Ministry of Higher Education
Quality Assurance and Accreditation of Afghanistan
External Quality Assurance Policy and Procedures Handbook
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Introduction: history of the quality assurance and accreditation process

The process of accreditation had its beginning in 2009 when Deputy Minister M. O. Babury began to work on accreditation with Dr. Fred Hayward, an advisor to the MoHE and former Executive Vice President for the Council for Higher Education Accreditation in the United States, then working for the USAID-funded Higher Education Project (HEP). In April 2009 he was asked to prepare a concept paper on accreditation.[1] That was shared with senior leaders in higher education and began a discussion about the possibility of establishing accreditation in Afghanistan. Soon thereafter a Commission on Quality Assurance and Accreditation was established by Deputy Minister M. O. Babury to consider that possibility. It was supported by HEP and met twice a week for two hours to develop the process, rules and regulations. This was a very inclusive process with a great deal of consultation with universities, higher education leaders, NGOs and input from accreditors around the world.[2] During that year twelve criteria (standards) for accreditation were developed as well as "Self-Assessment Guidelines for Higher Education Institutions." In 2010 the Commission prepared "Bye Laws for Quality Assurance and Accreditation.[3]" They were approved by the Ministry in July 2011. Seminars and workshops on accreditation were held during 2011 to familiarize universities and higher education institutions with the process, led by the faculty members on the Commission. A pilot self-assessment was undertaken with the four Kabul universities to be sure the process and the criteria were workable and met MoHE goals. A few minor changes were made as a result and accreditation was inaugurated in June 2012 for public higher education institutions to be followed a year later with the inclusion of private higher education institutions. The whole process, supported by HEP, was a very participatory one with input from higher education institutions, workshops, discussion of the draft documents, revisions based on them, and general agreement about the process by mid-2012.

The accreditation process:

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[1] In May it was formalized as: Babury, M. O. and Hayward, Fred (2009), "Concept Paper: Establishing a Quality Assurance and Improvement Program in Afghanistan, Ministry of Higher Education document.

[2] Especially helpful was the New England Association of Schools and Colleges, Commission on Institutions of Higher Education led by Barbara Brittingham, and the Higher Education Commission of Pakistan and its quality assurance staff.

[3] See: Ministry for Higher Education, (2011), *Bye Laws for Quality Assurance and Accreditation*, Kabul: Government of Afghanistan, which consists of four chapters and twenty-one articles.

The process which was established was similar to that in many parts of the world and drew, in particular on that in the United States, Great Britain and several other Asian nations. Each institution that sought accreditation was to carry out an institutional self-assessment to show its status in terms of each of the twelve criteria for accreditation. The criteria are: mission and purpose; governance and administration; academic programs; faculty members and staff; students and learning; library and information resources; physical and technological resources; financial resources; strategic planning and evaluation; quality assurance and improvement; contribution to society and development; and integrity, public disclosure, and transparency.

The institutional self-assessment, along with supporting evidence, was to be submitted to the Quality Assurance Commission for review. If that review was satisfactory, a peer review team of faculty members (peer reviewers) was to be sent to the institution to assess whether or not the institution met the standards sufficiently to achieve candidacy for accreditation. The peer review team prepared a Site Visit Report on its visit stating its assessment of the status of the institution in terms of the twelve criteria and giving a score. If it recommended candidacy level 1, level 2, or accreditation, it made that recommendation to the Commission which had the final decision-making authority. That decision was not appealable except if the institution alleged fraud. It could then be appealed to the Minister. Of the two levels of candidacy, level 1 and level 2, the latter required a higher level of compliance with the twelve standards. The Commission developed a 100 point rating scale requiring at least 50 points for candidacy level 1 and more than 70 for candidacy level 2. Once an institution reached level 1 it had to wait a year to apply for level 2. In an exceptional case, it was possible for an institution to achieve candidacy level 2 in its first assessment. After level 2 a year had to pass before an institution could apply for accreditation. At each stage, a new self-assessment had to be prepared and a new site visit by peer reviewers undertaken along with a report and recommendation to the Commission. Accreditation is for five years, although an institution can be reviewed prior to that time if there is evidence that its quality has declined markedly.

During the initial period of preparation, the Commission selected peer reviewers based on nominations from the institutions. They were distinguished faculty members with outstanding records. A peer reviewer could not be assigned to the institution that nominated him or her. About 50 peer reviewers were trained during the first year at workshops in Kabul. Refresher workshops are held from time to time for new reviewers and others. Thirteen universities established institutional quality assurance committees by the end of 2012. The accreditation process was voluntary for the first two years becoming

mandatory for all public and private higher education institutions in June 2014. Those institutions that have graduated their first students must start the accreditation process within one year from that date – that is by June 2015.

Funding for the quality assurance and accreditation process initially was provided through the Higher Education Project funded by USAID. Major funding from 2012 was provided by the World Bank through SHEP for a total of $629,442 by June 2013 when its funding ceased. USAID provided an additional $428,332 during 2012-13. The MoHE has covered most staff salaries since the Directorate was started in mid-2012. Both the World Bank and USAID are continuing to provide some support for the quality assurance and accreditation process in 2014 and 2015. Additional funding has been requested through the NPP3 project from the Donor Group. Currently the USAID-funded Afghanistan University Support and Workforce Development Project (USWDP) and the British Council are working jointly to assist the accreditation efforts at the institutional level.

The Review Process:

The Commission members have set high standards for the reviews and carry out a careful assessment of the Institutional Self-assessments. About half of the initial *Institutional Self-assessments* were returned to the institutions for additional information or documentation. Where questions persisted, the Commission, or some of the staff met with representatives of the institutions. Similarly, the Commission reviewed the site visit reports carefully and several were sent back to the peer review committees for further elaboration. The process has been marked by Commission efforts to educate the institutions about the accreditation process and its goals. The goal is for institutions to see it as a learning experience for the institutions, faculty members and staff, and to focus on quality improvement overall. The objective is not to deny candidacy or accreditation but to help the institutions learn what they need to do to meet normal quality expectations. The MoHE has seen the process as one of cooperation between the institutions and the Commission in the name of overall quality improvement for the system as a whole. That theme has continued in its work with private higher education institutions which began in 2013.

In late 2012 a Directorate of Quality Assurance and Accreditation was established in the MoHE to oversee the accreditation process and staff were hired. By the end of 2013, thirty-three institutional self-assessments had been completed, reviewed, and comments sent back to the institution. These were from twenty public institutions and thirteen private

institutions. Six institutions had been visited by peer review teams of four to six faculty members. These teams were to make a recommendation for *admission to candidacy* or denial of admission. If the recommendation was positive they would decide whether it was to be candidacy level 1 or level 2.

During 2013 the first six higher education institutions completed their self-assessments, had the self-assessments approved, had site visits by peer reviewers, and received positive decisions made about admission to *candidacy for accreditation level 1* – the first step in the accreditation process. They were: Kabul University, Kabul Polytechnic University, Kabul Medical University, Kabul Education University, Kandahar University and Nangarhar University.

Private Higher Education and Accreditation:
The quality assurance and accreditation process was intended from the outset to include both public and private higher education institutions as well as any foreign institutions operating in, or having offices in, Afghanistan. However, the MoHE planned to start with public institutions first given the large number of institutions and would begin to involve private higher education a year later in 2013. During that year a number of workshops were held for private higher education institutions and the first of them began to prepare their institutional self-assessments. By the end of 2013, thirteen private higher education institutions had completed their institutional self-assessments and had them reviewed and approved by the Commission on Quality Assurance and Accreditation.

Next Steps for Quality Assurance and Accreditation:
The Quality Assurance Directorate is working with public and private higher education institutions to be sure that all institutions begin the accreditation process starting with their institutional self-assessments. By mid-2015 twenty public higher education institutions and thirteen private institutions had completed their self-assessments and had them reviewed and approved by the Commission. Six public universities have achieved level 1 of candidacy for accreditation and thirteen have submitted Institutional Self-assessment for candidacy level 2 which are being reviewed by the Commission. Those that succeed will have site visits by peer review teams and reports prepared on whether or not they qualify for candidacy for accreditation level 2. Those that succeed can apply for accreditation within a year from that date.

One part of the institutional self-assessments is an *action plan* in which the institution lays out what steps it plans to take over the next year or two to improve its quality and to better meet those criteria for accreditation where it has weaknesses. The Commission and its staff will work with institutions to encourage them to follow up on their action plans and bring about the quality improvements they need. That is the key to the whole process.

Conclusions:

The MoHE is pleased with the progress made to date on the accreditation process. Looking back on the quality of higher education in 2009 when this work began, one can see a great deal of progress. Much of this follows from the efforts of individual institutions, with the encouragement and assistance of the Directorate of Quality Assurance and Accreditation, to improve quality in the twelve areas identified in the Criteria for Accreditation. Much of it is also a result of the excellent efforts of the Commission on the Curriculum which has worked hard to encourage all public higher education institutions to review and upgrade their curricula. By 2014 more than fifty faculties had carried out curriculum reviews and had their revised curricula approved by the Commission with the goal of improved teaching and learning as well as bringing their curricula up to international standards. This has sparked a marked improvement in the quality of higher education programs. The Commission is now working hard to encourage the remaining public institutions to upgrade their curricula and to encourage private higher education to do the same. A good number of the private institutions have followed up on that effort and are moving to improve their curricula. The MoHE, for its part, has tried to put more resources into teaching at both the undergraduate and graduate levels. At the same time the Curriculum Commission and several NGOs are working to encourage more faculty research as a way to continually upgrade knowledge at higher education institutions, encourage innovation and entrepreneurship among students and faculty members, and help foster national development.

These efforts, coupled with the just released new *National Higher Education Strategic Plan: 2015-2019,* which continues the focus on quality improvement, will help improve the quality of higher education generally in Afghanistan building on the foundation created by the Quality Assurance and Accreditation Commission and Directorate and spurred by the *National Higher Education Strategic Plan: 2010-2014*, the commitment of the Government of Afghanistan, donors, and NGOs to the continued quality improvement of higher education in Afghanistan.

Bye Laws for Quality Assurance and Accreditation

Introduction

The Constitution of Afghanistan mandates that the Government "establish and administer higher, general and specialized education institutions."[4] The constitution calls for the development of education programs that are "effective" and "balanced." To achieve that effectiveness and balance the Ministry of Higher Education (MoHE) must establish mechanisms to assess and improve the quality of higher education. To that end, the *Afghanistan National Development Strategy* (ANDS) emphasizes the importance of "quality education" for all Afghans. It calls for "an increase in the quality and independence of the Higher Education system" among its "priority policies."[5] In that vein, the *National Higher Education Strategic Plan: 2010-2014*[6] (NHESP) spells out a vision for higher education as a "high quality public and private higher education system that responds to Afghanistan's growth and development needs."[7] The NHESP includes plans to establish a quality assurance and accreditation agency.[8] The MoHE gives quality improvement and quality assurance a very high priority placing them at the heart of the five year plan.[9]

Chapter I: General

Article 1:   Legal Framework: These byelaws are prepared based on the 3rd and 4th items of Article 3 of the Higher Education Institutions' Law for the purpose of quality assurance and accreditation of higher education institutions and universities as well as to improve and maintain the quality of higher education in a balanced and effective manner.

Article 2: Definitions

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[4] Government of Afghanistan, *Constitution of Afghanistan*: 2004. Articles 43-47.
[5] Government of Afghanistan, *Afghanistan National Development Strategy: 2008-2013*, April 2008, p. 114.
[6] Ministry of Higher Education, *National Higher Education Strategic Plan: 2010-2014*, November 2009.
[7] Strategic Plan, ibid. p. 3.
[8] Strategic Plan, ibid. p. 23.
[9] See: Prof. Mohammad Osman Babury and Fred M. Hayward, *Concept Paper: Establishing a Quality Assurance and Improvement Program in Afghanistan*, 28 April 2009.

Accreditation:[10] Accreditation is a process of internal and external quality review and assessment of higher education institutions, programs and semi higher institutions for quality assurance and quality improvement to insure that they meet existing *standards* of quality and effectiveness in terms of faculty members, teaching, research, and service, as well as infrastructure, financial viability, sustainability, outcomes, and compliance with existing laws.

Candidacy for accreditation: A two stage process of requirements which must be met prior to an application for accreditation. Each level has higher requirements for the higher education institution (see Article 9).

Criteria. The requirements to improve and promote quality set by the accreditation agency for *candidacy for accreditation*. The criteria spell out the conditions that must be met for each level of candidacy (level one or level two).

Institutional Accreditation*:* The focus of accreditation is on the institution as a whole (see accreditation above) for quality assurance and improvement to insure that it meets existing *institutional standards* of quality and effectiveness in terms of faculty members, teaching , research and service as well as infrastructure, financial viability, sustainability, outcomes and compliance with existing law.

Program Accreditation: External quality review and assessment of higher education programs/professions for quality assurance and quality improvement to insure that they meet existing *standards* of quality and effectiveness for that profession in terms of faculty members, teaching, research, and service, as well as infrastructure, financial viability, sustainability, outcomes, and compliance with existing laws. Program Accreditation focus on specific programs or faculties such as teacher education (approved by the MoHE in 2008), law, medicine, engineering, and health professional programs.

Standards: The requirements and conditions that must be met by institutions or programs to be *accredited* by the Accreditation Agency. These involve expectations about quality effectiveness, outcomes and sustainability

Indicators: Indicators are tools for the measurement and performance of criteria that provides transparency and accountability in educational systems. Indicators provides for quality education and makes it achievable. In other words, indicators are characteristics which are used to gather statistics to make judgements about expected standards.

Higher Education Institutions: includes universities and higher education institutions.

Article 3: Accreditation of Public and Private Higher Education Institutions. All higher education institutions, public and private, are subject to accreditation, including distance education.

Article 4: Foreign Higher Education Institutions. Foreign higher education institutions operating in Afghanistan are subject to accreditation following the same criteria and standards as public and private institutions. This includes foreign institutions operating

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[10] For definitions of quality assurance and accreditation terminology see: Council for Higher Education Accreditation, *Glossary of Terms for Accreditation and Quality Assurance*. February 12, 2001. http://www.chea.org/international/inter_glossary01.html

campuses in Afghanistan, those with offices in Afghanistan, those offering distance education by mail or on the Internet which have a presence in Afghanistan, and those which license, franchise, or authorize others operating in Afghanistan to utilize their material, name, certificates, degrees, and or any other higher education material or recognition. Failure to follow these rules will lead to closure and could also result in fines or other penalties. Existing bye-laws, rules and regulations of the MoHE will continue to be in force regarding recognition and authorization to open.

Chapter II
The Quality Assurance and Accreditation Agency

Article 5: Agency. The Quality Assurance and Accreditation Directorate, hereafter called the Agency, is responsible for quality assurance and accreditation of public and private higher education institutions. The Agency will work with the and higher education institutions to encourage quality improvement. The Agency will operate under the mantel of the Ministry of Higher Education as an independent entity at the outset, and will gain total autonomy after two to five years of operation and will emerge as a national independent quality assurance and accreditation body of higher education institutions. The Agency will have an independent Council which will oversee the Agency and make decisions on *candidacy for accreditation* and about *accreditation*. The day to day operation of the agency will be run by a Director assisted by professional and support staff. Functions of the Agency include to:

1. Encourage, promote, and enhance quality improvement in the nation's public and private higher education institutions with the goal of meeting international standards in all areas.

    Oversee the accreditation process of all public and private higher education institutions including foreign providers of courses, distance education, training, degrees, certification, and other activities at the higher education level.

    Inform and educate higher education institutions and the public about accreditation requirements, the process, procedures, and benefits.

    Organize the selection and training of peer reviewers following policies prepared by the Council of the Agency. Selection of peer reviewers will be made by the Council of the Agency.

    Advise institutions about the quality assurance process and assist them as they set up quality assurance committees on their campuses, prepare for their self-assessments, site visits, and other aspects of the process.

Protect the quality of higher education including use of the terms: *university, academic ranks (professor, associate professor, dean, rector, chancellor, president) and academic degrees*.

Keep records of those institutions *admitted to candidacy*, *accredited*, *denied accreditation*, put on *probation*, or closed, and make their names available to the public.

Respond to public enquiries about accreditation, quality assurance and quality improvement.

Liaise with foreign accreditors and quality assurance organizations and keep up to date on the latest quality assurance activities internationally.

Article 6: Council of the Quality Assurance and Accreditation. The Council of Quality Assurance and Accreditation is made up of seven to nine members selected from among the lists of faculty members by the Council and approved by MoHE.

1. *Nomination of candidates.* Candidates shall be nominated by the Academic Councils of higher education institutions. Each institution may nominate one member for 100 faculty members (100/1 ratio). Candidates should agree to be nominated. The candidates' profiles should include a letter of nomination, a complete vita with list of publications, employment history, and educational record which will be sent to the Council officially.

2. Member of the Council shall have the following qualifications:
   1) Candidates must be distinguished academics or professionals[11] with at least ten years of university experience
   2) At least have a Master's degree and be at the rank of Assistant Professor
   3) Be familiar with a major international language
   4) Be able to promote and encourage participation in the quality assurance process
   5) Ability to make decisions in critical situations
   6) Be impartial and honest as well as have good reputation.

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[11] Distinguished nominees should have strong evidence of outstanding work in their field or profession such as articles published in refereed journals, refereed books published by reputable publishers, the rank of associate or full professor or equivalent administrative positions such as dean, vice chancellor, or chancellor, membership in a scientific council, head of a major department or head of a major professional organization.

7) Should be familiar with quality assurance and accreditation process as well as have experience in working with commissions such those on Academic Promotion and Evaluation of Academic Documents of the Directorate of Academic Affairs Coordination at the MoHE.

3. *Terms:* The term of office for Council of Quality Assurance and Accreditation is for five years and may be renewed once,

4. *Chairman of the Council:* The chairman of the Council is chosen by the members, and may serve for one year with no extension.

5. *Duties of the Council.* The Council of Quality Assurance and Accreditation has oversight over the activities of the Quality Assurance and Accreditation Directorate, the selection of *Peer Reviewers*, and makes decisions about *candidacy for accreditation*, *accreditation*, *denial of accreditation*, and *probation*.

6. The director of Quality Assurance and Accreditation Agency will be selected by the members of Council and introduced to MoHE for approval.

7. *Meetings.* The Council must meet regularly on a bi-monthly basis. Extraordinary meetings may be held based on the recommendation of the Director and approval of the members.

8. *Day to day operations.* The Quality Assurance and Accreditation Council will monitor and oversee all academic affairs of higher education institutions.

Article 7.   Director of the Quality Assurance and Accreditation Council

1. The Director of the quality assurance and accreditation shall have the following qualifications:
    1) The director must come from an academic background, have at least ten years of experience in higher education institutions as a teacher.
    2) Should have a Ph.D. or at least a Master's degree and be at the rank of Associate Professor or Full Professor
    3) Ability to work well with other people
    4) Be familiar with a major international language
    5) Capacity to mobilize and encourage participation in the quality assurance process.
    6) Ability to make tough decisions in a crisis.
    7) Demonstrated capacity to be impartial and even handed and must have unquestioned integrity.
    8) Be impartial and honest as well as have good reputation.
    9) Should be familiar with quality assurance and accreditation process as well as have experience in working with commissions such those on Academic Promotion and Evaluation of Academic Documents of the Directorate of Academic Affairs Coordination at the MoHE.

The director of Quality Assurance and Accreditation will be working under the supervision of the Council as it is formed. The Director of the Quality Assurance and Accreditation Council will be working within the Deputy Ministers for Academic Affairs Office until it becomes an independent Agency.

Duties of the director of Quality Assurance and Accreditation Council includes:
10) Promote and encourage quality improvement in public and private higher education institutions in Afghanistan.
11) Supervise the Quality Assurance and Accreditation Council's professional and support staff.
12) Encourage the development of a "culture of quality" in higher education.
13) Oversee, in keeping with policies of the Council, the accreditation process including: permission to apply for candidacy, candidacy for accreditation and accreditation. Decisions about candidacy and accreditation are made by the Council (see Article 6).
14) Attend all meetings of the Council as an ex-officio.
15) Inform the public about the accreditation process and the meaning of accreditation in terms of the quality of institutions.
16) Work to eliminate diploma mills and bogus or sub-standard higher education institutions.
17) Represent the Quality Assurance and Accreditation Agency to the public.
18) Carry out policies of the Council of the Agency.
19) Oversee the training of peer reviewers.
20) Work with higher education institutions to improve quality.
21) Publicize the decisions of the Council about candidacy for accreditation and accreditation including insuring that this information is available to the public on the Agency website and in published material detailing those institutions admitted to candidacy (level one and level two), those which are accredited, those which are on probation, and those which have been denied accreditation. A list should also be published of institutions closed by the Agency following decisions of the Council or because they were diploma mills, fraudulent, or sub-standard.

Article 8: Autonomy of the Quality Assurance and Accreditation Agency

The Agency will initially be housed in the Ministry of Higher Education and be under the general supervision of the Deputy Minister for Academic Affairs although it will be an independent body with total control over accreditation decisions as specified in Articles 9 through 13. Its budget will be provided and monitored through the MoHE during this period though it will control its day to day expenditures based on the financial procedure of the Government. At the end of an initial period of two to five years the Agency, if it

is ready to operate autonomously, will become totally autonomous with its own budget provided through the Ministry of Finance following normal government procedures for autonomous agencies. It will continue to work closely with the MoHE.

Chapter 3: The Accreditation Process

Article 9: Stages in the Accreditation Process. The process of accreditation has four stages:
1. ***Permission to apply for accreditation* and begin a self assessment**: The higher education institution requests *permission to apply for candidacy*. It must demonstrate that it is properly registered with the MoHE to operate, provide basic information about its organization, structure, academic focus, infrastructure, and financing. Once permission is obtained the institution may begin its self-assessment for *candidacy* or will enter the Accreditation process according to article 20.
2. ***Candidacy for accreditation level one*.** This process is completed within two years. The first stage in the process of quality assurance in which the institution demonstrates that it meets the criteria for level one candidacy should be successfully completed within two years.
   - The process includes a self-assessment, peer review, peer review report and recommendation, and a decision by the Council of the Quality Assurance and Accreditation and compliance with the Bye laws and other legal documents.
   - If higher education institutions achieved *Candidacy for Accreditation Level 1* status in the first year, they are required, based on their self-assessments, to implement their action plan and other programs in the second year that are aimed at improving the quality.
3. ***Candidacy for accreditation level two***: This is the second stage of the process of quality assurance in which the institution demonstrates that it meets the criteria for level two candidacy. An institution may achieve level two in its first consideration if it demonstrates that it meets the criteria for this higher level. Two year at level two must elapse before an institution can apply for *accreditation.* The process includes:
   - A self-assessment by the institution to demonstrate that it meets the standards for accreditation, a site visit by a team of peer reviewers, their positive recommendation to the Council of the Accreditation Agency, and a decision on accreditation by the Council.
4. ***Consideration for accreditation***: After achieving *candidacy level two* an institution may apply for accreditation. The process consists of a self-assessment by the institution to demonstrate that it meets the standards for accreditation, a site visit by a

team of peer reviewers, their positive recommendation to the Council of the Accreditation Agency, and a decision on accreditation by the Council.

Article 10: Accreditation decisions. Accreditation decisions results in one of three outcomes: an institutions is:
1) accredited, which will be for five years;
2) extended to candidacy to meet the standards; or *not* accredited

2. Failure to meet *standards* means that an institution is *not accredited*. It may be put on probation for up to eighteen months if the site visit review team believes it can meet standards within that period of time. In egregious cases, the institution may be closed immediately. An institution placed on probation will be closed or put under the authority of an accredited institution if it fails to meet standards within eighteen months. Decisions about accreditation are made by the *Council* of the Accreditation Agency based on the recommendations of a peer review committee which makes them following an examination of the institution's self-assessment report and a site visit to the institution. The report and recommendations of the site visit team are reviewed by the Council which makes the final decision.

Note: standards and criteria are parts of the Quality Assurance and Accreditation Directorate which should be prepared and approved by the Quality Assurance and Accreditation Council.

Article 11: Revocation of Accreditation. If the Agency believes an accredited institution no longer meets the standards prior to the end of the five year period for which it is accredited, it may recommend to the Council that a site visit team be sent to the institution to undertake a review of the situation. If the institution no longer meets the *standards* accreditation can be revoked, the institution put on probation for nine months, or closed in egregious cases.

Article 12: Reaccredition. Accreditation is granted for a period of five years. An institution must be reviewed for renewal of accreditation at the end of the fifth year. The process is the same as the initial review (see Article 9). That decision could result in reaccreditation, probation for up to eighteen months, or loss of accreditation (which would result in closure).
Article 13: Appeal of a decision by the Council of the Accreditation Agency.

The decisions of the Council about *candidacy for accreditation* and *accreditation* are appealable according to the law.

Article 14: Peer review: Peer review is an external review and evaluation of the quality and effectiveness of an institution's academic programs, staff, structure, and outcomes, by a team of external evaluators who are specialists in their fields and knowledgeable about higher education in general

1. *Site Visit.* A team of peer reviewers selected by the Agency conducts a site visit at a higher education institution. The peer review team (usually 3 to 5 members based on the size of the institution) visits the institution to evaluate it and review its self-assessment. Peer reviewers prepare a *Site Visit Report* based on their assessment of the institutional self-assessment, discussion with faculty, administrators, staff, and students during the site visit which reflects their conclusions about whether or not the institutions meet the *criteria for candidacy for accreditation* or *accreditation standards*.
2. *Recommendation in the Site Visit Report.* The peer review team makes a recommendation to the Council of the Accreditation Agency regarding *candidacy for accreditation*, achievement or denial of *accreditation*, *probation*, or *reaccreditation* (see Articles 10, 11, and 12). Normally the *Site Visit Report* is confidential with only the Council decision being released to the public.
3. *Selection of Peer Reviewers.* Peer reviewers are selected on the basis of their expertise in their fields, experience, and reputation for impartiality and honesty.
4. *Training of Peer Reviewers.* All peer reviewers must successfully undergo training prior to being sent on a site visit. That training usually involves a workshop of one or two days including familiarity with criteria and standards for candidacy and accreditation, deportment during the site visit, confidentiality, and ethical standards relating to quality assurance. Peer reviewers will be held to a strict conflict of interest policy. A peer review may not be used at his or her own institution or at one which provided the nomination. They must be graduates of another institution and have no personal or material interest in the institutions (such as a spouse, relative or child at the institution or a contract or financial relationship with it).

Article 15: Self-assessment. After requesting and receiving permission from the Quality Assurance and Accreditation Agency, each institution will carry out an *institutional self-assessment* of its faculties, programs, and infrastructure prior to consideration for *candidacy for accreditation* and *accreditation.* This review is an evaluation of the quality and effectiveness of the institution's own academic programs, staffing, structure, and outcomes, designed to assess whether or not the institution meets the *criteria* or *standards* (see definitions above) set by the Accreditation Agency. The *Self-assessment* is carried out by the institution in preparation for a quality assurance site visit by an outside team of specialist peer reviewers (see Article 14). The Self-assessment results in a *Self-assessment Report* which lays out its findings in terms of each of the criteria or standards set by the Accreditation Agency.

Article 16: Site visit. When the institution has completed its *Self-assessment Report*, the Agency will arrange for a visit to the institution by a team of peer reviewers who will review the institution's *Self-assessment Report*, interview faculty members, students, staff, and administrators as well as examine the structure and effectiveness of the institution and its academic programs following procedures establish by the Agency Council and the MoHE. The site visit results in a *Site Visit Report* with recommendation by the Peer Review Team to the Council of the Accreditation Agency about *candidacy for accreditation*, *accreditation*, or *reaccreditation*.

Article 17: Fees. The Agency has the authority to charge fees on private higher education institutions to cover the cost of site visits in accordance with appropriate rules and procedures. A specific procedure is established for charging fees on private institutions.

Chapter IV: Miscellaneous Provisions

Article 18. Institutional Quality Assurance Committees. All higher education institutions should have a *Quality Assurance Committee* to monitor and facilitate quality improvement on campus. The Committee should be chaired by the Vice Chancellor for Academic Affairs. The committee should consist of five to nine members representing the major faculties and programs at the institution selected by the Academic Council. It may delegate responsibility for drafting faculty and departmental quality self-assessments to sub-committees but remains the authoritative entity for the overall institutional self-assessment report. All members should be productive scholars noted for excellence in teaching, research, and service. Most members should have advanced academic ranks.

Article 19. Interim Arrangements. Until legislation has been approved setting up an accreditation process, The Minister of Higher Education may appoint a Quality Assurance and Accreditation Committee to work with the universities and other higher education institutions to lay the groundwork for quality assurance including institutional and program self-assessment and other processes associated with quality assurance. This could include development of protocols, manuals for self-assessment, criteria and standards of quality expected of higher education institutions. Members of this Committee may become members of the Council of the Accreditation Agency after the legislation is approved.

Article 20. Initiation of the Process. All institutions that have graduated at least a first group of students should enter to the mandatory process of Accreditation.

Article 21 Enforcement. These byelaws are prepared in four chapters and twenty one articles which were amended with the majority of vote on 1392/9/4 by the Quality Assurance and Accreditation Commission and will be effective after approval of the Minister of Higher Education.

Strategy for Improving Quality of Higher Education

Strategy for Improving Quality of Higher Education

Introduction: The increasing need for higher education is one of the significant signs and indicators of knowledge-economy. The increasing need of communities for higher education results in quantitative growth of higher education institutions, but as the level of quantitative growth increases, the level of intense sensitivity for quality also increases. By the rapid quantitative increase of higher education Institutions, general expectation for quality becomes the main focus. Therefore, the more attention and demand universities have, the more their accreditation and quality assurance need becomes.

Higher education has had a descending, descending- retrogressive and quantitative trend that started descending from a peak point and finally became retrogressive as a result of continuous political changes. Now, it can't even compete with the quality of regional universities. After 2001, serious attention was given to quantitative growth of private and public higher education but no attention was given to quality improvement efforts. There was no concept of institutionalizing quality of higher education. Finally a Directorate of Quality Assurance and Accreditation was established in Ministry of Higher Education in 1391 and officially started operating to improve and enhance quality of universities.

This directorate was established because old/traditional universities were far away from promoting quality higher education and were facing dramatic problems due to Afghanistan's civil war and its backwardness from international community and lack of an accountable and quality higher education system. The directorate was also established for the reason that some new public and private higher education institutions which were established with no assessments of society and proper consideration and lack infrastructure and qualified faculty members. These new higher education institutions have mostly been established for political and commercial reasons which have posed enormous challenges for these institutions to improve and enhance their quality.

Not to forget that continuous improvement of higher education quality requires development and institutionalization of evaluation of higher education institution that is only possible through supporting and strengthening accreditation and quality assurance agencies.

High ranking officials of Afghanistan higher education must further their struggles to bring higher education that has been overlooked in last few decades to attention of government. They must also keep higher education safe from interventions of three government bodies (judiciary, legislative and executive) and other individuals. On the other hand, they should put key focus on factors that result in continuous increase, enhancement and improvement of quality in higher education institutions, maintain a balance between quantitative and qualitative growth of higher education institutions and consider it a priority.

This strategy must be implemented for 5 years (1394-1398) and reviewed every year.

Strategic Goals: the goal of this strategy is the growth, development, enhancement and improvement of better quality in Afghan universities through implementation of quality assurance and accreditation programs so quality of these higher education institutions should continuously be under the focus of top-ranking officials of higher education.

Strategic goals are as follow:

1. Activating dynamic departments for implementing quality assurance programs.
2. Developing and promoting professional, academic, research and specialized capacities of faculty members on national and transnational levels.
3. Developing and enhancing teaching quality (teaching and learning)
4. Providing continuous quality improvement
5. Promoting and implementing culture of enhancing quality, transparency, justice, accountability and evaluation.
6. Promoting international cooperation in quality assurance and accreditation
7. Institutionalizing quality assurance and accreditation as an essential part of Higher Education System.

Challenges: enhancement and improvement of quality in Afghan higher education institutions face the following challenges:

1. Physical and spiritual effects of 3-decade war, particularly brain drain of faculty members, destruction of required infrastructure and equipment for teaching, research and provision of academic services.
2. Lack of financial, academic, structural independence in higher education institutions
3. Imbalanced, unplanned quantitative growth of public universities in the last decade.

4. Easy issuance of license for establishment of private universities and their development and growth without extensive monitoring.
5. Interference of government officials and powerful individual in affairs of higher education Institutions.
6. Lack of needed budget for public universities.
7. Marginalization of universities during the last decade.
8. Lack of required partnerships and cooperation with international prestigious universities
9. Increase in demand of higher education among youth during last decade.
10. Lack of an organized plan for higher education in student enrolment.
11. No predictions of universities' independence in Afghanistan legislative documents.
12. Enormous problems in educational system of Afghanistan
13. Existence of Directorate of Quality Assurance and Accreditation in Ministry of Higher Education as an independent agency.
14. Lack of enforcement of Higher Education Law
15. Less monitoring, evaluation and valuation of higher education institutions.
16. Lack of budget for implementing quality assurance programs.

Opportunities: despite the above challenges, quality improvement has the followings opportunities too:

1. Existence of Directorate of Quality Assurance and Accreditations as a responsible office.
2. Setting quality improvement practices and quality assurance and accreditation programs as priority for Ministry of Higher Education in last two years
3. Developing and promoting culture of quality assurance and accreditation in Afghan higher education institutions
4. Cooperation of faculty members in the process of quality assurance and accreditation programs
5. Traditionalizing and promoting culture of continuous evaluation in higher education institutions.
6. Inclusion of quality assurance and accreditation in MoHE's strategic plan and donor programs.

Vision: creating quality public and private higher education system that results in accreditation of higher education institutions on national and transnational levels through implementing quality assurance programs and in consideration with cultural and national values.

Mission: training individuals eligible for higher education on national, regional and international level with standard quality in required academic and professional fields of study.

Values:

1. Placing Afghan higher education institutions among prestigious international universities in terms of quality
2. reinforcing culture of quality assurance and accreditation
3. reinforcing culture of evaluation, accountability and transparency
4. Supporting independency of universities
5. Putting efforts into establishing a sound, effective and efficient organization
6. Supporting the process of quality assurance and accreditation programs in higher education institutions
7. Putting continuous efforts in institutionalizing better quality
8. Promoting cooperation with donors

Priorities:

1. Continuing probation (trial) period for all higher education institutions which have newly been included in quality assurance and accreditation programs
2. Annual reviewing of bye-laws, guidelines, standards, review process and procedures based on experience and findings
3. Reviewing positions and job descriptions of employees and committee members
4. Promoting communication and cooperation with foreign accreditation agencies
5. Institutionalizing quality in higher education institutions
6. Separating Directorate of Quality Assurance and Accreditation from structure of Ministry of Higher Education as an independent national agency
7. Attracting support and enough budget for implementing programs
8. Training employees and committee members for gaining more experience
9. Implementing strategic plans of the directorate and Ministry of Higher Education

Weaknesses: by analyzing implementation of quality assurance programs during three years, the following weaknesses (structural and functional) have been noticed:

a) From Organizational (structural) point of view:

1. Directorate of Quality Assurance and Accreditation is a new body on ministry level.
2. Employees of this directorate were without any preliminary organizational and managerial experience
3. Positions and job descriptions of employees weren't according to daily activities and requires continuous changes and modifications on annual basis
4. Quality assurance programs are totally new for employees
5. Ministry of higher education hasn't allocated any budget for this directorate for the years 2012-2014, except the payroll.

b) From functional point of view:

1. Job descriptions of each position/grade have less conformity with activities/functions
2. Restraint of rules for implementing programs, particularly reviews and analysis
3. Since the program is new, there are various problems in it.
4. Quality assurance and accreditation by-laws are reviewable after implementation of each phase
5. Some programs with similar organizations and different donors are repetitive and there is lack of coordination between other academic programs and quality assurance and accreditation
6. Unavailability of directorate website
7. Lack of awareness among higher education institutions about quality assurance program

Basic Polices:

The Directorate of Quality Assurance and institutional committees of higher education institutions must pay attention to demands and expectations of all stakeholders and relevant individuals in improving quality and maintain good relationship with them. A list of individuals and groups which this directorate is responsible to must be provided and remain in touch with them constantly.

The following policies must be made:

1. Teaching and learning policy across MoHE and higher education institutions.
2. Annual policy of allocating resources from government and donor budget

3. Annual evaluations policy for implementers of quality assurance and accreditation programs
4. Policy of promoting and advancing culture of quality assurance and accreditation for five years.
5. Policy of developing capacities of relevant individuals (administrative staff, faculty members and…) annually who are responsible for implementing quality assurance and accreditation programs.

Strategies: strategies of Directorate of Quality Assurance and Accreditation pertaining to organizational structure, functions and quality improvement discussed in this part: developing flexible strategies for organization (agency or institution) is based upon addressing weaknesses to utilize from existing opportunities. Functional strategies are also developed to identify weaknesses and to change them into strengths by using existing opportunities. Similarly, quality improvement strategies should also be identified for higher education institutions.

1. **Strategy for Improving Organizational Structure**

   1.1 Completing and Equipping Directorate of Quality Assurance and Accreditation

After Asad 1391 (equivalent to July 2012), although all directors, managers, specialists and support staff of this directorate were completed according to provisions of Administrative Reform Law, but due to some reasons there is still need for more Tashkeel positions to be made in accordance with Administrative Law, job descriptions and merit through a transparent and fair system.

Despite the fact that offices were properly equipped with great effort, one of the departments of this directorate is without office due to shortage of enough space and offices. This is creating problems for daily activities and every effort should be made to address this problem.

   1.2 Developing capacity of employees and committee members.

The majority of employees didn't even have basic work experience in administration when they were first hired, but as time passed on they learned and got experienced. Developing administrative capacity of employees is feasible through capacity development courses.

   1.3 Matching positions and job descriptions of employees with daily activities.

During 1392 (equivalent to 2013), changes and amendments were proposed for structure of directorate and job descriptions of employees for 1393 (equivalent to 2014). The proposal was approved but it should be carried out annually in a way that the changes and amendments should not exceed 30% to avoid re-announcement of positions.

1.4 Conducting quality assurance and accreditation training programs for employees

To enhance understanding capacity of quality assurance and accreditation programs, short-term courses should be conducted for employees in and outside the country and every effort should be made for doing this.

1.5 Securing enough budgets

Although the 1392 budget for Directorate of Quality Assurance was provided and officially dispatched to be included in Ministry's total budget, but unfortunately it wasn't included in 1392 budget. The 1392 budget was dedicated to Ministry in 1393, but efforts will be made to include the budget of this directorate in Ministry's budget in 1394 and coming years.

The expenses of directorate activities should also be shared with donors and their support should be attained. Duplicate expenses should be avoided.

2. Strategy for functional Improvements

2-1. Conduct annual analysis from matching of job descriptions of academic deputies of primary and secondary committees of higher education institutions and committee members of directorate and annual changes and amendments should be brought in them.

2-2. Seek non-government funding resources such as donors for activities, like expenses of evaluations, reviews, and meetings of committees. This is because governmental regulations are restraint and implementation of such programs look feasible.

2-3. Deal warily and dispassionately with obstacles that are encountered during implementation of quality assurance programs and efforts should be made to identify such obstacles, such as lack of awareness, inconsideration etc. and solve them wisely using group work.

2-4. Quality assurance and accreditation by-laws should be reviewed by implementation of each accreditation phase and necessary changes and amendments should be brought.

2-5. Programs of donor agencies, Directorate for Consolidation of Academic Affairs, monitoring body of Directorate for Private higher education and other institutions should be carefully studied and joint meeting should be held to create coordination among programs and to avoid repetition of programs.

2-6. Try to create a website and database for the directorate with a separate domain from Ministry's website. Donor agencies should be contacted for this.

2-7. Conduct academic ceremonies (conferences, workshops, meetings …) for explaining and providing further awareness about quality assurance and accreditation programs officials of higher education.

2-8. Institutionalize culture of evaluation, quality and assurance and accreditation in higher education institution by publishing and distributing banners and others.

3. Strategy for Improving Quality

3.1 Continuously monitoring affairs and offices of quality assurance of higher education institutions throughout the year and sending their analysis to them through a checklist (according to job description)

3.2 Being prepared for helping and supporting higher education institutions at all times through steps of quality assurance and accreditation for implementation of programs.

3.3 Holding of academic ceremonies by Directorate of Quality Assurance and Accreditation or higher education institutions with technical support of this directorate.

3.4 Holding bi-monthly reporting meetings of vice-chancellors for academic affairs of target higher education institutions in directorate of quality assurance and accreditation.

3.5 Getting written report from higher education institutes on implementation of programs

3.6 Continuous follow-up of functions and implementation of programs by partners of directorate

3.7 Supporting and reviewing procedure of implementing teaching quality evaluation

3.8 Evaluating academic affairs through institutional committees and getting their reports at the end of each semester.

3.9 Providing support with implementation mechanism of operational plans, tracking document and other measures for enhancing quality in higher education institutions

3.10 Highlighting the importance of quality assurance and accreditation programs to Ministry of Higher Education and leadership of higher education institutions

3.11 Developing and promoting other procedures, guidelines and check lists for improving quality.

3.12 Collecting feedback on programs and management of Quality Assurance and Accreditation Directorate from higher education institutions

3.13 Emphasizing on implementing of contemporary methodologies of teaching and benefiting from electronic teaching methods

3.14 Emphasizing on activating and having more active and dynamic departments as essential units of higher education institutions.

3.15 Emphasizing on improving quality of publication affairs, updating curriculum according to needs of job market and research activities in higher education institutions.

3.16 Evaluating teaching materials and lecture notes with their reference by institutional committees and promoting this culture.

3.17 Supporting independence of universities pertaining to academic freedom.

3.18 Traditionalizing and promoting culture of improving quality in higher education institutions.

3.19 Reviewing and prioritizing grading criteria

3.20 Including the remaining higher education institutions in quality assurance and accreditation program according to by-law.

<u>Implementing Authority</u>:

This strategy will be implemented by Directorate of Quality Assurance and Accreditation of Ministry of Higher Education and leadership of higher education institutions.

<u>Monitoring and Evaluating of Implementation:</u>

Directorate of Quality Assurance and Accreditation of Ministry of Higher Education is obliged to monitor and evaluate implementation of this strategy and the head of directorate will report to the respective committee every six months and required steps will be undertaken.

Conclusion:

The goals and programs of this strategy are developed in Directorate of Quality Assurance and Accreditation and higher education institutions in accordance with the vision and purpose. By improving quality in higher education institutions, graduates can find employment on national and transnational levels by having improved professional capacity well-equipped with modern knowledge and higher education institutions can get accreditation in terms of quality.

It is important to mention that the 5-year strategic plan of Directorate of Quality Assurance has been developed by the relevant committee and has been included in National Higher Education Strategic Plan (NHESP II, 2015-19).

MoHE Quality Assurance Process/ Model

- Quality Assurance and Accreditation Commission
- Request Permission to apply for Candidacy
- Self-assessment report
- Peer-review Report
- Peer-review Site Visit
- Peer-reviewer's recommendation to the Commission regarding acceptance to level 1 & 2
- Commission's decision regarding acceptance to Candidacy for Accreditation Level 1 & 2
- Accreditation

Self-Assessment Protocol for Institutional and
Faculty Reviews

<u>Introduction</u>:

This protocol is designed to assist and guide universities and institutes as they carry out their self-assessments. It is intended to provide a framework for faculty and university teams and institutional leadership. It is based on similar documents used in other quality assurance efforts and reflects a general consensus about what are regarded as key elements to be reviewed in making a quality assessment of a faculty, program, or institution. Through its use, key areas are identified and a framework is provided to help you assess the performance of departments, programs, faculties, and the institution as a whole. The goal of this exercise is to identify strengths, weaknesses, and areas for future development in ways that facilitate quality improvement in higher education in Afghanistan. Each institution should set benchmarks for itself as well as a time-table to achieve them. The MoHE will be happy to work with you as you carry out a self-assessment, develop your goals, prepare your self-assessment report, and prioritize your quality improvement needs in terms of each of the *Criterion* listed below.

The *Criteria* listed below lay out the range of areas that should be covered in your self-assessment. Each is elaborated to help clarify what is intended. Before you write up your self-assessment in terms of each of the *Criterion*, you might want to assess your position overall in terms of each of the criterion using the rating below and also rank the priority of each in terms of the need for future action in each area.

Suggested Rating for Topics in the Worksheet:[12]	
Self Review Rating	**Importance to address at this time**
1= We do this well; area of strength for us	A= High priority
2= Aspects of this need our attention	B= Lower priority
3= This item needs significant development	C= Does not need to be

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[12] Chart adapted from Western Association of Schools and Colleges; Commission for Senior Colleges & Universities, "Worksheet for Preliminary Self-Review under the Standards." 2008.

addressed

    0= Does not apply or not enough evidence to address

<u>Criteria</u>

1. **Mission and purpose**

   Defines the distinctive character of the institution/faculty and its goals

   Address the needs of society

   Gives direction to the activities of the university/faculty.

   Provides direction for improving the institution's effectiveness.

2. **Governance and Administration**

   Facilitates achievement of mission and goals

   Encourages teaching, research, and service

   Encourages participation in the appropriate levels of governance.

   Authority of each is clearly defined.

   Promotes gender equity and ensures equal and fair opportunities for all those who are eligible for admission including the poor, the physically challenged, rural people, and others who have been disadvantaged in the past.

   Promotes effective functioning of the institution/faculty.

   Has a full time chief executive whose primary responsibility is the institution.

3. **Academic Programs**

   Academic programs are consistent with its mission

   The institution/faculty works to assess student learning and regularly reviews programs

   The institution works systematically to improve academic quality

   Undergraduate programs are at the appropriate level and designed to give broad knowledge of theory, methods, and substantive knowledge in the field.

   Graduate programs (where they exist) are at the appropriate levels and prepare graduates for a competitive global environment.

4. **Faculty members**

     Faculty qualifications, numbers, and performance are sufficient to achieve the mission of the institution or the faculty.

     The institution has an open and transparent process of recruitment and appointment.

     The promotion processes and procedures are merit based.

     Faculty workloads are reasonable and fairly distributed.

     The institution avoids dependence on part-time faculty.

     The institution fosters and protects academic freedom.

     The institution promotes quality teaching.

     Faculty members pursue scholarly research and keep up in their field(s).

     Teaching is evaluated on a regular basis

     Recruitment and promotion of women are encouraged with a goal of gender equity among faculty members.

     The institution/faculty assists faculty members in finding research support and opportunities.

5. **Students**

     Standards for admission are clear and administered fairly.

     Academic standing is based on clearly specified standards and goals.

     Students have access to advising, health, academic, and recreational services.

     Students are treated in a fair and ethical manner.

     Gender equity is promoted and equal opportunities are fostered for all segments of society including the poor, rural students, physically challenged, and other disadvantaged groups.

     The institution/faculty regularly evaluates its student services.

     Student outcomes are evaluated periodically (e.g. employment, knowledge gained, satisfaction).

     Students are satisfied with their programs

     Students have computer skills

     Students have an opportunities to learn a foreign language such as English

6. **Library and Other Information Resources**

     The institution/faculty has sufficient information resources to meet its mission.

     Students and faculty have adequate access to appropriate information technology, such as the Internet.

     The institution/faculty assures appropriate access to the library and information technology.

7. **Physical and Technological Resources**

     The institution's physical and technical resources, including classrooms, laboratories, infrastructure, buildings, and grounds are adequate for its mission.

The safety of students, staff, and faculty members is assured

The institution has an effective plan to maintain and improve these resources.

The institution provides recreational facilities for its students.

8. **Financial Resources**

   The institution's financial resources are adequate to sustain its educational objectives in the future (at least through the next two years).

   The institution/faculty is financially stable.

   The intuition's resources are devoted primarily to teaching, research, and service.

   The institution/faculty insures the integrity of its finances.

   The institution/faculty carries out multi-year financial planning that is based on reasonable expectations of revenue and expenses.

9. **Strategic Planning and Evaluation**

   The institution/faculty engages in ongoing strategic and financial planning and has a current strategic plan.

   The institution has an ongoing process to evaluate its programs and take remedial action when needed.

10. **Quality Assurance and Improvement**

    The institution has an ongoing process to review its quality and take remedial action when necessary.

    Evidence is provided of quality improvement initiatives in the past two years.

    The university/institute/faculty strives to create an atmosphere of quality on campus.

11. **Contribution to Society and Development**

    The mission and goals of the institution/faculty include contributions to society and development.

    The institution/faculty provides evidence of its contributions to society and national development.

    Faculty members are involved in research or service that fosters societal or national development.

12. **Integrity, Public Disclosure and Transparency**

    The institution/faculty truthfully represents its goals, programs, and services to students, faculty, and the public.

    The institution faculty members and staff work to insure academic honesty and integrity.

    The institution/faculty works actively to prevent corruption, favoritism, or nepotism in grading, employment, or other decision-making.

    The institution makes public its course offerings, grading system, requirements for diplomas, degrees, and graduation.

    The governance system operates in a fair and transparent manner.

    The institution/faculty has an effective mechanism by which grievances and complaints can be heard and resolved for faculty members, staff, students, and the public.

The institution publishes its mission, goals, and objectives as well as its catalogue of courses and requirements or makes them available on its Web site.

Procedures and Worksheet on the Criteria for Higher Education Institutional Self-Assessment[13]

This worksheet is designed to help the Self-Assessment Committee as it begins its examination of the institution or the faculty. It is not intended as a substitute for the Self-Assessment Report but as a tool to help the institution or faculty in its assessment of its current condition, its level of compliance with the MoHE criteria for self-assessment, and its need for action, if any, to meet each criterion. We use the term *institution* throughout this document but faculties involved in a self-assessment should substitute the word *faculty* for the faculty self-assessment process. The criteria have been broken down into component parts to assist the self-assessment. However, you should feel free to add sub-topics or categories in any way that helps you respond clearly to each criterion and as seems appropriate to your institution. We suggest the self-rating below as a way to help you carry out your assessment and to identify the needs to be addressed in terms of particular criteria which might not be up to the level desired. The final column is designed to help you identify evidence to support your conclusions.

After the Committee has reviewed each criterion, it will be useful to reflect on where the institution stands in terms of that criterion. The committee might ask itself: What are our most important findings and issues that result from a review of that criterion? What are the institutions strengths in this area? How might we highlight them? What are in need of improvement? How might that best be carried out? When you have completed that review, go on to assess the next criterion. These questions and issues should be addressed in the narrative of the Self-assessment Report.

Suggested Rating for Columns in the Worksheet:[14]	
Self Review Rating	**Importance to address at this time**
1= We do this well; area of strength for us	A= High priority
2= Aspects of this need our attention	B= Lower priority
3= This item needs significant development	C= Does not need to be addressed at this time
0= Does not apply	

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[13] This worksheet is modeled after that of the Western Association of Schools and Colleges: Accreditation Commission for Senior Colleges and Universities. The MoHE is grateful for their inspiration and acknowledges our debt to their work . WASC, *Worksheet for Preliminary Sef-Review Under the Standards*, December 12, 2008.

[14] Quoted from the *WASC Worksheet*, ibid; p. 2. The full worksheet can be found on the WASC website at www.wascsenior.org.

Criterion 1. Mission and Purpose

2.   The institution's mission and purpose is appropriate to higher education, defines the distinctive character of the institution/faculty and its goals, addresses the needs of the society, gives directions to the activities of the institution/faculty, and provides direction for improving the institution's effectiveness.

Criteria for Review	Guidelines	Self-Review Rating	Importance to address at this time	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Institutional Purposes				
1.1 The institution has a formally approved statement of mission and purpose. Its operational practices are appropriate for an institution of higher education and clearly define its essential values and character.	The institution has a published mission statement that clearly describes its purposes. The institution's purposes fall within recognized academic areas and are within the framework of generally recognized academic disciplines or areas of practice. Its mission is reviewed in recent years			
1.2 The institution's goals are clear, address the needs of society, and provide directions for improving the institution's effectiveness.	The institution has clear published goals that give direction to the administration, faculty, staff, and students. The goal recognize the needs of society and the nation.			

Criteria for Review	Guidelines			
1.3 Educational objectives are clearly recognized throughout the institution and are consistent with stated purposes.	The institution has developed guidelines for the achievement of its educational objectives. It has a system to assess student achievement including retention rates, graduation rates, and student learning. It goals for faculty and staff are clear and their performance is evaluated on a regular basis.			
1.4 The mission and purpose provides direction for improving the institution's effectiveness.	The institution periodically reviews its effectiveness in terms of its mission and purpose. Efforts to improve its effectiveness are demonstrated.			

Criterion 2. Governance and Administration:
3.   The governance and administrative system is designed in a way to facilitate achievement of the mission and goals, encourage teaching, research, and service, encourage participation in the appropriate levels of governance, define the authority of each clearly, promote accountability and transparency, and promote gender equity as well as ensure fairness. The institution has a full time chief executive officer whose primary or full-time responsibility is to the institution.

Criteria for Review	*Guidelines*	Self-Review	Importance to address at this time	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Governance and Administration				
2.1 The institution's governance and administration is appropriate to its mission and purpose, encourages participation at appropriate levels of governance,	The administration and governance of the institution functions in accordance with its mission and purpose. There is active participation of faculty at			

with the authority of each clearly defined.	appropriate levels of governance. Authority is appropriately defined for each level.			
2.2 The governance and administration encourage teaching, research, and service.	There is evidence that the administration and governing bodies promoted teaching, research and service.			
2.3 The governance structures and administration promote accountability and transparency, encourage gender equity and ensure fairness in the operation of the institution.	The institution has mechanisms to insure accountability and transparency of its activities and operations. The governance structures and administration demonstrate a commitment to gender equity and fairness throughout the institution.			
2.4 . The institution has a full time chief executive officer whose primary or full-time responsibility is to the institution.	The chief executive officer is full time. His/her major responsibility is the institution.			

Criterion 3. Academic Programs

4.   Academic programs are consistent with the institution's mission. The institution works to assess student learning, regularly reviews programs, strives to develop partnerships with other institutions, and works systematically to improve academic programs. Undergraduate programs are at the appropriate level and graduate programs (where they exist) are appropriate and prepare graduates to operate in a competitive global environment.

Criteria for Review	*Guidelines*	Self-Review	Importance to address at this time)	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Academic Programs				
3.1 The institution's educational programs are consistent with its mission and appropriate in content, standards, and nomenclature for the degree level awarded.	Academic programs are appropriate to the mission and purpose of the institution. The content, length, and standards of the institution's academic programs conform to recognized disciplinary or professional standards.			
3.2 All degrees awarded by the institution are clearly defined in terms of entry-level requirements and in terms of levels of student achievement necessary for graduation that represent more than simply an accumulation of courses or credits.	Competencies required for graduation are clear and reflected in course syllabi and the institution's catalogue or other publications.			

3.3 Academic programs are reviewed periodically and efforts made to improve their quality on an ongoing basis. The institution has mechanisms to measure student outcomes. Academic programs are at the appropriate level for beginning, intermediate, and advanced courses.	Mechanisms are in place to periodically review academic programs. There is evidence of quality improvement efforts on an ongoing basis. Student outcomes are measured in a variety of specific ways. Courses are clearly distinguished by level.			
3.4 Graduate Programs (where they exist) are at the appropriate level and prepare students for professional employment and competition in an increasingly globally competitive environment.	Graduate programs are of high quality and meet professional expectations. Graduates are appropriately trained and prepared to compete in a context which increasingly demands international standards.			
3.5 The institution strives to partner with other institutions at home and abroad.	There is evidence of academic partnerships at home and abroad.			

Criterion 4. Faculty Members and Staff

Faculty and staff qualifications, numbers, and performance are sufficient to achieve the mission of the institution or the faculty. The institution has an open, transparent, and merit based process of recruitment, appointment, and promotion. Recruitment and promotion of women is encouraged with a goal of gender equity among faculty members. The institution avoids dependence on part time faculty, fosters and protects academic freedom, assists faculty members in finding research support and opportunities and promotes quality teaching. Faculty workloads are reasonable and fairly distributed. Faculty member's teaching is evaluated regularly.

Criteria for Review	Guidelines	Self-Review	Importance to address at this time	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Faculty and Staff				
4.1 The institution employs personnel sufficient in number and professional qualifications to maintain its operations and to support its academic programs, consistent with its institutional and educational objectives.	Faculty and staff numbers are sufficient to meet the mission and goals of the institution. Their professional qualifications are appropriate to their duties as well as teaching, research, and service objectives.			
4.2. The institutional faculty members and staff are at a quality and level of training to insure the integrity and continuity of its academic programs. Opportunities for faculty development are made available to those in need of additional training.	The institution has instructional staffing that includes a sufficient number of full-time faculty members with appropriate backgrounds, by discipline and degree levels. There is evidence of opportunities for faculty and staff development. Staff avail themselves of those opportunities.			
4.3. Faculty and staff recruitment, orientation, workload, incentives, and evaluation	Faculty and staff hiring and promotions are carried out in an open and transparent way following MoHE			

practices are open and fair and aligned with institutional purposes and educational objectives. Faculty promotions are merit-based and include peer review. Recruitment and promotion of women is encouraged with a goal of gender equity.	guidelines. Workloads are fair and appropriate. Faculty members are regularly reviewed for promotions which are based on merit and include peer review. There is evidence of a commitment to hiring and promoting women to faculty and staff position and to gender equity.			
4.4. The institution encourages quality research and service by its faculty members. High quality teaching and learning are encouraged and fostered by the institution and the faculty.	There is evidence of institutional support for faculty research and service. The institution has in place mechanisms to foster quality teaching and learning. Incentives are in place for good teaching and quality research.			
4.5 Academic freedom is fostered and protected.	Academic freedom of faculty members and staff is enshrined in institutional policy which is available to faculty members and the public. There is evidence that it is protected and enhanced where necessary.			
4.6 Faculty teaching is evaluated on a regular basis by peers, students, or through other mechanisms.	There is evidence that faculty teaching is reviewed periodically. Mechanisms are in place to help faculty members improve the quality of their teaching.			

Criterion 5. Students & Learning

Standards for admission are clear, administered fairly and appropriate to its mission. Academic standing is based on clearly specified standards and goals. Student learning outcomes are evaluated periodically. Students have access to advising, health facilities, academic, and recreational services. Students have the opportunity to become computer literate and have opportunities to learn a foreign language. Students are treated in a fair and ethical manner, gender equity is promoted, as is equal opportunities for all segments of the university community. Students follow academic rules and procedures. Deviations are punished. Students make a full commitment to their studies.

Criteria for Review	*Guidelines*	Self-Review	Importance to address at this time)	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Students and Learning				
5.1 Standards for admission are clear and administered fairly and are appropriate to its mission. Academic standing is based on clearly specified standards.	Admission standards are published and readily available to students and the public. Procedures for determining academic standing are clearly specified.			
5.2 Student outcomes are evaluated periodically and students made aware of their standing at regular intervals.	Students are evaluated at intervals. Students are told their standing at clearly specified intervals.			
5.3 The institution's expectations for learning and student attainment are developed and widely shared among faculty, students, staff, and where appropriate, the public.	Academic expectations are clearly spelled out . They are available to students, faculty, and, where appropriate, the public.			
5.4 The institution provides adequate student services for advising, health (including mental health), placement, and other academic needs. Recreational facilities are	Student services are in place for advising, health, placement, and other needs. Staffing is adequate for student needs. Recreational facilities are available for men and			

Criteria for Review	Guidelines	Self-Review	Importance to address at this time	Evidence
available to students.	women students.			
5.5 Students have access to computer facilities, computer literacy programs, and foreign language training.	Adequate computing facilities are available for all students. Most students are computer literate on graduation. A majority are proficient in a major foreign language.			
5.6 Students are treated in a fair and equitable manner; gender equity is promoted, and equal opportunities are fostered for all segments of society including poor, rural students, physically challenged, and other disadvantaged groups.	Policies are in place to insure fair and equitable treatment of all students including gender equity and equal opportunities for all segments of society.			
5.7 Students have an obligation to follow academic rules and procedures and make a full commitment to their studies.	Students demonstrate a commitment to academic rules and procedures and to their studies. Deviations from academic rules and procedures are punished.			

Criterion 6. Library and Other Information Resources				
The institution assures appropriate access to library and information technology and has sufficient information resources to meet its mission. Students and faculty have adequate access to appropriate information technology, such as the Internet.				
Criteria for Review	**Guidelines**	**Self-Review**	**Importance to address at this time**	**Evidence: What is there? (Or needed?)** **Who interprets it?** **How is it used?**
Library and Other Information Resources				

6.1 The institution provides appropriate access to library and information technology and has sufficient information resources to meet its mission.	The institution has adequate library and information technology resources for its teaching, research, and service missions. They accessable on a daily basis. The library has a documents specialist.			
6.2 Students and facutly have adequate access to appropriate information technology such as the Internet. Information resources adequately support the institutions research and teaching programs.	The library(s) and computer laboratories are open and available to students and faculty a reasonable number of hours each day including weekends. Students are able to use these facilities for their classwork and research papers. Faculty members have access to professional journals and other information either in the library, through access to a digital library, or on the Internet.			
6.3 Students and faculty have access to programs that teach computer literacy.	The institution makes available classes or programs to allow faculty, staff, and students to gain computer literacy.			
6.4 The institution's information technology resources are coordinated and supported in a way that facilitates key academic and administrative functions.	Information technology resources are coordinated. Key academic and administrative functions are being computerized.			

Criterion 7. Physical and Technological Resources				
The institution's physical and technical resources, including classrooms, laboratories, infrastructure, buildings, and grounds are adequate for its mission. There are effective plans to maintain and improve these resources. The safety of students, staff, and faculty are protected and assured.				
Criteria for Review	**Guidelines**	**Self-Review**	**Importance to address at this time**	**Evidence: What is there? (Or needed?)** **Who interprets it?** **How is it used?**
Physical and Technological Resources				
7.1 The institution's physical and technical resources, including classrooms, laboratories, infrastructure, buildings and grounds are adequate for its mission	Classrooms are appropriate to the institution's size, acadmic programs, and other academic needs. They are kept up in reasonable fashion with appropriate teaching tools, adequate lighting, and other needs. Laboratories are adequately equiped and large enough for the student numbers enrolled. Other teaching facilities (e.g. farms, teaching labs) are adequate to its mission.			
7.2 The institution's facilities are adequate to support facutly research and service needs in keeping with the mission of the institution.	The institution is commited to supporting faculty research and provides a supportive research environment.			

7.3 The institution has an effective plan to maintain and improve its physical and technological resources.	There is a maintenance plan to insure that buildings and grounds are kept up in a reasonable manner and evidence that this takes place. A plan is in place to insure regular maintenance of all institutional equipment and evidence that it is in effect.			
7.4 The campus environment is safe for students and staff and special provions are made to insure the saftey of women. Saftey standards are in place for all laboratories, shops, and other equipment. Chemicals and other dangerous material are stored in safe and secure facilities.	Saftey standards are in place. Staff and students find the campus a safe environment. The institution has a plan for emergencies such as fire, earthquake, and accidents with a designated response team or teams.			
7.5 The institution provides recreation facilities for its students.	Recreational facilities are available for both male and female students.			

Criterion 8. Financial Resources

The institution is financially stable, with a gurantee of financial resources to sustain its educational mission into the forseeable future (at least two years). The institution's resrouces are devoted primarily to teaching, research, and service. The institution has a multi-year financial plan that includes recurrent and development budgets and reasonable estimates of income and expenses. Appropriate budget and financial controls are in place. Income and expenses are audited on an annual basis.

Criteria for Review	Guidelines	Self-Review	Importance to address at this time	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Financial Resources				
8.1 The institution has a history of financial stability. Resources are aligned with educational purposes and objectives. Almost all its resources are devoted to teaching, research, and service	Institutional records demonstrate a history of financial stability. The resource allocation is appropriate to the mission, purpose, and objectives of the institution. If the institution is a for-profit institution, financial records indicate that all or almost all of its resources are devoted to educational purposes.			
8.2 Resource planning and development include realistic budgeting, enrollment management, and plans for the future. Multi-year budget planning is in place.	A multi-year financial plan is in place and being followed by the institution. A review of plans for previous years indicate that budget planning has been realistic and appropriate to its enrollment and mission.			
8.3 The institution has in place reasonable and effective financial management and accounting systems.	There is evidence of an effective financial management system. Books are up to date and balanced.			

8.4 The institution's income and expenditures are audited on an annual basis.	Audit reports exist for the previous three years.			
8.5 The institution is able to earn financial resources through providing services, research, and other entrepreneurial activities (waived pending approval of revised Higher Education Law).	There is evidence that funds have been raised through these activities (waived temporarily).			

Criterion 9. Strategic Planning and Evaluation

5.   The institution has a current strategic plan that covers at least a five year period. The institution engages in ongoing strategic and financial planning and has an ongoing process that allows it to evaluate its programs and take remedial action if deficiencies are found.

Criteria for Review	Guidelines	Self-Review	Importance to address at this time	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Strategic Planning and Evaluation				
9.1 The institution periodically engages its administration, faculty, staff, and to the extent appropriate students, in an institutional reflection and planning processes which assesses its strategic position, articulates priorities, examines its current state in terms of its mission and goals, and defines the future direction of the institution.	The institution has a multi-year strategic plan that covers at least a five year period. There is evidence that the planning process included administrators, facutly members, staff, and to some extent students. The plan is serving as a guide to current activities.			
9.2 The institution engages in an ongoing process of evaluation of its activities in relation to the strategic plan and makes adjustments where problems occur.	There is evidence that the institution is engaging in continuous evaluation of its activities in terms of the strategic plan and makes corrections if problems are found.			
9.3 The strategic plan includes reasonable goals for the future including realistic assessments of future enrollments, income, and expenses.	Goals and projections for the future seem reasonable and are in accord with the MoHE's *National Higher Education*			

	Strategic Plan 2010-2014.			
9.4 The institution collects appropriate data and other information to guide its strategic planning process.	There are records of student enrollments, pass and graduation rates, faculty recruitment, promotion, and retirement, course offerings and other data needed for effective planning.			

Criterion 11. Contribution to Society and Development
The institution provides a contribution to society, regional, local, and national development. Its mission and goals include its obligation to make a contribution to society and national development. Faculty members are involved in research and service that makes a contribution to national and local development.
atmosphere of quality on campus. Quality improvement initiatives have taken place over the previous two years.

Criteria for Review	*Guidelines*	Self-Review	Importance to address at this time)	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Quality Assurance and Improvement				
10.1 The institution has an ongoing process of quality assurance and takes remedial action when deficiencies are found.	A quality assurance and improvement process is in place. There is evidence that remedial action has been taken where deficiencies have been identified.			
10.2 Quality improvement initiatives have taken place over the last two years.	There is evidence that the institution has embarked on significant quality improvement activities over the last two years.			
10.3 The institution strives to create an atmosphere of quality on campus.	There is evidence of programs in place to create high quality programs at the institution and an atmosphere of creativity and intellectual excitement on campus.			

Criteria for Review	Guidelines	Self-Review	Importance to address at this time)	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Contribution to Society and Development				
11.1 The institutional mission and goals include recognition of the institution's obligation to make a contribution to society and to national, regional, and local development.	The mission and goals of the institution include a commitment to making a contribution to society and to local and national development.			
11.2 Faculty members are involved in research and service that makes a contribution to society and to national and local development.	There is evidence of recent research and service by faculty members that makes a contribution to society and to development.			
11.3 The institution strives in its goals, activities, and public statements to emphasize its involvement in the betterment of the community in which it operates and to development.	There is written and other evidence of the commitment of the administration, faculty, and staff to making a contribution to the community in which it operates and to the nation as a whole. Those goals are shared with students in ways that enhance their commitments to society.			

Criterion 12. Integrity, Disclosure, and Transparency

The institution demonstrates high ethical standards and truthfully and clearly represents its goals, programs, and services to students, faculty, and the public. It works actively to prevent corruption, favoritism, or nepotism in grading, employment, or other decision making. The institution has effective mechanisms by which grievances and complaints can be heard and resolved for faculty members, staff, students and the public. The faculty and staff work to insure academic honesty and integrity. The institution publishes its mission, goals, and objectives and makes them available on its website. Its course offerings, requirements, and expectations of students are published and available on its website

Criteria for Review	*Guidelines*	Self-Review	Importance to address at this time)	Evidence: What is there? (Or needed?) Who interprets it? How is it used?
Integrity, Public Disclosure, and Transparency				
12.1 The institute demonstrates high ethical standards and truthfully. It clearly represents its goals, programs, and services to students, faculty, and the public.	The institution has a reputation for high ethical standards. Its statements and publications about its goals, programs, requirements, and services are in accord with what is offered, required, or promised.			

12.2 The institution works actively to prevent corruption, favoritism, plagiarism, or nepotism in its course work, grading, employment or other decision-making.	The institution has clear policies about conflict of interest, nepotism, and corruption, as well as plagiarism, which are publically available and enforced.			

12.3 The institution has effective mechanisms by which grievances and complaints can be heard and resolved for faculty members, staff, students, and the public.	Grievance procedures are published and available to students, faculty, staff, and administrators. Mechanisms for resolving complaints and conflicts are in place and utilized.			
12.4 Faculty members, administrators, and staff work to insure academic honesty and integrity.	Policies are in place about plagiarism and other academic dishonesty. Students, faculty, staff and administrators are made aware of these policies. Violations are punished.			
12.5 The institution publishes its mission, goals, and objectives as well as its course offerings making them available in print and on the web.	The institutional mission, goals, and objectives are readily available in print and on the Internet. A list of			

	course offerings, requirements, and degrees are available in print and on the web for students, faculty, staff, and the general public.			

Peer Review Report Writing Process and Final Report

Introduction:

The peer review is central to the success of the accreditation process and is based on the principle that quality higher education is best assessed by professionals in higher education who can make the comparative judgments necessary about quality assurance. The peer reviewers evaluate and confirm (or fail to confirm) the quality of an institution, its programs, and staff using the Criteria developed by the Ministry of Higher Education. The institutional self-assessment provides the peer reviewers with the background information about the institutions. The site visit gives them the opportunity to check that assessment against what the peer reviews see and hear during the site visit. The *Peer Review Report* is the written judgment of the peer reviewers on the institution based on their observations. It includes their recommendations to admit the institution to candidacy (level 1 or level 2), and at a later stage after the institutions has been at candidacy level 2 for a year, whether to accredit or deny accreditation to the institutions. After five years, another peer review committee will decide on whether or not to renew accreditation.

Procedures:

The peer reviewer must be totally familiar with the twelve Criteria for Accreditation and what makes up the various aspects of the criteria. These are best studied in the *Worksheet on the Criteria for Higher Education Institutional Self-Assessment*. The peer reviewers should have read the Institutional Self-Assessment prior to the site visit and taken notes on any aspect of it which seem to require further inquiry. Write down these questions before you go on the site visit so that you have them.

At the first meeting of the peer review team on campus, and prior to the first meeting with the Chancellor and senior administrators including deans, the team leader and the team should agree on a division of topic responsibilities for each peer reviewer. While all members will contribute to each section based on their experiences, one person will be responsible for each section. Members should start work on their drafts after the first day. At that meeting the team should agree on a tentative schedule for the visit, additional data they need from the institution, people they would like to interview, and facilities they would like to see.

All peer reviewers should take careful notes during the site visit to help in preparing the Report and to help remember specific impressions and important information gathered. The Report will be edited and finalized by the team leader, but the conclusions about each Criterion and the overall recommendations must be agreed on by the members of the site visit team. The strongest Reports will be those which are unanimous. While a descent from the majority opinion is possible, it should be avoided

since it weakens the conclusions of the Report, whatever they are. Peer reviewers should maintain confidentiality about their observations, discussions, and conclusions at all times. Function as a team and help each other with the process. The team should meet each evening to discuss the days finding and preliminary conclusions as they become clear. The MoHE staff member assigned to the team can help with logistics, insure the members have a secure meeting room, equipment they need, and help with the scheduling. At the end of the site visit, time should be set aside after the *exit interview* with the Chancellor, Senior Administrators, and Deans to work on the final Report and agree on final recommendations. This usually takes half a day.

Sample Report Outline

I. Introduction: a brief introduction listing the members of the team, the dates of the site visit, the institutions visited, a brief description of the institutions (not more than a paragraph), and a brief summary of the faculties, facilities, and people visited.

II. A Brief Overview of the Institutional Self-Assessment and the context of the visit: This section should be not more than a page noting if all the Criteria were discussed in the self-assessment, whether or not there was an Action Plan, what critical appendices were included (or missing), and a general statement about the adequacy of the information and support provided by the institution. Was the team provided with appropriate access to people, information and facilities by the institutions? Were the faculties open and forthcoming to the team members? Did the team have access to students on their own? Did faculty members have the opportunity to meet privately with peer reviewers if they wished to do so? This section should include a brief assessment of the peer review experience and the teams sense that they had access to what they needed.

III. The Criteria: The Report should discuss each of the twelve criterions one by one.
* Has the institution provided a clear response to the questions posed by the criteria?
* Was the response provided relevant to the criterion?
* What evidence was provided?
* How do you assess their response to each criterion?
* What were its strength; what its weaknesses?
* How does what you saw accord with what was in the self-assessment? If there were major differences, what were they? How does that affect your evaluation?

- Give a score for each criterion. Provide a total score for the twelve taken together.

IV. The Appendices and other information provided
- Is appropriate and adequate information provided?
- Does it support the text of the self-assessment?
- Does it provide the information you need to make an assessment?
- How could it be improved?

V. How do your rate the institutional Action Plan?
- Does the institution have a reasonable plan to deal with their weaknesses?
- Do they have a quality plan for the next few years in terms of quality improvement?
- Is it credible?
- What suggestions do you have?

VI. Overall Judgment about the Institution
- Based on your assessment of the Institutional Self-assessment and looking at your collective judgments about the institution in terms of each criterion, what is your overall conclusion about the quality of the institutions?   Does it meet the requirements for candidacy? Level 1 or Level 2.

VII. What suggestions for quality improvement do you have for the institutions? How would you suggest that they move forward to improve quality?

VIII.   Do you have any other general suggestions for the institutions (e.g. a different approach to the self-assessment; a different quality assurance committee structure; broader representation on the quality assurance committee, such as an alumni member or a student member)?

VIII. What is your recommendation as a result of you site visit? This is the most important part of the *Site Visit Report* since it presents the conclusions of the team from its review of the institutional self-assessment and the site visit. This section should be clear, concise, with enough detail to support the conclusion. Most conclusions will be unanimous. If there is a dissent, reasons for it should be spelled out clearly by the dissenter and signed. The final Report should be signed by all peer reviewers. The final conclusions should be presented orally to the chancellor, senior administrators and deans at the end of the site visit. Institutional

representatives can question *facts* in the Report, but they cannot challenge the final judgment of the site visit team. Only the Board can do that. The *exit interview* and oral presentation of the team's conclusions at the interview should be acknowledged in the Report with the time and date of the meeting stated.

- *Admission to Candidacy Level 1:* The institution meets the minimal requirements for candidacy (see attached).   In the Report, list specific ways in which the institution meets the twelve Criteria with examples of the ways in which they do and do not meet the Criteria. The Report should list areas of major success as well as clearly specify several of the major weaknesses as well to help the institution improve.   The institution can apply for level 2 after one year and should spend that year improving areas of weakness.

- *Admission to Candidacy Level 2:* The institution meets the requirements for *Candidacy Level 2.* Spell out how the institution meets level two criteria with specific examples. Clearly show that it is beyond level 1 on multiple criteria. The Report should spell out areas of strength and those areas where it still needs work to assist the institution in building the level of quality to allow it to achieve accreditation in a year. This list need not be exhaustive but should be indicative of the institution's shortcomings.

- **Failure to gain *Admission to Candidacy***: This would be the case for an institution which had not done a careful job in its self-assessment and had failed to make the case for meeting minimal standards for at least one criterion. The Report should list the areas in with the most egregious shortcoming and show why the institution failed to meet the Criteria. The institution must wait at least one year before applying again.

- **Accreditation**. The institution must have been at level 2 for at least one year (no exceptions) to show that it can continue to operate effectively in terms of level 2 requirements. The institution will prepare a new self-assessment showing how it meets each of the twelve criteria and how it has improved from the previous review giving specific evidence. This will be checked in a site visit. The Report should demonstrate that the institution meets all twelve criteria at a level sufficient to gain accreditation.   Accreditation is for five years.   However, if the Board feels at any time that the institution has fallen below those standards, it may make a site visit. If the institution has fallen below minimum standards the team may recommend loss of accreditation to the Board. If the Board agrees, the institution can be give up to one year to regain its status. Otherwise it should be closed or merged with another institution.

Next Steps for the Report

The team should complete a draft of the Report before they depart. The Report must not be written by the staff member. The staff member is for support only. Team members should allow half a day for this process. If there are serious differences of opinion about any facts, or any critical data is missing, it can be requested from the institution before departure and obtained by the staff member for the site visit committee. Each peer reviewer is responsible for the draft of a particular section of the document. It is the duty of the team leader, following the site visit, to get the final Site Visit Report to the Board (or its staff) within five working days of the end of the site visit.

Final Judgment

The final decision about the status of the institutions is made by the Board, based on the recommendations of the peer review team Report. In most cases that recommendations of the team are accepted. If the Board disagrees, it must state the reasons clearly for doing so. A basic principle of accreditation is that the ranking of the institution is based on the judgment of peers. Thus any alternative conclusion must be based on solid evidence of bias, incompetence, or failure to do a thorough job of reviewing the institution in terms of the twelve criteria for candidacy or accreditation. The team leader presents the Report to the Board. Other team members may be present at that meeting though it is not essential.

MoHE Workshop
Training for Peer Reviewers

I.   **Introduction:** Peer reviewer is one of the most important parts of the quality assurance and accreditation process and the peer reviewers are central to it. They are critical to the assessment of tertiary institutions, carry out sit visits to the institutions being examined and make recommendations to the Council of the Afghan Accreditation Agency (AAA) *about Candidacy for Accreditation* and about *Accreditation*. They give legitimacy to the process, are critical to the quality of the assessments, and the credibility of its outcomes.

II.   **Review from previous workshop:**
   - The role of peer reviewers overall
      o In site visits
      o In *candidacy for accreditation*
      o In *accreditation*
      o In preparation of evaluative reports and recommendations
   - **Selection of peer reviewers**
      o Expert in field
      o Fair and impartial
      o Able to make tough decisions
      o Open and able to make qualitative judgments
      o Thoughtful and good listeners
   - **The importance of peer reviewers to accreditation**
      o Central to the accreditation process (critical important)
      o Key to fair evaluations
      o Important to legitimacy of the process
      o Provide expertise in higher education and in their fields

III. **The Accreditation Process (a review)**
   - Accreditation defined in the *Bye Laws for Quality Assurance and Accreditation*
   - The process is overseen by the Directorate of Quality Assurance and Accreditation (which will become The Afghan Accreditation Agency (See *Bye Laws,* chapter 2)
   - The process of Accreditation
      o Permission to apply for candidacy

- o Admission to *Candidacy for Accreditation*
  - ▪ Level 1
  - ▪ Level 2
- o Consideration for Accreditation
- o Accreditation
- o Revocation of Accreditation or Renewal of Accreditation (5 years)

IV. **Basic Conditions of being a Peer Reviewer**
- Ethical Obligations of Peer Reviewers
  - o Conflict of Interest
  - o Integrity
  - o Participation Responsibilities (whole period of site review, including write-up, a presentation to Agency if called up)
- Open mind and unbiased
- Respect the confidentiality of fellow peer-reviewers and members of the academic community seen during the site visit.

V. **Reviewing the Self-assessment**
- The review of the institutional self-assessments is one of the most important parts of the accreditation process.
  - o It provides the basic background information needed for the site visit
  - o It usually provokes questions to be asked during the site visit.
  - o It helps identify strengths and weaknesses of the institutions.
  - o It makes the site visit efficient allowing the team to focus on areas in which they have questions
- It is one of the major inputs into decisions about whether or not to award candidacy or accreditation status.

VI. **Exercise:** Judging a Self-assessment Response: (participants will assess a prepared response to one of the Criteria/Standards and then have a discussion about several prepared responses to another criteria judging what is best).

VII. **Applying the Standards**
- Review the twelve *Criteria* for Accreditation for Afghanistan
- Review the institutional self-study of each goal and assess it in terms of the site visit.
- Agree on "appropriate" compliance for each standard with review team (what is reasonable under the current conditions).
- Comment on each standard – be specific about strengths and weaknesses.
- Note specific areas that need improvement or special attention even if standards are met.

VIII.   The Site Visit to the Campus
- The role of the chair (picked by the AAA)
- Staff member to assist (but not take part in decisions).
- The team should have a unique, lockable space, with workspace.
- What questions does the institutional self-assessment pose for the team?
- Decide who will have primary responsibility for each part of the report.
- Plan of work for the site visit to be worked out by the team at the beginning of the site visit or before. That includes:
    - Identify what faculties to visit (and who will do it – never less than 2 people). Specific issues for each (usually based on readings of the self-assessments).
    - Who will visit library and IT facilities and questions to be asked.?
    - Who will visit the labs and questions to be asked?
    - Plans to meet with various groups (including teaching, support, and other staff, administrators, students).
    - Who will visit other units (e.g. student services, dormitories)?
    - Other plans.
- Site visit starts with an introductory meeting with the chancellor, senior administrators, and two or three senior faculty members. Lay out the purpose of the site visit, the process, and answer questions. Get an overview of the institution from those assembled.
- Meeting with teaching staff, staff, and students (without supervisors).
- Interviews with selected deans and directors.
- Meetings of the team each day to share findings.
- Start writing parts of the report as you go along.
- Exit interview and summary of findings (not a debate but a presentation).

IX.   Making your evaluation, writing the *Site Visit Report*, presenting the Report to the Accreditation Council at the MoHE
- Division of primary responsibility for each section among peer reviewers
- Collective discussion of the report by the site visit team at the end of the site visit.
- Does the actual institution live up to the self-assessment? Are there additional weaknesses or strengths you found? What additional information did you learn to support your decision to give candidacy (or accreditation) or not?
- Recommendations – by the team (to admit or not to candidacy, to accredit (if at that stage) or not, to reaccredit or not).
- Combining the parts of the Site Visit Report – the team leader

- Presentation of the summary will have been done at the exit interview – team leader & team
- Submission of the Report to Agency (within five days)
- Presenting the Report to the Council of the Agency (at least the team leader and one other member unless ask for whole committee – e.g. where difficult decisions, if there is a divisions, where negative decision)
- The Council makes the final decision based on the team recommendation.

X. **Conclusions:** This is a vital part of the MoHE quality improvement process. It is an exciting process to be involved in; you will learn a great deal; and you will make a contribution to the quality improvement of the whole higher education system.

Writing the Evidentiary Statement

Evidentiary statements are designed to capture the essence of an institution's efforts to meet an area of focus/core component. The evidentiary statement evaluates the quality of the evidence/data the institution presents in support of the criteria/core components. There are three characteristics of an effective evidentiary statement.

- First, the evidentiary statement should be clear. That is, readers should be able to discern, without a doubt, the suitability of the evidence/data presented and the statement should precisely identify its merit or lack of merit.

- Second, the evidentiary statement should be limited, expounding on the merit of a single area of focus at a time. Think of it as a discrete unit that explores, singularly the quality of evidence presented for an area of focus.

- Third, the evidentiary statement should take a stand. It should provide qualitative information on whether the evidence sufficiently meets the area of focus/core component.

Thus, a good evidentiary statements should (a) set the context, (b) provide evidence related to the context and topic, and (c) take a stance that clearly links the statement to the Criterion and appropriate Core Components. Finally, some statements may benefit from commentary on the impact of the situation (a "because of this..." or "so what?"). Note: There is no required order of context, evidence, and stance in an evidentiary statement. The order of the content may vary and pieces may need to be expanded on so that the statement, standing alone is coherent and substantiates its claim.

Examples of Poor to Good Statements

- Example One: The organization's allocation of resources and its processes for evaluation and planning demonstrate its

   capacity to fulfill its mission, improve the quality of its education, and respond to future challenges and opportunities.

   - (**poor**) A long-range financial plan has been developed that proposes restructuring GPU's indebtedness.

   - (**mediocre**) Since the announcement of GPU Vision 2020, the University has demonstrated significant strides in

      managing its financial condition through short- and long-term financial planning. The plan's resource base

      shows the ability for sustaining educational programs and supporting and strengthening their quality in the

      future.

   - (**much improved**) Since the announcement of GPU Vision 2020, the University has demonstrated significant

      strides in managing its financial condition through short- and long-term financial planning. In place is a long-

      range financial plan that proposes restructuring GPU's indebtedness and is designed to ensure that GPU has

      the ability for sustaining educational programs and supporting and strengthening their quality in the future.

   - (**exemplary**) Since the announcement of GPU Vision 2020, the University has demonstrated significant strides

      in managing its financial condition through short- and long-term financial planning. The evidence revealed that

      three years of annual cost reductions, largely in non-academic areas, have totaled $4.8 million. Further,

      monthly financial statements are prepared to monitor financial conditions, financial relationships with

affiliates have been restructured, and a long-range financial plan has been developed that proposes restructuring GPU's indebtedness. This plan's resource base shows current and future capacity for sustaining educational programs and supporting and strengthening their quality in the future.

- Example Two: The organization provides evidence of student learning and teaching effectiveness that demonstrates it is fulfilling its educational mission.

    - (**poor**) GPU has recently expanded its offerings to include graduate degrees. However, evidence does not demonstrate a "graduate culture" distinct from that of an undergraduate culture, leaving the impression that these programs remain add-ons to undergraduate offerings.

    - (**mediocre**) Since 1997, GPU has requested and been approved for six masters programs in education, health, and business. However, evidence does not demonstrate a "graduate culture" distinct from that of an undergraduate culture, leaving the impression that these programs remain add-ons to undergraduate offerings. GPU needs to establish processes and policies characteristic of graduate offerings.

    - (**much improved**) Since 1997, GPU has requested and been approved for six masters programs and plans to continue to increase the number of graduate degree offerings in education, health, and business. However,

evidence from faculty and administrative interviews, graduate handbooks, curricula, and Committee minutes does not indicate that GPU has developed the necessary policies, practices, and shared governing processes needed for these programs. Further, this evidence does not indicate that GPU has established a "graduate culture" distinct from that of an undergraduate culture. In fact, it is not clear that the learning outcomes of the graduate programs are sufficiently different than undergraduate outcomes, particularly in the increasing number of courses shared by undergraduate and graduate programs.

- (**exemplary**) Since 1997, GPU has requested and been approved for six masters programs, and the academic plan calls for an additional four programs with the goal of establishing a graduate school offering education, health, and business degrees. However, evidence from faculty and administrative interviews, graduate handbooks, curricula, and Committee minutes does not indicate that GPU has developed the policies, practices, and shared governing processes necessary to sustain a full graduate school. Further, this evidence does not demonstrate a "graduate culture" distinct from that of an undergraduate culture, leaving the impression that these programs remain add-ons to undergraduate offerings. In fact, it is not clear that the learning outcomes of the graduate programs are sufficiently different than undergraduate outcomes, particularly in the increasing number of courses shared by undergraduate and graduate programs. Given its

vision for a full graduate school, GPU now needs to develop and formalize institutional and academic policies

and processes necessary to develop, sustain, and ensure effective graduate education.

The Results of the self-assessment and peer review reports by the Quality Assurance and Accreditation committee of MoHE

Criteria. NO	Criteria Main Score	University Score	Peer Review Score	Committee Final Score	Remarks
Criteria-1 Mission and Purpose					
1-1	1.6				
1-2	1.6				
1-3	1.6				
1-4	1.6				
1-5	1.6				
Total score of criteria-1	8				
Criteri-2 Governance and Administration					
1-2	1.6				
2-2	1.6				
3-2	1.6				
4-2	1.6				
Total score of criteria-2	8				
Criteria-3 Academic Programs					
1-3	2				

2-3	2				
3-3	2				
4-3	2				
5-3	2				
6-3	2				
Total score of criteria-3	12				
Criteria-4 Faculty Members					
1-4	2				
2-4	2				
3-4	2				
4-4	2				
5-4	2				
6-4	2				
Total score of criteria-4	12				
Criteria-5 Students					
1-5	1.42				
2-5	1.42				
3-5	1.42				
4-5	1.42				
6-5	1.42				
7-5	1.42				
Total score of criteria-5	10				
Criteria-6 Library and Other Information Resources					
1-6	2				
2-6	2				

3-6	2				
4-6	2				
Total score of criteria-6	8				
Criteria-7 Physical and Technological Resources					
1-7	2				
2-7	1.6				
3-7	1.6				
4-7	1.6				
5-7	1.6				
Total score of criteria-7	10				
Criteria-8 Financial Resources					
1-8	1.4				
2-8	1.4				
3-8	1.4				
4-8	1.4				
5-8	1.4				
Total score of criteria-8	7				
Criteria-9 Strategic Planning and Evaluation					
1-9	1.25				
2-9	1.25				
3-9	1.25				
4-9	1.25				
Total score of	5				

criteria-9					
Criteria-10 Quality Assurance and Improvement					
1-10	3.33				
2-10	3.33				
3-10	3.33				
Total score of criteria-10	10				
Criteria-11 Contribution to Society and Development					
1-11	1.66				
2-11	1.66				
3-11	1.66				
Total score of criteria-11	5				
Criteria-12 Integrity, Public Disclosure and Transparency					
1-12	1				
2-12	1				
3-12	1				
4-12	1				
5-12	1				
Total score of criteria-12	5				
Final score of committee	**100**				

Based on the above information, the assessment of university (X) was done at the Quality Assurance and Accreditation Committee and the mentioned university passed the accreditation stage (X).

A		
B		
C		
D		
F		

A= 90 – 100 Points
B= 80-89 Points
C= 70 – 79 Points
D= 60 – 69 Points
F= 59 and below

Final Score/ Grade = _____

University Name: _____

The MoHE Quality Assurance Committee member's signature:

Name   Sign   Name   Sign

1.   (   )   6.   (   )

2.   (   )   7.   (   )

3.   (   )   8.   (   )

4.   (   )   9.   (   )

5.   (   )   10.   (   )

Proposal for an Independent Quality Assurance and Accreditation Commission

Introduction:

  As we assess the progress on quality assurance and accreditation since it began in January 2009 and the first draft of the Concept Paper on quality assurance and accreditation was prepared in March 2009 by Deputy Minister Babury and me, it is worth going back to look at our original goals, the progress we have made, and identify key areas that need special focus over the next few years. In the first line of that Concept Paper we stated that: "National development and growth in Afghanistan is dependent on the success of efforts to transform higher education into an effective high quality system. Indeed the World Bank has shown[15] that no nation moves into the realm of developing economies without a high quality higher education system."[16] We went on to say that "Afghanistan's higher education system is now at a critical point at which it needs to focus on quality improvement. Current quality levels are too low and need to be enhanced."[17] It is worth asking today whether or not we have been able to move higher education in that direction. Are we making a difference in promoting quality improvement?

  In that paper we laid out what we saw as the key benefits of quality assurance and accreditation as follows saying it will:

- Facilitate a systematic effort to improve quality in the nation's public and private universities and institutes;
- Help institutions prioritize their needs and development plans;
- Create benchmarks for improving the quality of faculty and staff including recruitment, faculty development, promotions, retention, research, teaching, and service;
- Set minimal standards for approval of new public and private higher education institutions;
- Protect the public from fraudulent or sub-standard tertiary education providers and require that they upgrade, or failing that, are closed;
- Facilitate recognition of Afghan degrees, credits, and graduates by employers, other universities, and the international community;
- Provide employers with evidence that graduates meet expected quality standards;
- Create the conditions for economic development in Afghanistan;

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[15] World Bank, Constructing Knowledge Societies: New Challenges for Tertiary Education, Washington. 2002

[16] Babury, M. O. and Hayward, Fred M. (2009) "Concept Paper: Establishing a Quality assurance and Improvement Program in Afghanistan." MoHE, unpublished paper, p. 1

[17] Ibid., p. 2

- Move Afghanistan in the direction of meeting international standards and expectations[18] in its higher education instructional, research, and other programs.

How have we done? It is clear that we have made some progress. We have set up a system to improve the quality of both public and private higher education. We have created benchmarks for quality improvement in our "criteria" (standards) for accreditation and set minimum standards for higher education. We have established a system to make that happen and implemented it. We have improved it as we have gone along. We have helped many institutions prioritize their needs and goals, as we see from their strategic plans and action plans. And we are on the verge of admitting the first institutions to *candidacy for accreditation*, the first step in the accreditation process. We have also moved Afghanistan in the direction of meeting international standards and expectations.   On the other hand, we are not at the point where we can demonstrate quality to employers, though we are closer, and I suspect our impact on the economy is minimal, though again we are headed in the right direction.

It is also important to remind ourselves of several key principles we set out at the beginning. Our aims are to improve quality broadly, not to close institutions. On the other hand, institutions which do not meet the minimum requirements will be closed or given a short period of time to comply. Quality improvement is a key to economic growth and that means to jobs and better lives for the people of Afghanistan. We also have an obligation to protect the public from low quality and fraud, something that is not self-evident from ads by private higher education institutions in the newspapers or information on fancy websites. Lately we have seen the proliferation of what appear to be low quality institutions in the private sector and we know that some of those in the public sector are far below minimal levels of quality. But we are making progress. The best evidence of that is the improvement we have seen in institutions own self-assessments and in the evidence that many institutions, having paid attention to the criteria for accreditation, have moved to fix areas of weakness. This Commission has carried out its reviews responsibilities with remarkable care and consideration. Each self-assessment has been reviewed meticulously, line by line. And we have not just made our judgments – which we do very well – we have spelled out our suggestions and concerns in great detail – and I would say to great effect in most cases. The feedback we hear is very positive and we do see real improvement as a result in most cases. We have seen a few institutions which have tried to ignore the process or not taken it seriously. In accordance with the Bye-law for Quality Assurance and other MoHE rules and regulations, the will face being put on probation, or closure. Most institutions have been responsive and constructive in their reactions and are increasing quality where they can. However they also need more assistance from the MoHE and that requires a greater government and donor investment in higher education.

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[18] International standards would be the goals and benchmarks for accreditation – the targets for quality improvement. In some cases, they will not be realized for many years.

Critical Areas:

As we look at where we are, there are a number of critical areas that require additional attention by the Commission, the Directorate, in some cases by the MoHE as a whole, and in a few by the government – in the latter case, it is our obligation to call these to the attention of the leadership. Without that, they will go unnoticed.

What are the critical areas we need to focus on over the next year and beyond? What are our most pressing problems as a Commission and a Directorate? What are the most critical problems for the institutions, their faculties, the faculty members and staff, the students, and our partners and the public? The most critical include the following:

Annual Strategy and Action Plan for the QAAD 2015-2016

1. Secure a steady flow of funding at a sufficient level to enable operations to move forward in a normal organized fashion (source of funds: USWDP – World Bank HEDP). **September 2015**
2. Produce, publish and distribute a Quality Assurance and Accreditation Policy and Procedures Manual that collects all the documents and results, relevant to QAAD activities **September 2015**
3. Produce, publish and distribute a series of promotional materials (brochures, posters, banners, etc.) related to Quality Assurance and distribute to other departments within MoHE as well as the university quality assurance committees. **October 2015**
4. Facilitate an MOU between the British Council, USWDP and the World Bank HEDP related to quality assurance activities. **September 2015**.
5. Update the Accreditation Progress Chart (*candidacy for accreditation)* based on the Commissions reviews of the site visit reports and self-assessments. **September 2015 and on-going 2016.**
6. Publish those findings (via web site and other…) and allow successful institutions to advertise their status. **October 2015**
7. Develop a QAAD web site and database that records, tracks and promotes the candidacy of universities and the on-going work on quality assurance. **October 2016**
8. Continue to complete the site visits to those institutions that have completed their self-assessment and had them accepted by the Commission. **On-Going 2015-2016**
9. Develop a schedule to provide assistance to those institutions that need help with their self-assessment through workshops and individual mentoring. **On-going 2015-2016**
10. Organize a series of workshop at various levels for institutions at differences stages in the process with a separate workshop of private higher education institutions if necessary. The workshops will emphasize that the goal of accreditation is quality

improvement, to encourage and assist institutions to meet expected levels of quality for each of the criteria. The workshops will encourage institutions to look at the process as a helpful, positive one. The workshops will spell out more clearly the benefits of accreditation to them as institutions and especially the advantages of quality improvement for their students in terms of their own futures. Students who go to institutions that have *candidacy* status are assured of the quality of their institutions and so will be their employers and outsiders (important if they want to go on to graduate study). **November 2015 and March 2016**

11. Set up a workshop for peer reviewers to upgrade their training prior to sending the next group out on site visits. It should be focused on the process of the peer review and on writing an effective report. Also emphasize the academic, ethical, and collegial responsibilities of peer reviewers. Provide examples from useful reports as well as from not very useful reports (anonymously of course). Prepare an agenda, set a date, and start making contacts with peer reviewers to insure a good turn-out. Focus on persuasion and assistance for the process. This should be a positive experience for all who participate from faculty members to peer reviewers. **November 2015 and March 2016**

12. Work with Directorate staff to be sure they understand the site visit process and that those who go along know how to facilitate the process, what to do, and their position as expeditors but not decision-makers or participants in the peer review process. **On-going 2015-2016**

13. Carry-out follow-up site visits for those higher education institutions with completed, approved self-assessment. Follow-up on the key priorities of the action plans of institutions and see what progress has been made. **On-going 2015-2016**

14. Prepare an **annual report** on accreditation noting the status of accreditation, self-assessments, number of institutions achieving candidacy status (levels 1 and 2, etc.), and later accreditation. Include an overall assessment of the "State of Higher Education as reflected in the National Higher Education Process." **March 2016**

15. In coordination with SREU, establish a quality assurance and accreditation course as part of the MELM and include the peer review training as part of the curriculum of the course. **October 2016**

At the National Level

The key to quality assurance nationally is at the faculty level and at that of the individual faculty members. As the Commission reviews its work at the end of each year it should prepare an Annual Report. That Report should discuss the major deficiencies identified in the quality assessments and accreditation process and list them in an Annual Report. Those that seem most critical should be highlighted. The key to a high quality higher education system requires greater funding for the MoHE and for individual institutions in a number of areas and it is important that the Annual Report of the Commission help identify them. While it is not the role of the Commission to solve these problems, they are in a unique position to help make the case for the support and

funding that is needed. The Report should highlight critical areas and specific institutions with special needs in areas such as the following:

- Critical needs in equipment, laboratory upgrades, faculty masters and PhD training, infrastructure repair and expansion. Here, members of this Commission can help make the case for funding since members have some of the critical data and a better overview of the problems and needs than many observers – facts that will help make the case for more funding. And the case has to be made, it is not self-evident. While the Commission's job is not to do a budget or a systematic needs analysis, nor to resolve the problems, members do have a unique sense of the major weaknesses and the most critical areas of need. Members can help make the case by spelling them out. What are the most critical needs of the higher education system for quality improvement overall? What areas are especially in need of support? What is the magnitude of the needs? What should be the priorities? As we look at the state of each of these institutions, what stand out as the key problems that most need funding to improve the quality of higher education? Equally importantly, what are the critical areas that don't need funding – areas such as improved teaching, more attention to students, a greater commitment to the state-of-the-art in one's field, a greater focus on research?
- Continuation and expansion of the training of faculty members and staff especially at the master's and PhD levels. What are the critical areas? Is there a need to encourage appropriate language training to foster that?
- Encourage faculty members and institutional leaders to focus greater attention on employability.
- Foster a culture of research and funding to support it.
- Focus on student-centered learning and training for faculty members about how to do it at some or all institutions.
- Encourage entrepreneurship and innovation by students and faculty members – a culture that was once a part of Afghan higher education. Promote creative thinking, support efforts such as science fairs, debates teams, student agricultural competitions for the best innovations.
- Encourage improvement of the Internet and expansion of it to those public higher education institutions without it.
- Promote the use of the MoHE digital library with access to more than 8000 journals by faculty, staff, and students at those institutions where it is underused.