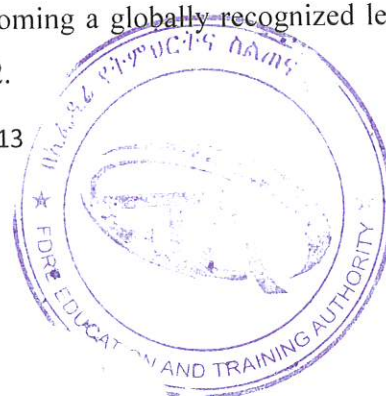
ETA's focus on promoting accountability is another core purpose of the quality audit, as it holds institutions responsible for the effective use of resources and the alignment of their practices with their vision, mission, and strategic objectives. This aligns with ETA's mission to establish a quality assurance system that is transparent and efficient, ensuring that institutions are answerable to their stakeholders, including students, parents, and the broader public.

In addition, the audit enhances transparency by making information about an institution's operations, governance, and outcomes accessible to the public. This aspect of the audit aligns with ETA's objective of disseminating information about educational standards and programs from both domestic and international institutions, fostering trust among stakeholders and enabling informed decision-making by prospective students and staff.

To further support institutions, the audit provides decision-making guidance through findings and recommendations, helping institutions align their policies, strategic plans, and resource allocations with their mission and goals. This aligns with ETA's objective of ensuring that educational curricula and practices meet the needs of Ethiopia's development, supporting institutions in making choices that strengthen their impact on national progress. Moreover, the Institutional Quality Audit plays a critical role in the accreditation process, as it assesses whether institutions meet the eligibility criteria for accreditation evaluation.

In safeguarding educational quality, the audit ensures that institutions deliver programs that enable graduates to gain the skills, knowledge, and attitudes needed for professional competence. This protects the interests of students and the public, ensuring graduates are prepared to contribute to national development, which is at the heart of ETA's mission. Finally, by instilling rigorous standards and practices, the audit promotes a culture of quality and accountability within institutions, ensuring that they fulfill their role in the sustainable development of the country. This directly aligns with ETA's objective of supporting Ethiopia's growth by enhancing the educational sector's capacity to produce competent, skilled graduates.

Through these purposes, ETA's Institutional quality audit not only enforces compliance but also builds a foundation for continuous improvement, accountability, and transparency, all of which are essential to achieving ETA's vision of becoming a globally recognized leader in education and training quality assurance authority by 2032.



#### 1.4. Vision, Mission, Objectives and Core Values of ETA

**Vision:** To be globally recognized and competent education and training quality assuring body by 2032.

**Mission:** The mission of the Authority is to ensure a high quality and relevant education and training by:

- Developing national quality assurance standards and assure its proper implementation.
- Ensuring education and training institutions established vibrant internal quality assurance system that can be improved continuously.
- Ensuring graduates of education and training institutions acquire the necessary knowledge, skill and attitude that can facilitate the country's development and growth.

**Core Values:** In its Quality audit services ETA has committed itself to Public accountability, Professionalism, transparency and impartial service delivery to the society.

#### 1.5. Scope of the Standard

This document delineates the standards for evaluating the internal quality assurance systems of higher education institutions in Ethiopia. The primary aim is to assess the robustness and effectiveness of the HEI's internal quality assurance system rather than focusing on the adequacy and sufficiency of resources.

Ethiopian HEIs exhibit considerable diversity across various dimensions, each of which has important implications for quality assurance. This standard is uniformly applicable to all HEIs, regardless of their status, program delivery modality, institutional differentiation or autonomy. It ensures a thorough and rigorous evaluation of each institution's quality assurance systems, promoting uniformity while recognizing the unique contexts of different institutions. This approach fosters accountability and enhances the overall quality of higher education across the board.



The standards in this document are designed to evaluate four core dimensions of an HEI's internal quality assurance system. First, the existence of the system, which looks at whether the institution has established a formal, structured quality assurance framework. Second, the functionality of the system which evaluates how effectively the quality assurance mechanisms are implemented and operated. Third, the result or outcomes of the internal quality assurance system. Finally, the on going improvement of the system which examines whether these processes are sustainable and capable of driving long-term quality enhancement. Together, these aspects ensure that the institution's quality assurance system is not only operational but capable of evolving over time.

## **2. Fundamentals of institutional Quality Audit**

A Quality Audit is a systematic and independent evaluation process that assesses whether the internal quality assurance systems of HEIs are effective. It provides an external review of an institutions' ability to manage and improve the quality of its educational offerings, governance structures, and overall operations. By focusing on fundamentals of quality audit, institutions can conduct effective quality audits that lead to meaningful improvements and better outcomes.

### **2.1. ETA's External Quality Audit Approach: FFP and FOP**

The Authority conducts institutional quality audits in HEIs with a focus on both "fitness for purpose" and "fitness of purpose." The "fitness for purpose" approach evaluates how effectively an HEI or its programs meet the institution's stated objectives, such as its mission, vision, and strategic goals. Meanwhile, the "fitness of purpose" approach goes further by assessing the relevance and appropriateness of these objectives, considering the HEI's legal and regulatory responsibilities. This ensures that the HEI's objectives are realistic, contextually appropriate, and not merely aspirational. Therefore, ETA's external Quality audit is grounded in the principles of both fitness for purpose and fitness of purpose, ensuring that institutions are evaluated not just on their ability to meet their stated goals, but also on the relevance and appropriateness of those goals within the broader national and global context. This dual approach ensures that HEIs are both effective in achieving their objectives and aligned with the expectations of stakeholders, including students, employers, and the government.



ETA's external Quality audit is designed to respect the autonomy of HEIs in developing their own quality assurance systems within the national higher education framework. However, the audits do not merely assess the availability of resources. Instead, they focus on the effectiveness of the systems, processes, and strategies that the institution has implemented to achieve its mission and strategic objectives. By emphasizing systemic and process effectiveness, the audit ensures a comprehensive evaluation that goes beyond surface-level resource checks, delving into how well the institution's internal mechanisms support its goals.

## 2.2 ETA's External Quality Audit Evaluation Model: ADRI

ETA's institutional audits are conducted using the ADRI (Approach, Deployment, Results, and Improvement) model, a structured and cyclical evaluation framework that emphasizes not only how institutions plan and implement their quality assurance systems but also the results these systems produce and the mechanisms in place for continuous improvement. By employing the ADRI model, ETA ensures that HEIs are held accountable for the outcomes of their quality assurance processes and are encouraged to engage in a continuous cycle of evaluation and enhancement.

**Approach:** This dimension evaluates how an institution's quality assurance system is designed and structured. It examines the strategies, policies, and plans that the institution has in place to assure the quality of its operations. This includes governance frameworks, quality assurance policies, institutional goals, and how these align with the institution's mission and vision. The approach must reflect a thorough understanding of national higher education standards, as well as the specific needs of students, employers, and the broader community.

**Deployment:** Deployment assesses how effectively the institution's quality assurance system is implemented across all levels. It looks at the operationalization of policies, strategies, and frameworks within different departments and units. This includes examining the extent to which quality assurance processes are embedded in day-to-day activities, how roles and responsibilities are distributed, and how leadership fosters an institutional culture of quality.





**Results:** The results dimension evaluates the outcomes of the quality assurance system, both in terms of student learning and institutional performance. It includes metrics such as student success rates, employability of graduates, research outputs, and stakeholder satisfaction. Results provide critical evidence of whether the institution's approach and deployment strategies are delivering the intended quality outcomes.

**Improvement:** This final dimension focuses on how the institution uses the results of its quality assurance processes to drive continuous improvement. It examines the mechanisms in place for reviewing, reflecting on, and enhancing institutional processes and outcomes. This dimension emphasizes the institution's ability to adapt, innovate, and implement changes based on internal evaluations and external feedback.

### **2.3. Quality Audit Focus areas and Standards**

Different countries' regulatory bodies organize their standards in various ways and numbers. The Authority categorizes its quality audit standards into seven focus areas which considered national context and international benchmarks. Each focus area acts as an umbrella, containing specific standards and guidelines that HEIs must follow. This structured approach ensures comprehensive evaluations and aligns with global best practices, promoting consistency and quality in higher education. For each guideline, detailed indicators are defined to measure effectiveness of the internal quality assurance system. The lists and descriptions of focus areas, the standards and guidelines are presented below, respectively:

1. Vision, Mission and Governance
2. Infrastructure and learning resources
3. Academic and support staff
4. Student affairs and graduate outcomes
5. Program Development and Delivey
6. Research, community engagement and Industry linkage
7. Internal Quality assurance



## **Focus area 1: Vision, Mission and Governance**

Every HEI shall have clearly defined and relevant mission and vision as well as a governance system and structure that supports the realization of its vision and mission. The governance framework, along with institutional regulations and policies, must be developed in consultation with those impacted and must adhere to legal requirements. The roles and responsibilities of the governing body at various levels and different academic committees shall be clearly defined, communicated, and understood by its stakeholders. Each staff member shall recognize how their work aligns with the HEI's mission, policies, and objectives. A clear timeline shall be established for reviewing and revising legislative documents. Processes, procedures, systems, mechanisms, and activities must be implemented, evaluated, and monitored in a structured and systematic way and the governing body shall periodically assess its effectiveness in achieving its goals.

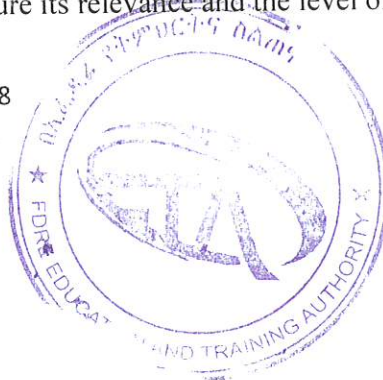
### **Standard 1: Vision and Mission**

The HEI shall establish clear and realistic vision, mission, and goals statements developed with the participation of stakeholders, align with the national priorities, and clearly articulate the institution's purpose. The goals and strategic objectives are aligned with the mission, approved by the governing body and communicated to stakeholders.

### **Guidelines**

#### **The HEI shall:**

- 1.1. Establish a mechanism to set clear and realistic vision, mission and goals aligned with the purpose it is differentiated for, national priorities and regulatory requirements, approved by concerned body ensuring stakeholders participation and a communication mechanism.
- 1.2. Formulate a mechanism to ensure strategic goals and objectives emanate from its mission and align with its activities
- 1.3. Devise a mechanism to mainstream major cross-cutting issues in its core functions.
- 1.4. Establish a system that enables it to periodically review its mission, vision and core values in order to update and make sure its relevance and the level of attainment.



## Standard 2: Governance

The HEI shall establish a governance system for effective management and implementation of policies and procedures that ensures accountability, transparency and effective financial management system.

### Guidelines

The HEI shall:

- 2.1. Establish an appropriate governance system that aligns with its mission and regulatory requirements ensuring stakeholder participation and a communication mechanism.
- 2.2. Devise a mechanism to define and communicate roles and responsibilities of different organs, staff and committees.
- 2.3. Establish a mechanism to ensure accountability and transparency in its governance system.
- 2.4. In place mechanism to ensure that its governance system is participatory.
- 2.5. Formulate a mechanism to ensure roles and responsibilities are commensurate with the required authority
- 2.6. In place a mechanism that make sure responsibilities and resources are aligned
- 2.7. Develop a mechanism to ensure that governance system promote merit based inclusive leadership
- 2.8. Establish a system for handling grievances, appeal and disciplinary issues
- 2.9. Devise a risk identification procedure that systematically tracks potential risks, and develop a risk mitigation strategy
- 2.10. Devise a mechanism to digitalize its core functions
- 2.11. Devise a mechanism to periodically review its governance system



### **Standard 3: Financial Management**

The HEI shall establish and maintain financial management systems that ensure strategic alignment with institutional objectives and legal frameworks.

#### **Guidelines**

The HEI shall:

- 3.1. Establish financial policy that aligns with national financial regulation, ensuring participation of key stakeholders and a communication mechanism.
- 3.2. Establish an integrated financial management system in alignment with relevant international principles and national regulation
- 3.3. Devise a mechanism to diversify means of funding and financial sources to maintain financial sustainability.
- 3.4. Devise a mechanism to ensure a balanced budget allocation across its core functions
- 3.5. Devise a mechanism to ensure that budgeting process is transparent and accountability.
- 3.6. Establish a mechanism to carry out internal financial audit that is inline with the national financial audit requirement
- 3.7. Establish a mechanism to automate its financial management system based on its financial policy.
- 3.8. Develop a mechanism and evaluation processes to regularly review the effectiveness of the financial management system.

#### **Focus Area 2. Infrastructure and learning resources**

This focus area emphasizes systems and processes that HEIs shall establish for effective management of physical and digital infrastructure, as well as learning resources. It focuses on acquiring, utilizing, retaining, maintaining, and updating resources in alignment with the institutional mission.



#### **Standard 4: Infrastructure and learning resources**

The HEI shall implement systems for acquiring, utilizing, retaining, maintaining, updating and upgrading their infrastructure and learning resources.

#### **Guidelines**

The HEI shall:

- 4.1. Establish an effective asset management policy and system for acquiring, utilizing, retaining, maintaining, and updating infrastructure and learning resources ensuring participation relevant stake holders and a communication mechanism.
- 4.2. Establish a mechanism to align learning resources with curriculum requirement and diverse needs of students.
- 4.3. Develop a mechanism to ensure the accessibility, safety and functionality of learning resources and facilities.
- 4.4. In place health and safety management systems in line with regulatory requirements.
- 4.5. Devise a mechanism to support learning with emerging technology
- 4.6. Establish an inventory management system to regularly review and duly improve learning facilities and resources.
- 4.7. Develop a mechanism to periodically produce utilization reports to ensure resources are being used efficiently and meeting the needs of education programs.
- 4.8. Formulate a mechanism to regularly conduct safety inspections by certified professionals to identify and mitigate potential hazards.
- 4.9. Design a mechanism for maintenance, calibration and to keep up-to-date records of learning resources.
- 4.10. Establish an integrated waste management system that promotes the reduction, reuse, and recycling of waste ensuring the proper disposal of hazardous, recyclable and organic waste in compliance with environmental regulations.
- 4.11. Develop a mechanism and evaluation processes to regularly review the effectiveness of the infrastructure and learning resources management system.



### **Focus Area 3. Academic and support staff**

As a means of achieving its strategic goal, each HEI is required to set up a human resource management system covering recruitment, selection, appointment, promotion and termination to provide clear guidance on staffing. Clear policies ensure that hiring decisions are made on the basis of competence. The education and experience of staff members shall be specified in detail in policies that correspond to their responsibilities. The HEI shall carry out regular assessments of its HR needs to make sure that its staff is capable and able to meet the strategic plan's requirement.

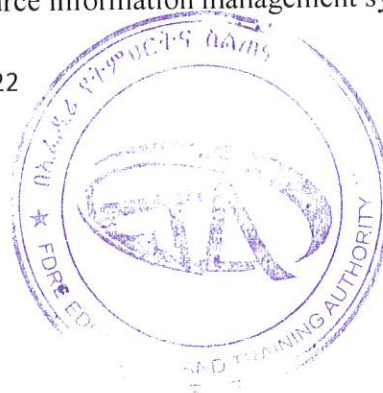
#### **Standard 5: Academic and support staff**

The HEI shall establish and maintain a human resource management system addressing recruitment, selection, appointment, promotion, and termination to provide clear guidance on staffing.

#### **Guidelines**

The HEI shall:

- 5.1. Develop Human Resource Management policy that aligns with relevant regulatory policies, ensuring participation of relevant stakeholders and a communication mechanism.
- 5.2. Devise a system to conduct periodic human resource needs analysis and staff retention
- 5.3. Develop a fair and transparent performance evaluation and appraisal system.
- 5.4. The HEI developed a professional development and capacity building plan for its academic and support staff, respectively.
- 5.5. Devise a mechanism that promotes inclusiveness in its human resource management system
- 5.6. Devise a mechanism for handling disciplinary cases and a fair and transparent appeal system with clearly defined procedures.
- 5.7. Establish an automated human resource information management system(HRIMS)



- 5.8. Establish a mechanism to periodically evaluate the effectiveness of human resource management system

#### **Focus Area 4. Student affairs and graduate outcomes**

To effectively guide its admissions and student support operations, an HEI shall implement comprehensive policies, mechanisms, and procedures. The requirements for admission must be in accordance with program requirements and government policies. HEI shall set up a system that allows them to provide a variety of academic and non-academic support services in order to satisfy their specific students' needs.

#### **Standard 6: Student Admission**

The HEI shall have a system and a well-defined student admission policy that addresses criteria for program admission requirements and regulatory policies.

#### **Guidelines**

The HEI shall:

- 6.1. Develop student admission policy that addresses admission requirements that considers diversity aligning regulatory requirements ensuring participation of relevant stakeholder and a communication mechanism.
- 6.2. Devise a mechanism to verify the authenticity of students' credentials and procedure for admission endorsement.
- 6.3. Develop students Information Management System (SIMS) that automates admission, progression and graduation.
- 6.4. Devise a mechanism to integrate SLMS with Education Assessment and Examination Service database
- 6.5. Develop a mechanism to maintain consistency of admission procedure across its campuses
- 6.6. Establish a system to keep Students' and graduates record safe, secured and easily retrievable
- 6.7. Establish appeal system with clear procedure for students' admission



- 6.8. Establish a mechanism to periodically review its admission system.

### **Standard 7: Students support**

The HEI shall establishing and putting into practice a well-defined policy, system, and procedures for its academic and nonacademic support services that enables students to achieve program objectives.

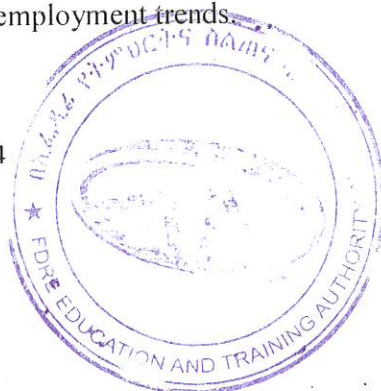
#### **Guidelines:**

The HEI shall:

- 7.1. Establish an inclusive students support service policy and procedure that aligns with regulatory requirements ensuring, participation of relevant stakeholders and a communication mechanism.
- 7.2. Establish a system to digitally integrate its student support service
- 7.3. In place a mechanism to identify and intervenes support need of students.
- 7.4. Devise a mechanism for academic advisory and extracurricular support service.
- 7.5. Develop a system for providing a health care and personal guidance and counseling service.
- 7.6. Establish a system to provide career and employment training services for its students.
- 7.7. Establish a mechanism for grievance and appeal on students support services.
- 7.8. In place a mechanism to periodically monitor and evaluate the effectiveness and relevance of its student support services.

### **Standard 8: Students Progression and Graduate outcomes**

The HEI shall establish a mechanism and procedure to effectively monitor student's progression and identify those requiring support in order to reduce dropout and increase graduation rates. This procedure shall entail the regular collection and analysis of data related to student admission and progression, and graduate outcomes to track employment trends.





## Guidelines

The HEI shall:

- 8.1. Develop a policy that governs students progression and graduate outcomes in alignment with regulatory requirements ensuring participation of relevant stakeholders and a communication mechanism
- 8.2. Develop automated system that tracks students' progress, including course enrollment and grade earned to ensure timely identification of students' progression.
- 8.3. Devise students retention mechanism to minimize attrition rate
- 8.4. Develop a system to raise its student's success rate on the national exit exam.
- 8.5. Establish a mechanism to conduct tracer study in order to evaluate graduates effectiveness and program outcome.
- 8.6. Develop a system to establish and maintain continual relationship with its alumni.
- 8.7. Establish an appeal system regarding student s' progression
- 8.8. In place a system to review the effectiveness of students' progression and graduate's affairs management system.

## Focus Area 5. Program Development and Delivery

The HEI shall put in place and implement a planned and robust procedure for program design, development, approval and review in order to maintain program relevance, quality and alignment with the national framework. The HEI also shall make sure that the program delivery and assessment methods are in lined with the curricula.

### Standard 9: Program development and review

The HEI shall establish and implement a robust system for its programs design, development, approval and review.



## **Guidelines**

The HEI shall:

- 9.1. Develop a policy for program design, development, approval and revision policy and guideline that align with regulatory requirements national priority ensuring participation of relevant stakeholders and a communication mechanism.
- 9.2. Develop a program need assessment guideline that takes in to account national priorities, regulatory directive and indigenous knowledge.
- 9.3. Devised a mechanism to incorporate 21<sup>st</sup> century skills in the curricula
- 9.4. Establish a procedure for program development and revision
- 9.5. Establish a procedure for program approval
- 9.6. Establish a system to ensure resource availability for the delivery of the program prior to program development.
- 9.7. Devise a mechanism to periodically obtain feedback from current students, alumni, industry partners, and faculty for program improvement.
- 9.8. In place a mechanism to review and update the programs design, development, and approval and revision process.

## **Standard 10 Learning and Teaching**

The HEI shall establish and put in to practice clear policies and procedures that govern the overall learning and teaching process.

## **Guidelines**

The HEI shall:

- 10.1. Develop a comprehensive learning and teaching policy and guideline considering regulatory requirements and different modes of delivery ensuring the participation of relevant stakeholders and a communication mechanism.
- 10.2. Devise a mechanism to equip its faculty members on pedagogical skills



- 10.3. Establish a mechanism that enables to check the use of variety of teaching methods that fit the nature of the course content and learning outcomes which are appropriate for the mode of delivery.
- 10.4. Establish a mechanism that ensures implementation of varieties of active learning methods
- 10.5. Establish a technology assisted learning and teaching process
- 10.6. Devise a mechanism to ensure course content coverage.
- 10.7. In place a mechanism to maintain balance between theory and practice in the course delivery.
- 10.8. Establish a system to review the effectiveness of the teaching and learning approach.

### **Standard 11: Students Assessment**

The HEI shall establish assessment mechanism to measure student's achievement of learning outcomes with clear and effective procedure for its implementation.

#### **Guidelines**

The HEI shall:

- 11.1. Develop a comprehensive assessment policy considering regulatory requirements and different modes of delivery ensuring participation of relevant stakeholders and a communication mechanism.
- 11.2. Establish a mechanism to make sure the alignment of assessment mechanism with intended learning outcomes.
- 11.3. Devise a mechanism to ensure the use of varieties assessment methods.
- 11.4. Establish a mechanism to support assessment with technology
- 11.5. Develop a mechanism and procedure to maintain the security, fairness and consistency in handling examination matters.
- 11.6. Devise a mechanism to ensure the validity and reliability of exam items
- 11.7. Devise a mechanism to ensure the assessment covers the entire content.
- 11.8. Develop a mechanism to maintain balance between theory and practice in assessment process.



- 11.9. In place a mechanism to ensure evaluation method cover entire objectives of the course.
- 11.10. Establish a mechanism to ensure consistency of assessment practices across the institution.
- 11.11. In place an appeal system for grievances handling related to assessment and marking.
- 11.12. Devise a mechanism to ensure the effectiveness of assessment mechanism.

### **Focus Area 6. Research, Community Engagement, and Industry Linkage**

HEIs shall engage in research and community activities alongside their teaching responsibilities. While all HEIs are required to undertake research, the level of involvement can differ based on their specific mission and focus. To effectively fulfill these roles, it's essential to establish clear policies, guidelines, and systems that support these activities. This focus area outlines the necessary standards and guidelines for the systems and procedures needed to enhance and maintain the quality of research, community engagement, and partnerships with industry. By implementing these frameworks, HEIs shall ensure they meet their obligations and contribute meaningfully to their communities and fields of study.

### **Standard 12: Research**

The HEI shall in place a system for research undertakings ensuring national priorities, institutional mission and stakeholder expectation.

### **Guidelines**

The HEI shall:

- 12.1. Develop research policies that align with its mission, national priority and regulatory requirements ensuring the participation of relevant stakeholders and a communication mechanism
- 12.2. Establish mechanisms to support, monitor, and evaluate students' research activities, promoting their engagement
- 12.3. Develop a mechanism to identify and prioritize its major research thematic area
- 12.4. Establish a mechanism to secure fund for its research undertakings.



- 12.5. Establish a mechanism to ensure that research funds are used only for research purposes
- 12.6. Devise a mechanism to support, monitor and evaluate staffs' research activities, including incentives to promote staff engagement.
- 12.7. In place a consistent and stringent research approval mechanism and procedure.
- 12.8. Devise a mechanism to protect Intellectual Property Rights (IPR) arising from research ensuring transparency and equitable sharing of benefits among stakeholders
- 12.9. Develop a Database System for Managing and Archiving Research outputs and a mechanism for Publication and dissemination
- 12.10. Establish a mechanism to ensure the reputability of journals before subscription
- 12.11. Devise a mechanism to ensure whether the research outputs are utilized
- 12.12. Establish a mechanism to publish or outsource the publication of its research outputs
- 12.13. Devise a mechanism to collaborate with national and international institutions
- 12.14. In place a system to periodically evaluate the impacts of its research outputs.
- 12.15. Develop a system to periodically review the effectiveness of its research policies, system, mechanism and procedures.

### **Standard 13: Community Engagement:**

The HEI shall establish a system for community engagement ensuring national requirements, institutional mission, social responsibility and stakeholder expectation.

#### **Guidelines**

The HEI shall:

- 13.1. Establish community engagement policies in alignment with the mission it is differentiated for, national priorities and regulatory requirements ensuring the participation of stakeholders and a communication mechanism.
- 13.2. Create a system to encourage and motivate community in relevant institutional committees.
- 13.3. Establish a mechanism to engage its staff and students in national services
- 13.4. Devise a mechanism to build credibility of the institution through community engagement.



- 13.5. Establish a system to encourage its staff and students to participate in a range of community activities.
- 13.6. Devise a mechanism to ensure community engagement activities are supported by research.
- 13.7. Devise a system to periodically evaluate the impacts of its community engagement activities.
- 13.8. In place a mechanism to periodically review the effectiveness of its community engagement policies, system, mechanism and procedure.

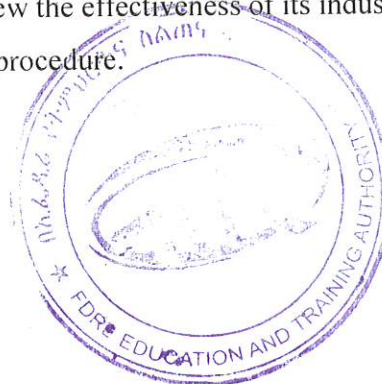
#### **Standard 14: Industry Linkage**

The HEI shall in place a system for industry linkage ensuring national priorities, regulatory requirements, institutional mission and stakeholders' expectation.

#### **Guidelines**

##### **The HEI shall:**

- 14.1. Develop industry linkage policies in alignment with the mission it is differentiated for, national priorities and regulatory requirements ensuring the participation of stakeholders and a communication mechanism.
- 14.2. Establish a system to strengthen its University-Industry Linkages
- 14.3. Devise a mechanism to establish local and international partnerships
- 14.4. Devise a mechanism to diversify its funding source for industry-linkage
- 14.5. Devise a mechanism to protect Intellectual Property Rights (IPR) arising from innovation, ensuring transparency and equitable sharing of benefits among stakeholders
- 14.6. Develop a mechanism to strengthen university-industry linkages, providing students with real-world experience.
- 14.7. Establish a mechanism to align graduate skills with industry expectations and build strong industry relationships to enhance graduates employability.
- 14.8. In place a mechanism to periodically review the effectiveness of its industry linkage policies, system, mechanism and procedure.



## **Focus Area 7. Internal Quality Assurance**

The effectiveness of a quality assurance system significantly influences the quality of graduates. It is generally assumed that a more effective quality assurance system increases the likelihood that educational outputs meet established standards. By implementing strong quality assurance processes, HEIs can enhance their educational programs and better prepare graduates for their future careers. The HEI shall in place a mechanism and procedure to make sure the effectiveness and continual improvement of its quality assurance systems' and its capability to ensure the quality of its educational programs. The quality assurance and improvement strategy is applicable to all parts of the institution and its activities. For quality improvement and external verification of institutional quality audit objective HEIs' are expected to conduct self-evaluation periodically.

### **Standard 15: Internal Quality Assurance**

The HEI shall establish quality assurance policies, system, mechanism and processes and engage its internal stakeholders in different quality assurance activities. It also shall periodically evaluate how well its system, mechanism, and process for quality assurance and enhancement work to ensure the quality of its educational programs.

#### **Guidelines**

The HEI shall:

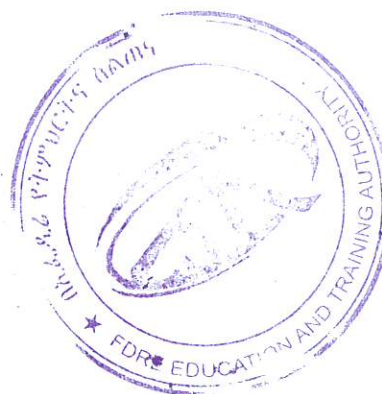
- 15.1. Establish quality assurance policies aligned with the institution's mission, and regulatory requirements, ensuring stakeholder involvement and a communication mechanism
- 15.2. Establish a quality assurance structure that guarantees autonomy in decision-making
- 15.3. Establish a comprehensive quality assurance system, mechanism, procedure and process fully integrated across all institutional functions—core, support, control, strategic, operational, and cross-cutting—that ensures institutional quality, enhancement, and continuous improvement.



- 15.4. Set up a quality care unit or committee structure at institutional, faculty and program level that closely follow quality assurance activities.
- 15.5. Establish a mechanism to periodically conduct self-evaluation of its Internal Quality Assurance System and devise a mechanism to address the gaps identified in the self-evaluation process.
- 15.6. In place a mechanism to maintain consistency in the implementation of its policies, systems, mechanisms, and procedures across its campuses, faculties and programs.
- 15.7. Develop a comprehensive feedback collection mechanism from relevant stakeholders (students, industry partners, alumni, and staff) to inform decision-making.
- 15.8. Establish a mechanism to regularly monitor and periodically evaluate the effectiveness of its internal quality assurance systems to ensure achievement of the intended purpose.

#### **An overview of ETA's Quality Audit Procedures**

The external quality audit process follows a structured sequence of steps, each designed to ensure a thorough and objective evaluation of an institution's quality assurance system. These procedures are standardized to ensure consistency across audits. The audit involves thorough pre-audit preparations, the formation of a qualified external auditor's team, and comprehensive visits to verify the accuracy of self-evaluations and institutional practices. Following the audit and the follow up evaluation ETA issues a public report highlighting the effectiveness of the HEI's quality assurance systems. This process culminates in an accreditation evaluation eligibility letter. Accordingly, the following overview encapsulates the core elements of the Quality Audit Procedures established by the ETA.





## 4.1 Pre-audit preparation

### Initiating the Audit

The audit process begins with an initial engagement between the Educational Training Authority and the higher education institution. ETA initiates the process by requiring the HEI to conduct a thorough self-assessment and submit a Self-Evaluation Report(SER). This SER serves as the foundation for the external quality audit. HEI are required to prepare their SER in accordance with the guidelines outlined in the ETA Institutional Self Evaluation guideline. Once the self-evaluation is complete, the HEI submits the SER to ETA for review. *“For more details refer self evaluation guideline of ETA”*

### Document Review

Once the SER is submitted, the review committee and the audit panel team conduct an in-depth review of the document and any supplementary materials provided by the institutions. This review focuses on checking if the SER meets ETA’s standards and assessing the institution’s internal quality assurance processes, as well as the evidence provided to support the institution’s claims.

### The Portfolio Meeting

The Portfolio Meeting is a pivotal event in the preliminary phase of the quality audit process, taking place before the Audit Visit. The Portfolio Meeting, typically lasting a full day, is held at the ETA Offices. Panel members outside Addis Ababa participate virtually through suitable communication technologies(*“For more details refer ETA’s” institutional Quality audit procedure manual .”*)



## **Briefing Visit**

Once the audit visit date is set, ETA conducts a briefing visit to the HEI. During this visit, ETA staff will meet with the institution's key personnel. The purpose of the briefing is to explain the audit procedures, address any questions, and clarify ETA's expectations for the quality audit. *"For more details refer ETA's" institutional Quality audit procedure manual ."*

## **Appointment of the Quality Audit Panel**

The institutional quality audit panel for the quality audit consists of Audit panel coordinator from ETA and external auditors who are selected and trained by ETA. The HEI has the opportunity to provide feedback on the proposed panel. All panel members are required to disclose any possible conflicts interest before participating the quality audit. *"For more details refer ETA's" institutional Quality audit procedure manual ."*

### **4.2. The Quality Audit Visit**

During the institutional quality audit visit, the audit panel will carry out several key activities on-site at the HEI. These include reviewing documents related to the HEI's quality assurance processes, meeting with various stakeholders such as the HEI's leadership, faculty, students, and external stakeholders. The primary purpose of the Audit Visit is to validate the HEI's SER. *"For more details refer ETA's" institutional Quality audit procedure manual ."*

### **4.3 Quality audit report**

The Quality Audit Reports of ETA serve a dual purpose: they provide a public account of the effectiveness of a Higher Education Institution's (HEI) quality assurance systems and offer insights for ongoing quality improvement efforts, including the celebration of good practices. Following the audit visit, ETA will draft an institutional quality audit report, which will be shared with the HEI for factual verification. In institutional quality audit, ETA will make commendations and recommendations for action by the HEI. Recommendations are actions which will help to maintain and continually improve quality. Before the issue of quality audit report to the public, ETA will require the HEI a quality enhancement plan. This plan should



address the recommendations listed in the audit report and indicate any other actions that the HEI will take to enhance quality. Based on the enhancement plan ETA will conduct a follow-up visit to assess the progress made. The audit panel will amend the draft audit report to incorporate the improvements implemented by the HEI in response to the recommendations. Once amended, the report will be sent to the institution for verification of any factual errors. After this verification process, the updated report will be made public, providing transparency and accountability regarding the HEI's progress. While ETA will provide the audited HEIs with copies of the audit report, the ownership of the report remains with ETA. The Authority will also publish and archive all quality audit reports. *"For more details refer ETA's" institutional Quality audit procedure manual ."*

#### **4.4.. Disputes and Appeals**

After the audit, the HEI can appeal the Quality Audit Report if it contains significant inaccuracies or unfair representations that could damage its reputation. Grounds for appeal include major factual inaccuracies that have not been addressed, biased reporting that presents an unbalanced view, omission of critical issues that disadvantage the HEI, or an audit process that deviates from established protocols in an unfair manner. *"For more details refer ETA's" institutional Quality audit procedure manual ."*

#### **4.5. The Follow-Up Phase**

To ensure institutional commitment to quality enhancement and compliance with Internal Quality Assurance standards, ETA implements a rigorous follow-up process after the initial quality audit. This process encompasses the formation and appointment of a Follow-Up Audit Panel, submission of an Enhancement Plan, provision of Progress Reports, and a Follow-Up Visit. These steps are designed to monitor, evaluate, and verify the institution's progress in addressing the recommendations outlined in the Final Draft Quality Audit Report. *(For more details refer to ETA's" Institutional Quality audit procedure manual."*



## 5. The Quality Audit Outcome

### 5.1. Determining the functionality level of IQA system

1. **Fully functional** : Where the IQA system related to the standard is effective. The threshold standard has been met and the institution is continuously benchmarking and enhancing its quality in terms of this standard.
2. **Functional** Where IQA system related to the particular standard is effective and minor improvements are required to meet the threshold standard.
3. **Minimally functional** : Where the HEI has poor IQA system related to the standard. The IQA system requires significant improvements to meet the threshold standard for assessment of the quality in this particular area.

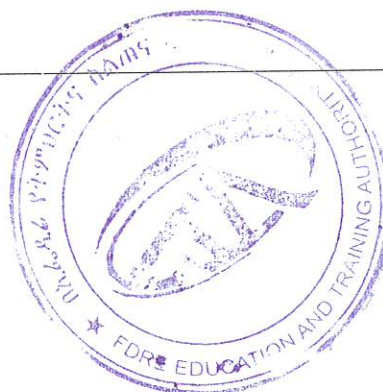
Refer (Annex 1: ADRI based IQA system) “*ADRI based IQA system functionality level indicators*”

### 5.2. Qualitative Assessment Method of Determining Functionality

#### 5.2.1. Assessment Criteria for Each Guideline

For each guideline with in the quality audit standards the Audit panel evaluates evaluate the institution's performance based on the following level of compliance.

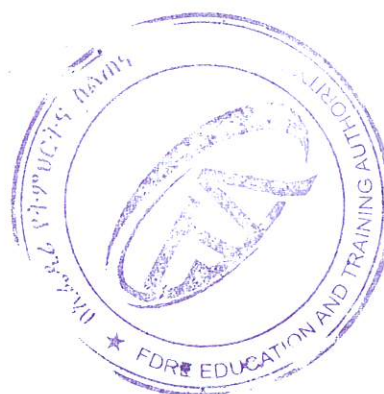
Criteria	Description
Fully Compliant	All the indicators for each guideline is met, indicating robust approach, consistent implementation and results and continuous improvements
Compliant	Majority indicators are met at moderate level however, some improvements are needed with regard in approaches, consistency of implementation and results as well as in continuity of improvement process.
Non-Compliant	Majority indicators are unmet, with significant gaps in the approach, deployment, results tracking and improvement processes.



## 5.2. Overall Evaluation of the Internal Quality Assurance System (IQAS)

After evaluating the guidelines under each standard, the Audit Panel will consolidate the compliance levels of all guidelines to provide a comprehensive overall assessment of the Quality Assurance System of the institution under review based on the following criteria:

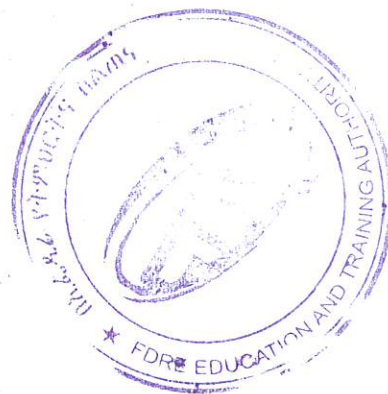
<b>Level of Functionality</b> IQA system	<b>Criteria</b>
Fully Functional	Majority guidelines of each standards are “Fully Compliant”, with a few guideline are at “Compliant” level.
Functional	Majority of the guidelines of each standards are “Compliant”, with few guideline are at “non-compliant” level indicating, the institution is making progress but needs improvements in specific aspects to enhance its overall quality assurance efforts.
MinimallyFunctional	Majority of the guidelines of each standard are “non-Compliant”, suggesting that the institution’s IQA system is ineffective.



## 6 Accreditation Evaluation Eligibility Decision

Upon completion of the quality audit process, ETA issues an Accreditation Evaluation Eligibility letter for accreditation evaluations. This eligibility is determined on the basis of level of functionality of the quality assurance system of the HEIs as defined by ETA. The authority defined three level of functionality regarding the effectiveness of the HEIs' IQA system. Accordingly, fully functional quality assurance system is achieved when each threshold standard has been met and the institution is continuously benchmarking and enhancing its IQA system in each of the quality audit standards. Such HEIs' are directly eligible for accreditation evaluation. Moreover, A IQA system defined as functional when, IQA related to the particular standard is effective and minor improvements are required to meet the threshold standard. In such cases HEIs are also directly eligible for accreditation evaluation. However, where the HEI has poor IQA system related to each quality audit standard and requires significant improvements to meet the threshold standard, such HEIs are classified as minimal functional and resulting in re-follow up and not eligible for accreditation assessment.

After determination of the level of functionality the HEIs' IQA system, ETA will issue accreditation evaluation eligibility letter to the HEI that achieved fully functional and functional levels.



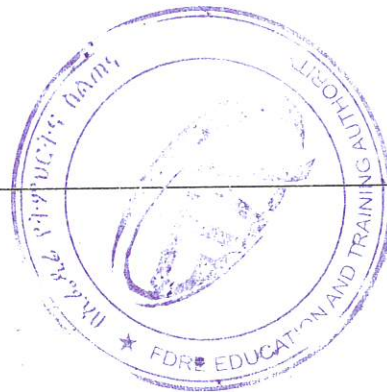
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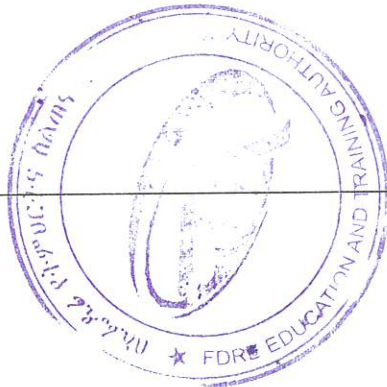
**Annex1: ADRI based IQA system functionality level indicators**

Functionality level		ADRI Dimensions			
	Approach	Deployment	Result	Improvement	
<b>Fully Functional</b>	<ul style="list-style-type: none"> <li>▪ The institution operates with a comprehensive and well-communicated set of goals and strategies ensuring clarity and coherence.</li> <li>▪ There is seamless alignment with external obligations (relevant laws, proclamations, directives), reflecting a mature understanding of the institution's responsibilities.</li> <li>▪ Goals are set at the appropriate level, demonstrating an exemplary alignment with best practices and expectations.</li> <li>▪ There is a high degree of consistency among various goals and strategies, preventing any confusion and ensuring a unified direction.</li> <li>▪ The planning processes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff fully engages in executing strategies and processes, with clear roles.</li> <li>▪ Performance indicators are systematically monitored, providing clear feedback.</li> <li>▪ Staff are empowered with appropriate authority and resources.</li> <li>▪ Comprehensive training ensures staff possess necessary knowledge and skills.</li> <li>▪ The organizational structure promotes smooth coordination and efficiency.</li> <li>▪ Performance indicators are well-defined and effectively track processes.</li> <li>▪ Reporting mechanisms are robust and inform decision-making.</li> <li>▪ Interventions are in place for addressing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Results are comprehensive, measurable, and aligned with all strategic goals.</li> <li>▪ Results are benchmarked against national and international standards and best practices.</li> <li>▪ Robust reporting systems provide timely data that informs strategic decisions.</li> <li>▪ Performance trends are continuously monitored to identify strengths, weaknesses, and emerging opportunities.</li> <li>▪ The institution interprets outcomes and integrates</li> </ul>	<ul style="list-style-type: none"> <li>▪ Comprehensive data is collected systematically, with rigorous validation processes in place.</li> <li>▪ Data is managed efficiently, ensuring easy access and usability for decision-making.</li> <li>▪ Strategic plans and key activities are reviewed regularly through well-structured processes.</li> <li>▪ Review processes are evaluated regularly, and improvements are incorporated.</li> <li>▪ A culture of continuous learning and self-review is integrated across the entire institution.</li> <li>▪ All staff are empowered and actively participate in improvement</li> </ul>	

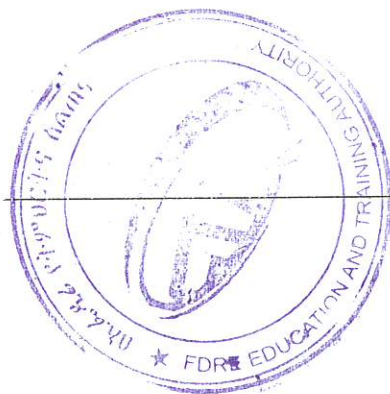




<p>are inclusive, involving all relevant stakeholders and ensuring that diverse perspectives are considered.</p> <ul style="list-style-type: none"> <li>▪ Robust monitoring systems are in place, effectively tracking performance and feeding data into ongoing improvement efforts.</li> <li>▪ Well-established systems for measuring and reporting progress that ensures transparency and accountability within the institution.</li> <li>▪ Staff are fully aware of their roles and responsibilities, fostering an environment of collaboration and commitment to institutional success.</li> <li>▪ Institutional goals are strongly supported by operational plans, manuals, and training programs, facilitating</li> </ul>	<p>issues.</p> <ul style="list-style-type: none"> <li>▪ High effectiveness in achieving strategic goals is evident.</li> <li>▪ plans are strictly followed and deviations are systematically addressed.</li> <li>▪ stakeholders are actively engaged in providing feedback, and suggestions are systematically utilized.</li> </ul>	<p>lessons into future planning.</p> <ul style="list-style-type: none"> <li>▪ Systematic feedback collection informs ongoing strategy and goal setting.</li> <li>▪ Deviations from goals are systematically identified, and timely interventions are applied</li> <li>▪ Accountability structures ensure staff and leaders are responsible for achieving results.</li> <li>▪ A culture of continuous improvement drives the institution's operations and strategies.</li> </ul>	<p>efforts.</p> <ul style="list-style-type: none"> <li>▪ Continuous improvements are evident, with measurable outcomes aligning with institutional goals.</li> <li>▪ Feedback is collected from multiple sources and systematically informs strategic decisions.</li> </ul>
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	<p>effective implementation.</p> <ul style="list-style-type: none"> <li>Resources are allocated efficiently and effectively, fully supporting the institution's priorities and objectives, contributing to overall success.</li> </ul>			
<p><b>Functional</b></p>	<ul style="list-style-type: none"> <li>The institution possesses a defined set of goals and strategies, yet partly communicated.</li> <li>There is significant alignment with applicable laws and standards, though minor gaps still exist that should be addressed.</li> <li>Goals are generally set at an appropriate level; however, certain areas may still require refinement.</li> <li>Most strategies are coherent, although there may be some areas that need further alignment to eliminate any</li> </ul>	<ul style="list-style-type: none"> <li>Staff generally executes strategies and processes as intended.</li> <li>Performance Indicators are tracked consistently, but needs improvement in providing systematic feedback.</li> <li>Staff are empowered with appropriate authority however; resources allocation is not in line with authority.</li> <li>Comprehensive training ensures staff possess necessary knowledge and skills; however, there is a gap in fully understanding of their roles and responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>Results are comprehensive, measurable, yet there is a need in aligning results with strategic goals.</li> <li>Results are benchmarked against relevant standards.</li> <li>Regular reports are produced and used to guide decision-making, but some gap in timeliness.</li> <li>Performances trends are monitored to identify strengths,</li> </ul>	<ul style="list-style-type: none"> <li>Data is regularly collected to ensure validity and reliability but data validation process is not yet rigorous.</li> <li>Data management processes are in place but needs improvement in systematic usability for decision making</li> <li>Strategic plans and key activities are reviewed regularly but it needs a structured process</li> <li>Review processes are evaluated but it needs improvement and consistency.</li> <li>A culture of self-review and learning</li> </ul>



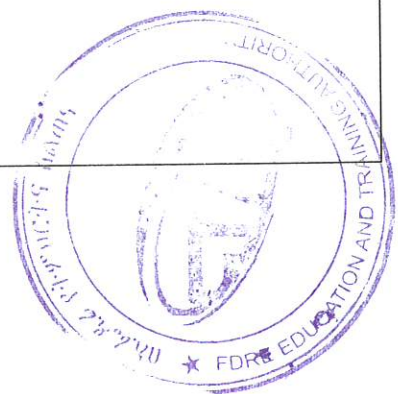
<p>remaining inconsistencies.</p> <ul style="list-style-type: none"> <li>The institution has structured planning processes in place that involve stakeholders, contributing to a more collaborative environment. However, level of participation needs improvement.</li> <li>Monitoring systems are operational and provide useful insights, although gaps in data reporting and follow-up still persist.</li> <li>Established systems for measuring and reporting progress are functioning, but improvements in tracking and reporting mechanisms are still needed.</li> <li>Staff generally understands their roles, contributing positively to institutional efforts,</li> </ul>	<ul style="list-style-type: none"> <li>The organizational structure generally supports deployment, but coordination issues remain.</li> <li>Performance indicators are defined, but gap is observed in effectively tracking processes.</li> <li>Reporting mechanisms exist but could be improved for better utilization.</li> <li>Deviations are addressed through interventions, though not always systematically.</li> <li>Overall effectiveness is good, but coordination can improve.</li> <li>Plans are generally followed but there is a gap in systematically addressing deviations.</li> <li>Some feedback mechanisms are in place, but stakeholders' input is not systematically captured.</li> </ul>	<p>weaknesses, and emerging opportunities, but there are some irregularities</p> <ul style="list-style-type: none"> <li>The institution interprets outcomes however, there are gaps in integrating lessons into future planning.</li> <li>Systematic feedback collection informs ongoing strategy but there are gaps in systematic collection of feedback.</li> <li>Deviations from goals are systematically identified, however there are some gaps in timely interventions.</li> <li>There is accountability</li> </ul>	<p>is developing across the institution.</p> <ul style="list-style-type: none"> <li>Majority of the staff members are engaged in improvement efforts, although there are some gaps in engagement</li> <li>Improvements are evident but some gaps in continuity and</li> <li>Aligning with institutional goals.</li> <li>Feedback is collected however it needs improvement in making it systematic to inform planning and decision-making.</li> </ul>
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<p>although some role ambiguity remains.</p> <ul style="list-style-type: none"> <li>▪ Institutional goals are supported by operational plans, manuals, and training programs, facilitating implementation.</li> <li>▪ Resource allocation is generally aligned with strategic priorities, yet further enhancements are needed to improve efficiency.</li> </ul>	<p>structures for ensuring staff and leaders are responsible for achieving results, however there is a gap in informing staff members on their roles in achieving outcomes.</p> <ul style="list-style-type: none"> <li>▪ Improvement plans are based on past results however there is a gap in making result-based improvement a culture.</li> </ul>	<p>Some data is collected, but processes are irregular and lack rigor in maintaining data validity.</p> <ul style="list-style-type: none"> <li>• Basic procedures for data management exist but are not systematically followed.</li> <li>• Strategic plans (IDP)</li> </ul>
<p>Staff engage is fragmented and executed in unclear roles.</p> <ul style="list-style-type: none"> <li>• Monitoring indicators are present but used sporadically.</li> <li>• Limited resources and authority affect execution.</li> <li>• Staff have some knowledge skills but lack continuous training.</li> <li>• The organizational</li> </ul>	<p>Staff engage is fragmented and executed in unclear roles.</p> <ul style="list-style-type: none"> <li>• Monitoring indicators are present but used sporadically.</li> <li>• Limited resources and authority affect execution.</li> <li>• Staff have some knowledge skills but lack continuous training.</li> <li>• The organizational</li> </ul>	<p>Staff engage is fragmented and executed in unclear roles.</p> <ul style="list-style-type: none"> <li>• Monitoring indicators are present but used sporadically.</li> <li>• Limited resources and authority affect execution.</li> <li>• Staff have some knowledge skills but lack continuous training.</li> <li>• The organizational</li> </ul>
<p><b>Minimally functional</b></p> <ul style="list-style-type: none"> <li>• The institution has developed basic goals and strategies, but these are communicated inconsistently, resulting in varied interpretations among staff across different departments.</li> <li>• There is some level of alignment with national standards and regulatory requirements; however,</li> </ul>	<p>Limited results are recorded, but they are incomplete or inconsistent.</p> <ul style="list-style-type: none"> <li>• There is partial alignment between goals and outcomes.</li> <li>• Some results are compared with internal targets, but external benchmarking is</li> </ul>	<p>Limited results are recorded, but they are incomplete or inconsistent.</p> <ul style="list-style-type: none"> <li>• There is partial alignment between goals and outcomes.</li> <li>• Some results are compared with internal targets, but external benchmarking is</li> </ul>



<p>significant gaps remain that need to be addressed for full compliance.</p> <ul style="list-style-type: none"> <li>• Although some effort has been made, goals were not set at an optimal level, reflecting a need for more robust planning.</li> <li>• There is limited degree of consistency among various goals and strategies, leading to confusion and remain challenge for unified direction.</li> <li>• There is established planning process but lacking adequate participation and communication of relevant stakeholders required for effective strategic development.</li> <li>• While some performance indicators have been defined, they are not systematically tracked or reported, limiting the institution's ability to evaluate progress.</li> <li>• Monitoring systems are applied inconsistently,</li> </ul>	<p>structure leads to inefficiencies but allows some progress.</p> <ul style="list-style-type: none"> <li>• Some performance indicators are identified but are not consistently monitored.</li> <li>• Reporting is sporadic, leading to reactive interventions.</li> <li>• There is no systematic identification of deviations from plans.</li> <li>• Coordination challenges prevent smooth execution.</li> <li>• Limited opportunities for staff to provide input or suggest improvements.</li> </ul>	<p>lacking.</p> <ul style="list-style-type: none"> <li>• Reports are produced sporadically and are not systematically used for decision-making.</li> <li>• Some trend data is available but not fully analyzed for patterns.</li> <li>• Results are reviewed occasionally, but reflection is informal and inconsistent.</li> <li>• Feedback is gathered sporadically but not consistently integrated into planning.</li> <li>• Some corrective actions are taken, but they are reactive and ad hoc.</li> <li>• Responsibility for results is unclear, with limited staff involvement in achieving goals.</li> <li>• Few lessons are</li> </ul>	<p>are reviewed infrequently, often only in response to external pressures.</p> <ul style="list-style-type: none"> <li>• Review processes exist but are not evaluated for effectiveness.</li> <li>• Self-review occurs in isolated areas but is not part of a wider institutional culture.</li> <li>• Some staff participate in improvement efforts, but many are uninformed or unaware.</li> <li>• Some improvements result from review processes, but they are inconsistent.</li> <li>• Feedback is collected in limited areas but not used effectively for planning or improvements</li> </ul>
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	<p>resulting in a lack of reliable data for decision-making.</p> <ul style="list-style-type: none"> <li>• Roles are somewhat defined, yet there remains a lack of clarity regarding accountability for the strategic intents.</li> <li>• Staff members have a general understanding of their roles, but this understanding often lacks depth, leading to inefficiencies.</li> <li>• Resource allocation is loosely tied to institutional priorities, and it is not fully optimized, indicating a need for better alignment.</li> <li>• While there is moderate alignment between resource allocation and institutional goals, it is not fully realized, leading to potential inefficiencies.</li> </ul>		<p>learned, and continuous improvement efforts are poorly structured.</p>	
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