Kandahar

Peer Reviewer Visit Report Template

Stage 3



**Ministry of Higher Education**

**(MoHE)**

**Quality Assurance and Accreditation Directorate**

**(QAAD)**

**Peer Reviewer Visit Report**

Name of Institution: Kandahar University (KDRU)

Date of Visit: 25-27 March, 2017

Name of Peer Reviewers: Mahboob Shah Sultani, Shamsurahman Adel, Said Mujtaba Sadat

Table of Contents

[1. Final Scores and Result 1](#_Toc473022194)

[2. Summary of Best Practice 1](#_Toc473022195)

[3. Summary of Recommendations 2](#_Toc473022196)

[4. Background information 3](#_Toc473022197)

[5. Summary of Activity 4](#_Toc473022198)

[6. List of Documentation reviewed 5](#_Toc473022199)

[7. External evaluation and commentary 6](#_Toc473022200)

[Mission and Strategy 6](#_Toc473022201)

[Contribution to Society and Development 8](#_Toc473022202)

[Governance, Leadership and Administration 10](#_Toc473022203)

[Financial Resources and Management 12](#_Toc473022204)

[Academic Provision 14](#_Toc473022205)

[Research 16](#_Toc473022206)

[Faculty Members and Staff 18](#_Toc473022207)

[Student Experience 20](#_Toc473022208)

[Quality Assurance and Enhancement 22](#_Toc473022209)

[Library and Information Resources 24](#_Toc473022210)

[Teaching, Information Technology and Recreational Facilities 26](#_Toc473022211)

# Final Scores and Result

|  |  |  |
| --- | --- | --- |
|  | Total | Peer Reviewer Score |
| Mission and Strategy | 44 | 31 |
| Contribution to Society and Development | 32 | 20 |
| Governance, Leadership and Administration | 38 | 26 |
| Financial Resources and Management | 46 | 29 |
| Academic Programs | 72 | 45 |
| Research | 36 | 24 |
| Faculty Members and Staff | 66 | 46 |
| Student Experience | 52 | 36 |
| Quality Assurance and Enhancement | 38 | 31 |
| Library and Information Resources | 36 | 24 |
| Teaching, Information Technology and Recreational Facilities | 46 | 32 |

|  |  |  |
| --- | --- | --- |
|  | Total Maximum Score | Total Peer Review Score |
| Total scores | 506 | 344 |
| Final score % | 67.98% |  |
| **Status** |  | |

# Summary of Best Practice

|  |  |
| --- | --- |
| **Related sub-criteria** | **Area of best practice** |
|  | Establishing a number of new committees |
|  | KDRU had a media centre where student could do practical work |
|  | KDRU established a career centre in order to help students in finding jobs |
|  | Establishment of Pacha Khan research centre for social sciences |
| 9 | Public awareness of the QA procedure |

# Summary of Recommendations

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| --- | --- | --- |
| **Related sub-criteria** | **Recommendation** | **Level of Priority**  **(High, Medium, Low)** |
| 1.1 | In the process of strategic plan development all stakeholders including staff, students and employers should be engaged and meetings in this regards must be documented. | A |
| 1.3 | The implementation plan of all departments should be approved by deans and must be monitored. | B |
| 1.5 | The new strategic plan pf the university should be approved by MoHE and must be publicized on website and other media. | A |
| 2.2 | The extent of benefit and impacts on society development through teaching and research should be reviewed as part of annual review process. | B |
| 3.2 | Beside the performance review of key administrative staff at KDRU the performance review for the chancellor and vice-chancellors should be done annually and the constructive feedbacks should be drawn from analysis. | B |
| 4.3 | Appropriate financial management system/software could be used at KDRU for better financial management and monitoring. Information regarding the financial system should also be brought in the strategic plan of the institution. | B |
| 5.1 | KDRU should have a clear mechanism to monitor the contribution of academic programs to the institutional mission. | A |
| 5.2 | KDRU must review the graduate skills for the market orientation and needs for recruitment. | C |
| 5.5 | University might develop a proper mechanism to apply the SCL method as well as the top management should work further to provide sufficient classes to students (during the visit it was seen that one of the class was using mosque as a class). | A |
| 5.7 | Institution should take essential steps forward to introduce and implement e-learning process in all academic programs offered. These process must be included in University’s strategic plan. | B |
| 6.1 | The number of current research project should be increased at faculty level. | B |
| 6.2 | All academic staff should research activities/skill development in their own individual action plan. However, the research skills of faculty should be reviewed and must be documented. | A |
| 7.1  7.2 | The institution should identify the future academic and non-academic staffing needs. | C |
| 7.6 | The head of PDC along with its staff should plan the need assessment to recognize the area of improvement for all academic and non-academic staff. Establishment of a professional development center and appointment of a head to the office in order to identify training needs. | B |
| 7.7 | Creation of a monitoring mechanism in order to assess the extent to which academic freedom is being respected, according to the bylaw. | B |
| 7.8 | In the procedure of resolving the students’ complaints, students’ representative should be enveloped in the panel in order to be more satisfied and transparent. | B |
| 8.1 | KDRU should establish a planning office in order to gather and analyze students’ data and make recommendations based upon the data collected. | C |
| 8.5 | KDRU should appoint an individual to oversight and monitor the fairness and equitable treatment across campus in a proactive manner. | B |
| 10.1  10.2 | The main library should be revitalized by removing texts that are not in use and incorporating up to date texts that are useful to respective disciplines. | C |
| 10.4 | Librarians would benefit from enrolling in training programs in order to assist both students and faculty in discipline-specific research. | B |
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Definitions:

High: recommendations that should be implemented immediately.

Medium: recommendations that should be implemented within the next 6 months.

Low: recommendations that should be implemented within the next 12 months.

# Background information

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| --- | --- |
| Date of visit | 25-27 March 2017 |
| Name of Peer Reviewers | Mahboob Shah Sultani, Shamsurahman Adel, Said Mujtaba Sadat |
| Name of Lead Person from Institution |  |

### Brief introduction to institution

* *Location: Kandahar, Afghanistan*
* *Date founded: 1990*
* *Type of institution (public, private) Public*
* *Subjects offered:*
* *Level of degrees (associate, bachelors, post graduate) Undergraduate and post graduate*
* *Number of students*
* *Number of staff*

NEED TO COMPLETE THIS INFORMATION

WE ARE MISSING THE SECTION ON QUALITY ASSURANCE, CEQA, IPDU ETC.

### Issues to be taken into consideration

*Not Applicable!*

### Issues with the relevance of criteria to the institution

*All criteria are applicable to the institution!*

# Summary of Activity

|  |  |  |
| --- | --- | --- |
| **Meeting Title** | **Attendee** | **Role** |
| Overview of institution | 1. Dr. Hazrat Mir Totakhil 2. Eng. Shershah Rashad | 1. Chancellor 2. CV for Academic affairs |
| Senior Management Team | 1. Hazrat Mir Totakhil, Ph.D 2. Eng. Shersha Reshad 3. Dr. Abdul Wahed Wasiq 4. Fazlulah Qazizada 5. Nazir Ahmad | 1. Chancellor 2. VC for Academic affairs 3. IQEU Manager 4. VC for student affairs 5. VC for administrative affairs |
| Deans | 1. Shah Mahmood Baray 2. Moh. Hashim Daqiq 3. Abdul Rahman Babai 4. Abdul Majeed Hajizai 5. Zabihullah Adabpal 6. Ahmad Fawad Ehsas 7. Dr. Najeebullah Rahimi 8. Farid Ahmad Bashardost 9. Abdul Qadir Jalali 10. Mohammad Hakem 11. Abdul Satar Kaker 12. Bilal Ahmad Rahimi | 1. Agriculture 2. Economics 3. Education 4. Law and political science 5. Language and literature 6. Engineering 7. Stomatology 8. Public administration 9. Journalism 10. Sharia 11. Computer Science 12. Medicine |
| Institutional Quality Assurance Committee and representatives from other committees | 1. Abdul Wahed Wasiq 2. Khadem Hussain 3. Jamil Ahmad 4. Mohammad Hassan 5. Najibullah 6. Din Mohammad Mushfiq 7. Nida Mohammad 8. Fazal Elahi 9. Habibullah Popal 10. Sher Khan Afghan | 1. IQEU Manager 2. Deputy Dean 3. Professor 4. QEC director 5. Deputy dean 6. Faculty info officer 7. Lecturer 8. QA head 9. QA head 10. QA head |
| Vice Deans and Heads of Research Centers | 1. Zmarialay 2. Shah Mahmood Barai 3. Moh. Zakria 4. Din Moahammad 5. Nida Mohammad 6. Gulabuddin 7. Jamil Ahmad 8. Moh. Hassan Hassand 9. Sayed Ahmad Mahboobi 10. Faizullah Qazizada 11. Habiburahman 12. Sayed Hikmat | 1. Lecturer 2. Dean of agriculture 3. Lecturer 4. Faculty info officer 5. Research committee 6. Plan and policy officer 7. FPDC officer 8. QEC officer 9. Deputy dean of CS faculty 10. VC for students affairs 11. Head of Pacha Khan center 12. Director of the career center |
| Teaching Staff | 1. Khushal Farooqi 2. Najibullah Fazli 3. Sultan Mohammad 4. Rahmatullah 5. Moh. Karim 6. Khadim Hussain 7. Sharifullah Meesaq 8. Zabihullah 9. Sabghatullah 10. Sher Khan Afghan 11. Sadiqullah 12. Ghulam Rabani 13. Moh. Idress 14. Rahmatullah 15. Aminullah Noor 16. Sultan Mohammad 17. Sayed Ahmad 18. Javed Sahibzada 19. Noor Habib | 1. Lecturer (Dermatology) 2. Lecturer 3. Lecturer 4. Lecturer 5. Lecturer 6. Lecturer 7. Lecturer 8. Lecturer 9. Lecturer 10. Lecturer 11. Lecturer 12. Lecturer 13. Lecturer 14. Lecturer 15. Assistant 16. Assistant 17. Assistant 18. Assistant 19. Assistant |
| Administrative Staff | 1. Abdul Jabar 2. Naseer Ahmad 3. Moh. Haroon 4. Janbaz 5. Moh. Dawood 6. Asadullah 7. Sadiq Nabi 8. Ata Mohammad | 1. Head of finance 2. Head of HR 3. Head logistic 4. Head hostel 5. Head of the maintenance 6. Head of the services 7. Logistics 8. Human resources |
| Library Staff, IT Staff and Estates Staff | Library   1. Noor Ahmad 2. Mustafa 3. Latifa 4. Fazal Mohammad 5. Asil Khan   IT Department:   1. Mamoon Rashid | Library   1. Head of Library 2. Head of the reference section 3. Head of the Afghanistan section 4. Organizing manager 5. Distribution manager   IT Department  IT director |
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| **Meeting with Students** | **Number of Students** | **Years / Faculties represented** |
| Not applicable | 24 students attended from different faculties | Students from 12 faculties attended the meeting however, there was no representative of the female students |

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| --- | --- | --- |
| **Tour** | **Date and Time** | **Buildings / Facilities Visited** |
| Faculties and Departments | March 26, 2017 12:00 PM | Faculty of Agriculturer (Departments) |
| IT, library, and research centres | March 27, 2017 10:00 AM | Library, IT, media centre, Pacha Khan Research Centre |
| Faculties and Departments | March 27, 2017 11:00 AM | Economic Faculty and 2 sample departments |
|  |  |  |
| Faculties and Departments | March 27, 2017 2:00 PM | Medical Faculty |
| Faculties and Departments | March 27, 2017 3:30 PM | Education Faculty |
| Faculties and Departments | March 25, 2017 4:00 PM | Languages and Literature |

# List of Documentation reviewed

|  |
| --- |
| **Document** |
| Self-assessment report |
| Self-assessment report of agriculture and journalism faculties |
| Organizational chart of the committees in Kandahar University |
| Infor on website 1395 |
| Timetable of the committees meetings 1396 |
| Samples of the committees minutes 1395 |
| Five years strategic plan of Kandahar |
| Mission statement 1395 |
| Action plan of the University 1395 |
| Developmental plan of Kandahar University 1396 |
| Samples of the faculties strategic plan |
| Individual action plan sample |
| Teaching improvement plans samples |
| Five years financial plan 1396-1400 |
| Implementation plan of the internal quality enhancement unit 2017 |
| Strategic plan of the IQEU 2017-2021 |
| Evaluation forms for faculties, admins, departments, and outstanding lecturer |
| Tracking document sheet 2016 |
| Developmental plan for research committee 1395 |
| Organizational chart of the research committee |
| Self-assessment report of the faculties (2 samples) |
| Ethics committee structure, its vision and mission |
| Research committee structure |
| A sample of the budget allocation 2017-2021 |
| Info on financial management |
| Financial reports |
| Audit report |
| Income general plan |
| A strategy for enterprise |
| Report on external funded projects |
| Report on annual evaluation |
| Annual report of the administrative affairs |
| Program review checklist |
| Minutes of the committees meetings |
| Five years action plan for E-learning and E-governance 2015-2016 |
| 1394-1395 outcomes and plans for 1396 |
| Development plan for collaboration |
| Hiring, recruitment, complaints, and discipline policies |
| Evaluation of implementation |
| Development plan for the professional growth of lecturers |
| Students registration process |
| Results of the students survey |
| Results of the departmental review |
| Development plan for IT |
| Development plan for estates |
| ToR of staff |
| Survey of the evaluating the teaching process |
| Documents from OBE workshop |
| Research centre and its organizational chart |
| Report of the research methodology workshop (1395) |
| Developmental plan of the library |

# External evaluation and commentary

## Mission and Strategy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | *The institution has a clear mission and strategic plan that is understood by all stakeholders and provides the basis for decision-making and resource allocation.* | | **Max Score** | **Peer Review Score** |
| **1.1** | Mission  The institution has a formally approved and appropriate Mission statement | Each Faculty and Department has its own mission statement that has been approved by the appropriate Senate or Council and is available to the public. | 6 | 5 |
| **1.2** | **Strategic Planning**  The institution carries out a five-year strategic planning cycle | Each Faculty and Department has its own objectives that have been approved by the appropriate Senate or Council. | 10 | 7 |
| **1.3** | **Implementation Planning**  The institution develops an Annual Implementation Plan that details how the milestones within the strategic plan will be delivered | Each Faculty and Department has its own Annual Implementation Plan that has been approved by the Chancellor or Dean as appropriate. | 10 | 7 |
| **1.4** | **Organisational Effectiveness**  The institution is continuously improving the effectiveness and efficiency of its operation | Each Faculty and Department has its own annual review process that identifies areas for improvement that are reflected in the following year's Faculty / Department Annual Implementation Plan. | 10 | 7 |
| **1.5** | **Public Information**  The institution makes publicly available information regarding its mission, strategy, policies and governance | The institution makes all the information regarding its mission, strategic goals, policies and governance available on its website and other media to ensure that it is accessible to all relevant stake-holders. | 8 | 5 |

### Explanation of scores

1.1,2 The institution, faculties and most of the departments have approved strategic plan. The most of departments’ strategic plan are approved by faculty academic council, the faculties strategic plans are approved by university academic senate and the university strategic plan is approved by MOHE and disseminate with public HOW|

. In the strategic plan development process not sufficient evidences were found to support that all relevant stakeholders (staff, students and employers) are engaged. There was an institutional strategic planning committee which had meeting and revising annually. THIS IS NOT PART OF THE CRITERIA – THE FIRST PARAGRAPH EVIDENCES THAT THEY HAVE MET THE CRITERIA.

*1.3:* The institution, faculties and departments had implementation plans for strategic plan. Most of the departments’ implementation plan were approved by deans.

IS THERE A FIVE YEAR PLANNING CYCLE?

1.4: The institution, faculties and departments mostly engaged their staff in implementation plan reviewing. The unachieved activities are identified and delivered to the next year implementation plan after analysis. Beside that the university, faculties and departments had their own development plan. ARE THE DEVELOPMENT PLANS APPROVED BY ANYONE? THIS SOUNDS LIKE THEY HAVE MET MOST OF THE CRITERIA SO WHY SEVEN OUT OF TEN?

1.5: The institutional information regarding its mission, vision and last strategic plan were published to some extent the public via website, social media, brochures, boards of the faculties and departments. WHAT ABOUT GOVERNANCE? AGAIN SOUNDS LIKE THEY HAVE MET THE CRITERIA.

Recommendations

1.1: In the process of strategic plan development all stakeholders including staff, students and employers should be engaged and meetings in this regards must be documented.

1.2: All departments strategic plan should be approved by faculty academic council when appropriate. The new strategic plan of university is not approved by MoHE and was not on website for public awareness. BUT ABOVE YOU SAY THAT THE DOCUMENTS ARE AVAILABLE. Relevant stakeholders meeting should be documented.

1.3: The implementation plan of all departments should be approved by deans and must be monitored.

1.4: The institution, faculties and most of the departments should engage their staff in implementation plan reviewing and all the relevant activities must be documented.

1.5: The new strategic plan pf the university should be approved by MoHE and must be publicized on website and other media.

YOUR RECOMMENDATIONS DO NOT MATCH THE TEXT ABOVE.

* *Additional recommendations*

Best Practice

*Best practice is defined as:*

An innovative and effective approach to delivering a sub-criteria within the Accreditation Framework that should be shared with similar institutions within the Afghan HE Sector. YOU DO NOT MENTION THIS APPROACH ABOVE – YOU NEED TO LINK IT TO ONE OF THE SUB CRITERIA.

* *Identify best practice – if appropriate.*

## Contribution to Society and Development

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2** | *The institution makes a valuable contribution to society, regional, local, and national development This is reflected in its strategic goals and informs decision-making and the activity of staff and students.* | | **Max Score** | **Peer Review Score** |
| **2.1** | **Mission and Strategic Planning**  The institution embraces its role as an agent of social, economic and cultural development | The mission statement and strategic plan of each Faculty includes goals that benefit society and contribute to local, regional and national development. | 8 | 6 |
| **2.2** | **Academic activity Research and teaching** Programs reflect the mission of the institution as an agent of social, economic and cultural development | The institution ensures the annual review at Faculty level assesses the extent and impact of the contribution to society and local, regional, national development. | 10 | 6 |
| **2.3** | **Staff Engagement and Contribution**  All academic staff, and administrative staff where appropriate, are engaged in activity that makes a contribution to society and local, regional, national development | The contribution of faculty, and administrative staff where appropriate, to society and local, regional, national development is included in the Performance Review process. | 8 | 5 |
| **2.4** | **Student Engagement**  The student body is aware of the institutional commitment to society and development and is encouraged to engage directly where possible | The institution seeks to engage students directly in contributing to society and local, regional, national development through the curriculum or extra-curricular activity. | 6 | 3 |

### Explanation of scores

2.1: Mission and vision statements at the institutional level did not include a clear benefit to society and community for the national development. SO WHY HAVE YOU SCORED THIS SIX OUT OF TEN?

2.2: Teaching and research conducted at university and faculty level were supportive to the institution mission but the extent of benefit and impacts on society development were not reviewed.

2.3: Most of the researches the faculties are conducting were related to the regional and national issues. But the contribution of administrative staff in contribution to society were not documented. No evidence were found to support the performance review of administrative staff in regards of their contribution to society. WAS THERE EVIDENCE OF ACADEMIC STAFF BEING REVIEWED FOR THEIR CONTRIBUTION TO SOCIETY?

The engagement of students in extracurricular activities for the society benefit were negligible. REALLY??

Recommendations

2.1: Mission and vision statements at the institutional level should include a clear benefit to society and community for the national development especially with regards of teaching and research conducts.

2.2: The extent of benefit and impacts on society development through teaching and research should be reviewed as part of annual review process.

2.3: The contribution of administrative staff in benefit to society should be reviewed and documented.

2.4: The University should conduct seminars/ workshops and publicize it SP including mission and vision statements for the student awareness. The engagement of students in extracurricular activities for the society benefit should be increased.

Best Practice

*Best practice is defined as:*

An innovative and effective approach to delivering a sub-criteria within the Accreditation Framework that should be shared with similar institutions within the Afghan HE Sector.

* *Identify best practice – if appropriate.*

## Governance, Leadership and Administration

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| --- | --- | --- | --- | --- |
| **3** | *The governance, leadership, and administration of the institution is focused on the achievement of its mission and strategic goals.* | | **Max Score** | **Peer Review Score** |
| **3.1** | **Governance**  The institution has established appropriate and effective governance structures to oversee the delivery of its mission and Institutional Strategic Plan | The institution regularly reviews the performance of each Committee to ensure that there is appropriate and effective governance across all aspects of its operation. | 10 | 7 |
| **3.2** | **Leadership**  The institution is led by a full time and effective senior leadership and management team | The performance of the Chancellor, Vice Chancellors, Deans, Associate Deans and Heads of Department as leaders and managers is reviewed within the Performance Review process. | 10 | 7 |
| **3.3** | **Administration**  The administration of the institution is focused on supporting the delivery of the mission and strategic priorities of the institution | The organisational of the administrative departments is reviewed regularly to ensure it is fit for purpose. | 8 | 4 |
| **3.4** | **Ethics**  The institution strives to act in an ethical way, preventing corruption, nepotism and favouritism and ensuring that there is transparency, gender equity and fairness in all aspects of its operation | The institution has an effective mechanism to monitor the ethical behaviour and the integrity of all staff and students. | 10 | 8 |

### Explanation of scores

3.1: The KDRU University established a great numbers of effective committees (23) for better governance of the institution with their ToR and meeting books, but the performance of committees were not yet reviewed. NEED TO KNOW IF THE 23 COMMITTEES WERE EFFECTIVE.

3.2: All top managerial authorities at KDR University were fulltime appointed and the performance of deans, HoDs, and key administrative staff were reviewed however, the performance review for the chancellor and vice-chancellors were not yet done. ARE THERE PLANS TO DO THESE REVIEWS?

3.3: The key administrative staff had their ToRs but most of them did not develop individual action plan to achieve the institutional goals and objectives. The key administrative staff were appointed based on administrative reforms and policies of the central government in which professionalisms were not considered.

WHAT ABOUT INSTITUTIONAL STRUCTURES FOR ADMINISTRATION - WAS THE STRUCTURE APPROPRIATE

3.4: The discipline and regulation committees were established at institutional and faculty level and they have their specific bylaws. There were not a clear mechanism for staff ethical behavior monitoring. The disciplinary bylaws were not publicized for students and staff awareness in all faculties. YOU HAVE GIVEN 8 OUT OF 10 BUT IT DOES NOT MEET THE CRITERIA.

Recommendations

3.1: The University should review the performance of all 23 active committees annually in order to support their activities in alignment of institutional mission.

3.2: Beside the performance review of key administrative staff at KDRU the performance review for the chancellor and vice-chancellors should be done annually and the constructive feedbacks should be drawn from analysis.

3.3: The administrative staff should develop their individual action plan to achieve the institutional goals and objectives. Professionalisms should be considered while recruitment of administrative staff.

3.4: A clear mechanism for staff ethical behavior monitoring should be developed at university level. The disciplinary bylaws must be publicized for students and staff awareness in all faculties and buildings.

Best Practice

*Best practice is defined as:*

An innovative and effective approach to delivering a sub-criteria within the Accreditation Framework that should be shared with similar institutions within the Afghan HE Sector.

* *Identify best practice – if appropriate.*

## Financial Resources and Management

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| --- | --- | --- | --- | --- |
| **4** | ***The institution’s resources are allocated and managed to ensure the achievement of its mission and strategic plan.*** | | **Max Score** | **Peer Review Score** |
| **4.1** | **Financial Planning**  The institution ensures that its financial plans are consistent with and focused on the delivery of its strategic goals | The VC Administration involves the other VCs and Deans in the development of the Institution's 5-year financial plan. | 10 | 6 |
| **4.2** | **Financial Management**  The institution ensures that annual budgets are managed efficiently | The VC for Administration develops the annual budget in consultation with Deans, Heads of Department and other key stakeholders. | 10 | 7 |
| **4.3** | **Financial Systems**  The institution has established effective financial management and accounting systems | The institution is able to generate and uses financial management information and reports in the strategic planning process. | 10 | 5 |
| **4.4** | **Audit**  The institution's income and expenditure are audited on an annual basis | The institution uses its audit reports to make improvements in financial systems and the financial management process. | 10 | 7 |
| **4.5** | **Income Generation** The institution is developing its capacity to generate income through enterprise activity and services | The institution has an enterprise development plan that is part of its Institutional Strategic Plan and is taking the steps necessary to build capacity to deliver this strategy. | 6 | 4 |

### Explanation of scores

4.1: The KDRU developed annual and 5 years financial plans; however, it was evident that in the development of these plans VCs, deans and HoDs were not engaged. THINK YOU ARE BEING A BIT HARD IN GIVING THIS 6 OUT OF 10.

4.2: VC for administrative affairs has accountability for annual budget and the quarterly reports were presented to the managerial board. No evidence were found to show that the reporting to the academic senate. As well as, the engagement of the deans in the development of the annual financial plan was not evident too.

4.3: The financial management system/software at KDRU was basic and was based on the usage of Microsoft excel only BUT DID IT WORK? In addition, the institution did not sufficiently utilized the financial information and reports in the strategic planning process.

4.4: Internal and external audit reports were existed at KDRU, but the information from audit reports were not used for the improvement of the financial system and management process. SO WHY ARE YOU GIVING THIS 7 OUT OF 10?

4.5: Some area of potential to generate income for the institution had been identified and also mentioned in the five years strategic plan; however, a separate income generation plan was not existed at both university and faculty level. SO WHY FOUR OUT OF SIX?

Recommendations

4.1: KDRU should engage VCs for both academic and students affairs as well as deans and HoDs while developing the financial plan.

4.2: The VC for administration should report quarterly and need based to the academic senate for his/her clear accountability.

4.3: Appropriate financial management system/software could be used at KDRU for better financial management and monitoring. Information regarding the financial system should also be brought in the strategic plan of the institution.

4.4: While the development of the next year financial plan, the audit report should be considered for improvement financial management system.

4.5: KDRU should develop a separate income generation plan and needs to identify the potential areas of income generation with the consultancy of VCs, deans and HoDs to support the institutional financial autonomy.

Best Practice

*Best practice is defined as:*

An innovative and effective approach to delivering a sub-criteria within the Accreditation Framework that should be shared with similar institutions within the Afghan HE Sector.

* *Identify best practice – if appropriate.*

## Academic Provision

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| --- | --- | --- | --- | --- |
| **5** | *Academic programs are consistent with the institution’s mission and are regularly reviewed to ensure continuous improvement.* | | **Max Score** | **Peer Review Score** |
| 5.1 | **Alignment to mission**  All academic Programs are aligned to and consistent with the mission of the institution | The institution has a mechanism to monitor how Programs contribute to the mission of the institution. | 10 | 7 |
| 5.2 | **Clarity of Requirements**  All academic Programs clearly define the requirements for graduation and the development of graduate skills | All programme specifications show clearly how knowledge and skills are developed at each stage of the programme and the skills that will have been developed by graduation. | 10 | 6 |
| 5.3 | **Annual Programme Monitoring**  All academic Programs are monitored annually using a formal (MoHE) Programme Approval and Review process | The Program Annual Improvement Plan enhances the delivery of the programme and the student experience and Programme Teams can provide evidence that plans have been progressed. | 10 | 5 |
| 5.4 | **Programme Review**  The portfolio of Programs and all programme curricula are reviewed every 5 years using a formal (MoHE) Programme Approval and Review process | The institution is taking strategic decisions about its portfolio of academic Programs based on the findings of its Periodic Review of Programs. | 8 | 5 |
| 5.5 | **Pedagogy**  The methodologies used to teach all academic Programs and enhance student learning are regularly updated | The majority of programme teams adopt the principles of student-centred learning and apply these in their pedagogy. | 10 | 7 |
| 5.6 | **Assessment**  The methodologies used to assess student attainment are fair, transparent and regularly updated | All programme teams can evidence their ability to provide students with timely and constructive feedback. | 10 | 6 |
| 5.7 | **E-Learning**  The institution has developed its capacity to implement e-learning provision | The institution is actively developing / delivering e-learning provision and has mechanisms in place to support students studying on e-learning Programs | 8 | 5 |
| 5.8 | **Collaborative Partnerships**  The institution is developing its capacity to partner with institutions in Afghanistan and overseas | The institution has a development plan for international collaborative partnerships within its Institutional Strategic Plan and has taken steps to implement this. | 6 | 4 |

### Explanation of scores

*5.1:* All academic programs at KDRU were aligned to the University mission, HOW DO YOU KNOW THIS? but there was not a clear mechanism to monitor the contribution of academic programs to the institutional mission.

5.2: All the academic programs held by KDRU define the sufficient credit structure required for graduation based on the credit bylaw of MoHE. HOW ARE STUDENTS INFORMED OF THE CREDIT STRUCTURE AND GRADUATION REQUIREMENTS?

However, the graduate skills were not reviewed for the market orientation and needs for recruitment.

5.3: Self-assessment reports on both faculty and department level showed that annual program monitoring is performed. However, the data from students’ feedback were not effectively utilized for the program improvement. THE CRITERIA DOES NOT ASK ABOUT STUDENT FEEDBACK IN THE PROGRAMME MONITORING PROCESS.

DOES THE PROGRAMME MONITORING PROCESS INCLUDE ACTION PLANS TO IMPROVE THE PROGRAMME THE NEXT ACADEMIC YEAR?

5.4: The curriculum committee had been established at KDRU and planned to revise the curriculum periodically. HOW DOES IT DO THIS? PROGRESS TO DATE? However, there was no MoHE approved periodic program review checklist.

5.5: During visiting the KDRU, it was found that most of the classes are well-equipped with projectors, and other required technology what might be effective in SCL. However, meetings with lecturers and students revealed that the SCL are not adoptable in large classes. Likewise, the classrooms were not sufficient for the total number of enrolled students what might negatively affect the SCL process.

IS THERE EVIDENCE OF PEOPLE TRYING TO IMPROVE THEIR TEACHING?

5.6: Examination committee was established at faculty level to monitor the examination process. Students’ assessment was based on the examination bylaw. There was no proper mechanism of providing constructive feedback to students. HOW ARE STUDENTS AWARE OF THE ASSESSMENT REQUIREMENTS THAT ARE NOT EXAMS – FOR EXAMPLE COURSE WORK?

5.7: E-learning committees were established on both faculties and institutional level with a five years implementation plan. However, e-learning adaptation methods were not indicated in the University strategic plan. THERE IS NO REQUIREMENT FOR ELEARNING TO BE IN THE STRATEGIC PLAN. WHAT PROGRESS HAS BEEN MADE IN ELEARNING?

5.8: KDUR signed a number of MoUs with national and international higher institutions for the collaborative support, and it has been mentioned in the strategic plan. However, there was no clear plan for increasing the national and international collaboration.

Recommendations

*5.1:* KDRU should have a clear mechanism to monitor the contribution of academic programs to the institutional mission.

5.2: KDRU must review the graduate skills for the market orientation and needs for recruitment.

5.3: KDRU must utilize students’ feedback for the program improvement.

5.5: University might develop a proper mechanism to apply the SCL method as well as the top management should work further to provide sufficient classes to students. WHAT DO YOU MEAN SUFFICIENT CLASSES? ARE THERE NOT ENOUGH CLASSES TO MEET THE PROGRMAME / GRADUATION REQUIREMENTS?

5.6: The examination committee and students’ advisory should also work on a proper mechanism in order to provide constructive feedback to the students.

5.7: Institutional should take essential steps forward to introduce and implement e-learning process in all academic programs offered. These process must be included in University’s strategic plan.

5.8: KDRU might develop a clear plan for increasing the national and international collaboration programs.

Best Practice

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* *Identify best practice – if appropriate.*

## Research

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| **6** | *The institution is planning to develop its research activity and is ensuring that faculty members are engaged in research activity.* | | **Max Score** | **Peer Review Score** |
| 6.1 | **Strategies and Planning**  The development of research activity is included within the Institutional Strategic Plan | The institution has objectives relating to research and is actively involved in several high impact research projects based on MoHE Research Committee guidelines. | 8 | 5 |
| 6.2 | **Culture and Expectations**  The institution ensures that all faculty understand the requirements of the bye law regarding research activity | Research activity and/or the development of research skills of faculty is reviewed where appropriate in the Performance Review process. | 6 | 4 |
| 6.3 | **Research Supervision**  The institution is developing the capacity to supervise students undertaking research activity. | The institution has formal mechanisms to support students undertaking research | 6 | 4 |
| 6.4 | **Support**  The institution is developing the capacity to support research activity | The institution has established and staffed a Research Office and appointed a Head of Research who coordinates on research activity, the submission of grants and the management of intellectual property. | 8 | 5 |
| 6.5 | **Training**  The institution is developing the research skills and capabilities of its faculty | The institution is implementing its own training and development programme to develop research skills in the majority of faculty. | 8 | 6 |

### Explanation of scores

6.1: research strategies were included in university strategic plan. The research committees were established in all faculties, the university is granted with two research projects by MoHE. The number of research projects were limited and not sufficient to the numbers of faculties. ARE THE RESEARCH PROJECTS HIGH IMPACT? THE CRITERIA DOES NOT SAY THAT EACH FACULTY MUST UNDERTAKE HIGH IMPACT RESEARCH.

NEED SOME DETAILS ON THE TYPE OF RESEARCH THAT IS UNDERTAKEN.

6.2: All academic staff had their own individual action plan, in which most of them had research activities or skills included. The evidence to support the review of research skills of faculty were not found.

6.3:

In addition, there were no evidence to support the students’ research projects, besides that there were no skill training for faculty to improve their research advisory skills. SO HOW IS STUDENT RESEARCH SUPPORTED?

The research center conducted few workshops on research skills which were not fully documented.

6.4: Research committee were established at university and faculty level. The Head of research committee at university were appointed but the committee were not staffed with sufficient number of skillful staff. WHAT DOES THE HEAD OF RESEARCH DO? IS THERE A RESEARCH OFFICE.

6.5: The University planned to enhance the capacity of conducting research in all faculty members, but none of the lead researcher attended special seminars or workshops in regards of research skills at national or international level. A few research skill training were conducted at university level. THIS PLAN DOES NOT SOUND VERY ROBUST BUT YOU HAVE SCORED IT SIX OUT OF TEN.

Recommendations

6.1: the number of current research project should be increased at faculty level.

6.2: All academic staff should research activities/skill development in their own individual action plan. However, the research skills of faculty should be reviewed and must be documented.

6.3: The research committee at university and faculty level should conduct more trainings for improving the research skills of faculties and students, beside that a mechanism should be developed to support and grant students research activities.

6.4: KDRU should establish a research office and should assign head to the office in order to support and supervise the research projects.

6.5: KDRU should provide opportunity of trainings in order to develop research skill in majority of the faculties.

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## Faculty Members and Staff

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| **7** | *The institution employs, manages and develops its faculty members and staff to ensure that it is able to achieve its mission and strategic goals.* | | **Max Score** | **Peer Review Score** |
| 7.1 | **Academic Capacity**  The institution employs the number of staff with the qualifications needed to deliver its academic Programs | The institution has a staffing plan within its Implementation Plan that shows how current and future academic resourcing needs will be met. | 8 | 6 |
| 7.2 | **Non-academic Capacity**  The institution employs the number of staff needed with the appropriate skills to deliver its non-academic functions | The institution has a staffing plan within its Implementation Plan that shows how current and future administrative resourcing needs will be met. | 8 | 5 |
| 7.3 | **Staffing Policies and Processes**  All policies and processes relating to the recruitment, workload allocation and promotion of all staff are merit-based and transparent | The institution has systems for documenting activity relating to staff that demonstrate that policies and processes have been followed. | 10 | 7 |
| 7.4 | **Performance Review: faculty**  The performance of all faculty is reviewed annually with a view to improving the quality of their work | The institution uses lesson observation in the Performance Review process for faculty and ensures that all faculty have a development plan within their Individual Action Plan. | 8 | 6 |
| 7.5 | **Performance Review: non-faculty**  The performance of all non-faculty staff is reviewed annually with a view to improving the quality of their work | The institution ensures that all non-faculty staff have a development plan within their Individual Action Plan. | 8 | 6 |

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| 7.6 | **Professional Development**  The institution is identifying the development needs of all staff and is striving to address these | The institution has appointed a Head of Professional Development who has responsibility for managing all aspects of professional development. | 8 | 5 |
| 7.7 | Academic Freedom  Academic freedom is fostered and protected in accordance with the law | The institution has a mechanism for monitoring the extent to which academic freedom is being respected and protected according to the constitution. | 6 | 4 |
| 7.8 | Complaints, Grievance and Disciplinary Procedures  The institution effectively manages complaints, grievances and discipline | The institution has a mechanism for monitoring the implementation, review and updating of these procedures. | 8 | 7 |

### Explanation of scores

*7.1:* The University had staffing plan for academic for each year. The ratio of academic staff and students were 1/47 and in some departments the number of academic staff was not sufficient for the degree offered.

7.2: There is a plan for staffing provided by MoHE (tashkeel) that is used to fill the positions. Human resources department indicates that there is no new or other plan for staffing though strategic plan does indicate some details in this regard. CONFUSION HERE – IS THERE A STAFFING PLAN – YES OR NO|

ARE THERE ENOUGH ADMINISTRATIVE STAFF?

7.3: Staffing policies are set by the MoHE which is used to fill the positions in the coming year but there is no mechanism to ensure that staffing policies are followed.

7.4: VC for Academic affairs and Quality assurance committees report that instructors are reviewed at the university level, faculty level and department level and then the faculty members prepare their own IAP to address the issues. The following year, the performance review of faculty member will address the problematic areas. However, the students meeting revealed that the students’ feedback is not fully considered in developing of teaching improvement plan. HOW DO STUDENTS KNOW THIS??

IS LESSON OBSERVATION USED?

7.5: Human resources department also has a performance review process for non-academic staff. Non-academic performance reviews at KDRU take place every year based on the administrative reform policy of the government. During the visit, it was found that the constructive feedback is not provided to all the academic staff for their improvements.

7.6: KDRU has a plan to establish the professional development center within 2017. And the head of PDC has been appointed.

7.7: In terms of academic freedom, KDRU has establish a disciplinary committee at institutional and faculty lever; the monitoring of academic freedom or education regarding its principles are not evident.

7.8: Discipline committees are established in each faculty and if issues are not resolved, the matter will go to the academic senate. A discipline policy was in effect and interviewees were aware of it. There is a complaint box in each faculty where students can deposit their grievances. This box is opened by dean and head of the department. Responses are addressed by head of the department, according to deans.

WHAT ABOUT ACADEMIC FREEDOM – IS THERE A METHOD TO MONITOR ACADEMIC FREEDOM?

Recommendations

7.1-2 The institution should identify the future academic and non-academic staffing needs.

7.3 Pursuant to the aforementioned recommendation, Kandahar can employ a mechanism to ensure that staffing policies and processes have been followed.

7.4: KDRU should have a proper mechanism in order to consider students feedback in developing of teaching improvement plan, and students should be updated back with the feedback for the satisfaction and awareness.

7.5: The University should ensure that the constructive feedback is to be provided to all the academic staff for their improvements.

7.6 The head of PDC along with its staff should plan the need assessment to recognize the area of improvement for all academic and non-academic staff. Establishment of a professional development center and appointment of a head to the office in order to identify training needs.

7.7 Creation of a monitoring mechanism in order to assess the extent to which academic freedom is being respected, according to the bylaw.

7.8: In the procedure of resolving the students’ complaints, students’ representative should be enveloped in the panel in order to be more satisfied and transparent.

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## Student Experience

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| **8** | *The institution ensures that it creates a positive environment in which its student body can learn, develop and prosper.* | | **Max Score** | **Peer Review Score** |
| 8.1 | **Student Information**  The institution has systems for collecting and analysing information on students | The institution has established a Planning Office and appointed a Head of Planning who has responsibility for gathering, analysing and making recommendations based on student data. | 10 | 7 |
| 8.2 | **Student Feedback**  The institution has processes for gathering student feedback and using it to identify areas of improvement | The institution involves student representation on appropriate Committees and planning processes and a mechanism for providing feedback to students on institutional activity. | 8 | 5 |
| 8.3 | **Graduate Skills**  The institution has defined the skills it is aiming to develop in its graduates to enable them to succeed in their careers | The institution actively involves employers in the development of student’s workplace skills. | 8 | 5 |
| 8.4 | **Student Services and Support**  The institution provides services to support the personal and academic needs of students | The institution has established a careers service that helps students to plan and pursue their careers. | 10 | 7 |
| 8.5 | **Fairness and Equity**  The institution ensures that all students are treated in a fair and equitable manner, regardless of gender, social, physical or other disadvantages | The institution has appointed an individual who has oversight of the issue and who prepares an annual monitoring report for Academic Senate. | 8 | 6 |
| 8.6 | **Disciplinary Policy and Procedures**  The institution has a Student Discipline policy that governs student behaviour which is given to all students and overseen by committee structures | The institution has consulted with students in the development of the Student Discipline policy and has included students in disciplinary procedures when appropriate. | 8 | 6 |

### Explanation of scores

8.1 Students’ information is collected through the student affairs office. However, there is no planning office or head apart from student affairs. There is no evidence to demonstrate that the student information collected is assessed for planning.

8.2 Students interviewed stated that they were not consulted on the strategic planning process. Apart from the disciplinary and students’ union the envelopment of students and their representatives on the strategic planning process was negligible.

8.3 Students report that they are given clarity of graduate requirements through orientations and through consultation with their faculty adviser, or, ustad rahnama. There are also seminars with stakeholders who give presentations on how students can be successful in developing workplace skills. These activities are carried by the career center. However, the employer consultation for skills need for graduates was not documented. SOUNDS LIKE THEY ARE DOING A REASONABLY GOOD JOB HERE – WHY ONLY 5 OUT OF 10.

8.4 The career services center was established at KDRU to help students to plan and pursue their careers, but the evidence to support the students’ consultancy to address their academic and personal needs were not found. Whereas, according the credit system students advisors at department level were assigned.

8.5 Students interviewed all felt that the culture on campus was such that they were treated fairly and equitably when interviewed. DID YOU INTERVIEW MALE AND FEMALE STUDENTS?

The Discipline and gender committees are charged with ensuring fairness in the case of grievances. However, there is no employee tasked with monitoring or overseeing the fairness and equitable treatment across campus in a proactive manner. IS THERE AN ANNUAL REPORT?

8.6 Discipline policy is handed down by MoHE to the discipline committee for implementation. However, the policy did not appear to be advertised or publicized to students. Students report that there is a Discipline Committee at each faculty and they can freely articulate their complaints to them without fear of reprisal. The evidence were not found to support the students’ engagement in the development of disciplinary policy and procedure whenever appropriate.

Recommendations

8.1 KDRU should establish a planning office in order to gather and analyze students’ data and make recommendations based upon the data collected.

8.2 Although KDRU should involve students in some of the committees and they should provide students with feedback on institutional activities and planning.

8.3 After identifying and clarifying student skills for graduation, KDRU should formally engage the workplace in assisting in developing student skills. The meetings with employers on graduate skills requirements for workplace should be documented.

8.4: Students’ consultancy to address students’ academic and personal needs should be implemented through career center.

8.5: KDRU should appoint an individual to oversight and monitor the fairness and equitable treatment across campus in a proactive manner.

8.6: KDRU should engage students or their representatives in the development of disciplinary policy and procedures whenever appropriate.

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## Quality Assurance and Enhancement

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| **9** | *The institution has structures and processes to review and continuously improve the quality of all aspects of its activity.* | | **Max Score** | **Peer Review Score** |
| 9.1 | **Organisation and Management**  The Institution ensures that quality assurance and enhancement policies and processes are led and managed effectively at all levels in the organisation according to the by-law | The senior management of the institution is directly involved in quality assurance and enhancement activity through attendance at quality Committees and through their efforts to resolve barriers to quality enhancement. | 10 | 8 |
| 9.2 | **Resources**  The Institution ensures that the implementation of Quality Assurance and Enhancement policies and processes are supported adequately by staff and facilities | The institution has appointed a Head of Quality to oversee the Quality Office to support the work of all quality Committees and the quality assurance policies and processes. | 10 | 9 |
| 9.3 | **Processes**  The institution has adopted the quality assurance and enhancement processes proposed by MoHE and is implementing these effectively | The Head of Quality gathers data to report on the effectiveness of implementation to quality Committees at Institutional, Faculty and Department levels. | 10 | 8 |
| 9.4 | **Culture**  The institution ensures that all appropriate staff are committed to the need for quality enhancement | Quality features in the setting of objectives for all academic and key administrative staff and in their Individual Action Plans. | 8 | 6 |

### Explanation of scores

9.1-2 VC for academic affairs is head of the QA committee at university level. Head of the Quality office is also a committee member. The committee meets once in a month according to the protocol book reviewed. Meeting minutes and attendance sheets reviewed showed that senior management were directly enveloped in the QA process. SO WHY ONLY 8 OUT OF 10?

9.3 QA Head reports that annual action plans are generated as a result of the QA committee reviews that take place and recommendations made as well as self-assessments. AND WAS THERE EVIDENCE OT THE UNIVERSITY IMPLEMENTING QUALITY PROCESSES?

ARE THERE QUALITY COMMITTEES AT FACULTY AND DEPARTMENT LEVELS?

9.4 The QA committee at the faculty level performs reviews that are used for IAPs the following year. Evidence was produced to support this. Awareness of the key administrative staff about the QA procedure were not appropriate. IS QUALITY IN ANY INDIVIUDAL ACTION PLANS?

Recommendations

9.4: The QA committee must envelop the key administrative staff in the QA procedure in order to raise their awareness. This can be done via conducting workshops.

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## Library and Information Resources

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| **10** | *The institution provides students and faculty with adequate access to appropriate library and information resources.* | | **Max Score** | **Peer Review Score** |
| 10.1 | **Capacity**  The institution provides sufficient library/information resources to support its research and academic Programs | The institution has a development plan for Library and Information Resources within the Institutional Strategic Plan. | 10 | 6 |
| 10.2 | **Management**  The library / information resources are effectively managed in order to support the achievement of academic and administrative objectives | The institution has put a process in place to ensure that Faculties and the Library work together to obtain and manage library stock and other resources. | 10 | 6 |
| 10.3 | **Access**  The institution ensures that staff and students have appropriate access to library/information resources | The institution has a plan to develop online resources in order to increase access. | 10 | 7 |
| 10.4 | **Training**  Training Programs are available to staff and students to increase their ability to make effective use of library and information resources | The institution ensures that Library staff receive training (in relevant curriculum areas) which allows them to make informed decisions regarding student and staff needs. | 8 | 5 |

### Explanation of scores

10.1: Main library had the implementation plan for library resources; however, the number of the existed books in the library were not indeed fully sufficient for research and academic programs.

IS THERE A HEAD LIBRARIAN?

10.2 Library solicits from faculties and departments which texts they have identified for acquisition and makes purchases according to budget.

10.3 Students report that they have access to library resources all day (8am-4pm, six days per week). There was no plan to develop online resources, based on interviews and observation of main library.

10.4: During a meeting with librarians and visit to the main library it was found that the librarians did not attend any training in regards of library management and book keeping. IS THERE ANY TRAINING FOR STAFF AND STUDENTS ON HOW TO USE THE LIBRARY?

Recommendations

10.1-4 The main library should be revitalized by removing texts that are not in use and incorporating up to date texts that are useful to respective disciplines.

10.3 Security protocol should be prepared in order to control textbook checkout such that students gain access to perusal of the library resources and can directly review the availability of textbooks.

10.4 Librarians would benefit from enrolling in training programs in order to assist both students and faculty in discipline-specific research. Similarly, training ought to be offered to both faculty and staff in how to make best use of the library.

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## Teaching, Information Technology and Recreational Facilities

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| **11** | *The institution’ estate and IT infrastructure are adequate for the achievement of its mission and strategic goals.* | | **Max Score** | **Peer Review Score** |
| 11.1 | **Teaching Facilities**  The institution provides sufficient teaching facilities to support research, theoretical and practical teaching and the needs of students | The institution has a development plan for its teaching facilities within the Institutional Strategic Plan. | 10 | 6 |
| 11.2 | **Information Technology**  The institution is striving to provide staff and students with an up-to-date and effective information technology infrastructure | The institution has appointed a Head of Information Technology with sufficient staff to oversee the maintenance, operation and development of information technology. | 8 | 5 |
| 11.3 | **Dormitory and Recreational Facilities**  The institution provides the appropriate level of dormitory and recreational facilities, with special provision for women | The institution has appointed a Head of Estates who has responsibility for the maintenance, operation and development of all physical resources and facilities. | 8 | 6 |
| 11.4 | **Health and Safety**  The campus environment is safe for students and staff | Emergency procedures are in place to deal with accidents and natural disasters. | 10 | 7 |
| 11.5 | **Security**  The campus environment is secure for students and staff | The institution has plans to ensure business continuity in the event of security and other crises. | 10 | 8 |

### Explanation of scores

11.1 The buildings in the current campus of KDRU were not appropriate for all degrees offered by the university. FOR EXAMPLE

However, the University had its developmental plan within the strategic plan for construction of new buildings and classrooms at the new campus in Aino Mena.

11.2 IT department is staffed with a lead and IT technical staff. IT department reports that 8 MB internet is not sufficient and they plan to increase the net capacity to 40 MBs. Students did not have internet access within the campus.

11.3 Dorms were available to only females and teaching staff; however, male students were living outside the campus in the city. WHAT ABOUT RECREATIONAL FACILTIIES?

11.4 Safety standards were placed in some of the laboratories; however, there were no first aid toolkit. Emergency exit signs were also observable in the libraries. There were no evidence of procedures to deal with natural disasters or a business continuity plan in the event of a crisis.

11.5 Guard stations have been built in the campus (evidenced by peer reviewer observation and student reports). Students enter the University using their University ID cards as a security measure. Students demonstrated evidence of their identification cards.

Recommendations

11.1: University should take an action to build the new campus in order to provide sufficient classrooms to students studying at the University.

11.2 IT department should play a more prominent role in proactively working to plan and improve IT statuses on campus.

11.3 University management might work on a plan to build a new building to provide dorm to male students too.

1.4: First aid toolkit should be placed in central laboratories and other buildings. In addition, the University should plan incase if a natural disaster happens.

11.5: Since the security measures are the main concern in Kandahar, University might increase in number of security guards in order to make sure that there is no major threat.

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