Harmonisation, Quality Assurance and Accreditation in Africa

HAQAA3

Global Gateway

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Methodology for External Reviews of Quality Assurance Agencies: consultancy visits

The methodology is intended to explain how full external reviews of quality assurance agencies in Africa can be carried out. This version of the methodology includes notes [indicated in square brackets and highlighted in grey] which explain adaptations to the methodology for the specific purpose of the **HAQAA3 consultancy visits** taking place in 2024-2028.

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CONTENTS

1. Background 2
2. Key terms in the context of these guidelines 3
[2.1. Review options under HAQAA3] 4
3. Principles of an external review of a quality assurance agency 5
3.1. Responsibilities of the agency under review 5
3.2. Responsibilities of the Coordinati0ng Body 6
3.3. Responsibilities of the Panel Members 6
3.4. Responsibilities of the Decision-making Body 7
4. Main characteristics of the review process 8
4.1. Formulation of the Terms of Reference and procedures for the review 8
4.2. Production of the self-assessment report by the agency under review 8
4.3. Nomination, appointment and training of the review panel 9
4.4. Data Collection 10
4.4.1 Observation 10
4.4.2 Review of documents 10
4.4.3 Interviews 10
4.5. Site visit by the review panel to the agency 11
4.6. Preparation of the external review report 12
4.7. Judgements on compliance and formal outcomes of the review 12
4.8. Follow-up of the review 13
5. Appeals and Complaints Procedures 14
5.1 Appeals Procedure 14
5.2 Complaints Procedure 14
6. Financial guidelines 14
ANNEXES 16
Annex I: Template for the Terms of reference for the review 16
Annex II: Code of Conduct for the Review Panel 20
Annex III: Confidentiality Agreement 21
Annex IV: Contract with Experts (Incl. Clause on Conflict Of Interest) 22
Annex V: Provision of No Objection by the QAA 23
Annex VI: Template of the self-assessment report 24
Annex VII: Template for the external review report 27

1. Background

Quality assurance in higher education is recognised as a key strategic area in the 2063 Agenda of the African Union, which prioritises a number of tools and measures for harmonising the African higher education sector and rendering it both local responsive and globally competitive. Higher education quality assurance collaboration, and harmonisation more generally, is also a successful area of collaboration under the Joint Africa-EU Strategy. The aim is to establish compatible structures and systems which would facilitate academic mobility and foster comparability of qualifications.

Support to achieve these aims was provided in 2015-2018 by the Harmonisation of African Higher Education Quality Assurance and Accreditation (HAQAA) Initiative, funded by the European Union under the Africa-EU Strategic Partnership, and continued in phase two during 2019-2022. These Initiatives facilitated the development of the African Standards and Guidelines for Quality Assurance (ASG-QA) and a methodology for the peer review of external quality assurance agencies against the standards of Parts B and C of the ASG-QA. Both initiatives have given voice, structure and visibility to the Continental Education Strategy for Africa (CESA) in the field of higher education, and more specifically to the African Union endorsed Pan-African Quality Assurance and Accreditation Framework (PAQAF). In 2018 and 2021-2022, teams of experts conducted five pilot reviews of national external quality assurance agencies and ten consultancy visits to higher education ministries in five different African Union regions.

Phase three (2023-2028) is intended to mainstream agency reviews in Africa, offering also follow-up visits for agencies that already went through a review in the previous HAQAA phases, while maintaining the option of a consultancy visit for agencies in the early stages of development or ministries that still hold responsibility for external quality assurance. It will also update the tools tested during the pilot reviews, including the review methodology (contained in this document) and the ASG-QA (review foreseen for 2028).

This methodology is developed to support quality assurance agencies in aligning with the continental needs in quality assurance as well as in their further establishment. It is aimed to be a practical tool for all parties involved; the agency under review, the Coordinating Body, review experts as well as the Decision-making Body. It substitutes the previous version of the review guidelines from the HAQAA2 initiative, and introduces compliance judgements as an integral part of full agency reviews.

2. Key terms in the context of these guidelines

Accreditation: A process for verifying or approving a quality assurance agency by an authorised external organisation, normally valid for a limited period of time.

African Standards and Guidelines for Quality Assurance in Higher Education (ASG-QA): The expectations developed within the framework of the HAQAA Initiative for quality assurance in higher education across Africa.

Agency (under review): Quality assurance agency for higher education undergoing an external review.

Coordinating Body: An organisation independent from the agency under review coordinating in practical and logistical terms the review process and ensuring the integrity and efficiency of the process. It should be an organisation with proven expertise in external quality assurance and in conducting peer reviews. [For the HAQAA3 reviews, the HAQAA3 implementing team is the Coordinating Body]

Decision-making Body: A board or a body responsible for the decision on the formal outcome of the review. [Not applicable in the HAQAA3 consultancy visits.]

External quality assurance: Systematic monitoring and evaluation of the operations of a quality assurance agency of higher education, and the processes that support them, to make sure that the standards set out in the ASG-QA are met.

External review: A thorough evaluation conducted at a quality assurance agency of higher education by a qualified team of people that are not employed at the agency.

External review report: The main output of the review in form of a document reporting in detail on the review, prepared by the Review Panel.

Higher education institution: University, college or other organisation that delivers higher education.

Review expert: An individual contracted by the Coordinating Body to the team that reviews the agency under review. He/she should have some experience in the higher education sector/quality assurance.

Review Panel: A group of individuals contracted by the Coordinating Body to carry out the external review.

Self-assessment report (SAR): An analytical report submitted by the agency under review to the Coordinating Body, assessing its own performance, to be used as main piece of evidence for the Review Panel.

Site-visit: Normally a two to four day visit of the Review Panel to the premises of the agency under review to gather further information on the operations of the agency, and to crosscheck already existing information. The main part of the visit consists of interviews of the groups of all

important individuals and stakeholders (i.e. agency leadership and staff, external reviewers of the agency, representatives of higher education institutions, government representatives).

Terms of Reference (ToR): A document agreed between the Coordinating Body and agency under review identifying the purpose and process of the review and outlining the indicative timeline and financial arrangements.

[2.1. Review options under HAQAA3

(Full) agency reviews: A thorough evaluation conducted at a quality assurance agency of higher education by a qualified team of people that are not employed at the agency, covering all standards of Parts B and C of the ASG-QA. To be eligible for an external review, it is recommended that an agency has been operational in quality assurance for at least two years and should have completed at least five institutional or programme QA review reports.

Consultancy visit: An evaluation conducted at a recently-establish quality assurance agency of higher education or a relevant ministry holding such a competence (for countries where there is not an agency yet) by a qualified team of people that are not employed at the agency. The following standards will be covered as a minimum: Part B standard 2, Part C standards 1, 2, 3, 4 and 7. Other standards may be covered in addition if feasible and relevant.

Follow-up visit: A thorough evaluation conducted at a quality assurance agency of higher education by a qualified team of people that are not employed at the agency, covering the recommendations from the last agency review undergone by the agency, including all standards of Parts B and C of the ASG-QA. To be eligible for a follow-up visit, the agency must have undergone an agency review under one of the previous HAQAA phases.]

3. Principles of an external review of a quality assurance agency

- These guidelines are based on the principle that the African Standards and Guidelines for Quality assurance in Higher Education (ASG-QA) provide the overarching framework for the reviews of external quality assurance agencies of higher education in Africa.
- An external review of a quality assurance agency is an evidence-based process carried out by independent experts.
- The main aim of an external review is to evaluate whether and to what extent an agency complies with the standards in part B and C of the ASG-QA. [For the HAQAA3 consultancy visits, the following standards will be covered as a minimum: Part B standard 2, Part C standards 1, 2, 3, 4 and 7. Other standards may be covered in addition if feasible and relevant.]
- [Since no formal consequences are linked to the outcomes of the consultancy visits for the time being, they shall be conducted in a formative way, based on the principle of collegiate peer reviews.]
- The information provided by the agency under review is assumed to be fact-based and correct unless evidence points to the contrary.
- In the review, gathered information (through the self-assessment report by the agency and other information) is verified and crosschecked by the Review Panel.
- The Coordinating Body ensures that the whole process is carried out transparently and with high integrity, and that outputs are published.
- The management of the review process is independent of the agency itself.
- The external review report produced by the panel must be sufficiently detailed for any external reader and to ensure the robustness of the review. The report must provide sufficient, verified information which clearly shows how the agency understands the requirements of the standards and complies with them.
- To be eligible for an external review, it is recommended that an agency has been operational in quality assurance for at least two years and should have completed at least five external quality assurance reviews (institutional or programme review reports). [This is not applicable for the HAQAA3 consultancy visits]

3.1. Responsibilities of the agency under review

The agency under review shall:

- Plan for sufficient resources to undergo the review. [For the HAQAA3 consultancy visits, the direct costs are covered by the HAQAA3 Initiative. However, agencies/ministries 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.]
- Provide a contact person for the review.
- Commit to the preparation of the Self-Assessment Report (SAR), which should be an analytical, reflective, self-explanatory and self-standing document giving a precise picture of the current operations of the agency.
- Provide the Panel with any additional documentation they request.

- Plan and organise, in collaboration with the Coordinating Body, the schedule and logistics of the site visit (including inviting the interviewees).
- Commit to an openness and integrity throughout the process.
- Commit to the publication of the review results on their website.

3.2. Responsibilities of the Coordinating Body

The coordinating body shall:

- Prepare the Terms of Reference (ToR) together with the agency under review.
- Request nominations from quality assurance agencies in countries eligible to participate in the review process, to be submitted with CVs of the nominees.
- Select Panel members from the received nominations based on the defined criteria.
- Define a chair and a secretary from among the selected Panel members.
- Officially contract the Panel members for the review activity.
- Organise a briefing meeting/training to the members of the Panel.
- Assign one of its staff as a coordinator for the process of review (the coordinator does not take part in the review activity).
- Monitor the process as agreed and intervene if delays are observed.

3.3. Responsibilities of the Panel Members

The members of the Panel are expected to assess whether the agency complies with the parts B and C of the ASG-QA in a professional, critical and independent manner, and each member of the Panel should actively contribute to the activity. The members are, therefore, advised to ensure that they have adequate time to participate in the review. Failure to contribute actively may lead to being discontinued from the review.

The Panel should work as a team and act independently, and ensure that their judgements are not influenced by the agency under review or any higher education institution or any other interested party. Any potential conflict of interest, bias or undue influence should be disclosed to the Coordinating Body. Each member of the Panel must sign an Independence and Disclosure Form to guard against undue influence.

Overall, the reviewers should:

- Have a spirit of cooperation and show mutual respect between the members of the team and towards the agency under review.
- Participate in a balanced distribution of work roles within the team and commit to the specific role within the team.
- Attend physically or virtually all coordination meetings between team members (before or during and after the site visit) and adhere to punctuality.
- Inform the rest of the team of all the evidence and review related information that they learn of during the review process, to be considered when taking the decision.
- Participate actively in the discussions to reach a collective view of the status of the QAA under review in light of the results of the review process.

Before the site visit:

- Attend training or orientation/induction session(s) organised by the Coordinating Body (face-to-face or online).
- Study materials submitted by the agency (self-assessment report and any supporting documents, review guidelines and code of conduct).
- Hold a provisional meeting/e-meeting to discuss the preliminary findings (raise deficiencies in the SAR, extra evidence or documents needed, discuss and agree on review activities and plan for site visit).

During the site visit:

- Commit to the code of conduct defined by the Coordinating Body.
- Collect evidence according to the data collection guidelines.
- Hold panel meeting to discuss findings and draft an exit debriefing statement.
- Debrief the agency leadership on the findings of the review without declaration of any possible judgement as the decision will be taken by the Decision-making Body [not applicable for HAQAA3 consultancy visits. For the HAQAA3 agency reviews the panel will provide an indicative compliance judgement, but without any formal consequence].

After the site visit:

- Draft the external review report according to the template provided by the Coordinating Body.
- Reach a consensus on the recommendation about the state of compliance of the agency.
- Be available for any clarifications or discussions that the Coordinating Body may require regarding the external review report.

3.4. Responsibilities of the Decision-making Body

The Decision-Making Body shall:

[Not applicable for the HAQAA3 consultancy visits].

- Receive the external review report from the Coordinating Body within 30 days after completion of the review activity.
- Study the result of the QAA external review by the Panel and make appropriate decision on the agency's level of compliance with ASG-QA in line with section 4.7.
- Inform the QAA under review within 30 days of the decision and recommendations to be addressed for purposes of improvement.

4. Main characteristics of the review process

4.1. Formulation of the Terms of Reference and procedures for the review

Once the Coordinating Body has accepted the request to coordinate a review, it will, together with the agency under review, agree on the terms of reference (ToR) and preliminary timetable for the review.

The ToR are to be published on the agency's website [not applicable for the HAQAA3 consultancy visits].

The ToR should clearly identify that the purpose of the review is to analyse the agency's compliance with the ASG-QA. They should clearly identify the activities of the agency that are going to be the subject of the review. Usually, all quality assurance activities of an agency under review that fall under the scope of the ASG-QA are to be included in the scope review, regardless if they are carried out in the agency's own jurisdiction or in other countries/systems and whether the activities are of obligatory or voluntary nature.

The ToR should outline how the review is going to be carried out in terms of the number of reviewers, administration, timeline and language matters (including interpretation, if necessary). The ToR and preliminary timetable contained therein form the basic outline of the review process itself. The ToR is annexed to the Contract between the Coordinating Body and the agency under review including information on the fee payable and procedures for payment.

The template for the ToR can be found as Annex I of this document.

4.2. Production of the self-assessment report by the agency under review

The review process gives the agency the opportunity to reflect on how it measures up to the ASG-QA and to gather the key documentation, which supports its claim of compliance. It is important that the SAR provides clear information, critical reflections and sufficient analysis, and that its contents can be crosschecked by documentation and/or oral evidence during the site visit.

In addition to context data (a brief description of the higher education system in which the agency (predominately) operates and the agency's history and activities), the report should include a description and assessment of all the quality assurance activities to be evaluated by the panel. This information should cover for each type of external quality assurance activity on each of the standards of parts B and C of the ASG-QA.

In order to contribute to the agency's activities in the future, the report should be both backward- and forward-looking and should provide a precise picture of the current situation. The report, which is self-explanatory and self-standing, is approximately 40-60 pages in length,

excluding annexes. The language of the report should be agreed between the Coordinating Body and the agency under review.

Concerning the scrutiny of the report, the Coordinating Body checks the SAR prior to sending it to the Review Panel to ensure that it conforms to the present guidelines and includes all the elements listed. This is a technical scrutiny and does not include any assessment on the compliance.

The template of the SAR can be found as Annex VI of this document.

4.3. Nomination, appointment and training of the review panel

The principle of best practices of external quality assurance is based on the consistent use of a wide range of expertise and experiences. Panel members are drawn from senior staff from external quality assurance agencies, higher education and academic leadership, and international experts on quality assurance.

The Panel consists normally of four external reviewers, appointed by the Coordinating Body. The Panel shall include at least one former or current senior staff of a quality assurance agency, one representative of higher education leadership and one student. [For HAQAA3 consultancy visits, the panel will consist of three external reviewers, including at least one former or current senior staff of a quality assurance agency and one representative of higher education leadership].

Criteria for Nomination and Appointment:

a) The reviewers are nominated from countries other than the country of the agency under review [For HAQAA3, the reviewers are selected by the coordinating body on the basis of a call for nominations specific to the HAQAA3 exercise.].
b) The members of the Panel shall possess the following expertise and experiences:
    - Good knowledge and understanding of external quality assurance.
    - Be able to work effectively in a multicultural team.
    - Possess good communication, writing, and IT skills.
    - At least one member is fluent in the working language of the country in which the agency under review operates. [For HAQAA3, the working languages considered are English, French, Portuguese and Arabic].
    - Commit to attend training or orientation/induction session provided by the Coordinating body in preparation for the review process; and
    - Have no conflict of interest with the agency under review and agree to sign Confidentiality and Non-conflict of Interest form.

Training of experts

Once the reviewers are appointed, it is recommended that they are provided with training or an orientation/induction session organised by the Coordinating Body. This can be organised face-to-face or online. The aim is to familiarise the reviewers with the ASG-QA, with the review methodology and with the context in which the review is made/conducted. It is also an opportunity for the Panel to discuss among themselves prior to the site visit. [For the HAQAA3 consultancy visits, an online or onsite training seminar will be organised for the experts. Further briefing meetings will be held individually with each panel.]

4.4. Data Collection

For the panel to gain a comprehensive understanding about the activities of the agency, data collection during the review is crucial and it is achieved through three types of activities; observation, review of documents and interviews. These activities are not exclusive, they rather complement each other to help the reviewer reach an informed judgement; i.e. data related to a single standard can be collected through one or more of these review activities.

Multiple data sources add credibility to the collected data. In order for the agency to prepare with sufficient information to the Panel and that they can make the best use of the review activities and collection of data, the following guidelines are provided:

4.4.1 Observation

a) Observation is most useful in collecting data about the agency's resources and infrastructure, as well as data related to the performance of a person or a group of persons.
b) Before conducting any observation activity, the Panel should make sure to define the purpose of the review in terms of elements to be inspected and questions that are expected to be answered in the process.
c) There are two types of observation, namely guided and random observation.
    - Guided observation is intended for a specific facility or resource that the agency has highlighted in the SAR as a point of strength, or that is an integral part of a given standard.
    - Random observation is intended to observe a sample of a large group of items where it is neither feasible nor practical to observe the whole group. In such cases the Panel should select the observed items randomly do not intentionally select the best or the worst element.

4.4.2 Review of documents

The agency under review usually supplies the most supportive documents as attachments to its SAR and these are to be reviewed before the site visit (as indicated in the template for the SAR). In reviewing official documents, the Panel should:

a) Review the original ratified documents (not copies) wherever applicable;
b) Check the dates on the documents and relate to the information presented by the agency;
c) Review the latest versions of documents, and if needed, compare to older versions to detect changes (e.g. bylaws, policies, decrees), and;
d) Make sure that study related documents are reviewed together (e.g. an external review report of a given higher education institution with the decision taken by the agency board for that institution).

4.4.3 Interviews

Meetings serve the Panel to getting information about the opinion of a person or a category of stakeholders through guided interaction. Thus meetings can be either individual or group interviews.

a) Individual interviews are usually conducted with key personnel (e.g. the CEO, board members, heads of departments) where the sought information is officially the responsibility of these persons. [For the HAQAA3 consultancy visits, where there is no agency yet, the relevant ministry of the participating country should consider who

are the key stakeholders to be interviewed and what would be the ideal format of meetings between the panel and stakeholders.]

b) Group interviews are conducted with representatives of a given category of stakeholders (e.g. representatives of higher education institutions, employers).

Interviews should be arranged for and documented in the visit schedule in accordance with the administration of the agency. While arranging for and conducting an interview the following guidelines should be considered:

a) A group interview optimally involves a maximum of 10 representatives of a given stakeholder category.
b) A group interview should not interfere with ongoing activities of the agency, and should not exceed an hour in duration.
c) A group interview should not be attended by any person that can have influence on the group (i.e. leadership in a meeting with subordinates)
d) The Panel should prepare for the interviews in advance; to compile all questions from the different sections of the ASG-QA that they find relevant to the involved group, to assign roles, i.e. to determine who will ask for what and when.
e) The Panel should make sure everybody takes notes and assigns one of the Panel members to be responsible for drafting the minutes of the interviews.
f) The Panel should begin the interviews by introducing themselves and by explaining the purpose of the meeting.
g) The Panel should encourage the interviewees to freely express their opinions.
h) The Panel should assign one member to lead the discussion in case this is not always done by the chair.
i) The Panel should make sure that all questions agreed beforehand are pursued. The Chair/discussion leader needs to manage the time efficiently.

Furthermore, emergent interviews are not unusual events during the site visit but the Panel needs to get the permission of the agency administration to hold such meetings during the site visit.

4.5. Site visit by the review panel to the agency

The site visit to the agency under review forms an integral part of the review with several key objectives. The site visit is usually 3-4 days long. It encompasses observation of the premises (and branches if any) of the agency, meetings with the agency leadership and personnel, meeting(s) with stakeholders from higher education institutions, and review of some documents on site if deemed necessary.

Exceptionally, a hybrid scenario for the remote participation of some panel members can be foreseen if duly justified. Online site visits can be implemented in case of force majeure.

One important aim is to engage in a dialogue with the agency that would further clarify the written documentation. While the SAR is an important document in the review process, the Panel should be aware that data and information presented in the SAR – unless supported by official documents - represent the institution's own perspective regarding its operations and performance. Therefore the information in the SAR should be crosschecked and supported with the further evidence collected during the site visit. Furthermore, the SAR may be missing important information related to certain standards of the ASG-QA; this information is also collected during the site visit. One of the main objectives for the Panel is to formulate their

preliminary findings regarding compliance with the ASG-QA during the site visit, this information functions as important baseline data of the external review report.

To ensure that all necessary information is gathered during the site visit, it is important that the visit is well prepared and that the process and the Panel's time are managed efficiently. The Panel should be provided with a room for interviews and internal meetings, which ensures confidentiality (i.e. it must be separate and sufficiently soundproof), and it is expected that the Panel enjoys its breaks, including all meals, privately. The Panel may participate in observing a decision-making session or a review visit if any of these are to take place during the site visit. Finally, the Panel is expected to share their first impressions with the agency leadership while on site.

4.6. Preparation of the External Review Report

The main outcome of the review process is the external review report by the Panel. Each Panel members contributes to the writing of the report and the review secretary takes the responsibility for putting the parts together into one comprehensive report.

The purpose of the report is to provide the Decision-making Body with sufficient information on the agency's compliance with the parts B and C of the ASG-QA. For the agency, it should function as a fair and relevant document for further development. The summary of the report (public) should serve as a source of reliable and transparent information for other agencies and other interested stakeholders. The language of the report should be agreed between the Coordinating Body and the agency under review.

The template of the external review report can be found as Annex VI of this document.

4.7. Judgements on Compliance and Formal Outcomes of the Review

The decision-making of the review must be evidence-based and it depends on the overall judgement on compliance with parts B and C of the ASG-QA recommended by the Panel. The decisions on the overall compliance of the agency against the ASG-QA by the Decision-making Body shall be published for the purposes of transparency and accountability. [This is not applicable for the HAQAA3 consultancy visits, for which there will be no formal judgement at the end of the process.]

Judgements on compliance:

The Panel's judgement is reached by gathering necessary evidence and elaborating detailed analysis for each of the standards in the external review report. Thereafter, the Panel makes a judgement on the degree of compliance with each of the standards using the following three scales:

Full or Substantial compliance: No or only minor shortcomings are identified.

Partial compliance: Shortcomings are identified but the agency is already working on improvement and/or shortcomings are such that they can be easily improved within two years' time of the review.

Non compliance: There are grave shortcomings.

Following this, the Panel formulates a recommendation on the overall level of compliance of the agency with the ASG-QA using the following three scales:

[This is not applicable for the HAQAA3 consultancy visits.]

Substantial compliance: when an agency is found substantially compliant with at least ten of the standards, and none of them non-compliant, a certificate of compliance is awarded and it is valid for five years, after which the agency has to undergo a new evaluation. A follow-up report is expected in three years' time of the decision [not for HAQAA3 consultancy visits].

Partial compliance: when an agency is found partially compliant with up to seven of the standards, and none of the non-compliant, conditional level of compliance is granted. An agency will be given two years to address the recommendations arising from the external review before it can be reconsidered for certificate of compliance. This is demonstrated in the follow-up report, which is expected in two years' time of the decision [not for HAQAA3 consultancy visits].

Non compliance: when an agency is found non-compliant with at least one standard and/or partially compliant with more than seven of the standards, the agency as non-compliant. The agency has the right to reapply for a new evaluation after a period of two years.

The decision-making body is different from the Panel. It is normally the Board of the Coordinating Body or another appropriate organ, which shall analyse and scrutinise the judgements and recommendation contained in the external review report and take the decision on compliance accordingly. The decision-making body can take a differing decision from the recommendation of the panel but it should clearly justify and articulate its differing judgement. [Not applicable for HAQAA3 consultancy visits.]

4.8. Follow-up of the review

A follow-up report (including an improvement plan by the agency) can be produced by the agency after a decided period. This report describes and analyses the way the agency addressed the recommendations of the review panel. It can also include any substantial changes/progress/risks in the agency's activities that may be relevant in view of the ASG-QA compliance. The follow-up report is encouraged to be published on the Coordinating Body's website. [This is not applicable for the HAQAA3 consultancy visits.]

5. Appeals and Complaints Procedures

[This section is not applicable for the HAQAA3 consultancy visits.]

5.1 Appeals Procedure

The agency shall be given a chance to appeal against the decisions of the Decision-making Body, and the following procedure shall be followed:

a) The agency shall make an appeal application to the Coordinating Body against the decision within 30 days of receiving the written decision.
b) The agency shall present evidence in support of the appeal claim.
c) The Coordinating Body shall constitute an Appeals Committee to look into the appeal.
d) No member of the Appeals Committee should have been part of the review process.
e) The Appeals Committee shall make deliberation and give evidence-based decision within 30 days.
f) The decision of the Appeals Committee is final.

5.2 Complaints Procedure

The complaints procedure of an external review includes the following elements:

a) The agency has the right to complain against any misconduct during the site visit and deviation from the signed ToR. The Coordinating Body will look into the complaint within a period of 30 days and take the necessary actions according the declared policies.
b) Higher education institutions and other stakeholders have the right to submit a complaint against an accredited agency if they have evidence of its deviation from the ASG-QA.
   i. The Board of the Coordinating Body shall send the complaint to the agency to provide an opportunity for response/explanation.
   ii. The Board will look into the complaint and the agency's response and decide accordingly.
   iii. A follow up visit may be needed to further investigate the complaint, and the Board's decision may be:
      ✓ Invalid complaint, agency still in compliance;
      ✓ Suspend the recognition/ accreditation until the agency takes corrective actions;
      ✓ Withdraws the "recognition/ accreditation".

6. Financial guidelines

[This section is not applicable for the HAQAA3 consultancy visits.]

Availability of adequate finances is critical to the success of the review process of the quality assurance agencies; consequently, it is important to have in place a financial guideline for the review.

The quality assurance agency undergoing the review will bear the cost of the review. The overall cost of the review is determined by the number of panel members and number of days for the site visit. The components will be based on the following:

- Cost for training of panel members (optional)

- Return flight tickets
- Visa cost
- Per diem (Accommodation, local transportation, meals)
- Honoraria of Panel members
- Overhead for the Coordinating Body

The template must make provision for a contract between the individual experts and the Coordinating Body. In determining the cost to be paid by the agency under review, contingency cost will not be taken into consideration. The cost will be based on the real cost for the exercise. Where there is over-budgeting, the excess will be returned to the agency and where there is under budgeting, the agency shall pay the difference.

Flight tickets will be organized for the experts by the Coordinating Body (in economy class). The per diem will be paid to the experts on arrival to the site visit. The honorarium is paid after a satisfactory presentation of the external review report by the panel.

ANNEXES

ANNEX I: TEMPLATE FOR THE TERMS OF REFERENCE OF THE REVIEW UNDER HAQAA3

TITLE: External review of the Agency, Country, by the HAQAA3 initiative

Date, Year

1. Background and Context

[Information and context to be provided by the agency].

Therefore, the Agency, Country ("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 the Agency, Country, HAQAA3 Implementing Partner 1 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 HAQAA3 Implementing Partner 1 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 HAQAA3 Implementing Partner 2.

The official language for the external review of the Agency, Country, shall be Language. The agency commits to provide a translation into Language for any documents related to the review (if not available already in Language), as well as interpretation services during any meetings held in the context of the review if needed.

Contact with the Coordinating Body shall be in Language.

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, audits, evaluations 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:

- QAA activities

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 QAA in collaboration with the Coordinating Body, to be submitted to the review panel at least two months 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 months 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 publicly available. 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	
Appointment of review panel members	
Self-assessment completed	
Pre-screening of SAR by Coordinating Body	
Preparation of site visit schedule and indicative timetable	
Briefing of review panel members	
Review panel site visit	
Draft of review report and submitting it to Coordinating Body for pre-screening	
Draft of review report to the QAA	
Statement of the QAA to review panel, if necessary	
Submission of final report	
Publication of report	

Annex II: Code of Conduct for the Review Panel

When participating in an external review of the QAA, the members of the Panel are expected to observe the following:

a) Show respect for the reviewed agency and its staff and stakeholders.
b) Act as a peer evaluators rather than detectives.
c) Anticipate that the agency's staff may be overly defensive about their agency institution. Do not attack the institution or make accusations or argument.
d) Control reactions in discussions, and not to show anger, disappointment, sarcasm, etc.
e) Use the agency's resources wisely and only in activities related to the review process and not to use these resources for any personal purposes.
f) Judge the agency based only on the ASG-QA regardless of their own ideologies or experience with quality standards of other external quality assurance bodies.
g) Make their judgement in light of the agency's declared mission.
h) Be objective in their judgement and always support it with solid evidence.
i) Not to copy, borrow or keep any of the agency's documents for purposes other than the review process.
j) Keep strict confidentiality of all the agency's data, information and documents

ANNEX III: CONFIDENTIALITY AGREEMENT

THIS NON-DISCLOSURE AGREEMENT is made as of (date) between the Coordinating Body and (name, title and position of the reviewer)

a) Whereas (name of the reviewer) has been assigned and contracted by Coordinating Body to participate in the external review process of (name of the agency)
b) And whereas the reviewer in performing the review activity will have access to confidential documents, data and information regarding the QAA under evaluation
c) The reviewer hereby agrees to hold the Confidential documents and Information in trust and in strictest confidence, and shall not, without the QAA prior written consent, copy, disclose, publish, release, transfer, disseminate, use, or allow access for any purpose or in any form, of any confidential Information accessed through the process of review
d) A breach of this agreement by the reviewer will disqualify the reviewer from the reviewers pool, will be reported to his institution of affiliation and may put him under legal accountability.

Reviewer signature: I (name, title and position of reviewer) hereby agree to the above terms of this non-disclosure agreement (*signature……, date……*)

Annex IV: Contract with Experts (Incl. Clause on Conflict of Interest)

This contract is made as of (date) between the Coordinating Body and (name of the reviewer, title & position of the reviewer)

a) By virtue of this contract, (name of the reviewer) is assigned and contracted by the Coordinating Body to participate in the external review process of (name of the agency under review)
b) The contracted reviewer will commit to the policies and procedures for external review defined by The Coordinating Body and made available for the reviewer
c) The Coordinating Body will cover all expenses of the review process and award an honorary compensation to the reviewer as defined by the financial regulations (bylaws) of the authority
d) The reviewer commits to attend an orientation/induction session provided by the Coordinating Body in preparation for the review process
e) The reviewer shall make him/herself to attend the site visit in person, as well as either physically or virtually available for the deliberations of the review panel before and after the visit as agreed among the review panel members
f) The reviewer affirms that he/she has no business, professional, personal, or other interest, including, but not limited to, consultation, service provision, cooperation agreements, that would conflict in any manner or degree with the performance of his/her obligations as a reviewer under this contract. The reviewer also affirms that If any such actual or potential conflict of interest arises under this Agreement, the reviewer shall immediately inform The Coordinating Body in writing of such conflict.
g) The reviewer shall abide by the code of conduct defined for reviewers and will sign the attached non-disclosure agreement and abides by its contents.

Annex V: Provision of No Objection by the QAA

I (name of the legal representative of the agency under review), of (name of the agency under review) hereby document the absence of any objection on the constitution of the external review panel defined by the Coordinating Body, and confirm that none of the nominated panel members has any current or past interest with (name of the agency under review).

_____

Annex VI: Template of the self-assessment report

Chapter 1. Introduction

The agency's motivation to take part in the review.

Chapter 2. Development of the Self-assessment report (SAR)

Describe the means the agency has used to develop and produce the SAR (appointment of the SAR team, involvement of stakeholders, etc.).

Chapter 3. Higher Education and QA of Higher Education in the Context of the Agency

Describe briefly the higher education system and the evaluation of higher education in your country.

Chapter 4. History, Profile and Activities of the Agency

Describe the history, profile and all activities of the agency as well as its position and status in the national context.

Chapter 5. Higher Education Quality Assurance Activities of the Agency

Describe the external quality assurance activities undertaken by the agency. Provide details on the processes and methodologies applied. An account of the selection process, role and training of the external experts.

Chapter 6. SWOT Analysis

Analyse the strengths, weaknesses, opportunities and threats of the agency.

Chapter 7. Internal quality assurance procedures

Describe the agency internal quality assurance procedures.

Chapter 8. Alignment of [agency] with the African Standards and Guidelines Part B and Part C

In this part of the text, the agency should indicate how they interpret and align with the standards, including sufficient evidence and self-critical analysis on the effectiveness of the agency's approach.

Part B:

Standard 1. Objectives of External Quality Assurance and Consideration for Internal Quality Assurance

Standard 2. Designing External Quality Assurance Mechanisms Fit-for-Purpose

Standard 3. Implementation Processes of External Quality Assurance

Standard 4. Independence of Evaluation

Standard 5. Decision and Reporting of External Quality Assurance Outcomes

Standard 6. Periodic Review of Institutions and Programme

Standard 7. Complaints and Appeals

Part C:

Standard 1. Legal Status

Standard 2. Vision and Mission Statement

Standard 3. Governance and management

Standard 4. Independence of QAA

Standard 5. Policies, Processes and Activities

Standard 6. Internal Quality Assurance Policies, Criteria and Processes

Standard 7. Financial and Human Resources

Standard 8. Benchmarking, Networking and Collaboration

Standard 9. Periodic Review of QAAs

Include a table to show how the agency complies with the standards.

Chapter 9. International activities

Chapter 10. Engagement with stakeholders

Chapter 11. Areas for Future Development

Glossary of Terms

Annexes

Enclose the most crucial documentation (within reason, not more than ten annexes) you consider may support the analysis of the report as well as a recent analysis of feedback received from stakeholders and any cases of complaints, if applicable.

Annex VII: Template for the External Review Report

Chapter 1. Executive Summary

A concise report on the review exercise of the QAA as carried by the review panel.

Chapter 2. Introduction

Aims and purpose of the review exercise; information on panel composition; introduction of the agency under review and the period of the exercise.

Chapter 3. Methodology

Description of the procedure for carrying out the review including a desktop study of the evaluation procedure and the SAR submitted by the QAA. The methodology will also spell out the site visits to include interviews with different stakeholders, examination of documents and inspection of facilities.

Chapter 4. Findings, Analysis and Judgements

The observations and conclusions based on critical analysis of the various performance indicators of the standards during the review exercise are provided. The review shall compare the SAR and its findings during the site visits (Tables) and make final judgements standard by standard.

Part B:

Standard 1. Objectives of External Quality Assurance and Consideration for Internal Quality Assurance

Standard 2. Designing External Quality Assurance Mechanisms Fit-for-Purpose

Standard 3. Implementation Processes of External Quality Assurance

Standard 4. Independence of Evaluation

Standard 5. Decision and Reporting of External Quality Assurance Outcomes

Standard 6. Periodic Review of Institutions and Programme

Standard 7. Complaints and Appeals

Part C:

Standard 1. Legal Status

Standard 2. Vision and Mission Statement

Standard 3. Governance and management

Standard 4. Independence of QAA

Standard 5. Policies, Processes and Activities

Standard 6. Internal Quality Assurance Policies, Criteria and Processes

Standard 7. Financial and Human Resources

Standard 8. Benchmarking, Networking and Collaboration

Standard 9. Periodic Review of QAAs

Chapter 5. Recommendations and commendations

The panel is encouraged to give recommendations for further development of the agency. Commendations are also encouraged where necessary.

Chapter 6. Endorsement of the reports

The agency will be asked for the correction of any factual errors before the finalisation of the report. The external review report shall be signed off by the panel chair.

Chapter 7. Conclusions