HAQAA3 Agency Reviews

External Review Report

FULL AGENCY REVIEW

COUNCIL ON HIGHER EDUCATION, LESOTHO

02 July 2026

Expert Panel:

- Anneley Willemse (Chair)
- Noshmee Baguant (Secretary)
- Zaharan Hussein Mgina (Panel Member)
- Fiifi Bentum Welsing-Jones (Panel Member)

This document has been produced under a contract with the European Union (HAQAA3). The opinions expressed are those of the contractor only and do not represent the contracting authority's official position.

Contents

TABLE OF CONTENTS

CHAPTER 1: EXECUTIVE SUMMARY

This report presents the findings of the external review of the Council on Higher Education (CHE) in the Kingdom of Lesotho, conducted under the third phase of the Harmonisation, Accreditation, and Quality Assurance in African Higher Education Initiative (HAQAA3). The review was coordinated by the European Association for Quality Assurance in Higher Education (ENQA) on behalf of the HAQAA3 initiative. Among others, the initiative offers external reviews, consultancy visits and follow-up visits for quality assurance agencies (QAAs) for higher education in Africa. The main aim of the HAQAA3 agency reviews is to support the development of QAAs in line with the African Standards and Guidelines for Quality Assurance in Higher Education (ASG-QA) and to enhance the implementation of external quality assurance (EQA), which includes an enhancement-led review to evaluate the extent to which the agency meets the expectations of the ASG-QA. Hence, the review was carried out in accordance with the ASG-QA and followed a structured methodology that included an analysis of the self-assessment report (SAR), review of documents, site visit, and interviews with different groups of stakeholders. The objective was to assess CHE's compliance with the ASG-QA and to provide recommendations for enhancing its EQA mechanisms. The site visit took place from 24 to 26 February 2026 during which the review panel met with the CHE leadership and staff, heads and quality assurance (QA) officers of higher education institutions (HEIs), students, employers, and other key stakeholders.

CHE was established under the Higher Education Act (Act No. 1 of 2004) as a statutory body corporate tasked with regulating higher education in Lesotho. It is mandated under the Act to promote, coordinate, and assure quality in higher education through three key activities, namely programme accreditation, institutional audits and monitoring and evaluating (M&E) the QA mechanisms of HEIs. Mandated by the Higher Education Act, CHE has an additional function, which is the registration of private HEIs in collaboration with the Ministry of Education and Training (MoET).

The Agency's EQA objectives and activities contribute to HEIs having in place vision and mission statements, aligned with national development priorities, including IQA units. CHE has developed comprehensive and generally fit-for-purpose EQA mechanisms that are transparently implemented through clearly defined, published procedures supported by independent evaluation panels, although reviewer expertise, student participation, and operational capacity require further strengthening. While decision-making processes are structured and evidence-based, delays in reporting and limited public disclosure of review outcomes reduce transparency; and although periodic review cycles for programmes and institutions are formally defined, their implementation lacks consistency. CHE has an established appeals mechanism, but the absence of a clearly differentiated and formally articulated complaints procedure limits accountability.

Internally, CHE benefits from a clear legal mandate, articulated vision and mission, sound governance structures, demonstrating organisational independence; however, financial and human resource (HR) constraints marked by sustained underfunding, understaffing, and reliance on interns, significantly affect institutional efficiency and sustainability. At the same time, CHE demonstrates strong commitment to benchmarking, networking, and collaboration through active leadership in regional and continental QA initiatives and participation in periodic external reviews, with the HAQAA3 review itself confirming the Agency's openness to self-reflection and

continuous improvement, provided that identified capacity, transparency, and implementation gaps are addressed to strengthen long-term effectiveness and stakeholder confidence.

CHE's strengths include strong statutory independence and credibility, operating autonomously under the Higher Education Act with clear governance structures and oversight sub-committees. It has consistently demonstrated strong financial accountability, receiving unqualified audit opinions for over a decade. CHE's alignment with regional and international frameworks is commendable, as is its active participation in networks that provide opportunities for benchmarking and collaboration. As a member of regional, continental, and international QA and qualifications networks, CHE has positioned itself as the custodian of QA in higher education in Lesotho, aligning national practices with regional and international frameworks. Its procedures for institutional audits and programme accreditation are transparent, structured, and accessible, ensuring that institutions and stakeholders can understand and engage with the processes. Although on a lesser scale, CHE makes efforts to continue offering commissioned and fee-based training to HEIs.

However, several weaknesses were identified. CHE lacks a dedicated IQA framework to systematically review and enhance its own practices. Resource constraints, particularly in financial, human, and information and communications technology (ICT) capacities, limit efficiency and slow down accreditation turnaround times. CHE's reliance on a private cloud provider without documented data protection provisions pose data confidentiality risks to the Agency. In addition, the discontinuation of regular capacity building initiatives for HEIs due to funding constraints weakens institutional capacity.

The review panel has reached the following judgements (Table 1) about CHE's compliance with the ASG-QA:

Table 1: Summary of Judgements

Standard	Description	Judgement
Part B S1	Objectives of EQA and consideration for IQA	Compliant
Part B S2	Designing EQA mechanisms fit-for-purpose	Compliant
Part B S3	Implementation processes of EQA	Compliant
Part B S4	Independence of evaluation	Compliant
Part B S5	Decision and reporting of EQA outcomes	Partially compliant
Part B S6	Periodic review of institutions and programmes	Partially compliant
Part B S7	Complaints and appeals	Partially compliant
Part C S1	Legal status	Compliant
Part C S2	Vision and mission statement	Compliant
Part C S3	Governance and management	Compliant
Part C S4	Independence of QAA	Compliant
Part C S5	Policies, processes and activities	Compliant
Part C S6	Internal quality assurance	Partially compliant
Part C S7	Financial and human resources	Partially compliant
Part C S8	Benchmarking, networking and collaboration	Compliant
Part C S9	Periodic review of QAAs	Compliant

The review panel found CHE **compliant** with the ASG-QA; however, there are some areas where improvement is needed. The strategic implication of this external review is clear. By addressing

the recommendations and considering the suggestions for improvement, CHE can strengthen its role as a credible and efficient QAA and enhance stakeholder confidence. This will contribute to improved student satisfaction and mobility, employability, and alignment with national development priorities, positioning Lesotho's higher education system as competitive, credible, and globally connected.

CHAPTER 2: INTRODUCTION

AIMS AND PURPOSE OF THE REVIEW EXERCISE

CHE signed an agreement with the HAQAA3 initiative to subject itself to the external review carried out by an independent panel of experts, coordinated by ENQA on behalf of the HAQAA3 initiative. This report, therefore, analyses the compliance of CHE-Lesotho with Part B and Part C of the ASG-QA, and identifies areas for improvement. The review results in a compliance judgement on CHE's compliance with the ASG-QA.

The review provided an opportunity for CHE to benchmark its EQA practices against international best practices and enhance its role in maintaining and improving the quality of higher education in Lesotho. The review also sought to promote transparency and accountability in CHE's processes while strengthening institutional trust and stakeholder engagement.

The findings from this review are expected to inform CHE's strategic direction, ensuring that it aligns with regional and global trends in QA in higher education. Additionally, the review serves as a preparatory step for CHE to enhance its international credibility and recognition.

Panel composition

The external review panel comprised four members drawn from different African countries, on the grounds of their expertise in QA in higher education, governance, and student representation, namely:

i. Anneley Willemse (Chair), Senior Programme Quality Assurance Coordinator, Department: Programme Development and Quality Assurance, Namibia University of Science and Technology.
ii. Noshmee Baguant (Secretary), Acting Head: Regulatory Affairs and Accreditation Division, Higher Education Commission Mauritius.
iii. Zaharan Hussein Mgina (Panel Member), Head of Institutional Accreditation Section, Tanzania Commission for Universities.
iv. Fiifi Bentum Welsing-Jones (Panel Member), Student in the Department of Banking and Finance, University of Professional Studies Accra, Ghana.

This review panel composition ensured a balanced review, incorporating institutional, national, and regional perspectives while also including the student voice in the evaluation process. The review was coordinated by Luis Miranda, Project and Communications Manager at ENQA, and the process was observed by Adewale Obadina, Mounerou Salou, Larissa Odzebe Gidisu, and Joan Akua I. Iyoha, from the Association of African Universities.

Introduction of CHE-Lesotho

CHE was established in 2004 under Section 4 of the Higher Education Act, 2004, as an autonomous entity, mandated to regulate the higher education sector in Lesotho. Although the Agency was established in 2004, it became operational in 2010. Its establishment marked a significant milestone in Lesotho's efforts to regulate and improve the quality of higher education in the country. The Act provides the legal framework for the governance and QA of both public and private HEIs in Lesotho. CHE is mandated to promote QA in higher education, advise the Minister of Education and Training on matters related to higher education, conduct audits of institutional QA frameworks, accredit programmes and monitor and evaluate the performance of both academic programmes and institutions.

CHE's structure includes a governing council which comprises of a chairperson, appointed by the Head of State on the Prime Minister's advice, eight members appointed by the Minister of Education and Training with five representing higher education stakeholders and three drawn from public affairs sectors, i.e., the Principal Secretary of MoET, the Principal Secretary of the Ministry of Finance and Development Planning and, lastly, the Chief Executive who is an ex-officio member and Secretary to CHE. The structure also includes the Higher Education Quality Assurance Committee (HEQAC) which is a Council Committee mandated to oversee quality promotion in Lesotho's higher education system.

The CHE Secretariat serves as the administrative and operational arm of the Council overseeing daily management, strategic planning, and execution of Council directives. The Secretariat's mandate has been extended to include the implementation of the Lesotho Qualifications Framework (LQF)[1], positioning it as a central authority in national qualifications management and QA.

The Agency undertakes a wide range of EQA activities including monitoring and evaluating the implementation of HEIs' improvement plans following institutional audits and programme accreditation. As part of the implementation of the LQF, CHE verifies and evaluates qualifications. CHE also has a policy development and advisory role by advising the Minister of Education and Training on issues such as teaching and research, governance of institutions and higher education financing.

CHE's position is central to the governance of higher education in Lesotho, functioning as the primary custodian of QA and aligning national practices with regional and international frameworks such as the African Continental Qualifications Framework (ACQF) and Southern African Development Community (SADC) standards. Its status as a statutory body ensures autonomy, accountability, and credibility, enabling it to act independently while collaborating with stakeholders to advance quality and relevance in higher education.

Although CHE is a legally independent entity, it reports to the Minister of Education and Training. Within MoET, matters concerning CHE and higher education more broadly fall under the Tertiary Department, headed by the Chief Education Officer: Tertiary, who in turn reports to the Principal Secretary of MoET. CHE relies financially on a government subvention administered through MoET.

[1] The management and implementation of the LQF was not an object of this external review.

Higher Education System in Lesotho

Lesotho's education sector is structured into two main domains: formal and informal. The formal domain encompasses five core levels, Early Childhood Care and Development, Primary, Secondary, Post-secondary, and Higher Education. The higher education sector currently comprises of 15 HEIs of which eight are public and seven are private. Within this landscape, seven institutions operate at college level, three are universities, four are denominationally owned and administered, and one is a specialised centre offering a postgraduate programme in family medicine.

Public HEIs in Lesotho can be founded either by the Minister of Education and Training via publication in a government gazette after consultations with CHE or through legislation enacted by Parliament. All institutions that were deemed to be public and were already functioning before the Higher Education Act came into effect were formally recognised as public HEIs under the provisions of the Act upon its commencement. On the other hand, private HEIs are registered by the Registrar, an official appointed by MoET to carry out the registration function in consultation with CHE, provided they meet the criteria specified in Sections 7 and 8 of the Act. These criteria are further detailed in the 2011 Guidelines for the Registration of Private Higher Education Institutions, as revised in 2024.

The Act provides for all private HEIs, registered by MoET, to be regulated by CHE. The requirement that the registration function be undertaken in consultation with CHE, reinforces the Agency's core mandate to regulate and promote quality in the higher education sector. This consultative provision ensures that critical dimensions, including governance structures, infrastructural capacity, financial sustainability, and other institutional systems are rigorously assessed for compliance with the Higher Education Act and CHE's QA standards. Accordingly, HEIs are subject to an institutional audit prior to the finalisation of their registration. Furthermore, HEIs are only allowed to offer accredited programmes based on CHE's prescribed minimum standards. This pre-operational QA mechanism serves to uphold the integrity of the higher education system and fosters public confidence in newly established institutions.

Period of the exercise

The exercise started on 22 May 2025 when CHE attended the training session for QAAs undergoing a review in 2025-2026 under HAQAA3 and ended with the final external review report (ERR) sent to CHE on 2 July 2026. The structured timeline of the review process is described in detail in Chapter 3.

CHAPTER 3: METHODOLOGY

The review panel received CHE's SAR on 09 January 2026. Subsequently, an online briefing meeting, facilitated by the coordinator, was held on 15 January 2026 to discuss among others, the purpose of the review, roles and responsibilities of the panel members, and a preliminary discussion by the panel members on the first impressions of the SAR. Additional documents to be requested from CHE were identified and the preparation of the mapping grid as well as the site visit schedule was discussed. The Secretary of the review panel sent the draft site visit schedule to the coordinator on 27 January 2026 for input and thereafter to the Agency's contact person on 28 January 2026 for input and consideration. Furthermore, on 10 February 2026, an online clarifications meeting took place between the review panel and the CHE SAR Team where the Agency presented an overview of the higher education system in Lesotho to provide context

to the experts. This platform granted the panel an opportunity to seek clarification regarding the functioning of the sector and some issues in the SAR.

The review panel also held two meetings prior to the site visit on 11 and 18 February 2026, respectively, to discuss the list of evidence files compiled by the panel members and the populated mapping grid. The meetings were facilitated by the chairperson of the review panel with the coordinator in attendance to provide guidance and further clarifications on the issues discussed. On 19 February 2026, the coordinator held a final meeting with the review panel to confirm that all arrangements for the site visit were in order.

The site visit took place over three days, 24 to 26 February 2026, attended in person by four panel members and the observer. The site visit entailed a series of interviews held with a diverse group of stakeholders, including the CHE leadership, university administrators, faculty members, students, employers, and representatives from professional bodies. Additional evidence documents were examined onsite by the review panel, including a visit to CHE's offices for viewing of the facilities. On the last day of the site visit, the review panel had final debriefing sessions with the Council and Secretariat staff, respectively, to give them some preliminary findings of the exercise.

The drafting of the ERR was split between the panel members and took place between February-April 2026 with due consideration of the information provided in the SAR, studying of evidence documents and information collected during the interviews. The draft write-ups were then consolidated by the secretary, reviewed by each individual panel member, and discussed in an online meeting held on 01 April 2026. The meeting was organised by the coordinator who was in attendance together with the AAU observer. The review panel had a final online meeting on 27 April 2026 to provide final input in the report and agree on the Agency's compliance with each standard, including overall compliance with the ASG-QA. The final draft report was then edited and finalised by the secretary. The draft report was submitted to the coordinator on 30 April 2026 for screening. The draft ERR was sent to CHE for factual accuracy on 21 May 2026 and the final ERR was sent to HAQAA3 on 8 June 2026. After approval by the HAQAA3 Management Team, the ERR was shared with CHE on 2 July 2026.

This report's findings and recommendations are based on the SAR contents, information collected during the site visit, and insights gained from the document analysis conducted for this exercise. The review panel agreed jointly on all aspects and decisions in the ERR. The review panel recognises the unwavering support of CHE and its stakeholders throughout the review process.

CHAPTER 4: FINDINGS, ANALYSIS AND JUDGEMENTS

This chapter presents the observations and conclusions based on critical analyses of the various performance indicators of the standards in Part B and Part C during the review exercise.

PART B: STANDARDS AND GUIDELINES FOR EXTERNAL QUALITY ASSURANCE

STANDARD 1. OBJECTIVES OF EXTERNAL QUALITY ASSURANCE AND CONSIDERATION FOR INTERNAL QUALITY ASSURANCE

Standard: EQA shall ensure that the HEI has clearly articulated vision and mission statements, and it shall help the institution ensure the effectiveness of its IQA mechanisms, providing an additional instrument for assessing institutional quality.

Evidence

CHE was established by the Higher Education Act (Act No. 1 of 2004) that assigns the responsibility of EQA in higher education to the Agency through the promotion, and M&E of HEIs' IQA mechanisms.

As confirmed by various stakeholders during the interviews (Chief Executive and Chairperson of the Council; Heads of some Reviewed HEIs), CHE has developed various EQA mechanisms to support HEIs to align their activities with their vision and mission by evaluating whether institutional strategies, programmes, and outcomes reflect their stated vision, mission and goals. In particular, standard one of the Institutional Audit Framework for Higher Education emphasises that HEIs should demonstrate that they have "... an explicit vision and mission statement as well as strategic planning systems and processes that can support the achievement of the vision and mission" (2016, p. 10). As revealed in the interviews, CHE ensures that HEIs adhere to governance requirements under the Higher Education Act and its associated frameworks and guidelines by assessing whether programmes are aligned with an institution's vision and mission and how they contribute to societal and economic needs (Interviews with Chief Executive and Chairperson of the Council, and Heads of some Reviewed HEIs).

Furthermore, through its Institutional Audit Framework for Higher Education, CHE requires both private and public HEIs to have in place QA structures, policies, systems and complementary guidelines and procedures for the effective implementation of their QA policies and/or systems that will ultimately help institutions to inculcate a culture of continuous quality enhancement (Interviews with Staff in Charge of EQA Activities, Heads of some Reviewed HEIs/HEI Representatives, QA Officers of HEIs, and Student Representative Councils from some Reviewed HEIs). In addition, to optimally support HEIs to establish well-structured IQA units, CHE has developed a manual to guide institutions to establish IQA units (Manual for Setting Up an Internal Quality Assurance Unit, 2018; Responses of Survey on Setting Up and Operating an Internal Quality Assurance Unit). However, the review panel observed that while Section 37 (7) (b) (ii) of the Higher Education Act explicitly prescribes that private HEIs should have appropriate QA systems in place, the Act is silent on the mandatory QA systems for public HEIs. This omission could be a contributing factor to the situation where HEIs demonstrate varying levels of adherence to EQA principles, as observed in the SAR that indicates that the quality of self-evaluation reports (SERs) produced by HEIs varies significantly in structure, quality of evidence, and depth of analysis. The review panel also noted in an interview that smaller HEIs often demonstrate stronger and robust IQA structures and systems and submit high-quality reports, while larger public institutions sometimes rely on minimal QA staffing (Interview with Staff in Charge of EQA Activities).

Furthermore, to heighten consistency in the quality of HEIs' academic offerings throughout the country, CHE ensures that private HEIs maintain acceptable standards that are not inferior to standards at comparable public HEIs (Higher Education Act, Section 37 (7) (b) (i)). Hence, private HEIs are subject to an institutional audit prior to the finalisation of their registration to assess this requirement (Higher Education Regulations, 2017; Interview with SAR Team).

CHE has also developed and implemented Minimum Accreditation Standards. The review panel has observed in this document that each standard consists of a scoping statement that gives an overview of the standard and describes criteria in a precise and measurable way, which applies to all programmes leading to qualifications/awards such as certificates, diplomas, degrees, postgraduate qualifications, and doctorates, including professional programmes (Minimum Accreditation Standards, 2021). The accreditation standards stipulate the minimum requirements for programme inputs (i.e., goals and objectives, finances, physical resources and infrastructure, staffing, admissions, student support services, programme design and development, and governance), processes (i.e., teaching and learning strategies, IQA system, and assessment and certification), and outputs (i.e., research and innovation, community/industry engagement, and internationalisation). The review panel examined the criteria for programme accreditation and institutional audit evaluation processes, and a sample of recent ERRs for each process to see how IQA and EQA standards are addressed in practice (ERR for Programme Accreditation for Lesotho College of Education, 2025; ERR for Audit of Institute of Development Management, 2025). Where appropriate, the standards of a relevant statutory professional body are applied in conjunction with CHE's programme accreditation standards (Higher Education Regulations, 2017).

To guide HEIs in programme design and development, CHE has in place a Programme Design Manual for Higher Education Institutions in Lesotho (2018). According to this manual, institutions should conduct a needs analysis as an initial step in the programme development process, considering the expected graduate or exit level competences of similar programmes offered nationally, regionally and internationally to ensure global recognition and comparability of Lesotho's academic offerings (Institutional Audit Framework for Higher Education, 2016; Interview with Heads of some Reviewed HEIs/HEI Representatives).

In terms of assisting HEIs to comply with legal and other requirements, the Higher Education Act and other CHE documents direct that HEIs are required to have in place adequate and appropriate governance and management structures to achieve their goals and objectives (Higher Education Regulations, 2017; Institutional Audit Framework for Higher Education, 2016), and submit to CHE relevant information that will enable it to perform its functions and exercise its powers effectively (Higher Education Act, Part II, Section 12 (1)). In addition, public HEIs should duly submit audited financial statements to the Minister of Education and Training, through CHE (Higher Education Act, Part V, Section 35 (2); Minutes of 72nd Council Ordinary Meeting, 02 September 2025), while private HEIs should provide the Registrar with a copy of the auditor's report in respect of their audited financial statements (Higher Education Act, Part VI, Section 39 (2) (b), Higher Education Regulations, 2017).

Capacity building is central to CHE's QA approach, as mentioned in the SAR. Regular workshops, commissioned trainings, and consultation sessions provided by CHE strengthened institutions' understanding of IQA systems (Interviews with Staff in Charge of EQA Activities, and Heads of some Reviewed HEIs/HEI Representatives; CHE Annual Report 2023-2024; Capacity-building

Workshop on Setting Up and Operating an IQA Unit, November 2017). CHE previously organised regular training workshops, but funding constraints have limited continuity as noted during the interview with Staff in charge of EQA Activities. However, CHE continues to try offering commissioned capacity-building training workshops to HEIs albeit not as often as before, and apart from the latter, institutions can request fee-based training, e.g., on SER development (Interviews with Staff in Charge of EQA Activities, and QA Officers of HEIs; Workshop Programme on SER Development, 10 December 2024). The review panel found that irrespective of CHE's limited resources, it continues to support HEIs in the development and implementation of their IQA and self-evaluation procedures (Feedback Reports on Completeness of SER for Institute of Development Management, and Limkokwing University of Creative Technology, January 2025). The Heads of some reviewed HEIs responded positively in their interview that CHE's oversight has fostered a culture of competitiveness, collaboration, and continuous improvement among HEIs.

Analysis

The review panel noted that the Higher Education Act mandates CHE to promote and support HEIs to entrench quality in their academic operations and other services, and confirms that CHE achieves this through comprehensive EQA tools, guidelines and procedures (Institutional Audit Framework for Higher Education, Minimum Accreditation Standards, Higher Education Regulations, and Programme Design Manual for Higher Education Institutions, amongst other) that the Agency has put in place and that HEIs adhere to. This demonstrates CHE's willingness to assist HEIs to strengthen their capacity to offer quality academic programmes and services to their students and the public. The review panel, therefore, confirms that the Agency aims at supporting HEIs to meet set quality standards through its assessment activities.

Through the Institutional Audit Framework for Higher Education, CHE ensures that HEIs' vision, mission and strategic goals and objectives are considered and incorporated in their academic programme offerings. The review panel noted in the Minimum Accreditation Standards that HEIs are required to benchmark the inputs, processes and outputs of their programmes with other HEIs in the region and beyond. This is a good practice that adds value to the institutions' programmes and increases student and graduate mobility.

The review panel found that the Higher Education Act mandates private HEIs to offer an education that is comparable to the offerings of public HEIs and encourages CHE to consistently monitor the private institutions' adherence to this clause, because it will contribute to the harmonisation of quality higher education throughout the country.

Although limited, the commissioned training workshops offered to HEIs do not only strengthen institutional understanding of IQA systems but also help QA officers and the institutions at large to have a better understanding of the relation between IQA and EQA, while the fee-based training workshops conducted upon request of HEIs demonstrate CHE's encouragement to the institutions to take responsibility for the quality of their offerings. Furthermore, the review panel confirms that HEIs have established IQA units through CHE's support and guidelines for setting up IQA units. However, although much has been done to capacitate HEIs in terms of IQA and EQA, CHE has not yet fully enabled HEIs to appreciate the link between IQA and EQA, and to nurture a quality culture by establishing effective IQA mechanisms for continuous quality enhancement as observed that larger public HEIs' IQA units are fitfully thinly staffed. As this gap leaves room for improvement, the review panel encourages CHE to consider incorporating a

clause in the Higher Education Act that will make the establishment of IQA structures mandatory for all HEIs in Lesotho to increase consistency in the execution of its functions. It is through having well-established IQA units that the institutional QA support and coordination functions can be strengthened to improve HEIs' chances to better meet EQA requirements.

With all the tools and mechanisms that CHE has put in place to carry out its EQA functions, the review panel confirms that the Agency is making concerted efforts in supporting and ensuring that HEIs take responsibility for establishing and maintaining quality in their academic programmes and other provisions.

Conclusion

Compliant

Commendations

1. Assisting HEIs through CHE's EQA mechanisms to mainstream, not only their vision and mission in their academic offerings/programmes, but also national development goals and objectives.
2. Supporting HEIs, through the "Manual for Setting Up IQA Units", to establish and strengthen IQA units.

Suggestions

1. CHE could consider incorporating a clause in the Higher Education Act to make the establishment of IQA structures mandatory for all HEIs in Lesotho that will help to increase consistency in the execution of its functions.
2. To ensure regularity and continuity of the commissioned capacity-building workshops, CHE could arrange with the HEIs to host the training sessions on a rotational basis or by charging HEIs a small registration fee to cover the costs of the training.

STANDARD 2. DESIGNING EXTERNAL QUALITY ASSURANCE MECHANISMS FIT-FOR-PURPOSE

Standard: Standards, guidelines and processes for EQA shall be designed to be fit-for-purpose, defined to achieve the intended aims and objectives of EQA, and to strengthen IQA systems at institutions.

Evidence

The review panel has observed that CHE has developed a comprehensive suite of EQA instruments that promote consistency, transparency, and credibility across all EQA processes (Situational Analysis Report on Quality Assurance Systems, 2025). These EQA tools include, among others:

- Minimum Accreditation Standards (2021).
- Institutional Audit Framework for Higher Education (2016).
- Higher Education Regulations (2017).
- Site Visit Guidelines for Higher Education Institutions.
- Guidelines for Compiling Self-Evaluation Reports (Revised).
- Training Manual for Institutional Audits and Programme Reviews (2019).
- Scoring Rubric for Assessing Criteria.
- Templates for the Development of SARs and ERRs.

The term 'accreditation' is described in the Higher Education Act as "a recognised local or international body attesting to the quality or standards of one or more educational programmes and to the effectiveness of the management and operations of the higher education institution offering the programme". The purpose of accreditation is the issuance of a certificate of accredited status of an educational provider (Higher Education Act No. 1 of 2004).

The accreditation standards guide the assessment of dimensions such as curriculum design, staffing, infrastructure, assessment systems, and readiness for programme delivery (Minimum Accreditation Standards, 2021) to ensure institutional compliance and that HEIs meet national and international recognised benchmarks. These standards are also applicable to the evaluation of online programmes, ensuring that quality is maintained across all modes of delivery (SAR). During their interview, the Heads of some reviewed HEIs stated that CHE's standards explicitly address online learning and digital literacy, and that HEIs are expected to integrate technology, artificial intelligence (AI), learner management systems, remote library services, and safeguards against academic dishonesty, in their academic offerings. CHE's efforts to prompt HEIs to keep up with new technological trends in teaching and learning, were emphasised in the interview with students who stated that some institutions conduct online exams using AI-enabled systems (Interview with Student Representative Councils from some Reviewed HEIs). The review panel has examined CHE's accreditation standards and confirms that the tool accommodates the assessment of online teaching and learning practices albeit in a rather implicit manner. However, the review panel has noted, and found it encouraging, that CHE has proactively embarked on multiple exercises to evaluate its EQA tools to keep abreast with new developments in QA in higher education (71st Council Ordinary Meeting, 27 August 2025; Situational Analysis Report on Quality Assurance Systems, July 2025; Report on Enhancing Quality Higher Education Assessment in Lesotho, September 2024). According to the Situational Analysis Report, HEIs that were consulted in the exercise, requested CHE for a revision of the standards to account for changes in blended and online pedagogies, and developments in ICTs and AI.

The review panel observed in the SAR that institutional audits evaluate the effectiveness of an institution's IQA systems in supporting teaching, learning, research, community engagement, governance, management, staffing, infrastructure, and student services (Institutional Audit Framework, 2016). Essentially, an audit is aimed at the continuous enhancement of the quality of higher education systems, processes and policies that support and enhance the quality of the academic offerings at HEIs (Institutional Audit Framework for Higher Education, 2016, p. 3). In examining the accreditation and audit standards, the review panel observed an important link between the two categories of standards in that the standards for institutional audits should support and promote the achievement of the standards required for programme accreditation, as explained in the Institutional Audit Framework for Higher Education (2016, p. 3). The review panel further noted that the evaluation methodology for both programme accreditation and institutional audits is well documented and covers the main EQA processes, commencing with a self-evaluation by HEIs, site visit by expert panels, and ending with an accreditation decision (Minimum Accreditation Standards, 2021; Institutional Audit Framework for Higher Education, 2016).

The development of CHE's EQA tools was informed by extensive stakeholder consultations as noted in the SAR, and duly confirmed by interviewees (Interviews with Staff in Charge of EQA Activities, and Heads of some Reviewed HEIs/HEI Representatives), and reflected in the evidence documents that the review panel perused (Situational Analysis Report on Quality Assurance

Systems, July 2025; Report on Enhancing Quality Higher Education Assessment in Lesotho, September 2024; Programme for Consultative Workshop on Internal Quality Assurance Manual, Programme Design Manual and Dissemination of Internal Programme Review Guidelines, July 2018). In addition, the review panel noted that CHE conducted a post-workshop evaluation through a survey to establish HEIs' progress with the setting up of their IQA units (Sample of Surveys completed by National University of Lesotho and Botho University on Setting Up and Operating IQA Units, November 2017). Stakeholders consulted in the development of the accreditation standards included professional bodies and HEIs, ensuring that the standards were contextually relevant and widely accepted within the sector (Interview with Staff in Charge of EQA Activities). In addition, Representatives from the Reviewers' Pool reported that review documents are usually provided electronically, which they welcome as it enables convenient preparation and virtual participation.

Moreover, it emerged from the document analyses that CHE also involves HEIs in the development of key policies at national level (Attendance Register for Consultative Workshop on Draft Assessment Policy for Higher Education, 27 May 2025). In particular, it is mentioned in the Higher Education Policy (2013) that HEIs through their various representatives, both at the level of management and student representative councils, including government ministries, non-governmental organisations, teacher formations, the Principals' Association, District Administrators' offices in all the ten districts, local government structures, and the private sector, have been at the centre of the policy formulation process.

CHE has aligned its accreditation and audit standards with regional and international frameworks such as the ASG-QA, International Network for Quality Assurance Agencies in Higher Education Guidelines of Good Practice (INQAAHE GGP), African Continental Qualifications Framework (ACQF), and Southern African Development Community Qualifications Framework (SADCQF), promoting compliance across institutions, strengthening cross-border recognition and ensuring global competitiveness of Lesotho's higher education system (Interview with Chief Executive and Chairperson of the Council).

Furthermore, the review panel noted that CHE is in the process of revising its assessment rubric and accreditation standards in collaboration with the Commonwealth of Learning (COL), aiming to address emerging QA issues, to refine the scoring rubric, and to remain current for enhancement of the evaluation of HEIs and their programmes (Interviews with Staff in Charge of EQA Activities, and Heads of some Reviewed HEIs/HEI Representatives). The review panel also noted that there was a request from stakeholders that the assessment rubric be clarified (Interview with Chief Executive and Chairperson of the Council). In addition, the review panel noticed that the audit framework is outdated considering that it is in use for a decade now (Interview with Representatives from the Reviewers' Pool), and that industry involvement is needed to develop new frameworks to ensure relevance, as mentioned in the SAR.

Through the document analyses and interviews, the review panel learnt that the registration of private HEIs should be undertaken in consultation with CHE, which reinforces the Agency's core mandate to regulate and promote quality in the higher education sector (Higher Education Act No. 1 of 2004; HE Regulations, 2017; Requirements for Registration of Private Higher Education Institutions, 2024). This consultative process that is undertaken in conjunction with the Registrar, an official in MoET, ensures that critical dimensions, including governance structures, infrastructural capacity, financial sustainability, and other institutional systems are rigorously

assessed for compliance with the Higher Education Act and CHE's EQA standards, as HEIs are subject to an institutional audit prior to the finalisation of their registration (Interview with SAR Team; Requirements for the Registration of Private Higher Education Institutions, 2024; Higher Education Regulations, 2017). However, the review panel noted with concern that an audit and an application for registration as a private HEI can sometimes result in conflicting outcomes, where an institution met the audit criteria, but the registration process identified shortcomings in certain areas (Interview with SAR Team). It was reported that such a scenario creates confusion among the institutions, which often perceive CHE's audit tool as more rigorous than the Ministry's registration instrument (Interview with SAR Team).

Analysis

The review panel confirms that CHE has put in place robust complementary tools, guidelines, procedures and templates to ensure the effective execution of its EQA functions. However, some gaps were identified in the effectiveness and fitness-for-purpose of some of these tools, i.e., the accreditation standards lack clear criteria for the assessment of blended and online pedagogies, ICTs and AI; the assessment rubric is difficult to understand; and the audit framework is a decade old. While these gaps were identified, the review panel noted that CHE already kickstarted the process of reviewing the programme accreditation standards and assessment rubric in collaboration with COL. This is commendable and evident of CHE's determination to keep its EQA mechanisms up-to-date, fit-for-purpose and in line with QA good practices. The review panel would recommend that CHE capitalises on the COL assistance and considers including the review of the audit framework in this project.

The objectives of CHE's EQA assessment processes are clearly articulated in the Higher Education Act and are further translated into the goals in its vision and mission statements (see ASG-QA Part C, S2) that espouse the compliance and quality improvement dimensions of its assessment processes. Informed by the interviews with the representatives of HEIs, the review panel confirms that the programme accreditation and audit standards are crafted such that they allow the Agency to achieve the intended aims and objectives of EQA, and that these tools are widely accepted by the institutions. In addition, the review panel agrees with the experts that the provision of review documents in electronic format is not only appropriate, but also cost-effective and less time-consuming, which shows that CHE is keeping pace with technological advancements.

Stakeholder involvement and consultations are an integral part of EQA, and the review panel observed that CHE makes a commendable effort to ensure that HEIs are involved as its partners in the development and continuous enhancement of its assessment tools and processes which ensure greater buy-in from this group of stakeholders in the mandate of CHE as the overseer of the quality of Lesotho's higher education system. These consultations, including the follow-up through surveys on HEIs' progress with IQA activities, prove that CHE tries to conduct its EQA activities in line with good practices in QA in higher education and for overall acceptability within the national and international higher education ecosystem. However, there is scope for improving stakeholder consultations in terms of the involvement of professional bodies and employers in CHE's EQA processes to optimally benefit from these stakeholders' input. The review panel noted that one critical group of key role players in higher education that was seemingly omitted in the development of the higher education policy is professional bodies. The interview with the professional bodies and employer representatives highlighted this gap and

an appeal for stronger collaborations with professional bodies was made, especially in discipline-specific areas, and a better involvement of this category of stakeholders in the consultation processes of CHE. The review panel noted that this critical observation was already highlighted in the 2025 Situational Analysis Report.

CHE also has a shared function pertaining to the registration of private HEIs that the Registrar, who is based in MoET, performs in consultation with CHE. While the consultative registration process of private HEIs can act as a pre-operational QA mechanism that contributes to upholding the integrity of the higher education system and fosters public confidence in newly established institutions, it can cause operational complications for CHE in the case of conflicting outcomes. Since this consultative registration process is a statutory requirement, it would be advisable that the two entities design a joint manual for the registration of private HEIs and perform a joint registration-audit process, instead of doing it independently, which will lessen unnecessary strain on the institutions and harmonise these processes.

Conclusion

Compliant

Commendations

1. Regular stakeholder consultations and involvement of HEIs and other stakeholders in the design of EQA mechanisms and guidelines.
2. The provision of review documents in electronic format increases efficiency.

Suggestions

1. CHE may consider establishing a structured annual stakeholder forum that brings together professional bodies, employers, and HEIs, to review alignment between QA standards and labour-market requirements for the benefit of national curricular, and to create more systematic opportunities for coordination across sector stakeholders.
2. The review of the programme accreditation standards and assessment rubric should be expedited, and CHE should capitalise on the COL assistance and consider including the review of the audit framework in this project.
3. CHE and the Registrar of private HEIs could design a joint manual for the registration of private HEIs and perform a joint registration-audit process to streamline the registration process.

STANDARD 3. IMPLEMENTATION PROCESSES OF EXTERNAL QUALITY ASSURANCE

Standard: The standards, processes, and procedures for EQA shall be pre-defined, reliable, published, and consistently implemented for purposes of accountability.

Evidence

CHE implements its EQA processes through formally adopted and documented standards and procedures as observed in the Minimum Accreditation Standards (2021), the Institutional Audit Framework for Higher Education (2016), and the Site Visit Guidelines, among others. Programme accreditation, institutional audits, and M&E are conducted in line with the Higher Education Act No. 1 of 2004. Instruments guiding implementation of CHE's EQA processes include the Minimum Accreditation Standards (2021); Institutional Audit Framework for Higher Education

(2016); M&E Framework for Quality Assurance and LQF Initiatives, and Guidelines for HEIs (2024/2025); SER and ERR Templates; Programme Design Manual; Site Visit Guidelines; Training Manual for Reviewers (2019); and Terms of Reference (ToRs) for Panel Members and Chairpersons. These instruments are publicly available and provide structured guidance to institutions and reviewers. The review panel noted that the mentioned instruments, including various other EQA tools, are accessible on the CHE website.

The review panel has noted in the Training Manual for Institutional Audits and Programme Reviews that CHE appoints a member of the Secretariat for each panel to coordinate the review process, i.e., preparing the site visit programme, managing logistics, and steering the process (2019, p. 21). In their interview, the QA Officers of HEIs confirmed the latter and explained that the CHE officer on the panel merely serves as a liaison between panels and institutions, provides clarification and supports reviewers.

The accreditation process starts with the submission of SERs and relevant evidence documents, and CHE screens the submissions for completeness, e.g., the SAR indicates that CHE reviews draft SERs and related documents and offers constructive feedback on gaps, compliance concerns, and areas requiring improvement (Sample SER for Programme Accreditation of Limkokwing University of Creative Technology, 2025; sample of Feedback Reports on Completeness of SERs). Furthermore, panels are identified by CHE and endorsed by institutions, and formal appointments are made. Coordination meetings are held with HEIs before site visits to clarify issues regarding the development of the SER and documentation requirements (Conversation with QA Interns during Site Visit to CHE's Offices). Furthermore, during site visits, interviews are conducted with management, staff, students, alumni, and industry representatives. According to the SAR Team, different cohorts of students (first-years, second-years, and third-years) are involved in the interviews. Before the site visit is concluded, review panels formulate preliminary findings of the review exercise that are shared with institutions' senior management, during debriefing meetings, and subsequently with CHE's executive management. Draft review reports are shared with institutions for factual correction before finalisation (see Part B S5). The HEQAC reviews the final report before the Council makes its decision upon which the outcome is communicated to HEIs. Institutions should then develop improvement plans based on the recommendations that emanated from the review (M&E Framework for Quality Assurance and LQF Initiatives, and Guidelines for HEIs, 2024/2025; CHE Annual Report, 2023-2024). For all review processes, CHE appoints a coordinator to act as a liaison between the panels and the institutions to ensure that the processes are reliable and consistently implemented. Panel members are allocated four months to complete the process (Clarifications Meeting with Chief Executive, Acting Director: QA, and Senior Manager: Research and M&E; Interview with QA Officers of HEIs).

The review panel noted that institutional audits follow a similar process, e.g., submission of the institutional self-evaluation report (ISER) and CHE screening of the ISER for possible clarification of issues, site visit (Tentative Schedule of Activities for the Site Visit of the National Health Training College's Institutional Audit, August 2025), drafting of audit report, factual verification, Council decision, and improvement plan development (Institutional Audit Framework for Higher Education, 2016).

Improvement plans for both programme accreditation and institutional audits should be submitted three months after HEIs received the outcome from CHE (M&E Framework,

2024/2025). According to the M&E Framework, follow-ups on improvement plans form the basis for M&E and is conducted through structured visits by the Planning and M&E Directorate. M&E activities complete the EQA cycle through tracking institutional progress in the implementation of review recommendations and generate data to inform QA-related policy decisions (SAR; M&E Framework, 2024/2025). To demonstrate its efforts in conducting follow-up visits, CHE availed a sample of recent M&E reports for six visits paid to several public and private HEIs between 9-22 April 2024 for follow-ups on the implementation of accreditation and audit recommendations. Additional M&E related evidence documents that the review panel examined included the improvement plan template and a completed improvement plan for programme accreditation recommendations. The improvement plan template makes provision for key information to be provided by HEIs, such as the relevant standard, recommendation as reflected in the report, action to be taken (short-, medium-, or long-term), financial resources committed, responsible officer, evidence/key indicators, and completion date, aimed to check whether HEIs continue to meet the criteria.

Stakeholders, across groups, consistently highlighted the importance of transparency and fairness in CHE's implementation processes but also pointed to systemic delays and resource constraints, such as inconsistent follow-up of improvement plans due to limited staff capacity and increased submissions, as limiting factors (Interviews with QA Officers of HEIs, and Representatives from the Reviewers' Pool). While these concerns have been raised at the interviews, the review panel took note that CHE is aware of these issues and that the Council has started deliberating about them and directed that the Secretariat should develop a roadmap/improvement plan that can guide the implementation of the key findings in the situational analysis report on the review of CHE's QA systems (Minutes of 71st Council Ordinary Meeting, 27 August 2025; Situational Analysis Report on Quality Assurance Systems, 2025; CHE Annual Report, 2023-2024). The review panel observed the Council's acknowledgement of the improvement plan that was presented in its 72nd Ordinary Meeting on 02 September 2025 as well as the KPIs in its 2025-2030 Strategic Plan that cover these issues. Irrespective of these shortcomings, representatives of HEIs acknowledged that CHE's processes are clear and structured (Interview with QA Officers of HEIs).

Analysis

The findings indicate that CHE has established a well-structured and formally institutionalised EQA system, underpinned by legislation and supported by comprehensive standards, frameworks, and operational tools. Processes for programme accreditation, institutional audits, and M&E are clearly defined, sequential, and transparent, with publicly available instruments that provide consistent guidance to HEIs and reviewers. The review panel confirms that the assessment procedures are predefined and published on the Agency's website, which guarantees easy access, not only to HEIs, but also panel members and other stakeholders, to clear and reliable information on its EQA processes.

The review panel confirms that CHE's EQA processes reflect procedural rigour and inclusivity and it meticulously carries out the activities required by ASG-QA Part B S3. The Agency's implementation procedures are evidenced by systematic pre-screening of SERs; formative feedback to institutions; structured site visits; the involvement of diverse stakeholder groups, including multiple student cohorts, alumni and industry representatives in interviews; preliminary verbal feedback; production of the final ERR; and follow-up on improvement plans.

The review panel found the pre-screening of SERs and evidence documents by the Secretariat, a good QA practice as it strengthens the quality of submissions, aids in the early identification of missing information or inaccurate documentation, allowing institutions to address these issues, and it heightens the transparency of the review process.

The findings also show that CHE conceptualises QA as a continuous cycle, with M&E designed to track institutional progress through structured improvement plans and follow-up visits. The use of detailed improvement plan templates and M&E reports demonstrates that mechanisms to close the quality loop are in place, ensuring institutions uphold quality standards and continuously improve post-accreditation. Furthermore, the review panel recognises CHE's efforts to routinely conduct M&E visits to follow up on improvement plans, as observed in the 2024 M&E reports, which fosters accountability. However, the effectiveness and consistency of implementation is constrained by capacity and resource limitations that affect the reliability, depth, follow-up monitoring and developmental impact of EQA processes.

Overall, while CHE's EQA system is conceptually robust and procedurally sound, the review panel recognises that its impact is moderated by operational constraints. The key analytical issue emerging from the findings is the need to strengthen implementation capacity to ensure consistency and sustained quality enhancement. The review panel acknowledges the mentioned constraints but commends CHE for having taken a proactive approach to include these issues as KPIs in its 2025-2030 Strategic Plan, which points to a visionary mindset and long-term strategic planning aimed at continuous improvement.

Conclusion

Compliant

Commendation

1. CHE is commended for embedding M&E as an integral component of the EQA cycle, supported by structured improvement plans and documented M&E follow-up visits.

STANDARD 4. INDEPENDENCE OF EVALUATION

Standard: EQA shall be carried out by panels of external experts drawn from a wide range of expertise and experience.

Evidence

CHE conducts EQA through panels composed of diverse professionals, as confirmed in the interview with the Senior Management Team. In the case of both programme accreditation and institutional audits, the panels consist of four members. Panel compositions are as follows: for accreditation, two academics, a QA specialist, and an industry representative are appointed, while for audits, two senior academics with extensive experience in teaching, research and administration of HEIs and two academics from cognate fields offered by the institution, are contracted (Higher Education Regulations, 2017; Training Manual for Institutional Audits and Programme Reviews, 2019). In addition, where open and distance education programmes are submitted for accreditation or in the case of an institution offering open and distance education programmes, the panel includes an expert on distance pedagogy/andragogy, and for online programmes, an expert on educational technology is appointed, as prescribed in the Higher

Education Regulations. According to these Regulations, the composition and size of the panels may vary depending on the size and complexity of the institution or programme. The review panel noted that students are not currently included in review panels (Higher Education Regulations, 2017).

Reviewers are sourced through a public call for applications, as the review panel noted on CHE's website and Facebook page, or selected from an existing pool/central database of reviewers (Interview with Senior Management Team) or headhunted for specialised fields (Letter to Potential Expert to Request Inclusion in Database). Applications can be hand-delivered or emailed, and the criteria include a minimum qualification of a Master's degree or equivalent in the relevant field; sound knowledge of higher education, QA, and quantitative and qualitative data collection and analysis methods; and industry working experience (Call for Applications on CHE Facebook Page). Calls for experts are typically issued every two years, and when suitable experts cannot be identified locally, CHE may contact other regulatory bodies within the region such as Namibia, Zimbabwe, South Africa, or Zambia (Interview with Senior Management Team). They also indicated that the database is updated regularly to maintain competence and diversity. The review panel has examined the database and observed that it currently includes QA specialists (Lesotho, Eswatini, Mauritius and South Africa), local industry experts, subject specialists from various academic fields (Lesotho and South Africa), and representatives from professional bodies. What the review panel also noted is that some of the specialists are affiliated with regional professional councils and associations.

In terms of the appointment of experts, CHE's QA Directorate identifies potential experts to be approved by the Chief Executive and once approved, the list of proposed panel members is shared with the institution for endorsement, and lastly, the HR Office formally appoints the panel and issues appointment letters and contracts to the experts. The review panel verified the panel appointment process in various documents such as Memo for Approving Panel Members; Letter to Institution for Panel Approval; Panel Approval Letter; Expert Appointment Letter and Contract; and Sample CV and Biography of Expert. The review panel received confirmation from multiple stakeholder groups that HEIs are consulted through a formal request for "no objection" where they should approve proposed experts; however, they are also at liberty to register any objection against any expert with justifiable reasons (Interviews with Senior Management Team, Heads of some Reviewed HEIs/HEI Representatives, and Representatives from the Reviewers' Pool).

Representatives from the Reviewers' Pool confirmed during their interview that training is provided to all reviewers, regardless of prior experience, and includes both panel-specific preparation and broader sessions on IQA and EQA. They further informed the review panel that the training covers evaluation criteria, grading systems, scoring approaches, ethics, and standards to ensure consistency and objectivity. The Senior Management Team stated that the training aims to ensure that reviewers understand the standards, ethical principles, and evaluation procedures. The review panel noted that experts are provided in advance with guidelines and ToRs (Interview with Staff in Charge of EQA Activities; Guidelines for Reviewers). The Institutional Audit Framework for Higher Education specifies the ToRs for reviewers, distinguishing between the roles of panel members and chairpersons. Other documents used in the training of reviewers are the Training Manual for Institutional Audits and Programme Reviews (2019) and Timelines for Reviews.

Institutions are informed of panel compositions to ensure independence and avoid conflicts of interest. The Senior Management Team emphasised that competence, diversity, and independence are safeguarded in the review process whereby experts are required to make conflict-of-interest declarations before the review exercise commences. This was supported by the Representatives from the Reviewers' Pool who stated that reviewers sign confidentiality agreements and are expected to work independently, with CHE staff acting only as facilitators. In addition, experts are also provided with a Code of Ethics as observed by the review panel in the Training Manual for Institutional Audits and Programme Reviews (2019).

Representatives of HEIs acknowledged that independence is respected, but resource limitations sometimes restrict the breadth of expertise available, particularly the inclusion of international reviewers. Moreover, Representatives from the Reviewers' Pool highlighted some challenges they face during reviews which include insufficient qualifications or exposure among some reviewers; lack of expertise and experience in higher education management, especially for audits; high staff turnover at CHE that disrupts continuity; substitute reviewers who are sometimes appointed at short notice; reviewer bias; and insufficient preparation time that leads to superficial outcomes, negatively affecting the quality of reports. They believed these challenges highlight the need for more robust reviewer training, sufficient preparation time, and clearer role definitions.

Analysis

The review panel confirms that CHE has established distinctly defined, regulation-compliant processes for the constitution and management of external review panels in line with the Higher Education Regulations (2017). Experts, external to the institutions under review, are appointed based on set criteria. Panel composition reflects an appropriate balance of academic, QA, industry, and specialist expertise, with flexibility to include experts on distance pedagogy/andragogy and educational technology, where deemed necessary. The inclusion of professionals from diverse fields supports the credibility of evaluation processes.

Reviewer sourcing and appointment processes are transparent and structured, incorporating public calls, an updated central reviewer database, regional recruitment where necessary, and institutional consultation through a formal "no-objection" procedure. The practice for HEIs to endorse panel members strengthens transparency and procedural fairness in panel compositions and safeguards independence, ensuring that institutions can raise concerns about potential conflicts of interest or experts who lack the required experience and skills before site visits take place.

Multiple safeguards, such as conflict-of-interest declarations and confidentiality agreements signed by experts, including the QA Directorate oversight, reflect alignment with principles of impartiality and integrity and improve independence, ethical conduct, and accountability within the review process.

The inclusion of industry representatives on accreditation panels is a good practice which ensures that curricula are in conformance with current workplace demands and that adequate facilities are available, especially for professional or technical programmes. In addition, the review panel found that although international experts are currently excluded from CHE panels, the consideration of experts within the region may provide sufficient exposure to comparative perspectives and international good practices.

While reviewer orientation and training mechanisms are in place, stakeholder feedback highlight implementation challenges, including uneven reviewer expertise, limited preparation time, and reliance on short-notice substitutions of experts. The review panel acknowledges the concern that some experts serving on institutional audit panels sometimes lack expertise and experience in higher education governance, which may weaken the depth of evaluations. In addition, the absence of student representation on review panels restricts stakeholder inclusivity and does not fully align with emerging continental and international QA practices. These constraints suggest that although CHE's regulatory framework and procedures are sound, operational capacity and consistency remain key factors influencing the effectiveness and depth of review outcomes.

Conclusion

Compliant

Commendations

1. Accreditation panels include industry representatives, strengthening relevance and stakeholder engagement.
2. Compulsory signing of confidentiality and no-conflict-of-interest declarations safeguards impartiality.

Recommendation

1. CHE should ensure the appointment of professionals with the required expertise in higher education governance and management to strengthen institutional audit panels and the credibility of audits.

Suggestions

1. CHE could strengthen internal coordination and knowledge management mechanisms within the QA Directorate to safeguard institutional memory and reduce disruptions to review processes caused by staff turnover.
2. CHE may consider including student representatives on review panels to ensure alignment with good international QA practices.

STANDARD 5. DECISION AND REPORTING OF EXTERNAL QUALITY ASSURANCE OUTCOMES

Standard: Reports and decisions made as a result of EQA shall be clear, based on published standards, processes and procedures, and made accessible, for purposes of accountability.

Evidence

As mentioned in Part B S2 and S3, CHE has in place standards for programme accreditation and institutional audits which form the basis for evaluations and decision-making processes (Minimum Accreditation Standards, 2021; Institutional Audit Framework for Higher Education, 2016; Training Manual for Institutional Audits and Programme Reviews, 2019).

The review panel observed that, in practice, ERRs follow a coherent structure, incorporating the purpose of the review, institutional context, composition of the panel, methodology, evidence, analysis and findings, key strategies for improvement, commendations and recommendations,

and culminate in formal accreditation or audit decisions communicated through reports (ERR Templates; Sample ERRs for Programme Accreditation, May 2024 & October 2025; and Institutional Audits, April 2025). The review panel further noticed that CHE's Accreditation Decision Framework consists of five levels, i.e., "Exceeds Minimum Standards", "Meets Minimum Standards", "Partially Meets Minimum Standards", "Does Not Meet Standards", and "Accreditation Withdrawn", with clear descriptions of conditions to be met for each level (Minimum Accreditation Standards, 2021, pp. 35-37).

An examination of the evidence indicated that institutions are given an opportunity to verify factual accuracy prior to finalisation of reports (Sample Letter to HEI on Factual Verification, August 2025; Template for Factual Verification), thereby strengthening the credibility and reliability of outcomes. Section 3.2 of the Minimum Accreditation Standards (2021) and section 2.0 of the M&E Framework stipulate that the evaluation process includes a draft review report shared with the institution to correct factual errors before finalisation, which was confirmed during the interviews with Staff in charge of EQA Activities, QA Officers of HEIs, and Representatives from the Reviewers' Pool. The final report details strengths, areas for improvement, and the accreditation decision.

The review panel noted that CHE has established a structured framework for decision-making and reporting of EQA outcomes (Section 4.0 of the Minimum Accreditation Standards, 2021). The Training Manual for Institutional Audits and Programme Reviews suggests that "Decisions should be made based on consensus among the panel members. If there are differing views, the evidence for opposing arguments must be weighed up and decisions reached according to the most persuasive evidence" (2019, p. 82). Moreover, Representatives from the Reviewers' Pool highlighted that their independence as external experts is reinforced by functional autonomy, use of rubrics, and peer discussions during evaluations. The process is supported by a comprehensive set of documentary evidence that shows Council resolutions pertaining to review outcomes (Sample Council Letters to HEIs on Accreditation Outcomes, August & October 2025; and Institutional Audit Outcomes, April & September 2025), which collectively demonstrate a clear progression from peer review to final decision-making. Members of the HEQAC who were interviewed confirmed that they review evaluation reports, request clarifications when necessary, and recommend approval or non-approval to the Council. The review panel examined minutes of Council meetings that prove the HEQAC's role in the decision-making process (Minutes of Council Ordinary Meeting, 27 August 2025 & 2 September 2025). The Council decision letters reviewed (Sample Council Letter to HEI on Accreditation Outcome, October 2025) provide evidence that CHE communicates outcomes formally, references consideration of HEQAC recommendations, specifies the accreditation level, e.g., Meets Minimum Standards, defines the validity period, and imposes follow-up requirements such as development and submission of improvement plans within three months and application for re-accreditation after two years for new programmes. Such letters demonstrate traceability from review to governance decision and articulate post-decision conditions.

The Higher Education Regulations (pp. 31 & 37) stipulate that the Council's decision should be communicated to institutions within three (3) months of Council's seating. However, the QA Officers of HEIs raised a concern regarding the turnaround time of outcomes that vary considerably. The review panel has noticed in the Minimum Accreditation Standards (2021, p. 35) that reviewers should typically submit a written report to the Secretariat within two weeks after the site visit. However, in practice, outcomes are rarely delivered in under a month and can sometimes take over a year (Interview with QA Officers of HEIs). According to the QA

Officers, the main causes of delay include slow report preparation resulting in late submissions beyond contractual timelines. The slow turnaround time was also highlighted in the Situational Analysis Report meaning that CHE is already aware of the situation. This Report explains that the Council only sits four times a year, which means that if a report misses one Council meeting, it must wait for another 3 months to be presented. Representatives from the Reviewers' Pool informed the review panel that some of them have informally suggested to CHE to introduce post-evaluation feedback loops and surveys to improve EQA processes.

As stipulated in the Higher Education Regulations (2017), the review panel has observed that CHE publishes an updated list of accredited programmes for each HEI as well as their auditing status on its Website, though the full reports are not made publicly available. The Agency argues that the review decision alone is sufficient information as it demonstrates institutional compliance with standards and support continuous IQA improvement, while maintaining confidentiality of sensitive details of HEIs (Interview with SAR Team). In addition, they explained that CHE does not publish outcomes for programmes that do not meet accreditation standards nor does it publish decisions on institutional audits. Student representatives confirmed that they primarily obtain accreditation information from the CHE website, which lists accredited programmes. Institutions also display accreditation certificates, typically in administrative offices as required by the Higher Education Regulations (2017). Some students rely on institutional websites or social media platforms like Facebook for updates (Interview with Student Representative Councils from some Reviewed HEIs; HE Regulations, 2017). However, student representatives further explained that awareness of programme-level accreditation remains generally low among students. Many students tend to focus on whether the institution is accredited rather than verifying the accreditation status of individual programmes. In some instances, students are entirely unaware of accreditation activities, underscoring the need for improved communication and awareness initiatives for the student population.

Analysis

The review panel confirms that CHE's decision-making and reporting processes are generally grounded in established legislative and procedural frameworks. The Minimum Accreditation Standards and shared review reports indicate the use of criteria-based assessments guided by explicit performance thresholds, scoring criteria, and categorised outcomes, applied consistently across evaluations to ensure objectivity and comparability of judgements. In addition, this approach guarantees consistency and standardisation in judgements across review panels, minimising variability and enhancing the reliability and comparability of accreditation outcomes.

CHE's multi-stage decision-making approach is clearly defined and progresses systematically from peer review through factual verification to consideration by the HEQAC, and finally to a binding decision by the Council, thereby ensuring a structured and coherent decision-making pathway. The review panel acknowledges that CHE has in place the standard practice of granting the evaluated HEI a formal opportunity to correct factual errors before a report is finalised, which is a commendable safeguard that enhances the accuracy, credibility, and fairness of the process. In addition, Council decision letters are well articulated, specifying accreditation levels, validity periods, and follow-up actions, thereby reinforcing accountability and clarity in reporting outcomes. The decision outcomes and relevant information are subsequently disseminated

through official communication channels and online platforms, contributing to transparency and public accountability.

However, the review panel has concerns regarding the timeliness, transparency, and completeness of reporting. Although the Minimum Accreditation Standards (2021) provide indicative timelines for submission of review reports, in practice, delays in report finalisation and Council decision-making processes result in extended turnaround times, sometimes exceeding expected durations. Such delays may affect institutional planning cycles and reduce stakeholder confidence in the responsiveness of the Agency. Furthermore, while CHE publishes lists of accredited programmes, the absence of publicly accessible full ERRs and limited disclosure of negative accreditation outcomes constrain the level of transparency expected under ASG-QA Part B S5.

The review panel also found that stakeholder awareness, particularly among students, regarding programme-level accreditation remains limited, highlighting the need for more proactive communication strategies. As a regulator of higher education, it is CHE's responsibility, in collaboration with HEIs, to ensure that students have an opportunity to participate fully and widely in IQA structures and EQA activities, as students are key drivers of the quality of their education.

Overall, to a large extent, CHE has demonstrated substantial alignment with ASG-QA Part B S5 in terms of structured processes, clarity of decisions, and internal consistency in EQA decision-making. Nonetheless, improvements are warranted in enhancing public accessibility of ERRs, and by ensuring timely communication of outcomes. Strengthening these aspects would augment comparability, reliability, and trust in CHE's decision-making processes across different panels, programmes and institutions.

Conclusion

Partially compliant

Commendations

1. CHE applies a structured decision pathway that distinguishes technical review, factual verification, committee recommendation and Council decision-making.
2. CHE publishes a list of accredited programmes for each HEI, including the EQA outcome. Even though ERRs are not published, this is a commendable practice as it shows the trustworthiness of the process and CHE's answerability to stakeholders.

Recommendation

1. CHE should consider publishing a concise overview (e.g., commendations, recommendations or areas for improvement) of ERRs together with the outcome while protecting confidential information where appropriate.

Suggestions

1. CHE should strategise on the most appropriate ways to adhere to EQA timelines, while ensuring flexibility only for justified exceptional circumstances.

2. CHE should identify ways to educate students on EQA and increase engagement with the broader student community through sensitisation campaigns like forums or assemblies.

STANDARD 6. PERIODIC REVIEW OF INSTITUTIONS AND PROGRAMME

Standard: EQA of institutions and programmes shall be undertaken on a cyclical basis.

Evidence

CHE has clearly defined cycles for programme accreditation and institutional audits as prescribed in the Minimum Accreditation Standards (2021) and Institutional Audit Framework for Higher Education (2016). In CHE's Minimum Accreditation Standards, an accreditation cycle is defined as "a period or time interval after which mandatory programme accreditation takes place" (2021, p. 5), while the Institutional Audit Framework for Higher Education (2016) states that institutions audited during the first cycle will again be audited during the second cycle of audits, demonstrating the periodicity of these exercises.

In terms of CHE's review cycles, the review panel learnt that programme accreditation cycles are differentiated between new and existing programmes. New programmes are granted accreditation for two years initially (Minimum Accreditation Standards, 2021). This provisional period allows HEIs to operationalise the programme and after the expiry of the two-year accreditation period, it is regarded as an existing programme and is then subjected to the standard accreditation cycle of five years (Interview with SAR Team). The review panel observed on the CHE Website an example of this practice where a programme was granted accreditation for a two- and five-year period respectively, i.e., July 2022–June 2024 and October 2024–June 2030. In three other instances, the review panel noted Council resolutions which state that the concerned HEIs should re-apply for re-accreditation after two years since these were new programmes (Minutes of 71st Council Ordinary Meeting, 27 August 2025 & 72nd Council Ordinary Meeting, 02 September 2025). Existing programmes are accredited for a period of five years from the outset, which is similar to the institutional audit cycle (Minimum Accreditation Standards, 2021, p. 40). The review panel learnt that the five-year audit cycle provides institutions with sufficient time to implement improvement plans, strengthen their IQA systems, and address recommendations identified in audit reports (Interview with SAR Team).

Representatives of HEIs who were interviewed, confirmed that institutions undergo re-accreditation, but extensions are sometimes requested due to delays (Interviews with Heads of some Reviewed HEIs/HEI Representatives, and QA Officers of HEIs). The HEIs' Heads further emphasised that accreditation and re-accreditation remain mandatory under CHE's standards and guidelines, with re-accreditation being treated similarly to the accreditation of programmes, as the review panel learnt from the QA Officers. They argued that the duplication of these processes adds to their workload and recommended that a longer accreditation cycle for new programmes and differentiated criteria for new versus re-accredited programmes be considered.

The review panel noted that many HEIs fail to meet re-accreditation timelines, and frequent extension requests and confusion about reaccreditation cycles highlight gaps in institutional understanding and compliance (Interview with SAR Team). Apart from the evidence observed in terms of the two- and five-year re-accreditation period that applies to new programmes, and

consistent with the reporting in the SAR, the review panel could not find a clear trace of the five-year cyclical reviews during the examination of the available review reports.

Analysis

The review panel affirms that CHE has formally defined review cycles within its regulatory framework, which require programmes and institutions to undergo repeated reviews within defined periods and implement improvement plans as part of an enhancement-led evaluation approach. The stipulated validity period for institutional audits is five-years, while there are differentiated cycles for programme accreditation, i.e., two years for new programmes and five years for existing programmes. New programmes are accredited for a period of two years after which they are subject to re-accreditation for five years. Although no evidence could be found of a clear trend demonstrating five-year cyclical reviews being conducted by CHE in practice, the re-accreditation of new programmes after two years shows some form of periodicity, demonstrating CHE's responsibility to assist HEIs to take accountability by adhering to and maintaining high standards over time and by fostering further development of continuous quality improvement.

Overall, while CHE has established a credible framework for periodic reviews, gaps in consistency of application, timeliness of re-accreditation, and strategic use of differentiated review approaches were noted. The review panel acknowledges the QA Officers' concern regarding the repetitive nature of accreditation and re-accreditation processes that becomes an administrative burden for HEIs. The review panel also tends to agree with their recommendation to extend the accreditation cycle for new programmes, which will ease, not only HEIs' workload, but also CHE's job that currently functions with an under-staffed QA Directorate (see Part B S4 and Part C S7).

The review panel notes that these constraints relate to inconsistencies in implementation, documentation, and traceability of periodic reviews in practice, which might be due to CHE's EQA processes that focus mainly on evaluating new programmes that must be re-accredited after two years, neglecting the five-year cyclical reviews.

Conclusion

Partially compliant

Commendation

1. The differentiation between new and existing programme accreditation cycles reflects a structured and context-sensitive QA approach.

Recommendation

1. CHE should strengthen implementation of the five-year periodic review cycles, ensuring that re-accreditation and audit timelines are adhered to in practice.

Suggestion

1. CHE should consider extending the accreditation cycle for new programmes which may ease their workload and encourage HEIs to comply with the five-year review cycles.

Standard: The procedure for lodging complaints and appeals shall be clearly defined and communicated to the institution concerned.

Evidence

CHE has an appeals policy, originally developed in 2018 and subsequently revised in April 2022 (Revised Appeals Policy on CHE Quality Assurance and LQF Services, 2022; Interviews with Chief Executive and Chairperson of the Council, Senior Management Team, and QA Officers of HEIs). The SAR states that the policy was developed in consultation with stakeholders and applies to both EQA processes and matters related to the LQF. Following approval by CHE's governance structures, the policy was disseminated through official channels, i.e., the CHE Website, where it is publicly accessible. However, upon verification, the review panel noted that it is only the old version of the policy that is available on the CHE Website, which is seemingly the 2018 version as it is undated.

The Appeals Policy defines an appeal as "a formal request by an unsatisfied person, organization or institution that CHE undertakes an investigation to review its decision following a quality assurance intervention, either review of a programme, tuition provider, [or] audit of an institution …" (2022, p. 3). The SAR explains that clients may appeal any decision deemed irregular, irrational, or unfair, which is in line with the provision in the Appeals Policy that states that CHE acknowledges the right of its clients to appeal against decisions made during its EQA interventions (2022, p. 4). During the site visit, the CHE management confirmed that HEIs may formally submit appeals through the established mechanism (Form A – Notice of Appeals), with matters directed to CHE structures, including the HEQAC, and institutions given the opportunity to present their case (Interview with Senior Management Team).

This QA Officers of HEIs affirmed that there is an appeals process in place. The policy prescribes the seven-stage appeals process as follows: (1) receipt of the appeal and acknowledgement of the notice of appeal (Form A - Notice of Appeals) to the appellant within seven working days; (2) registration of the appeal in the Appeals Register; (3) constitution of the Appellate Body (a designated committee constituted specifically for each appeal whose members were not involved in the original decision) within a period of one month after the appeal has been lodged; (4) appeal hearing within a reasonable period without delay; (5) decisions of the Appellate Body which it may present immediately or reserve until or before the expiry of 30 working days; (6) outcome of the Appellate Body which will be communicated in writing to the appellant within seven working days after the decisions were made; and (7) communication of the outcome of the appeal in writing to the Council for endorsement before it is communicated to the appellant.

Through the interviews, the review panel noted that appeals are channelled through the HEQAC assisted by the Legal and Corporate Secretary (Interviews with Chief Executive and Chairperson of the Council; and SAR Team).

Furthermore, the Appellate Body is appointed on an ad hoc basis based on the issue at hand and comprises of one or more persons independent from CHE. Possible areas of expertise that are considered in the composition of the Appellate Body are understanding of legal issues and the discipline in question; QA expertise; and knowledge and understanding of higher education. The policy makes provision for the Appellate Body to co-opt a maximum of two professionals, if deemed necessary, depending on the complexities of the case at hand. Co-opted members

should be independent of the expert panel whose work is being appealed (Revised Appeals Policy on CHE Quality Assurance and LQF Services, 2022).

Pursuant to the Appeals Policy, all appeals are adjudicated by the Appellate Body that holds the authority to amend, confirm, or set aside decisions of CHE, and to remit the matter to CHE's internal processes if it considers it to be in the best interest of the parties involved. The SAR explains that the Appeals Register aids in tracking and monitoring the progress and outcomes of appeals. However, the review panel could not confirm the existence of an appeals register as such document was not included in the evidence dossier nor is it available on the CHE Website. The appellant bears all costs associated with the appeal and any related incidental expenses (Revised Appeals Policy on CHE Quality Assurance and LQF Services, 2022), which was identified as a cost burden that may deter the lodging of legitimate appeals (Interview with QA Officers of HEIs).

The review panel learnt that since the implementation of the Appeals Policy only one HEI has lodged an appeal against accreditation decisions concerning three of its programmes. All procedural requirements were followed: the grounds for the appeal were submitted, an Appellate Body was constituted, and all relevant documentation was reviewed. The Appellate Body upheld CHE's original decision for two programmes and overturned the decision for the third (Letter to HEI on Accreditation Outcome, January 2019; Appeal Letter from HEI, February 2019; Letter to HEI with Dates for Appeals, April 2019; Appeals Reports from Appellant Body dated May 2019, & June 2019). However, interviewees noted that sometimes the Appellate Body may lack sufficient subject-matter expertise in specialised areas such as curriculum design for doctoral programmes, and that the frequency of complaints [appeals] has increased in recent years, including instances related to the granting of provisional accreditation (Interviews with Chief Executive and Chairperson of the Council, and QA Officers of HEIs). They reasoned that the appeals mechanism must be strengthened and training for experts improved.

With regards to a mechanism for lodging complaints, the review panel observed that the Higher Education Act of 2004 mandates CHE to appoint independent evaluation panels to investigate cases where circumstances arise at a HEI that involve financial or other maladministration of a serious nature, serious undermining of the effective functioning of a public HEI, or when an investigation is in the interest of higher education in an open and democratic society. The outcome of an investigation should be formulated in a written report and submitted to the Minister of Education and Training suggesting appropriate measures, which may include closure of an institution or conversion of a private HEI into a public one. The Act further prescribes that independent evaluation panels are appointed for a period of not more than two years. Students reported that at some HEIs, they submit their complaints to the IQA office, and in certain cases, complaints are escalated from IQA offices to CHE (Interview with Student Representative Councils from some Reviewed HEIs). Apart from the provisions on independent evaluations in Part VII, sections 45-47, in the Higher Education Act, and Section 35 of the revised Higher Education Regulations, the review panel confirms that no explicit guidelines or procedures for addressing complaints were found in the evidence dossier.

Representatives of HEIs expressed confidence in CHE's independence when handling complaints, "even against powerful public universities". They noted that CHE protects students' rights through transparent, evidence-based procedures and a dedicated complaints office, which ensures fairness and shields students from retaliation.

The review panel noticed with concern that stakeholders use the terms 'complaints' and 'appeals' interchangeably as remarked that "CHE's Appeals Policy outlines the procedures for lodging complaints and appeals and guidelines are available to institutions" (Interviews with Senior Management Team; and QA Officers of HEIs). However, the Appeals Policy and procedures explicitly cater for appeals, i.e., cases where a decision or outcome pertaining to an external review is queried.

Analysis

CHE has a formal, documented, and publicly communicated Appeals Policy, including procedures, that was developed through stakeholder consultation and approved through its governance structures. Stakeholders, such as HEIs, who are the key users of this policy are aware of it and use it, when deemed necessary. The existence of the Appeals Policy, the defined timelines, and the use of an independent Appellate Body reflect a structured approach to managing complaints and appeals. The fact that a real appeal has been processed and resulted in differentiated outcomes for two programmes demonstrates that the mechanism is operational.

The review panel confirms that provisions for independent evaluation panels to address complaints from institutions and the public are made through the Higher Education Act and Higher Education Regulations.

However, three gaps limit full compliance with the standard. Firstly, the Appellate Body is not systematically constituted with subject-area expertise relevant to the nature of the appeal, which undermines the substantive quality and credibility of adjudication in technically complex cases, as observed by QA Officers of HEIs during the site visit. Secondly, the policy places all cost of an appeal on the appellant, a provision that may structurally disadvantage smaller or financially constrained institutions and create a barrier to the exercise of appeal rights that the standard intends to protect. Thirdly, the evidence does not confirm the existence of a clearly articulated policy or system and procedures for handling complaints.

While the review panel acknowledged that contexts and terminology differ, the panel found it concerning that CHE does not differentiate between complaints and appeals, which might be a contributing factor to the absence of a clearly articulated complaints policy or procedures and guidelines for handling complaints. The growing frequency of complaints, noted by QA Officers of HEIs during the site visit, underscores the need to address this structural gap.

Conclusion

Partially compliant

Commendation

1. CHE has established a formal Appeals Policy, including clearly articulated procedures, that is publicly available on its Website, and there are provisions for independent evaluation panels to address complaints from stakeholders through the Higher Education Act and Higher Education Regulations.

Recommendations

1. CHE should ensure that the Appellate Body is constituted with members who hold relevant subject-matter expertise appropriate to the nature of each appeal, to safeguard the substantive quality and credibility of appeal decisions, particularly for technically complex or specialised programmes.
2. CHE should review the policy provision that places all appeal costs on the appellant, with the aim of removing or mitigating financial barriers that may prevent institutions from exercising their right to appeal, thereby strengthening the accessibility and fairness of the appeals system.
3. CHE should establish and publicly communicate clearly defined procedures for addressing complaints raised by stakeholders, distinct from the formal appeals process applicable to HEIs.

PART C: INTERNAL QUALITY ASSURANCE FOR QUALITY ASSURANCE AGENCIES

STANDARD 1. LEGAL STATUS

Standard: The QAA shall be an autonomous legal entity with clearly defined mandate, scope and powers. It will be recognised as a QAA at a national/regional level.

Evidence

The Higher Education Act (Act No. 1 of 2004) makes provision for the establishment of a competent body to regulate the higher education sector in Lesotho. Subsequently, CHE was created as a body corporate, having its own legal rights and responsibilities. Pursuant to the Act, CHE has the right to sue, buy and sell property, enter into contracts, and borrow and lend money with the consent of the Minister of Education and Training in consultation with the Minister of Finance and Development Planning. The Act sets out CHE's roles, responsibilities and operational framework, including funding for its activities which forms part of MoET's budget.

CHE's scope of operations applies to both public and private HEIs in Lesotho as outlined in its enabling legislation (Part II, Section 5 (1) and (2)), which mandates the Agency to:

- monitor the implementation of the policy on HEIs.
- publish information regarding developments in higher education.
- advise the Minister of Education and Training on any aspect of higher education on its own initiative, or when requested by the Minister.

CHE's advisory role to the Minister of Education and Training includes advice on quality promotion and QA; teaching and research; the structure and planning of the higher education system; a mechanism for the allocation of public funds; the appropriate incentives or imposition of sanctions such as diminution or withdrawal of government funding, downgrading, termination of a programme or even closure of an institution; student bursaries; and governance of HEIs and the higher education system (Higher Education Act, Part II, Section 5 (4); Higher Education Regulations, 2017). In the interview with the Ministerial Representatives, it was confirmed that CHE operates independently in the daily running of its affairs, but in terms of its advisory role on the termination of a programme or closure of an institution, the Minister of Education and Training may intervene in exceptional cases, by directing that improvement measures are considered to avoid disrupting students' academic careers. They further confirmed that MoET generally allows CHE to function autonomously within its legal framework

(Interview with Ministry Representatives). For instance, the review panel learnt about a case where CHE has advised the Minister of Education and Training to close a certain HEI, hence CHE can influence the Minister depending on the merit of the case and provided that the evidence is robust (Interview with Chief Executive and Chairperson of the Council).

Furthermore, through the HEQAC, CHE has the sole mandate in Lesotho to promote QA in higher education; audit the QA mechanisms of HEIs; accredit programmes; issue a certificate of accreditation of higher education; and monitor and evaluate the performance of academic programmes and HEIs (Higher Education Act of 2004; SAR; Interview with Ministry Representatives) (see ASG-QA Part B S1). The QA mandate of CHE is further strengthened in the Higher Education Policy, approved by the Lesotho Cabinet in 2013, that directs that "quality standards, norms of operation and monitoring mechanisms set by HEQAC form broad quality frameworks within which HEIs must operate" (p. 48).

The review panel noted that public HEIs sometimes tend to show resistance to EQA requirements, which stem from their status granted to them through Acts of Parliament (Interview with Chief Executive and Chairperson of the Council). However, based on the importance of CHE's work and the value it adds to the higher education sector, both public and private HEIs do largely acknowledge CHE as a competent QA body in Lesotho, and they are satisfied with and highly appreciative of the Agency's work (CHE Strategic Plan 2025-2030, p. 12), as emphasised by the Heads of some Reviewed HEIs that "HEIs accept CHE as the statutory regulatory authority established under law" and that "institutions acknowledge CHE's positive impact, consistency, integrity, and recognition of qualifications".

In addition, according to the Ministerial Representatives who participated in the interviews, CHE is recognised nationally, regionally, and internationally through its participation in QA networks, conferences, and collaborations with regional counterparts. For example, CHE is an active member of various regional and international QA networks such as the Southern Africa Quality Assurance Network (SAQAN), African Quality Assurance Network (AfriQAN), ACQF, African Qualification Verification Network (AQVN) and INQAAHE, which further enhances CHE's credibility, nationally, regionally and internationally (Proofs of Membership Payment).

However, despite of CHE's defined mandate, roles and responsibilities outlined in the Act, the SAR states that "the legislative environment remains a significant challenge, [as] the Act governing CHE is outdated and misaligned with current higher education trends and QA standards, while delays in gazetting the approved HE Regulations hinder effective enforcement." (p. 26). In addition, the review panel took note of some other legislative challenges mentioned by different stakeholder groups, such as mixed mandates between CHE and other Ministerial departments, creating potential overlaps and confusion; and delayed policy development and approval because all policies must pass through the Minister of Education and Training, which unnecessarily stretch limited resources and sometimes cause misunderstandings and bottlenecks (Interviews with Ministry Representatives, Heads of some Reviewed HEIs/HEI Representatives, and Chief Executive and Chairperson of the Council). Moreover, the review panel has noted that amendment of the Higher Education Act has been pending for over two years, occasionally complicating enforcement, and delaying reforms needed to align with modern trends, clarify responsibilities and reduce overlaps (Interview with Chief Executive and Chairperson of the Council).

Analysis

Based on the evidence studied and information gathered during the interviews, the review panel concludes that CHE is an independent legal entity as described in its establishing law, the Higher Education Act, with clearly assigned powers to monitor and promote quality in higher education. The Agency is the only national QA body operating in the Kingdom of Lesotho and is generally embraced by its stakeholders, including the government and HEIs, as the body that oversees higher education quality in the country. It should be noted and the review panel confirms that all stakeholders interviewed are content with the work done by CHE and its role in promoting the standards and values of higher education quality.

Its authority on matters that fall within its mandate is recognised and respected by the higher education community, including MoET, e.g., the case where one institution was closed based on CHE's informed advice to the Minister of Education and Training.

CHE's recognition as a competent QAA expands beyond the borders of Lesotho, boosted by its affiliation with SAQAN, AfriQAN, ACQF, AQVN and INQAAHE. The review panel found this association with regional and international QA networks commendable and encourages the agency to maintain good standing and cooperation with these reputable bodies.

A matter of concern to the review panel is the outdated legislative framework, including the Higher Education Policy, that guides CHE's operations that does not align with the changing higher education landscape, has perceived mixing mandates and often cause delays in policy development and approval. However, the review panel confirms that these drawbacks do not prevent CHE to continue delivering on its principal mandate of promoting and ensuring quality higher education in Lesotho.

Conclusion

Compliant

Suggestion

1. The amendment of the Higher Education Act, review of the Higher Education Policy, and gazetting of the Higher Education Regulations should be expedited to ensure the effective and efficient operation of CHE.

STANDARD 2. VISION AND MISSION STATEMENT

Standard: The QAA shall have written and published vision and mission statements or objectives taking the higher education context into account.

Evidence

CHE's vision and mission are as follows (CHE Website; CHE Strategic Plan 2025-2030):

"By 2030, CHE will be a highly transformational and impactful Quality Assurance regulatory body internationally." (Vision)

"To promote inclusive participation, innovation and life-long learning through Quality Assurance in Higher Education, and global recognition of Lesotho Qualifications." (Mission)

The vision underscores QA as the central mechanism through which CHE seeks to transform higher education at both the national level and beyond, while the mission commits the Agency to advancing inclusivity, fostering innovation, and promoting lifelong learning, all firmly anchored in the principles of QA (CHE Strategic Plan 2025-2030).

The review panel has noticed that these high-level statements (vision and mission) are clearly visible on the CHE Website. The review panel also observed that the vision and mission, including the Agency's core values (i.e., Integrity, Accountability and Transparency, Commitment to Quality Education, Innovation, Professionalism and Partnerships) are displayed in its boardroom. Moreover, the mission statement appears not only on the home page (e.g., "Home" and "About Us") of the CHE Website, but also on each subsequent landing page, ensuring that stakeholders and visitors to the Website are instantly informed of and reminded about what CHE stands for. Other platforms through which CHE's vision, mission and core values are communicated include roadshows, consultations, brochures, and social media, as confirmed by the Senior Management Team in their interview.

While CHE's QA model acknowledges that HEIs are ultimately responsible for the quality of their offerings through the implementation of their own IQA processes (CHE Website), the Agency publicly announces and confirms on its Website that it supports HEIs in their quest for continuous enhancement through its EQA processes, which includes the development and assessment of standards that measure quality and constitute the core of quality assessment.

CHE's 2025-2030 Strategic Plan (developed in consultation with key stakeholders through interviews and questionnaires, namely MoET, National Manpower Development Secretariat, Heads of HEIs, QA Officers of institutions, and professional bodies, i.e., Lesotho Institute of Accountants and Lesotho Nursing Council, among others) reflects its vision and mission (p. 17) that, together, provide the foundation for its strategic goals, which are systematically elaborated and operationalised in the Strategic Plan to guide its activities and priorities (Interview with Senior Management Team). The specific objectives of the 2025-2030 Strategic Plan, as cited in this document, are to provide a solid basis for annual operational plans, for tracking of the Agency's performance, and for implementation of its staff performance management system (CHE Strategic Plan 2025-2030, p. 7). The Strategic Plan identifies four strategic goals and related KPIs and targets: (a) Improve engagement and nurture strategic partnerships with stakeholders (e.g., number of comprehensive M&E reports on performance of partnerships, number of memoranda of understanding (MoUs) with professional bodies reviewed); (b) Strengthen operations to enhance efficiency and sustainability (e.g., Higher Education Regulations gazetted, amendments to Higher Education Act approved by Parliament, number of quality audit reports produced and M&E visits conducted); (c) Enhance organisational capacity and leadership to drive excellence (e.g., number of QA staff trained and professionally certified, number of reviewers well trained, annual performance review of Council members); and (d) Strengthen resource mobilisation for financial sustainability (e.g., resource mobilisation strategy approved by Council, 100% increase in CHE subvention by 2030, approval and implementation of QA fees/levy, 100% funding allocation for CHE new office building; develop and operationalise a funding model for HEIs). The Strategic Plan also indicates the different role players responsible for certain KPIs, timelines, key risks and mitigating factors.

the Strategic Plan is systematically cascaded into annual implementation plans, in the form of balance score cards, which translate the Agency's vision and mission into activities, and

actionable, measurable objectives and targets to aid in the operationalisation of its strategic goals (Balanced Score Card (BSC) for 2025-2026). CHE publishes annual reports detailing institutional performance, achievements and areas for improvement, reinforcing accountability (Annual Report 2023-2024). According to the Finance Department and HR Staff with whom the review panel met, CHE's strategic objectives are mainly achieved through activities and processes centred around programme accreditation and institutional audits, which form the core of its mandate and directly support its mission of safeguarding higher education quality. In terms of government support for CHE to achieve its vision, mission and strategic objectives, the Ministerial representatives confirmed in their interview that MoET acknowledges CHE's role and "is working towards increasing budget allocations to better support its mandate" (Interview with Ministry Representatives).

Analysis

The review panel confirms that CHE has a well-articulated vision and mission that are publicly displayed on its Website and in its boardroom. These high-level statements clearly portray CHE's mandate pertaining to QA in higher education and drive its strategic direction, especially regarding programme accreditation and institutional audits. Both statements emphasise the Agency's aspiration to play a key role in transforming the higher education ecosystem not only at national but also at international level. The review panel found this to be commendable and encourages CHE to continue seeking collaboration opportunities with well-known and reputable partners, be it QA networks and/or agencies, donors, HEIs, etc., to enhance its chances to fully realise its vision and mission.

CHE's proclamation on its Website about its continuous support to HEIs to build strong IQA systems, demonstrates its commitment to HEIs and the country at large, to have a positive impact on and transform HEIs to be catalysts for life-long learning through its EQA mechanisms, which is in commensuration with its vision and mission. Furthermore, the consultative approach CHE follows to involve key stakeholders, such as MoET, HEIs and professional bodies, by means of interviews and questionnaires in its strategic planning process, attests to the Agency's mission for inclusivity in pursuit of ensuring quality higher education.

The review panel confirms that CHE's strategic plan is current, for the period 2025-2030, and is firmly grounded in its vision and mission, providing a clear, long-term roadmap to the Agency that defines its core purpose and guides decision-making. In addition, the review panel acknowledges that the 2025-2026 BSC provides information on CHE's progress regarding the strategic objectives, specific actions and target values of the KPIs to be achieved. However, there is need for the BSC to be expanded to clearly indicate responsible staff/unit and the estimated resources required to translate the BSC from a static reporting tool into an actionable execution plan for the sake of accountability and successful implementation of the Agency's strategic goals.

Conclusion

Compliant

Commendation

1. CHE consults its key stakeholders, i.e., MoET, HEIs and professional bodies, in its strategic development processes by means of interviews and questionnaires to incorporate their feedback into its strategies and plans.

Suggestions

1. The review panel encourages CHE to operationalise the implementation of its strategic goals and objectives to eliminate the identified gaps and continuously improve in these areas.
2. CHE should expand the BSC to include responsible staff/unit and estimated resources required so that assigned staff can take responsibility for the execution of certain KPIs and so strengthen the implementation of its strategic goals.

STANDARD 3. GOVERNANCE AND MANAGEMENT

Standard: The QAA shall have clearly defined structures that ensure sound and ethical governance and management, including good practices of QA that support its mission and legal mandate.

Evidence

The Higher Education Act No. 1 of 2004 provides for and outlines the modalities for the establishment, composition and functions of CHE's governance and management structures. Its governance structure comprises a 12-member Council, of which the Chairperson is appointed by the Head of State on the advice of the Prime Minister, eight members are appointed by the Minister of Education and Training, and three officials who serve on Council in an ex-officio capacity, i.e., the Principal Secretaries of MoET and the Ministry of Finance and Planning respectively, and the Chief Executive who is also the Secretary to the Council and the Executive Committee (EXCO) of the Council.

Council membership should ensure broad representation of the Higher Education system in Lesotho; deep knowledge and understanding of higher education matters and research; commitment to excellence in higher education; and experience in public affairs and such other qualities of mind as to enable Councillors to discharge their duties according to the highest professional standards (Section 6, Higher Education Act of 2004; CHE Website). Furthermore, the Chairperson holds office for a period of five years, while the rest of the members has a four-year tenure. All Council members are eligible for re-appointment but not for more than two consecutive terms. The Higher Education Act (Section 8, (b) & (c)) and the Governance Policy and Council Charter (2021) also prescribe conditions that will result in the termination of Council members' tenure, such as missing three consecutive meetings without leave of absence from the Chairperson, removal from an office of trust by a court of law, or conviction of an offence involving dishonesty or an offence for which the sentence is imprisonment without the option of a fine, and declared to be unfit due to physical disability or infirmity of mind, among others.

Apart from EXCO that serves as a standing committee of the Council to make decisions in the intervening period between Council meetings (ToR for EXCO), the Council executes its mandate supported by the HEQAC, and other sub-committees such as the Audit, Finance and Risk Management Committee (AFRMC), Human Resources Management Committee (HRMC), and

ICT Committee (ICTC) (Interview with Chief Executive and Chairperson of the Council). The sub-committees provide oversight and technical guidance in critical areas such as QA, financial management, risk evaluation, technology needs and advancements, HR needs and developments, and review and make recommendations to the Council, ensuring efficiency and accountability (ToRs of Committees). In line with good governance practices, the Council, EXCO and sub-committees must sign an undertaking in terms of the protection of sensitive information from unauthorised disclosure (Code of Ethics for Council Members and its Committees), and before formal discussions start at a meeting, they must declare any conflict of interest concerning a matter to be discussed and recuse themselves from the discussion (Sample Minutes of Council, EXCO & Sub-Committee Meetings; ToRs for EXCO & Sub-Committees; Conflict of Interest Policy, 2017).

The Secretariat operates under a Council-approved organisational structure (Annual Report 2023-2024; CHE Organisational Structure) and is led by the Chief Executive, whose functions are specified in Section 10 of the Higher Education Act. Serving as the operational arm of CHE, the Secretariat oversees the daily management, strategic planning, and execution of the Council's directives. The review panel noted that the Chief Executive hinges on the support of three key directorates, namely QA, Finance, and Planning and M&E, and additional support is provided by the HR Director, the Legal and Corporate Secretary and the ICT Director (Interview with SAR Team). The Conflict-of-Interest Policy (2017) equally applies to the Secretariat staff to ensure they discharge their duties with the utmost care, loyalty, honesty and integrity to enable CHE to effectively achieve its mandate.

The review panel has observed that the Council and the Secretariat are led by qualified and experienced professionals, possessing a wealth of knowledge and skills in corporate governance, QA in higher education, HR management and development, and financial management, among others (CVs of the Chairperson of Council and Chief Executive). In addition, QA related training as well as capacity building workshops on governance and leadership are offered to Council members to strengthen their knowledge and experience in these areas (Interview with Chief Executive and Chairperson of the Council; CHE Website). Moreover, records of Council meetings examined by the review panel, revealed that Council members are subject to annual performance evaluations under four key components, i.e., assessment of the Council as a collective, the performance of Council sub-committees, the performance of the Chairperson of the Council, and the performance of individual Council members (Minutes of 73rd Council [Special] Meeting, 20 November 2025). As per the minutes, the performance evaluation report revealed generally positive perceptions of the Council's governance structures, systems, and processes, though tools to hold members accountable remain limited as was reported during the interview with the Chief Executive and Chairperson of the Council.

In terms of handling and controlling its finances, CHE has a comprehensive financial management framework in place (Finance Policies, 2021; Interview with Finance Department and HR Staff of the Agency), consisting of the following policies and procedures: Internal Controls Policy; Delegation of Authority Policy; Funding and Revenue Policy; Financial Planning Policy; Banking Policy; Procurement Policy; Project Management Policy; Payments Policy; Motor Vehicle Control and Travel Policy; Risk Management Policy; Payroll and Staff Benefits Policy; Accounting Records Policy; Financial Reporting Policy; Audit Policy; and Reserves Policy. Furthermore, CHE's independence and transparency are reinforced by its financial accountability, portrayed in the annual financial audits it undergoes in compliance with the

Public Financial Management and Accountability Act (Act No. 12 of 2011) and the consistent unqualified audit opinions it has achieved over the past decade (Audited Financial Statements 2024/2025)

The review panel has also observed that CHE's good governance practices are further strengthened in its commitment to transparency in its operations through a free flow of information between its various structures from Council to all its stakeholders (Communications Policy and Procedures, 2014), and through the provision of an avenue for all its stakeholders to raise concerns related to malpractice acts, corruption or any other misconduct (Whistleblowing Policy, 2021).

In dealing with issues related to staff misconduct, complaints, grievances, and appeals, CHE has developed Human Resource Rules and Regulations (2021) that provide a structured approach to handle difficulties arising in the employment relationship (Interview with Finance Department and HR Staff of the Agency). The review panel has noted the implementation of these rules and guidelines in a gross misconduct case of a CHE staff member that was discussed by the Council in one of its meetings (Minutes of 72nd Council Ordinary Meeting, 02 September 2025).

Analysis

The review panel confirms that CHE's legal framework clearly defines the roles, composition, and functions of the Council and its supporting structures, thereby contributing to institutional stability, clarity of mandate, and legitimacy. The Council's composition and membership criteria are designed to ensure appropriate expertise, representation, and experience in higher education and public affairs. The staggered tenure of members, particularly the longer term of the Chairperson, is viewed positively as it promotes strategic continuity and institutional memory for the Council for at least one year, should new members be appointed to the successor council. The review panel confirms that the current leaders of the Council and the Secretariat are suitably qualified and experienced to execute their roles efficiently and effectively. The Council is supported by EXCO and several sub-committees, fulfilling a critical specialised role in focused areas such as QA, finance and risk management, HR, and ICT. The review panel confirms that these sub-committees provide relevant technical oversight and contribute to informed decision-making, enabling efficiency.

The review panel found that the framework for CHE's professional conduct is guided by the Higher Education Act, Governance Policy and Council Charter, Code of Ethics, Conflict-of-Interest Policy and a set of guidelines and procedures that are well-established and implemented in practice to ensure that CHE acts in a professional and ethical manner.

Furthermore, annual performance evaluations of the Council and its sub-committees provide a structured approach to assessing governance effectiveness. However, the review panel found that mechanisms to enforce accountability based on these evaluations remain limited, and further strengthening in this area would enhance overall governance effectiveness.

The review panel confirms that the Secretariat operates under a clear organisational structure and has the necessary expertise in QA, finance, Planning and M&E, HR, Legal affairs, and ICT, to support the implementation of CHE's mandate. The application of governance and ethical policies at the level of the Secretariat ensures that staff observe organisational principles and values, which further reinforces institutional integrity and accountability.

CHE demonstrates strong financial governance, supported by a comprehensive framework of policies and procedures. The review panel confirms CHE's compliance with the Public Financial Management and Accountability Act No. 12 of 2011 and acknowledges the consistent record of unqualified audit opinions for ten consecutive years. This provides strong assurance regarding financial accountability, transparency, and sound governance management practices.

The review panel also found that CHE has established mechanisms to support transparency and stakeholder engagement, including communication channels and a Whistleblowing Policy. Evidence indicates that HR policies are applied in practice, including in handling cases of staff misconduct, demonstrating that governance systems are operational and effective.

The review panel affirms that CHE is operating in line with good governance practices executing its mandate with integrity, accountability, transparency and ethical leadership.

Conclusion

Compliant

Suggestion

1. CHE should put in place effective accountability mechanisms and strategies for the Council and its sub-committees to increase alignment between mandate and practice and ensure members take responsibility for their actions and results.

STANDARD 4. INDEPENDENCE OF QUALITY ASSURANCE AGENCY

Standard: The QAA shall be independent in its operations, outcomes, judgements and decisions.

Evidence

CHE's independence is legally guaranteed under the Higher Education Act, 2004, which establishes the Council as a statutory corporate body with the authority to regulate the higher education sector in Lesotho (see Part C S1). The Act defines CHE's governance structures, including the Council and the HEQAC, assigning them explicit functions and powers to manage and promote QA in higher education in the country. CHE preserves its independence through the strong and elaborative governance frameworks and policies it has put in place to establish both operational and functional structures (Governance Policy and Council Charter, 2021) (see Part C S2). Pursuant to Section 10 of the Higher Education Act, CHE is mandated to appoint the Chief Executive. The other staff of the Secretariat are appointed by the Chief Executive to assist in the daily running of the Agency's activities (Recruitment Policy and Procedures, 2010). All employees of the Secretariat are under the direct supervision of the Chief Executive and CHE manages its internal processes, procedures and resources autonomously (Higher Education Act, No. 1 of 2004, p.70). During the interview with the Ministerial representatives, the review panel established that while MoET is represented on CHE's governance structures, it generally allows the Agency to function autonomously within its legal framework. In addition, Council members should sign the Code of Conduct to ensure they act independently and objectively where it concerns the matters of CHE (see Part C S3).

As noted earlier in this ERR (Part B S2), CHE has in place comprehensive standards, frameworks, guidelines and procedures for institutional audits and programme accreditation (Institutional

Audit Framework for Higher Education; Minimum Accreditation Standards; Higher Education Regulations; Site Visit Guidelines for HEIs). The review panel noted that CHE has the authority to conduct its work guided by professional judgement and transparent procedures rather than by external directives, forces or interference (Higher Education Regulations). This ensures that evaluation results are based on evidence collected during assessments, peer reviews and institutional submissions. Observations by the review panel from the meetings held with stakeholders (Interviews with Senior Management Team, Staff in charge of EQA Activities, Heads of some Reviewed HEIs/HEI Representatives, and Representatives from the Reviewers' Pool) confirmed that independent professionals in various fields are appointed for external reviews, and to safeguard independence, conflict-of-interest declarations are signed by experts, and the principle of "no objection" is embedded in the experts' selection whereby HEIs may raise objections to nominated panel members to ensure impartiality (see Part B S3 & S4). In addition, external experts are recruited directly by CHE via a public call (Advert on Call for Experts; Sample Appointment Letters to Panel Members; Internal Memorandum for Approving Review Panel).

It is documented in the Minimum Accreditation Standards (p. 40) that after the review process, the report is shared with the HEQAC that makes recommendations to the Council for the passing of the outcome. The decision of Council, together with the final report is then shared with the institution (Minimum Accreditation Standards, p. 40). Approval of the ERR rests entirely with the Council and does not require external validation or approval by a third party (Interviews with Higher Education QA Committee of CHE, and QA Officers of HEIs). In support of this, and confirmed by the Ministerial representatives, the Secretariat staff assured the review panel that they act fully independently in terms of review outcomes, and emphasised that they strictly adhere to the principle of impartiality as required in the Code of Conduct employees must sign, and that there is no interference from a third party (Clarifications Meeting with Chief Executive, Acting Director: QA, and Senior Manager: Research and M&E). The staff explained that, as coordinators, they only facilitate the review process, which includes ensuring that the outcome is in line with the narrative, analysis and the scoring to guide review panels where necessary; hence, decisions regarding programme accreditation, quality audits or compliance are grounded in established criteria and transparent procedures, free from personal bias or institutional influence (Interview with Staff in Charge of EQA Activities). Members of the HEQAC confirmed their role in reviewing ERRs, ensuring ethical standards are upheld, and making recommendations to the Council for approval or non-approval of review outcomes without external interference (Interview with Higher Education QA Committee of CHE). Moreover, the interviews revealed that HEIs perceive CHE to be independent in terms of the outcomes of its review processes (QA Officers of HEIs).

However, in the interview with the Chief Executive and Chairperson of the Council, they explained that while CHE has the authority to close institutions or programmes that fail to meet standards, final authority for closures and sanctions rests with the Minister of Education and Training, whose involvement can delay implementation. However, they indicated that these are exceptional cases and that CHE retains autonomy in exercising its mandate to protect students by imposing sanctions and prohibiting new enrolments in non-compliant programmes (see Part C S1). The Ministry Representatives who were interviewed affirmed that it is only when it is deemed necessary that sanctions are applied in consultation with the Minister of Education and Training.

Analysis

The review panel confirms that the Higher Education Act grants CHE complete organisational independence. The Agency operates autonomously from its line Ministry and other external interferences albeit that Council appointments are regulated by the government and that it includes MoET representation. The review panel found that CHE reinforces this statutory independence through internal governance instruments such as the Governance Policy and Council Charter (2021), which establish operational and functional autonomy. Furthermore, the Code of Conduct signed by Council members distinctly outlines the principles of objectivity and no-conflict-of-interest, which provides a solid basis for safeguarding CHE's structural independence. The review panel established that the Chief Executive is appointed by the Council, while the Secretariat staff are appointed by the Chief Executive, which allows CHE a high degree of administrative autonomy, including managing its staff and internal operations.

The document analysis proved that CHE is completely independent in determining its EQA practises and experts' appointments. The review panel affirms that CHE's operational independence is supported by comprehensive regulatory instruments, review methods and processes. CHE engages independent external experts through open recruitment processes, supported by safeguards such as conflict-of-interest declarations and a "no objection" mechanism for institutions under review. The review panel considers these measures effective in maintaining impartiality in external review processes.

The review panel confirms that CHE retains ultimate decision-making authority and that outcomes are not subject to external validation. The Secretariat staff affirmed that their role is limited to coordination and procedural facilitation, without influence over substantive judgements. Stakeholder feedback from HEIs generally supported the view that CHE operates independently and impartially in its EQA decisions. However, the continued requirement for Ministerial approval in certain enforcement actions remains a residual constraint on full decision-making autonomy, particularly in relation to the timeliness and finality of sanctions. Considering the evidence collected, the review panel concludes that these issues have no major influence on CHE's independence regarding EQA outcomes. In addition, the review panel understands that this view is shared by the stakeholders, especially HEIs that believe CHE is independent in making the final decision in QA activities.

Conclusion

Compliant

STANDARD 5. POLICIES, PROCESSES AND ACTIVITIES

Standard: The QAA shall undertake its QA activities in accordance with the standards and guidelines articulated in Part B of the ASG-QA.

Evidence

The review panel noted that CHE has established a complete set of policies, procedures, and operational tools to support the implementation of its QA mandate. The documentation reviewed confirmed the availability of key instruments, including QA training manuals for reviewers, audit guidelines, accreditation standards, and integrity mechanisms such as codes of conduct, ToRs for review panel members, and conflict-of-interest declarations. These are

complemented by training manuals for audits and programme reviews, standardised report templates, clearly defined review procedures, and ToRs governing panel composition and appointment processes. Evidence further demonstrates that these instruments are actively applied in operational processes, including panel selection (Sample CVs of Experts; Appointment Letters of Panel Members), site visit coordination (Sample Site Visit Schedule), and report preparation (Sample ERRs). This comprehensive framework underpins the Agency's core functions and provides a structured basis for the conduct of programme accreditation, institutional audits, and M&E activities (see Part B S2, S3 & S4). The standards and procedures have been discussed with HEIs and other stakeholders in various workshops and benchmarked regionally and internationally (Interviews with Chief Executive and Chairperson of the Council; and Heads of some Reviewed HEIs/HEI Representatives).

The review panel noted that the standards are tailored to assess the HEIs' core activities, as required by ASG-QA Part C S5, in terms of teaching and learning, research and community engagement, and cover both financial and human resources as well as physical resources, infrastructural needs, and programme learning outcomes (Minimum Accreditation Standards, 2021; Institutional Audit Framework for Higher Education, 2016; Higher Education Regulations, 2017). An analysis of the lists of accredited programmes and audited institutions based on the website information available at the time of this external review, revealed that between 2020 and 2025, CHE conducted 68 programme reviews, with the number of evaluations varying by year and institution, and one audit.

Furthermore, CHE promotes transparency by clearly defining and publishing its mandate, objectives, and operational scope and key activities through publicly accessible documents, including the accreditation standards and audit framework (CHE Website; Facebook Page; Strategic Plan 2025-2030; Annual Report 2023-2024; Higher Education Regulations, 2017). These documents outline the EQA functions, processes, criteria, and expected outcomes, enabling HEIs and other stakeholders to understand the basis on which institutions and programmes are evaluated (Interview with SAR Team).

The Higher Education Regulations (2017), among others, outlines the main processes followed for external reviews, i.e., EQA application, submission of SER and evidence documents, site visit by expert panel, production of outcome in the form of a report, and M&E activities. As reported in Part B S3, CHE conducts follow-up engagements and consultative meetings to track progress, nonetheless these were described as more recent and not always consistent due to capacity constraints (Interview with QA Officers of HEIs). In addition, some stakeholders perceive CHE as under-resourced and slow, citing delays in programme accreditation, sometimes up to two years (Interview with Professional Bodies and Employers).

The sections on ASG-QA Part B S1-S7 of this report provide detailed evidence on how CHE carries out its EQA activities in the context of Part B of the ASG-QA.

Analysis

The review panel confirms that CHE has clear and comprehensive assessment standards and procedures that it implements effectively through relevant benchmarks, adapted to the core

activities of HEIs. The evidence demonstrated that CHE maintains a documented procedural framework for programme accreditation and institutional audits (including report templates, panel ToRs and training materials). Ethics and integrity instruments (code of conduct, and conflict-of-interest) provide safeguards that support credibility, impartiality and trust. The presence of appointment letters, approval memos and site visit schedules indicates that CHE applies structured administrative processes to constitute review panels and run site visits. Furthermore, the availability of sample final reports and decision letters further indicates that the processes culminate in formal outcomes. These arrangements promote consistency, clarify roles, and support fairness and transparency throughout the EQA cycle. The practice of allowing HEIs to object to proposed review panels further strengthens trust in the integrity and impartiality of the process.

Furthermore, the presence of operational tools and integrity mechanisms enhances the credibility and consistency of EQA processes. Their development is informed by stakeholder consultations, which enhances their relevance, acceptability, and alignment with sector expectations, ensuring fairness and consistency in its own decision-making.

The review panel acknowledges that CHE has developed clear mechanisms and procedures for carrying out its EQA activities in accordance with the references and guidelines set out in Part B of the ASG-QA. See Part B, sections S1 to S7, of this report for the review panel's comprehensive analysis on CHE's compliance with the standards of ASG-QA Part B.

Overall, the review panel is content that CHE demonstrates a strong commitment to procedural rigour; however, the effectiveness of this framework depends on its consistent implementation, regular review and follow-up to ensure continued responsiveness to emerging QA needs. While the number of programme and institutional reviews conducted by CHE in a specific period depends on institutional submissions for these services, the statistical analysis regarding programme accreditation and audits reflects that over a five-year period, CHE has accredited 14 programmes per annum with only one audit conducted. Since EQA is the core business of CHE, the review panel believes that with an increased staff capacity, CHE would be able to increase the number of programme and institutional reviews per year.

Conclusion

Compliant

Recommendation

1. CHE should address operational bottlenecks causing delays in accreditation and inconsistent follow-up by developing and resourcing a clear service charter with defined turnaround times. (See Part B S3.)

Suggestion

1. CHE should consider increasing the number of programmes accredited and institutional audits conducted per year.

STANDARD 6. INTERNAL QUALITY ASSURANCE POLICIES, CRITERIA AND PROCESSES

Standard: The QAA shall have in place policies and processes for its own IQA related to defining, assuring and enhancing the quality and integrity of its activities.

Evidence

The review panel has observed that CHE does not have in place a dedicated IQA framework specifically designed to evaluate and improve its own internal QA processes. However, CHE's governance structures that were established through the Higher Education Act of 2004, ensure that QA activities and processes are conducted strictly in accordance with its legal mandate and adopted QA tools such as the Governance Policy and Council Charter, Conflict of Interest Policy, and the codes of conduct as well as the no-conflict-of-interest declarations signed by Council members, staff, experts as well as consultants (Interview with Chief Executive and Chairperson of the Council). These documents collectively, including the contract between CHE and experts (Sample Signed Contract between CHE and Review Panel Members), require that the Council, Secretariat and experts should act with due care, integrity, efficiency and diligence and in accordance with the best professional standards and practices in their service to CHE (see Part C S3). The review panel noted that while consultants sign no-conflict-of-interest declarations, there are no fixed guidelines for recruiting or managing consultants, and stakeholders recommended that CHE should develop clear standards and guidelines for consultants to strengthen accountability and ethical practice (Interview with Higher Education QA Committee of CHE).

The review panel established that CHE has robust internal governance and administrative systems, and compliance-related mechanisms, including financial controls (Finance Policies, 2021; Audited Financial Statements, 2024/2025; Revised Budget for Financial Year 2025/2026) and an HR Policy and procedures (Recruitment Policy and Procedures, 2010; Human Resource Rules and Regulations, 2021). In compliance with national laws, the Recruitment Policy and Procedures (2010, p. 5) states that CHE "recognises the right of every Mosotho to equal treatment on matters of employment, and to ensure that the recruitment is in accordance with international standards and the Labour Laws of Lesotho". Furthermore, to ensure financial accountability, and in compliance with the Public Financial Management and Accountability Act (2011), CHE is subjected to annual financial audits through the Auditor General's office (Interview with Chief Executive and Chairperson of the Council) (see Part C S3). Some Secretariat staff interviewed (Finance Department and HR Staff of the Agency), noted that CHE currently lacks an internal auditor, but oversight is provided by the external audits.

CHE applies internal performance management and monitoring tools such as strategic plans, performance review reports (Annual Plan Review Report 2024/25; CHE Performance Audit Report 2020/21 – 2024/25), M&E frameworks, BSCs, and risk-based analyses (2025/2025 Risk Profile), including consultative meetings to track institutional performance and guide decision-making (SAR; 3rd Quarter Performance Review Report, October-December 2021/22; Interview with Chief Executive and Chairperson of the Council). The scope of CHE's M&E Framework for QA and LQF Initiatives, and Guidelines for HEIs (2024/2025) is to monitor its performance in relation to its QA initiatives and internal operations, and to provide a general guide to HEIs on

how to develop and implement their own M&E frameworks, among others. The review panel noted that while a full thematic analysis of external reviews has not yet been carried out, through the M&E Framework, CHE intends to produce (1) M&E Reports which is a comparative analysis of programme review reports overtime in different time-periods where data points permit; (2) Impact Study Reports that will be compiled every 10 years on the impact of CHE QA initiatives within the higher education sub-sector; and (3) Reports on the Internal Efficiency of CHE QA Processes whereby data for the reports will be sourced from an analysis of CHE internal processes combined with views of key stakeholders. Reports will comprise one compiled internally within CHE, and another one done by an EQA body, i.e. INQAAHE or AfriQAN.

The Secretariat explained that CHE lacks a formal structured tool for collecting and analysing feedback from external reviewers, employers, HEIs or students regarding its QA activities, but it gathers stakeholder feedback primarily through consultation meetings, roundtable discussions, and higher education fairs (CHE Website and Facebook Page), where institutions, industry, and other stakeholders raise concerns (Interview with Staff in Charge of EQA Activities). Feedback is also collected informally through the M&E processes carried out at HEIs. They further explained that needs-based engagements have increasingly replaced formal consultations, but stakeholder concerns remain central to CHE's adjustments and reforms, and their input is used to review and improve processes (Interview with Staff in Charge of EQA Activities).

The document analysis showed that CHE embarked on a review exercise to reflect not only on its performance but also on management systems and processes, its efficiency, effectiveness and follow-through (Performance Audit Report 2020/21 – 2024/25). Data was generated through a desk review of CHE's operational policies, annual plans, annual reports, minutes of Council and sub-committees' meetings, and Management meetings' minutes; online questionnaires; and interviews with various internal and external stakeholders, i.e., Council members, HEQAC, management, staff, heads of HEIs and other operational levels within HEIs, staff from MoET, and professional bodies, among others. The audit results showed that strategic goals such as forging and nurturing strategic partnerships with stakeholders; developing and implementing QA systems; and strengthening governance, human capital and operations within CHE, were rated medium, while diversifying and intensifying mobilisation of resources for CHE, was a concern, according to the respondents.

The review panel has also noticed that CHE has an ICT Policy (2021), relating to the maintenance of security of information and telecommunications within the Agency; a Communications Policy and Procedures (2014), articulating communication objectives and channels of reaching out to internal and external stakeholders; and a Brand Manual and Guidelines (2019), promoting consistency in maintaining high standards of service quality. However, the review panel observed that some internal policies (e.g., the Communications Policy) are not sufficiently disseminated among CHE staff, and the SAR mentions "limited awareness of some policies" among staff.

CHE maintains transparency in its EQA processes by making QA tools and procedures publicly available (CHE Website), which ensures that the same information is disseminated to stakeholders and the same accreditation and audit standards are applied equally across all institutions. The review panel has also observed that through the Institutional Audit Framework for Higher Education (2016, p. 2) the principles of institutional autonomy, academic freedom,

openness, and public accountability should be promoted and upheld, as set out in the Higher Education Policy of the Kingdom of Lesotho (2013).

Furthermore, EQA processes are supported by structured internal procedures, including the recruitment and training of external reviewers and use of standardised tools (see Part B S4). All panel members should meet set criteria and are furnished with ToRs, guidelines for reviews, and support documents and templates that should be followed in the execution of their tasks. Embedded in the external review processes are compulsory briefing sessions before the commencement of site visits (Interviews with Representatives from the Reviewers' Pool, and Staff in Charge of EQA Activities) (see Part B S4).

Transparency in the review process is enhanced by sharing the draft ERR with HEIs for factual verification, using a standard form (Factual Errors Template), and by involving the Council in vetting the end results of reviews. In addition, the review panel has noticed that as part of the presentation of ERRs by the HEQAC to the Council, the HEQAC should confirm whether all the normal procedures for accreditation and audits were followed such as the consultations and feedback amongst the Secretariat, the institution, the Chairperson and members of the review panel (Minutes of 71st Council Ordinary Meeting, 27 August 2025).

In addition, driven by a spirit of continuous improvement of its QA processes and to align its work with global good practices, CHE conducted a systematic review of its current QA system which included an analysis of the QA documents of the Agency as well as a series of focus group interviews with relevant stakeholders, i.e., Council Chairperson, members of the HEQAC, institutional QA managers, representatives of professional bodies, local experts, and international reviewers previously used in external reviews (Situational Analysis Report on Quality Assurance Systems, 2025) (see Part B S2). The outcome of the review showed that external stakeholders appreciate and trust CHE's work, especially HEIs, and communication is experienced as clear.

The review panel observed that the evidence reviewed does not consistently demonstrate systematic periodic review and updating of policies (e.g., evaluation of effectiveness).

Analysis

The evidence provided by CHE indicates strong compliance-oriented internal controls, including annual external financial audits, finance policies and procedures, risk profiling, integrity policies, recruitment policy, performance management system, a five-year strategic plan, BSC performance contracts, and an M&E framework. These controls contribute to institutional accountability, operational efficiency and protection of the Agency's reputation as they collectively create a system of internal governance, financial control, and public reporting that underpins CHE's own quality. In this regard, the review panel finds that CHE has laid a credible foundation for internal control and organisational management.

The review panel notes, however, that the requirements of ASG-QA Part C S6 extend beyond compliance-oriented management controls. For a QAA, IQA refers to the agency's structured system of policies, procedures, responsibilities, monitoring tools, feedback mechanisms, and improvement processes used to define, assure, review, and continuously enhance the quality and integrity of its own work. From this perspective, CHE's existing arrangements remain

dispersed across several management and control instruments and do not yet constitute a clearly consolidated IQA system specifically designed for CHE's own internal operations.

In particular, the evidence did not demonstrate the existence of a stand-alone IQA policy or an equivalent overarching framework specifically governing how CHE assures and improves the quality, consistency, and effectiveness of its own review methodologies, peer-review processes, report writing, and decision-making, etc. Consequently, these elements appear to be spread across multiple instruments, rather than consolidated into a single, explicit IQA policy dedicated to CHE's own QA operations. The review panel, therefore, finds that CHE's current arrangements are stronger in institutional control and performance management than in systematic self-reflection on the quality of its own QA functions. This gap is further exacerbated by the absence of a formal mechanism for regularly reviewing the consistency and rigour of review reports and decisions, and by the lack of thematic analyses of findings from programme accreditation and institutional audit reports that could inform the revision of tools, standards, and reviewer guidance. However, while CHE has not yet implemented thematic analyses of external reviews, the review panel recognises that it plans to do comparative analyses of programme review reports in future through the M&E Framework that was recently developed.

Although CHE engages stakeholders through consultative meetings, the evidence indicates that formal structured feedback loops, such as survey instruments, for external reviewers, employers, HEIs or students are still limited. In addition, the limited awareness of some internal policies among staff suggests that the operational embedding of quality arrangements and the development of an internal quality culture require further strengthening.

Overall, CHE demonstrates partial alignment with this standard, e.g., it has several important building blocks for IQA, but it still needs a more explicit and agency-specific IQA framework to move from predominantly compliance-driven controls towards a more systematic culture of internal learning, self-evaluation, and continuous improvement. The appointment of an internal auditor may provide expert oversight and guidance to strengthen CHE's operational and IQA efficiencies in the mentioned areas where improvement is needed, including putting in place clear working procedures for consultants as recommended by stakeholders.

Conclusion

Partially compliant

Commendation

1. CHE operates on the basis of a five-year Strategic Plan and an M&E Framework that track key performance indicators for its own activities, demonstrating a structured approach to performance monitoring.

Recommendation

1. Develop and implement a dedicated IQA policy/framework for CHE's QA functions, including periodic methodological reviews, report quality audits, and decision-consistency checks.

Suggestions

1. CHE should consider appointing an internal auditor to strengthen the effectiveness of IQA systems and procedures to manage risks.
2. Develop and institutionalise structured stakeholder feedback collection instruments/surveys (for HEIs, reviewers, students, employers, etc.) and in-depth data analysis and demonstrate how findings inform improvements to QA tools and processes.
3. CHE should strengthen internal policy dissemination and staff capacity-building to ensure policies are operationally embedded and consistently applied.

STANDARD 7. FINANCIAL AND HUMAN RESOURCES

Standard: The QAA shall have adequate and appropriate human, financial and material resources to carry out its QA mandate effectively and efficiently.

Evidence

In accordance with Section 14 of the Higher Education Act 2004, CHE's funds are derived from moneys appropriated by Parliament as government subvention and from other legitimate sources, including donations, contributions, and fees for services rendered. The government subvention for the financial year 2025/2026 amounts to M9,613,940, with other income sources estimated at M7,447,500, giving a total budget of approximately M21,664,440 (SAR; CHE Revised Budget for Financial Year 2025/2026). The review panel learnt that the estimated budget does not always match the actual expenditure (Interview with Chief Executive and Chairperson of the Council). For instance, in the financial year 2024/2025, total budgeted income was M20,840,692, while actual income was M16,180,329 and actual expenditure was M16,131,100 (CHE Revised Budget for Financial Year 2025/2026). Approximately 12% of CHE's total budget, amounting to around M2.5 million, is allocated to programme accreditation and institutional audits, a proportion that executive management characterised as inadequate given the scope of QA activities (Interview with Chief Executive and Chairperson of the Council). The government subvention has remained at approximately M9 million for over a decade despite inflation, and fee adjustments require Ministerial approval, which limits CHE's ability to respond independently to financial pressures (Interviews with Senior Management Team, and Heads of some Reviewed HEIs/HEI Representatives). CHE charges fees for programme accreditation and institutional audits, as well as for LQF evaluation and verification services (Higher Education Act 2004; LQF Fees). To ensure sustainability, CHE has put in place strategies for self-generated income, including accreditation fees, annual fees/QA fees, LQF fees, a higher education fair, interest income, and resource mobilisation (CHE Revised Budget for Financial Year 2025/2026; CHE Strategic Plan 2025-2030; Council on Higher Education [Fees] Notice, 2024).

CHE's revised organisational structure proposes 48 positions. At the time of the review, 16 positions were filled on a full-time basis, with the remaining 32 positions vacant (Interview with Senior Management Team). Key positions in the QA Directorate remain unfilled. The QA Directorate currently comprises the acting QA Director, two QA Management managers and four interns (Interviews with Senior Management Team, and Staff in Charge of EQA Activities). These interns provide support across core QA functions, including review of SERs, constitution of review panels, coordination meetings with HEIs, accompanying review panels to site visits, and

review of first draft ERRs (Conversation with QA Interns during Site Visit to CHE's Offices). The Planning, M&E Directorate, which supports follow-up on improvement plans, has only two employees, a director and a senior manager, against a proposed complement of six (Interview with Senior Management Team). In addition, it was reported that staff turnover stands at approximately 12% (Interview with Senior Management Team).

During the site visit, the review panel observed that CHE operates from a government-provided office building under a five-year arrangement, which reduces rental costs (Annual Report 2023-2024). Most staff have individual offices, all staff are equipped with laptops and telephones, and the interns also have laptops. A boardroom with video conferencing facilities is available. CHE operates three branded vehicles. The Agency does not have a dedicated internal data centre and relies on a private cloud provider for data storage, which Senior Management acknowledged raises concerns regarding data confidentiality (Interview with Senior Management Team; Minutes of 3rd ICT Committee Meeting, 13 May 2025; Site Visit to CHE Offices). A government-allocated piece of land has been designated for the construction of CHE's permanent offices, and architectural plans are in place; however, construction has not commenced due to funding constraints (Annual Report 2023-2024; Site Visit to CHE Offices). The Senior Management Team also pointed out that independence is sometimes compromised by delays in filling critical posts, which weakens the Secretariat's ability to act decisively.

CHE addresses financial constraints through donor partnerships with organisations such as UNESCO and the World Bank, supplementary budget requests to MoET, and activity prioritisation (Interview with Chief Executive and Chairperson of the Council). When resources are limited, salary payments are prioritised, which results in the deferral or cancellation of certain QA activities (Interview with Finance Department and HR Staff of the Agency). HEIs are aware of CHE's financial situation and recommended an amendment of the Higher Education Act to provide for sustainable funding mechanisms for the Agency (Interview with Heads of some Reviewed HEIs/HEI Representatives; Situational Analysis Report on Quality Assurance Systems, 2025). Furthermore, representatives from MoET acknowledged that CHE's resources are often insufficient and that the Ministry is working towards increasing budget allocations to better support the Agency's mandate (Interview with Ministry Representatives).

CHE has a Training and Development Policy and Procedures (2021) and training opportunities for management staff are provided through regional and international programmes, often supported by partner organisations; however, these opportunities are unevenly distributed, with limited access for staff below management level (Interview with Finance Department and HR Staff of the Agency). However, the review panel has observed that CHE has planned various training interventions for all staff, e.g., defensive driving training for the driver, a comprehensive course on M&E for the Planning and M&E Directorate, emotional intelligence training and capacity building on the revised performance management system for all staff (Staff Capacity Building Training Plan 2026-2027).

CHE follows a formal Recruitment Policy that provides for publicly advertised vacancies in the media (CHE Facebook Page), shortlisting by directors, interviews, and psychometric testing for senior positions (Interview with Senior Management Team; Recruitment Policy and Procedures, 2010). Where no suitable candidate is found after three rounds of advertising, headhunting may be undertaken with approval from the Chief Executive and the Council (Interview with Senior Management Team). CHE maintains a succession database of unsuccessful applicants for future recruitment. CHE acknowledges equal opportunities for all its staff (Interview with Senior

Management Team) and declares that no employee will receive less favourable treatment or opportunity on the grounds of age or gender, and that it will provide a suitable and conducive working environment and terms and conditions of service which enable disabled persons, with appropriate skills and qualifications, to be eligible for employment with CHE (HR Rules and Regulations, 2021). An examination of Council minutes revealed a scenario where the Council has declined a recommendation of the interview panel to approve the appointment of the recommended candidate and directed that the recruitment process should start de novo, because the way the interviews were conducted was legally flawed and not in line with the HR policies of CHE (Minutes of 71st Council Ordinary Meeting, 27 August 2025).

Staff enter into individual performance agreements and are assessed biannually using the BSC methodology (HR Rules and Regulations, 2021; Balanced Scorecard for 2025/2026 [April-March]; Performance Management Contract for the Chief Executive; Sample Signed Staff Performance Appraisal Report). The review panel has observed that CHE has a Reward Policy and Procedures (2015) in place which purpose is, amongst other, to motivate and retain suitable employees, maintain equity among employees, and reward good performance and provide incentives for desired behaviour (Minutes of 36th HRMC Meeting, 21 May 2025).

Furthermore, CHE regularly participates in publicity campaigns such as the monthly Basotho Flea Market, annual Higher Education Fair, and road shows to sensitise the public about its services (CHE Website and Facebook Page; Interviews with Finance Department and HR staff of the Agency, Chief Executive and Chairperson of the Council, Staff in charge of EQA Activities, and Student Representative Councils from some Reviewed HEIs).

In addition, through the studying of CHE's 2025-2030 Strategic Plan, the review panel has observed some gaps that CHE is grappling with in terms of QA expertise among some Council sub-committee members and limited capacity-building for Council members that weaken the execution of its strategies. Moreover, the review panel has learnt that CHE's biggest threat remains inadequate and unclear budget allocations for higher education due to the absence of a clear funding model for the sector, causing uncertainty amongst HEIs, including CHE that receives flat funding for several years (Clarifications Meeting with Chief Executive, Acting Director: QA, and Senior Manager for Research and M&E).

Analysis

The review panel confirms that CHE predominantly operates under a government-funded subsidy and third-stream income generation activities through QA fees and resource mobilisation, which demonstrates institutional awareness of the need to diversify beyond government subvention. The decade-long stagnation of government subvention at approximately M9 million, combined with the requirement for Ministerial approval of fee adjustments, constrains CHE's financial autonomy and creates a structural vulnerability in its resource base. The 12% allocation of the total budget to programme accreditation and institutional audits, acknowledged by the Senior Management as inadequate, further limits the frequency and scope of EQA activities. Nevertheless, the review panel was pleased to note that the Ministry Representatives positively reported in their interview that MoET contemplates increasing CHE's subvention to enable the Agency to fully deliver on its mandate.

The review panel acknowledges that CHE is temporarily housed in a government building that eases the financial burden of rental fees. Moreover, CHE possesses a piece of land allocated to it by the government and the Agency already has blueprints in place for future construction of

its own office building. The government offices that CHE currently occupies has sufficient office space. In addition, the Agency's staff is furnished with the required office equipment to allow them to carry out their duties professionally.

The structured Recruitment Policy, performance management system, and succession database reflect a systematic approach to HR management. However, the evidence reveals a significant gap between the resources available to CHE and those required for it to carry out its QA mandate effectively and efficiently (e.g., sporadic follow-up of improvement plans), as the standard requires. With only 16 out of 48 approved positions filled, and five of six QA officers being interns, the Agency is substantially understaffed. The reliance on interns for core QA functions, including reviewing SERs, accompanying panels on site visits, and reviewing draft reports, introduces risks to the consistency and professional quality of EQA processes.

In terms of continuous training and development for staff, the focus is currently on upskilling the management cadre, but the review panel confirms that CHE has a capacity building training plan in place for 2026-2027 for the entire staff. This demonstrates the Agency's commitment towards its staff to ensure increased productivity and relevance in their respective job roles. The review panel has observed CHE as an equal opportunity and fair employer, as evident by the Council's decision to abide by the HR policy and recruitment regulations in the scenario where it directed the recruitment process to start anew. CHE's commitment to reward staff's exceptional performance is commendable because it may improve staff morale and contribute to employee retention.

The review panel has noted that the absence of a dedicated data infrastructure, with reliance on a private cloud provider without documented data protection provisions, introduces additional operational and confidentiality risks to the Agency.

Regarding the gaps mentioned (i.e., lack of QA expertise among some sub-committee members, limited capacity-building for Council members and inadequate budget allocations for CHE), the review panel took note of the KPIs in the 2025-2030 Strategic Plan that are targeting improvement in these areas and commends CHE for its proactiveness.

Conclusion

Partially Compliant

Commendations

1. CHE has put in place strategies for self-generated income, including annual QA fees and through the Higher Education Fair, demonstrating an institutional commitment to diversifying its revenue base and reducing reliance on government subvention.
2. CHE has in place a structured internal capacity-building programme for staff at all levels that can contribute to improved employee performance, staff satisfaction, and institutional knowledge retention.
3. CHE's Rewards Policy may reduce the operational vulnerability created by high staff turnover.

Recommendations

1. CHE should develop and implement a prioritised HR plan with defined timelines for filling critical vacant positions, particularly within the QA Directorate and the Planning and M&E Directorate, with the aim of reducing its structural reliance on interns for the delivery of core EQA functions and to ensure consistent verification and timely follow-up of improvement plans.
2. CHE should put in place a funding mechanism to support the sustainability of its operations and strategic initiatives, ensuring the effective implementation of the Agency's mandate and the achievement of its QA objectives.

Suggestion

1. CHE should establish a formalised and secure data management arrangement, through either a dedicated internal infrastructure or a contractually governed cloud arrangement with explicit data protection provisions, to address the current confidentiality risks associated with its reliance on a private cloud provider.

STANDARD 8. BENCHMARKING, NETWORKING AND COLLABORATION

Standard: The QAA shall promote and participate in international initiatives, workshops and conferences, and collaborate with relevant bodies on QA to exchange and share experiences and best practices.

Evidence

CHE holds active membership in several regional and international QA networks, with all subscriptions current (Interview with Chief Executive and Chairperson of the Council). These include SAQAN, AfriQAN, INQAAHE, AQVN, and ACQF (SAQAN Membership Payment; AQVN Membership Payment; AAU Membership Payment; INQAAHE Membership Payment). CHE currently serves as the SAQAN Secretariat for a four-year term that commenced in 2024, following a handover from the National Council for Higher Education (NCHE) of Namibia (SAQAN Handover Report – NCHE to CHE). In this capacity, CHE provides administrative support, prepares reports, facilitates communication, monitors the Network's work plan, organises meetings, and coordinates between member states (SAQAN Handover Report – NCHE to CHE). CHE also holds the position of Treasurer-General within the AQVN and serves as Deputy President within AfriQAN (Interview with Chief Executive and Chairperson of the Council).

During the 2025/2026 financial year, CHE participated in the INQAAHE conference in June 2025 and the 6th ACQF Continental Forum Meeting held in Mauritius in September/October 2025 (Invitation Letter to INQAAHE 2025 Biennial Conference; Invitation Letter to 6th ACQF Continental Forum Meeting in Mauritius). The staff members who attended the INQAAHE 2025 Conference reported that their participation positioned CHE well to enhance its QA frameworks in alignment with global standards; foster strategic regional and international partnerships; and embrace appropriate technological and inclusive approaches. They noted that these platforms, including others, will contribute to a robust, forward-looking, and socially responsive QA system for Lesotho's higher education sector (Report on Attendance at the INQAAHE 2025 Biennial Conference in Tokyo, Japan; Benchmarking Report for CHE-Lesotho Quality Assurance and Human Resource Practices: Comparison with Eswatini Higher Education Council [ESHEC]). Furthermore, CHE developed SAQAN's strategic plan using internal staff expertise. Through the

HAQAA3 initiative, CHE is currently piloting the adoption of the ASG-QA within its own QA processes (Interview with SAR Team).

CHE collaborates with professional bodies through MoUs and consultation during programme accreditation exercises (Interviews with Senior Management Team, and Professional Bodies and Employers). Active arrangements include a verification agreement with the South African Qualifications Authority (SAQA), MoU with ESHEC, and a bilateral agreement on Mutual Recognition of Qualifications with South Africa that is pending executive approval (Verification Agreement – SAQA and CHE; CHE-ESHEC MoU; SAQA Lesotho MRQ Revised Draft; Interview with Chief Executive and Chairperson of the Council). Through its MoU with ESHEC, CHE undertook a study visit to this Agency to benchmark its programme accreditation processes against that of ESHEC, amongst other. CHE reported that its clustered accreditation approach may serve as a model for ESHEC, particularly for departments with multiple similar programmes in HEIs in Eswatini (Benchmarking Report for CHE Lesotho Quality Assurance and Human Resource Practices: Comparison with ESHEC).

Representatives from professional bodies are included in CHE's review panels and database of experts. CHE's programme accreditation standards require HEIs to demonstrate engagement with professional bodies during curriculum development (Minimum Accreditation Standards 2021).

Through its collaboration with SAQAN, CHE shares its database of accredited HEIs with South African counterparts (Interview with Chief Executive and Chairperson of the Council). CHE has also produced a country context report on micro-credentials as part of the Potential of Microcredentials in Southern Africa (PoMiSA) project funded by the European Union (PoMiSA Country Report Lesotho 2024).

During the site visit, staff confirmed that CHE does not yet provide formal training on the ASG-QA to HEIs or other stakeholders (Interview with Staff in Charge of EQA Activities). They indicated that CHE is in the process of reviewing and aligning its standards with the ASG-QA, having previously been more closely aligned with European frameworks, and that ASG-QA training, supported by HAQAA3 funding, will be offered once the standards' revision is completed. CHE has prepared proposals under HAQAA3 to facilitate training on Parts B and C of the ASG-QA for both CHE staff and HEIs (Interview with Staff in Charge of EQA Activities).

Professional bodies and employers interviewed during the site visit indicated that most existing MoUs are outdated and that coordination between CHE and professional bodies lacks consistency, with overlapping mandates and unclear operational ground rules creating practical difficulties in collaboration (Interview with Professional Bodies and Employers).

Analysis

The review panel confirms that CHE participates in efforts to develop QA at the regional and continental levels. CHE demonstrates active and substantive engagement in regional and international QA networks through leadership roles in SAQAN, AfriQAN, and AQVN that go beyond passive membership. The development of the SAQAN strategic plan using internal expertise, participation in the ACQF referencing process, and involvement in the PoMISA micro-credentials initiative reflect a genuine institutional investment in regional QA governance and knowledge exchange. These affiliations provide CHE with access to capacity-building opportunities, best practices, and comparative insights from peer agencies, in line with the

intent of the standard. In addition, CHE's MoUs with counterparts proved that the Agency is open to share good practices in QA in higher education and inspire sister agencies to adapt EQA practices to operate more efficiently.

CHE's collaboration with professional bodies through MoUs, and the inclusion of professional and industry representatives in review panels, addresses the standard's expectation of collaboration with relevant bodies in QA. However, the evidence from professional bodies and employers interviewed during the site visit indicates that existing MoUs are largely outdated, coordination mechanisms are insufficiently systematic, and the involvement of professional bodies in EQA processes is inconsistent. These findings indicate that the practical realisation of collaborative relationships falls short of what the available formal arrangements suggest.

The absence of formal ASG-QA training for HEIs, while explained that training on the said standards is targeted upon completion of the ongoing programme accreditation standards revision process, means that a key avenue for translating CHE's international engagement into domestic quality improvement has not yet been activated. However, the review panel recognises CHE's forward-thinking mindset to introduce and sensitise HEIs on the ASG-QA and the benefits it could bring if implemented consistently.

Conclusion

Compliant

Commendations

1. CHE holds substantive leadership roles in regional and international QA networks, serving as SAQAN Secretariat, AfriQAN Deputy President, and AQVN Treasurer-General, which contribute to regional QA governance and provide CHE with structured access to best practices, capacity-building, and peer-learning opportunities.
2. CHE's participation in the PoMiSA micro-credentials project demonstrates an active effort to engage with emerging developments in African higher education qualifications, extending its contributions beyond traditional QA activities.

Suggestions

1. CHE should review and update its MoUs with professional bodies and relevant national and regional stakeholders on a defined cycle, ensuring that collaboration frameworks reflect current responsibilities, eliminate duplication, and include clearly specified procedures for the regular and systematic involvement of professional bodies in EQA processes.
2. CHE should formalise and implement its planned programme of ASG-QA training for both CHE staff and HEIs once the accreditation standards' revision is completed, ensuring that alignment with the ASG-QA is operationally embedded in the Agency's QA activities and communicated to all relevant stakeholders.

STANDARD 9. PERIODIC REVIEW OF QAAS

Standard: The QAA shall undergo periodic internal and external reviews for continuous improvement.

Evidence

As already indicated in this report (see Part C S6 & S7), CHE conducts internal performance assessments through a structured planning and reporting cycle anchored in a five-year strategic plan, currently the 2025–2030 Strategic Plan, and progress is tracked through quarterly reports, mid-year reviews, and annual reports (Interview with Chief Executive and Chairperson of the Council). A mid-term review of the strategic plan is conducted at the midpoint of the five-year cycle to assess progress and enable adaptive planning. All staff develop individual performance contracts based on the BSC methodology, with biannual performance appraisals conducted by line supervisors (CHE Strategic Plan 2025–2030; CHE Human Resources Rules and Regulations; Balanced Scorecard/Performance Management Contract). CHE's finances are subject to mandatory annual external audits in compliance with the Public Financial Management and Accountability Act (PFMAA) 2011.

In terms of external review of its QA tools and processes, CHE has engaged in several external assessments since its establishment. In 2016, CHE underwent an independent external review by AfriQAN, which examined its governance structure, QA mandate, and engagement with the international QA community. The findings and recommendations of this review were presented to and noted by the Council, integrated into subsequent annual operational plans, and incorporated into the 2020 Strategic Plan revision. Recommendations from the AfriQAN and COL reviews were captured in quality improvement plans and have led to the development of QA tools, corporate governance frameworks, and leadership training for Council members (Interview with Chief Executive and Chairperson of the Council). Key stakeholders, including MoET and HEIs, were informed of the review findings and expressed satisfaction that CHE as an external QAA was itself subject to an independent QA review (Final CHE Review Report 2016). MoET has indicated that while competing priorities may affect its level of engagement, it acknowledges the importance of supporting CHE and has pledged to provide the needed resources and technical support to ensure effective implementation of review outcomes (Interview with Ministry Representatives).

Additional external inputs to CHE's practices have been received through: a review of QA processes and tools conducted by a Fulbright scholar engaged through the American Embassy, resulting in a report on enhancing quality higher education assessment in Lesotho (Report on Enhancing Quality Higher Education Assessment in Lesotho); a situational analysis of QA processes and tools conducted by COL, which is currently also supporting the revision of CHE's QA standards (Situational Analysis Report on Quality Assurance Systems, 2025) (see Part B S2 & Part C S6); and a review of external QA processes at the closure of the third-generation Strategic Plan, which included stakeholder surveys whose results informed the development of the current fourth-generation strategy (3rd Generation Strategic Plan Closure Report). CHE also initiated an audit that covered the sufficiency of and the level of compliance to operational policies as well as an examination of its management systems and their effectiveness (Performance Audit Report 2020/21 – 2024/25) (see Part C S6).

The current HAQAA3 review, conducted by ENQA on behalf of the HAQAA3 initiative, constitutes CHE's second independent external review since its establishment. It follows the 2016 AfriQAN review, representing a gap of approximately nine years. CHE acknowledged that a planned interim review lapsed due to resource constraints (Interview with SAR Team). The SAR Team described the SAR preparation process as internally driven, drawing primarily on documentary reviews and internal consultations across directorates. External stakeholders were sensitised to

the review but were not formally invited to contribute to the SAR's development. Validation of the SAR was conducted through internal circulation to staff and Senior Management, followed by submission to the Council (Interview with SAR Team). The staff noted that the process generated significant organisational learning, including improved cross-directorate understanding of CHE's EQA activities and identification of documentation and policy gaps (Interview with SAR Team). MoET participated in this review and committed to providing support for the implementation of review recommendations (Interview with Ministry Representatives).

The review panel observed that CHE does not have a dedicated internal audit function for QA processes (Situational Analysis Report on Quality Assurance Systems, 2025). The existing internal review mechanisms, namely the annual financial audit, the BSC-based performance appraisal, and the strategic planning cycle, do not extend to a systematic assessment of the consistency, effectiveness, and outcomes of CHE's QA activities (CHE Strategic Plan 2025–2030).

Analysis

CHE has established internal mechanisms for planning, monitoring, and reporting that provide a structured foundation for tracking institutional performance. The annual financial audit, the BSC-based performance management system, and the mid-term strategic plan review collectively demonstrate a systematic approach to internal accountability. The integration of AfriQAN review recommendations into subsequent strategic plans and annual operational plans shows that at least one documented instance of external review has resulted in concrete institutional improvement.

The standard requires that QAAs undergo periodic internal and external reviews, and the evidence reveals gaps in both dimensions. On the internal side, the absence of a dedicated internal audit or quality review function for QA processes means that CHE's operational QA activities are not independently assessed within the Agency. The annual financial audit addresses financial management rather than QA practices, and the strategic planning cycle does not constitute an independent internal review of QA processes and outcomes.

On the external side, CHE has undergone two independent external reviews since its establishment in 2004: the AfriQAN review in 2016 and the current HAQAA3 review. Cognisant of the nine-year gap between reviews, partly attributable to resource constraints, the review panel is satisfied that the current review demonstrates CHE’s persistence and continued efforts for constant enhancement of its operations. The ASG-QA guideline recommends that QAAs undergo cyclical external reviews, preferably every five years, and by putting a defined schedule and dedicated budget for future external reviews in place, the review panel is convinced that, going forward, CHE will commit itself to periodic internal and external reviews for continuous enhancement and effective fulfilment of its mandate.

The limited involvement of external stakeholders in the SAR preparation process indicates that the self-evaluation drew on a narrower evidence base than a comprehensive self-reflection would require. While the internal preparation process generated valuable organisational learning, broader stakeholder input could strengthen the SAR's reflective quality in the future and the comprehensiveness of evidence available to the review panel.

Conclusion

Compliant

Commendation

1. CHE demonstrates a commitment to continuous improvement through the documented integration of recommendations from the 2016 AfriQAN review into its strategic planning processes and Annual Operational Plans, and through its participation in the current HAQAA3 review as a further expression of institutional openness to EQA.

Suggestions

1. CHE may consider broadening the self-assessment process for future external reviews to include structured consultation with HEIs, professional bodies, and other key stakeholders, thereby strengthening the evidence base and enhancing the comprehensiveness and credibility of the SAR.
2. CHE should establish and document a defined schedule for periodic external review, targeting a cycle of no more than five years, and should include dedicated provisions for resourcing such reviews within its strategic planning and budgeting processes, to ensure that future external reviews do not lapse due to financial constraints.
3. CHE should establish a dedicated internal audit or quality review function, or an equivalent mechanism, that assesses the consistency, effectiveness, and integrity of its QA processes on a regular basis, distinct from the annual financial audit and the strategic planning and performance management cycle.

CHAPTER 5: SUMMARY OF COMMENDATIONS, RECOMMENDATIONS AND SUGGESTIONS

SUMMARY OF COMMENDATIONS

Part B S1	• Assisting HEIs through CHE's EQA mechanisms to mainstream, not only their vision and mission in their academic offerings/programmes, but also national development goals and objectives. • Supporting HEIs, through the "Manual for Setting Up IQA Units", to establish and strengthen IQA units.
Part B S2	• Regular stakeholder consultations and involvement of HEIs and other stakeholders in the design of EQA mechanisms and guidelines. • The provision of review documents in electronic format increases efficiency.
Part B S3	• CHE is commended for embedding M&E as an integral component of the EQA cycle, supported by structured improvement plans and documented M&E follow-up visits.
Part B S4	• Accreditation panels include industry representatives, strengthening relevance and stakeholder engagement. • Compulsory signing of confidentiality and no conflict of interest declarations safeguards impartiality.

Part B S5	• CHE applies a structured decision pathway that distinguishes technical review, factual verification, committee recommendation and Council decision-making. • CHE publishes a list of accredited programmes for each HEI, including the EQA outcome. Even though ERRs are not published, this is a commendable practice as it shows the trustworthiness of the process and CHE's answerability to stakeholders.
Part B S6	• The differentiation between new and existing programme accreditation cycles reflects a structured and context-sensitive QA approach.
Part B S7	• CHE has established a formal Appeals Policy, including clearly articulated procedures, that is publicly available on its Website, and there are provisions for independent evaluation panels to address complaints from stakeholders through the Higher Education Act and Higher Education Regulations.
Part C S2	• CHE consults its key stakeholders, i.e., MoET, HEIs and professional bodies, in its strategic development processes by means of interviews and questionnaires to incorporate their feedback into its strategies and plans.
Part C S6	• CHE operates on the basis of a five-year Strategic Plan and an M&E Framework that track key performance indicators for its own activities, demonstrating a structured approach to performance monitoring.
Part C S7	• CHE has put in place strategies for self-generated income, including annual QA fees and through the Higher Education Fair, demonstrating an institutional commitment to diversifying its revenue base and reducing reliance on government subvention. • CHE has in place a structured internal capacity-building programme for staff at all levels that can contribute to improved employee performance, staff satisfaction, and institutional knowledge retention. • CHE's Rewards Policy may reduce the operational vulnerability created by high staff turnover.
Part C S8	• CHE holds substantive leadership roles in regional and international QA networks, serving as SAQAN Secretariat, AfriQAN Deputy President, and AQVN Treasurer-General, which contribute to regional QA governance and provide CHE with structured access to best practices, capacity-building, and peer-learning opportunities. • CHE's participation in the PoMiSA micro-credentials project demonstrates an active effort to engage with emerging developments in African higher education qualifications, extending its contributions beyond traditional QA activities.

Part C S9	• CHE demonstrates a commitment to continuous improvement through the documented integration of recommendations from the 2016 AfriQAN review into its strategic planning processes and Annual Operational Plans, and through its participation in the current HAQAA3 review as a further expression of institutional openness to EQA.

SUMMARY OF RECOMMENDATIONS

Part B S4	• CHE should ensure the appointment of professionals with the required expertise in higher education governance and management to strengthen institutional audit panels and the credibility of audits.
Part B S5	• CHE should consider publishing a concise overview (e.g., commendations, recommendations or areas for improvement) of ERRs together with the outcome while protecting confidential information where appropriate.
Part B S6	• CHE should strengthen implementation of the five-year periodic review cycles, ensuring that re-accreditation and audit timelines are adhered to in practice.
Part B S7	• CHE should ensure that the Appellate Body is constituted with members who hold relevant subject-matter expertise appropriate to the nature of each appeal, to safeguard the substantive quality and credibility of appeal decisions, particularly for technically complex or specialised programmes. • CHE should review the policy provision that places all appeal costs on the appellant, with the aim of removing or mitigating financial barriers that may prevent institutions from exercising their right to appeal, thereby strengthening the accessibility and fairness of the appeals system. • CHE should establish and publicly communicate clearly defined procedures for addressing complaints raised by stakeholders, distinct from the formal appeals process applicable to HEIs.
Part C S5	• CHE should address operational bottlenecks causing delays in accreditation and inconsistent follow-up by developing and resourcing a clear service charter with defined turnaround times. (See Part B S3.)
Part C S6	• Develop and implement a dedicated IQA policy/framework for CHE's QA functions, including periodic methodological reviews, report quality audits, and decision-consistency checks.
Part C S7	• CHE should develop and implement a prioritised HR plan with defined timelines for filling critical vacant positions, particularly within the QA Directorate and the Planning and M&E Directorate,

	with the aim of reducing its structural reliance on interns for the delivery of core EQA functions and to ensure consistent verification and timely follow-up of improvement plans. • CHE should put in place a funding mechanism to support the sustainability of its operations and strategic initiatives, ensuring the effective implementation of the Agency's mandate and the achievement of its QA objectives.

SUGGESTIONS FOR FURTHER IMPROVEMENT

Part B S1	• CHE could consider incorporating a clause in the Higher Education Act to make the establishment of IQA structures mandatory for all HEIs in Lesotho that will help to increase consistency in the execution of its functions. • To ensure regularity and continuity of the commissioned capacity-building workshops, CHE could arrange with the HEIs to host the training sessions on a rotational basis or by charging HEIs a small registration fee to cover the costs of the training.
Part B S2	• CHE may consider establishing a structured annual stakeholder forum that brings together professional bodies, employers, and HEIs, to review alignment between QA standards and labour-market requirements for the benefit of national curricular, and to create more systematic opportunities for coordination across sector stakeholders. • The review of the programme accreditation standards and assessment rubric should be expedited, and CHE should capitalise on the COL assistance and consider including the review of the audit framework in this project. • CHE and the Registrar of private HEIs could design a joint manual for the registration of private HEIs and perform a joint registration-audit process to streamline the registration process.
Part B S4	• CHE could strengthen internal coordination and knowledge management mechanisms within the QA Directorate to safeguard institutional memory and reduce disruptions to review processes caused by staff turnover. • CHE may consider including student representatives on review panels to ensure alignment with good international QA practices.
Part B S5	• CHE should strategise on the most appropriate ways to adhere to EQA timelines, while ensuring flexibility only for justified exceptional circumstances. • CHE should identify ways to educate students on EQA and increase engagement with the broader student community through sensitisation campaigns like forums or assemblies.

Part B S6	• CHE should consider extending the accreditation cycle for new programmes which may ease their workload and encourage HEIs to comply with the five-year review cycles.
Part C S1	• The amendment of the Higher Education Act, review of the Higher Education Policy, and gazetting of the Higher Education Regulations should be expedited to ensure the effective and efficient operation of CHE.
Part C S2	• The review panel encourages CHE to operationalise the implementation of its strategic goals and objectives to eliminate the identified gaps and continuously improve in these areas. • CHE should develop annual action/operational plans for each year of the strategic planning period that could strengthen implementation of the BSC to bridge the gap between high-level strategy and daily operations.
Part C S3	• CHE should put in place effective accountability mechanisms and strategies for the Council and its sub-committees to increase alignment between mandate and practice and ensure members take responsibility for their actions and results.
Part C S5	• CHE should consider increasing the number of programmes accredited and institutional audits conducted per year.
Part C S6	• CHE should consider appointing an internal auditor to strengthen the effectiveness of IQA systems and procedures to manage risks. • Develop and institutionalise structured stakeholder feedback collection instruments/surveys (for HEIs, reviewers, students, employers, etc.) and in-depth data analysis and demonstrate how findings inform improvements to QA tools and processes. • CHE should strengthen internal policy dissemination and staff capacity-building to ensure policies are operationally embedded and consistently applied.
Part C S7	• CHE should establish a formalised and secure data management arrangement, through either a dedicated internal infrastructure or a contractually governed cloud arrangement with explicit data protection provisions, to address the current confidentiality risks associated with its reliance on a private cloud provider.
Part C S8	• CHE should review and update its MoUs with professional bodies and relevant national and regional stakeholders on a defined cycle, ensuring that collaboration frameworks reflect current responsibilities, eliminate duplication, and include clearly specified procedures for the regular and systematic involvement of professional bodies in EQA processes. • CHE should formalise and implement its planned programme of ASG-QA training for both CHE staff and HEIs once the accreditation standards' revision is completed, ensuring that alignment with the

	ASG-QA is operationally embedded in the Agency's QA activities and communicated to all relevant stakeholders.
Part C S9	• CHE may consider broadening the self-assessment process for future external reviews to include structured consultation with HEIs, professional bodies, and other key stakeholders, thereby strengthening the evidence base and enhancing the comprehensiveness and credibility of the SAR. • CHE should establish and document a defined schedule for periodic external review, targeting a cycle of no more than five years, and should include dedicated provisions for resourcing such reviews within its strategic planning and budgeting processes, to ensure that future external reviews do not lapse due to financial constraints. • CHE should establish a dedicated internal audit or quality review function, or an equivalent mechanism, that assesses the consistency, effectiveness, and integrity of its QA processes on a regular basis, distinct from the annual financial audit and the strategic planning and performance management cycle.

CHAPTER 6: ENDORSEMENT OF THE REPORT

CHE was granted an opportunity to conduct factual verification of this ERR upon which the report was finalised and approved by the Chairperson of the review panel.

CHAPTER 7: CONCLUSIONS

Based on an in-depth examination of the evidence documents and analysis of the oral evidence by the experts, the review panel found CHE **compliant with the ASG-QA,** having in mind that this was the first review for the Agency against the ASG-QA that were developed in 2018. The review panel found CHE to be compliant with eleven (11) of the standards (Part B: S1, S2, S3, S4 and Part C: S1, S2, S3, S4, S5, S8 and S9) as shown in Table 2. CHE is partially compliant with five (5) standards (Part B: S5, S6, S7 and Part C: S6 and S7). No standard was found to be non-compliant with the ASG-QA.

Table 2: Summary Matrix of Judgement

ASG - QA		Compliant	Partially Compliant
Part B	Standard 1: Objectives of External Quality Assurance and Consideration for Internal Quality Assurance	Y	
	Standard 2: Designing External Quality Assurance Mechanisms Fit-for-Purpose	Y	
	Standard 3: Implementation Processes of External Quality Assurance	Y	
	Standard 4: Independence of Evaluation	Y	
	Standard 5: Decision and Reporting of External Quality Assurance Outcomes		Y
	Standard 6: Periodic Review of Institutions and Programmes		Y
	Standard 7: Complaints and Appeals		Y
Part C	Standard 1: Legal Status	Y	
	Standard 2: Vision and Mission Statement	Y	
	Standard 3: Governance and Management	Y	
	Standard 4: Independence of Quality Assurance Agency	Y	
	Standard 5: Policies, Processes and Activities	Y	
	Standard 6: Internal Quality Assurance		Y
	Standard 7: Financial and Human Resources		Y
	Standard 8: Benchmarking, Networking and Collaboration	Y	
	Standard 9: Periodic Review of Quality Assurance Agencies	Y	

Annexes

ANNEX 1: PROGRAMME OF THE SITE VISIT

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
1	15 January at 13h00-15h00 GMT (120 min)	Review panel's kick-off meeting and preparations for site visit	-	HAQAA3 Coordinator
2	10 February at 13h00-14h30 GMT (90 min)	An online clarifications meeting with the the SAR Task Team members	-	Review Panel Chairperson
SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
[24.02.2026] – Day 1				
3	08h00-09h00 (60 min)	Review panel's pre-visit meeting and preparations for Day 1	-	Review Panel Chairperson
4	As necessary 09h00-09h30 (30 min)	A pre-visit meeting with the agency's resource person to clarify any remaining questions after the online clarifications meeting	– Dr Moeketsi Letele – Chief Executive – Ms Litsabako Tsoene – Coordinator – Ms Ntsoaki Mapetla – Senior Manager: Research and M&E	Review Panel Chairperson

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
	09h30-10h00 (30 min)	Review panel's private meeting	-	All panel members
5	10h00-10h45 (45 min)	Meeting with the team responsible for preparation of the self-assessment report	– Ms Litsabako Tsoene – Director: Quality Assurance (Acting) – Adv. Senekal Qobolo – Legal and Corporate Secretary – Mr Thapelo Mohapinyane – ICT Systems Support Manager – Ms Ntsoaki Mapetla – Senior Manager: Research and M&E – Mrs Tselane Thokoane – Quality Assurance Management Manager – Mrs Mpoetsi Mamosa Lereka – Quality Assurance Management Manager	Review Panel Chairperson
	10h45-11h15 (30 min)	Review panel's private discussion over **Refreshment Break**	-	All panel members
6	11h15-12h00 (45 min)	Meeting with the CE and the Chair of the Board (or equivalent)	– Dr Mohlalefi Sefika – Council Chairperson – Dr Moeketsi Letele – Chief Executive	Review Panel Chairperson
	12h00-12h15 (15 min)	Review panel's private discussion	-	All panel members
7	12h15-13h00 (45 min)	Meeting with representatives from the Senior Management Team	– Mr Motlalepula Khobotlo – Director: Planning, M&E	Review Panel Chairperson

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
			– Mrs Nthatisi Motsétsé Kasane – Director Finance – Ms Litsabako Tsoene – Acting Director: Quality Assurance – Mr Tankiso Nteso – Acting Director: Human Resources and Corporate Services – Adv. Senekal Qobolo – Legal and Corporate Secretary – Mr Thapelo Mohapinyane – ICT Systems Support Manager	
	13h00-14h00 (60 min)		**Lunch** (Panel only)	
8	14h00-14h45 (45 min)	Meeting with key staff of the agency/staff in charge of external QA activities	– Ms Litsabako Tsoene – Acting Director: Quality Assurance – Mrs Tselane Thokoane – Quality Assurance Management Manager – Mrs Mpoetsi Mamosa Lereka – Quality Assurance Management Manager – Mrs Keketso Kutumela – Qualifications Management Manager	Review Panel Chairperson
	14h45-15h00 (15 min)	Review panel's private discussion	-	All panel members
9	15h00-15h45 (45 min)	Meeting with the Chairperson of Higher Education Quality Assurance Committee	– Mrs. Florina Rakeketsi– Higher Education Quality Assurance Committee (HEQAC) Member	Review Panel Chairperson

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
10	1600-17h00 (60 min)	Visit to CHE offices	– CHE Staff	Review Panel
11	15h45-16h45 (60 min)	Wrap-up meeting among panel members and preparations for Day 2 – **Working Refreshment Break**	-	Review Panel Chairperson
Dinner (Panel only)				
[25.02.2026] – Day 2				
	08h00-09h00 (60 min)	Review panel's private meeting	-	All panel members
12	09h00-09h45 (45 min)	Meeting with the Finance Department and HR staff of the Agency	– Mrs Nthatisi Motsétsé Kasane – Director: Finance – Mr Tankiso Nteso – Acting Director: Human Resources and Corporate Services – Mrs Limpho Raselimo – Senior Financial Accounting Manager – Ms Boitumelo Sekhohola – Finance Officer	Review Panel Chairperson
	09h45-10h00 (15 min)	Review panel's private discussion	-	All panel members

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
13	10h00-10h45 (45 min)	Meeting with ministry representatives (Principal Secretary, Deputy Principal Secretary and Chief Education Officer of the Ministry of Education and Training)	– Mr Ratsiu Majara – Principal Secretary – Mrs Refiloe Kepa – Deputy Principal Secretary – Mr Thabeng Rapitso – Chief Education Officer (Tertiary Department)	Review Panel Chairperson
	10h45-11h15 (30 min)	Review panel's private discussion over **Refreshment Break**	-	All panel members
14	11h15-12h00 (45 min)	Meeting with heads of some reviewed HEIs/HEI representatives	– Mr. Ntoane Lepota - Deputy Rector (Academics and Research) (Lerotholi Polytechnic) – Adv. Tefo Macheli – Vice-Chancellor (Limkokwing University of Creative Technology) – Mr. Mokhathi Morena – Business Development Coordinator (Institute of Development Management) – Dr Mahlomola Kutoane – Director General (National Health Training College)	Review Panel Chairperson
	12h00-12h15 (15 min)	Review panel's private discussion	-	All panel members
15	12h15-13h00 (45 min)	Meeting with quality assurance officers of HEIs	- Dr Thabiso Nyabanyaba (National University of Lesotho) - Mrs Lintle Khitsane (Lesotho College of Education) - Ms Moleboheng Bohloa (Botho University	Review Panel Chairperson

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
			- Ms Tholoana Kamohelo (Maluti Adventist College) - Mr Ntlaloe Ntlaloe (Limkokwing University of Creative Technology) - Mr Lebea Morolong (Centre for Accounting Studies)	
	13h00-14h00 (60 min)		**Lunch** (Panel only)	
16	14h00-14h45 (45 min)	Meeting with representatives from the reviewers' pool	- Mr Paramente Phamotse – Independent Consultant (Retired Deputy Rector Academic Affairs and Diplomat) - Prof. Paseka Mosia – Senior Lecturer and Former Dean: Faculty of Education (National University of Lesotho) - Adv. Thuloane Ntlhakana – Head of Corporate Governance (Central Bank of Lesotho)	Review Panel Chairperson panel members
	14h45-15h00 (15 min)	Review panel's private discussion	-	All panel members

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
17	15h00-15h45 (45 min)	Meeting with student representative councils from some reviewed HEIs (SRC president and any other member of the SRC)	- Mr Ramatlali Junior Letele – President (Institute of Development Management) - Ms 'Mabethuele Mokhele – President (Scott College of Nursing) - Mr Makhaola Sekonyela – Vice-President (Botho University) - Mr Tumo Tsanyane – President (National University of Lesotho) - Mr. Nthethe Setefane – Vice President (Scott College of Nursing)	Review Panel Chairperson
	15h45-16h15 (30 min)	Review panel's private discussion over **Refreshment Break**	-	All panel members
18	16h15-17h00 (45 min)	Meeting with professional bodies and employers	- Mrs Flavia Pooka – President (Nursing Council) - Ms 'Malisebo Ntlhokoe – CEO (Institute of Accountants Lesotho) - Dr Makamole Lelimo – President (Medical Council) - Mr Ephraim Moremoholo – (Central Bank of Lesotho) - Ms Cecilia Seema – (Ministry of Labour & Employment)	Review Panel Chairperson

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
			- Mrs Ines Maphutheho Ranooe – (Public Service Commission)	
	17h00-17h15 (15 min)	Review panel's private discussion	-	All panel members
19	17h15-17h30 (15 min)	Wrap-up meeting among panel members and preparations for Day 3	-	Review Panel Chairperson
Dinner (Panel only)				
[26.02.2026] – Day 3				
20	08h00-09h00 (60 min)	Meeting among panel members to agree on final issues to clarify	-	Review Panel Chairperson
21	09h00-10h00 (60 min)	Meeting with CE to clarify any pending issues	Dr Moeketsi Letele – Chief Executive	Review Panel Chairperson
22	10h00-11h00 (60 min)	Private meeting between panel members to agree on the main findings	-	Review Panel Chairperson
	11h00-11h15 (15 min)	**Refreshment Break** (Panel only)		
23	11h15-12h00 (45 min)	Private meeting between panel members to agree on the main findings (continue)	-	Review Panel Chairperson

SESSION No.	TIMING	TOPIC	PERSONS FOR INTERVIEW	LEAD PANEL MEMBER
24	12h00-12h30 (30 min)	Final debriefing meeting with Council members of the agency to inform about preliminary findings	Council members	Review Panel Chairperson
25	12h30-13h00 (30 min)	Final debriefing meeting with staff of the agency to inform about preliminary findings	CHE staff (Senior Management)	Review Panel Chairperson
	13h00-14h00 (60 min)	**Lunch** (Panel only)		

External review of the Council on Higher Education, Lesotho, by the HAQAA3 initiative

TERMS OF REFERENCE
5 May 2025

1. Background and Context

The Council on Higher Education (CHE) was established through by Act of Parliament and has been in operation since 2008. The CHE is mandated by an Act of Parliament to ensure the quality provision of the higher education sub-sector in the country. This mandate is enshrined in the Higher Education Act of 2004, with specific functions which include among other things to:

- Promote quality assurance in higher education;
- Audit the quality assurance mechanisms of higher education institutions;
- Accredit programmes and issue a certificate of accreditation of higher education; and
- Monitor and evaluate the performance of academic programmes and higher education institutions.

Therefore, CHE, Lesotho ("the QAA"), is applying for a review of its quality assurance practices and processes, coordinated by the HAQAA3 implementation team ("Coordinating Body"), composed of OBREAL, DAAD, the European Association for Quality Assurance in Higher Education (ENQA) and the Association of African Universities (AAU).

For this external review of CHE, Lesotho, ENQA will coordinate the practical implementation of the review and act as main contact point for the QAA and the review panel on behalf of the HAQAA3 initiative. The AAU will act as an observer throughout the process and will be allowed to access any documents and meetings in relation to the agency review to the same extent as ENQA.

The official language for the external review of CHE, Lesotho, shall be English. The agency commits to provide a translation into English for any documents related to the review (if not available already in English), as well as interpretation services during any meetings held in the context of the review if needed. Likewise, contact with the Coordinating Body shall be in English.

2. Purpose and Scope of the Evaluation

This review will evaluate the way in which and to what extent the QAA fulfils the African *Standards and Guidelines for Quality Assurance in Higher Education (ASG-QA)*. Consequently, the review panel is expected to make a judgement on whether the agency is in compliance with the ASG-QA.

2.1 Activities of the QAA within the scope of the ASG-QA

This review will analyse all quality assurance activities of the QAA that are within the scope of the ASG-QA, i.e. reviews, spot checks, audits, evaluations, registration or accreditation of higher

education institutions or programmes that relate to teaching and learning (and their relevant links to research and community work/engagement).

The following activities of the QAA shall be addressed in the external review, as the QAA:

- Reviews and accredits new and existing academic programmes to ensure alignment with national and international standards.
- Conducts institutional audits whereby for example, it assesses governance structures, teaching and learning strategies, and research frameworks at Higher Education Institutions (HEIs).
- Is responsible for robust Monitoring and Evaluation of HEIs in the country to ensure continuous improvement.
- Supports HEIs in developing Internal Quality Assurance (IQA) systems.

Other activities carried out by the QAA but that shall not be the object of this external review include:

- Promote access of students to higher education institutions.
- Manage the implementation of the Lesotho Qualifications Framework

3. The Review Process

The evaluation consists of the following steps:

- Formulation of the Terms of Reference and protocol/procedures for the review;
- Self-assessment by the QAA, including the preparation of a self-assessment report;
- Nomination and appointment of the review panel;
- A site visit by the review panel to the QAA;
- Preparation and completion of the final evaluation report by the review panel;
- Follow-up of the review panel's recommendations by the QAA.

3.1 Nomination and appointment of the review panel

The review panel consists of four members: three quality assurance experts, including at least one from a quality assurance agency and one from a higher education institution, and a student. One of the members will serve as the chair of the review panel, and another member as a review secretary. The panel will be supported by the coordinating body who will monitor the integrity of the process.

Experts will be selected and appointed by the coordinating body, following nominations from HAQAA3 Implementing Partners and Strategic Partners. The student representative is selected from the nominations of the All-Africa Students Union (AASU).

The Coordinating Body will provide the QAA with the curriculum vitae of the potential reviewers to ensure that there are no known conflicts of interest (no objection). The experts will have to sign a non-conflict of interest statement as regards the review of the QAA. Staff members of the Coordinating Body are not eligible to serve as reviewers.

3.2 Self-assessment by the QAA, including the preparation of the self-assessment report The QAA is responsible for the execution and organisation of its own self-assessment process and shall take into account the following guidance:

- Self-assessment is organised as a project with a clearly defined schedule and includes all relevant internal and external stakeholders;
- The self-assessment report is broken down by the topics of the evaluation and is expected to contain, amongst other: a description on how the self-assessment was carried out; a brief description of the national higher education and quality assurance systems; background description of the current situation of the QAA; an analysis and appraisal of the current situation; proposals for improvement and measures already planned; a SWOT analysis; and each standard (ASG-QA part B and C) addressed individually. All quality assurance activities of the QAA will be described and their compliance with the ASG-QA analysed.
- The report is well-structured, concise and comprehensively prepared. It clearly demonstrates the extent to which the QAA fulfils its tasks of external quality assurance and meets the ASG-QA.
- The self-assessment report is submitted to the Coordinating Body, who has four weeks to pre-scrutinise it, before forwarding the report to the panel of experts. The purpose of the pre-scrutiny is to ensure that the self-assessment report is satisfactory for the consideration of the review panel. The Coordinating Body will not judge the content or information itself but whether the necessary information, as stated in the *Guidelines for the Review of African QAAs*, is present.
- For the second reviews in case the QAA already underwent a review or consultancy visit under HAQAA1 or HAQAA2, the QAA is expected to list the recommendations provided in the previous review and to outline actions taken to meet these recommendations OR the QAA is expected to provide the improvement plan and/progress report of the previous review. In case the self-assessment report does not contain the necessary information and fails to respect the requested form and content, the Coordinating Body reserves the right to reject the report and ask for a revised version within four weeks.
- The report is submitted to the review panel a minimum of six weeks prior to the site visit.

3.3 Site visit by the Review Panel

The schedule for the site visit will be developed by the review panel in collaboration with the QAA, to be agreed upon at least a month before the planned dates of the visit. The schedule includes an indicative timetable of the meetings and other exercises to be undertaken by the review panel during the site visit, the duration of which is normally three days. The approved schedule shall be given to the QAA at least one month before the site visit, in order to properly organise the requested interviews.

The QAA will make the necessary practical arrangements for the review panel for the duration of the site visit (including arrival information, hotel recommendations, and local transportation if needed). Exceptionally, a hybrid scenario for the remote participation of some panel members can be foreseen if duly justified.

The site visit will close with a final de-briefing meeting outlining the review panel's overall impressions but not its judgement.

3.4 Preparation and completion of the final evaluation report

On the basis of the review panel's findings, the review panel will draft the report. The report will take into account the purpose and scope of the evaluation as defined under articles 2 and 2.1. It will also provide a clear rationale for its findings with regards to each standard of the ASG-QA.

A draft will be first submitted to the Coordinating Body who will check the report for consistency, clarity and language, and then it will be submitted to the QAA within two weeks of the site visit for comments on factual accuracy. Thereafter, the review panel will take into account the comments on factual accuracy by the QAA, finalise the document and submit it to the Coordinating Body.

The report is to be finalised within three months of the site visit and will not exceed 40-60 pages in length.

4. Follow-up process and publication of the report

The QAA will consider the report and accepts that it might be published. The QAA commits to follow up on the recommendations of the review panel.

The Coordinating Body shall retain ownership of the report. The intellectual property of all works created by the Panel in connection with the review contract, including specifically any written reports, shall be vested in the Coordinating Body.

5. Budget

For the HAQAA3 agency reviews and consultancy visits, the direct costs (travel and accommodation for external reviewers) are covered by the HAQAA3 Initiative. However, agencies should still ensure that they have sufficient human resources for the preparation and implementation of the exercise. Likewise, any costs related to the venue for the site visit and attendance of interviewees will be covered by the agency.

6. Indicative schedule of the review

Agreement on terms of reference	May 2025
Appointment of review panel members	August 2025
Self-assessment completed	November 2025
Pre-screening of SAR by Coordinating Body	November 2025
Preparation of site visit schedule and indicative timetable	December 2025
Briefing of review panel members	January 2026
Review panel site visit	End February 2026
Draft of review report and submitting it to Coordinating Body for pre-screening	April 2026
Draft of review report to the QAA	May 2026
Statement of the QAA to review panel, if necessary	May 2026
Submission of final report	June 2026
Publication of report	June 2026

ANNEX 3: GLOSSARY

ACQF	African Continental Qualifications Framework
AfriQAN	African Quality Assurance Network
AFRMC	Audit, Finance and Risk Management Committee
AI	Artificial Intelligence
AQVN	African Qualification Verification Network
ASG-QA	African Standards and Guidelines for Quality Assurance in Higher Education
BSC	Balanced Score Card
CHE	Council in Higher Education
COL	Commonwealth of Learning
CVs	Curricula Vitae
ENQA	European Association for Quality Assurance in Higher Education
EQA	External Quality Assurance
ERR	External Review Report
ESHEC	Eswatini Higher Education Council
HAQAA	Harmonisation, Accreditation, and Quality Assurance in African Higher Education Initiative
HEIs	Higher Education Institutions
HEQAC	Higher Education Quality Assurance Committee
HR	Human Resources
HRMC	Human Resources Management Committee
ICTC	Information and Communications Technology Committee
ICTs	Information and Communication Technologies
INQAAHE GGP	International Network for Quality Assurance Agencies in Higher Education Guidelines of Good Practice
IQA	Internal Quality Assurance
ISER	Institutional Self-Evaluation Report
KPIs	Key Performance Indicators
LQF	Lesotho Qualifications Framework
M&E	Monitoring and Evaluation

MoET	Ministry of Education and Training
MoUs	Memoranda of Understanding
NCHE	National Council for Higher Education
PoMISA	Potential of Microcredentials in Southern Africa
QA	Quality Assurance
QAAs	Quality Assurance Agencies
SADC	Southern African Development Community
SADCQF	Southern African Development Community Qualifications Framework
SAQA	South African Qualifications Authority
SAQAN	Southern Africa Quality Assurance Network
SAR	Self-Assessment Report
SER	Self-Evaluation Report
ToRs	Terms of Reference