

University of Jaffna

COL RIM Final External Verification Report



The Report has been checked for factual accuracy by the Internal Verification Team and Jaffna University management as part of the process of ensuring a robust and complete report. Management's comments in response to the findings are incorporated into the discussion where appropriate.

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COL RIM External Verifier

28th March 2014

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1.0 EXECUTIVE SUMMARY

1.1 Summative outcome of the verification Ratings -Theme-wise

Theme	Ratings			
	staff survey	self review	verification	Level of Achievement
Communication	0.9	0.87	1.34	Verified
Need Orientation	0.93	0.95	1.34	Verified
Innovation & Creativity	0.77	0.93	1.2	Verified
Capacity Building	0.86	0.65	0.86	Threshold
Quality Management	0.91	0.93	1.07	Verified

OUTCOME OF THE VERIFICATION –INSTITUTION-WIDE

Outcome of the verification at UOJ is “**COL RIM VERIFIED**” ” based on the evaluation of UOJ’s self review and thereafter verification.

Level of achievement of the University of Jaffna is “ COL RIM Verified”

Verification confirms that the institution is willing and able to do a factual evidence-based analysis of its performance, identify issues to be addressed and make plans to do so.

The profile of a COL RIM verified institution is one that demonstrates that it has the capacity to respond to a changing environment and strives meet stakeholders need and expectations.

1.2 Key Strengths and Weaknesses of UOJ

1.2.1 Strengths

- Relatively old University established in 1974;
- University was able to retain dedicated staff despite conflict situation;
- Academic programmes relate to national and regional needs and international trends;
- Multi- ethnic student population increasing in numbers enabling social cohesion contributing to the national initiative;
- Postgraduate courses in disciplines meeting national needs in general and societal and cultural needs in particular ;

- Conducive atmosphere to promote ethnic cohesion;
- Majority of University Faculty very senior PhD holders with foreign exposure;
- Excellent team spirit among the staff;
- Active participation in academic, social debates and cultural activities providing leadership to the northern region.

1.2.2 Weaknesses

- Setback in the morale of the university staff and students due to the 30 – year conflict situation;
- Inadequate number of qualified academic and administrative staff due to brain drain and not able to attract staff to this area and retain;
- Lack of motivation to initiate multidisciplinary programmes / courses;
- Weak industry-University link due to the lack of big industries in this area;
- Inadequate state – of – the – art equipment for research in new scientific areas;
- Inadequate infrastructure facilities for academic and administrative purposes;
- Inadequate basic welfare facilities for students;
- Limited ICT facilities for University management, automation of the library, teaching learning and student support ;
- English language training for students is weak due to poor human resource and infrastructure facilities.

1.3 In brief how rigorous and defensible do you find the self review process and outcomes?

The training was conducted by the External Reviewer/Verifier, during the preparatory visit in August 2013. Unfortunately, although the original self review team had representation from academic, administrative and other services, at the time of conducting the review only staff from the academic departments and units were involved in the reviews. The team made considerable efforts at conducting a review despite self-identified limitations and constraints. The team had directed their efforts towards areas of concern and potential leverage of change where the indicators in the key performance area had been consistently rated less than one as well as having large number of respondents (>10%) denoting “I don’t know” in the online staff survey and large number respondents skipping considerable number of indicators. It was also noted that the self-review team had not evaluated whether the enablers are effectively or ineffectively enabling the institution to achieve its goals reflected in the “outcomes” indicators. However the scoping stage was fairly rigorous and made appropriate links to issues raised in the COL RIM staff survey.

From report and evidence presented, it can be inferred that generally the self review team was aware of scoping and its importance in structuring a self review. They had conducted proper sampling techniques and made efforts to triangulate the objective evidences through organizational documents, discussions, interviews, surveys and questionnaires. Members worked in pairs / groups of three to scope, plan and gather evidence and came together to make collective judgment and rate the themes. Appointment of a leader of the wider self review team was emphasized by the external reviewer during the preparatory visit as necessary. It was noted that out of a total of 411 staff members with e-mail addresses to whom the survey instrument was forwarded only 95 responded. Within this group majority were academics. During the self-review team members were able to interact with many more staff than the staff survey respondents. This enabled the self review team to collect defensible evidences which led to staff survey ratings being upgraded in four of the five themes.

In a nutshell, the overarching comments about the self review are as follows:

- Pairs / groups assigned with themes were aware of and understood the scope of their theme and scoping was very rigorous and made appropriate links to issues raised in the staff survey and included both processes and outcomes.
- Planning methods was rather weak with some members. This interfered with collecting relevant defensible evidences and assessing the rating to be determined.
- Some team reports were explicit about conclusions drawn from a range of evidence , others had to be re-trained.
- Some team reports actively sought the views of interviewees on strategies for improvement
- Some teams were able to triangulate evidence including organizational documents, statistical information, records. Generally in many cases evidence from multiple sources were not obtained.
- Self-review team lacking in representation of administrative and service staff.
- A number of conclusions and recommendations not adequately substantiated by objective evidence.

1.4 Recommendations of the Verification report (Theme-wise)

COMMUNICATIONS THEME

- Should Provide adequate infrastructure facilities for communication flow and information management.
- COL could provide the facilities and direction to familiarize the best model in communication infrastructures exist in identical universities by COL.
- Communicating policies and strategies through modern and coherent framework of key processes to ensure the consistent and coordinated delivery of services.
- Engaging stakeholders positively in the process of scoping, planning, decision making, implementing and monitoring of institutional activities.
- Having structured process for eliciting and using feedback from stake holders in decision making.

NEEDS ORIENTATION THEME

- Informing the identified stakeholders about the performance and plans of the institution in relation to stakeholders needs and expectations
- Obtaining feedbacks from stakeholders on decision making.
Increase the allocation and maintenance facilities and resources to the adequate level for the mode of type of teaching and learning.
- Training the users to make innovative use of equipment and information management technologies

INNOVATION AND CREATIVITY THEME

- Encouraging and supporting the staff and students to be innovative and creative via international/national collaboration in meeting the needs of the stakeholders.
- Institutional support for interdisciplinary teams in collaborative projects to achieve valued outcomes.
- Need institutional recognition and incentive rewarding for innovation and creativity.
- Bringing awareness among staff and students on commercialisation of research findings and patents of innovations.
- Providing adequate training for educators and learners to make innovative use of information management technologies

CAPACITY BUILDING THEME

- Introduce mechanism for Institutional recognition and incentive rewarding for excellence in teaching and research
- Mechanism for fair and transparent allocation of work load among the staff reflecting vision mission and goals of the institution
- Enhance partner orientation among managers towards maintaining relationship with external and internal stakeholders with engagement in decision making and commitment to common goals.
- Encouraging and supporting the staff and students to be innovative and creative via international/national collaboration in meeting the needs of the stakeholders
- Institutional support for interdisciplinary teams in collaborative projects to achieve valued outcomes.
- Providing adequate training for educators and learners to make innovative use of information management technologies.
- Experienced and qualified staff are effectively attracted recruited and integrated into the institution

QUALITY MANAGEMENT THEME

- Reviewing performance regularly against agreed performance targets and implementing and monitoring improvement plans.
- Ensuring, validity of the assessment outcomes and reliability of assessment information.
- Supporting and facilitating the staff to engage in professional development activities and to participate in improvement oriented performance management.
- Maintaining well managed centralized management information system to provide information data to stakeholders for planning and improvement purposes.

2.0 INTRODUCTION

This section introduces University of Jaffna and describes how the first four steps of the COL RIM have been carried out.

Background to the University of Jaffna (UOJ)

General Information

Jaffna campus was the 6th campus of the University of Sri Lanka established in 1974 comprised of faculties of Arts and Sciences and with the implementation of the University act No 16 of 1978 it was upgraded to University status with effect from 1st January 1979 and became an independent autonomous National University named 'University of Jaffna, Sri Lanka'. The University of Jaffna started functioning initially with two faculties, namely Faculty of Science and the Faculty of Arts. At present, it has nine faculties with fifty one departments viz: Agriculture, Arts, Applied Science, Business Studies, Engineering, Graduate Studies, Management Studies and Commerce, Medicine and Science of which Applied Science and Business Studies are at the campus in Vavuniya. Faculty of Engineering was established in 2013. In addition to the Faculties the university has a number of functional nine units viz: Siddha Medicine Unit, Allied Health Sciences, English Language Teaching Centre (ELTC), Computer Centre, Media Resources Training Centre, Extra Mural Unit, Sports Science Unit, External Examination Unit (for external degree) and Career Guidance Unit.

Faculty of Arts, Faculty of Management Studies & Commerce, Faculty of Science and the Administrative secretariat are situated in Thirunelvely, the main campus of the University of Jaffna. Faculty of Medicine and the Faculty of Graduate studies are situated in close proximity of the main campus but in separate premises. The Faculty of Agriculture and Faculty of Engineering are established in Kilinochchi (80 km away from the main campus) and Faculty of Applied Science and Faculty of Business Studies are functioning in Vavuniya (150 km away from the main campus). Two departments namely, Department of Music, Department of Dance and Art and design unit, under the Faculty of Arts are situated at Maruthanarmadam (10 km away from the main campus). This section is known as Ramanathan Academy of Fine Arts (RAFA). The Siddha Medicine Unit of the University of Jaffna is functioning at Kaithady (15 km away from the main campus). The Allied Health Sciences unit, Sport Science, Media Resources Training Centre, External Examination Units and Extra Mural Unit are situated in separate locations near to main campus and other units are in the main campus of the University of Jaffna.

Number of students

As of December 2013 the number of active students stand at 5667 comprising on-campus undergraduate and postgraduate students andexternal students.

Number of staff

The number of staff in the University 913 consisting of 351 Academic, 43 Administrative, 38 Academic support staff and 481 Non academic staff.

Number of programmes

University provides 13undergraduate program and nine postgraduate programmes.

Vision of the university

The University of Jaffna is committed to the search for truth in a diverse field of subjects, as has been emphasized in its motto "Meipporul kanpatharivu" (Discernment is knowledge).

Mission of the University

The mission of the University is “to produce intellectual, professionally competent and capable graduates to meet the emerging needs of the national and international community, with a special emphasis on the social, economic and cultural needs of Northern Sri Lanka”.

Corporate Plan and Strategic Management Plan

Corporate Plan includes objectives, strategies and action plans for the period 2013-2017 to achieve the goals of vision and mission of the University of Jaffna. The corporate plan of the University is being formulated as rolling plan and addenda are affected to it annually in conformation with client response and global changes and innovations that take place in higher education. Whilst essentially written as the set of development protocols for the next five years in the foreseeable future, the document could nevertheless be used as conceptual reference guide or blueprint for any future development of this University. The University will pursue all aspects of the plan actively to meet its set goals for the new millennium. Inter-faculty awareness, collaboration and consensus in decision making are imperative among the entire academic and administrative staff of the University to achieve the overall objectives of the corporate plan. Thus the plan is developed in a participatory “bottom- up” staff from all levels. Strategic Management Plan with key performance indicators, presence level of performance, desired performance target, strategy, action programme, time line, coordinating responsibility, desired outcome and budget have been developed for each of the objectives given in the Corporate Plan.

Who does it serve

The University extends its services mainly to undergraduate and postgraduate students and in some extent to the general community especially to the farmers and rural population for health aspects.

- In-service teachers
- Professionals from industry requiring continuing professional development
- Farming community
- School children
- Rural community
- Qualified youth for undergraduate degrees
- Graduates for further study

Challenges faced by the university

- Upgrading the quality of education to the standard of World class Universities

University of Jaffna is one among the seven universities selected by the University Grants Commission to be upgraded to a World class university. In order to meet this the university has to leapfrog in every aspect.

- Producing competent marketable skilled Graduates

The University produces graduates in the fields of Agriculture, Arts, Management, Commerce, Business Studies, Science, Applied Science, Information Technology, Medicine, Pharmacy, Nursing, Medical Laboratory Science, Siddha Medicine, Law and Fine Arts. Most of the degree programmes are conducted in English except the degree programmes in Arts. Among the programs in Arts, course units in English and Law are offered in English. The graduates are expected to have adequate hands-on experience with essential skills to be fit especially into the private sector.

- Competing with private Universities
- Conducting already approved new degree programmes with limited resources

- Urge of introducing new degree programmes to fulfill the needs:
The Government of Sri Lanka is introducing the technology stream at A/L students and the students will be ready for the higher education in Universities in 2015. To cater those students in technology stream, new degree programmes have to be designed. The infrastructure facilities have to be strengthened.
- The University is committed to maintain the standard of the External Degree in par with that of internal degree.
- Providing Post graduate degrees in all disciplines

COL RIM Process

This section describes the COL RIM process and how it was carried out at the University of Jaffna.

COL RIM is a do-it-yourself approach and learning process which supports the staff to review their institution themselves. It is designed so that every one's voice is heard. The process relies on rigorous methods that are not only defensible but facilitate a whole new way of thinking about the institution. It will help the university to organize and analyse its own information in order to build a picture of 'current reality'; improve its quality management practices ;strengthen internal systems and achieve improved performance.

COL RIM consists of five key processes:

1. Initiation
2. Staff Survey
3. Self review
4. Verification of self-review
5. Planning and follow up

The COL RIM processes are shown in Figure 1.

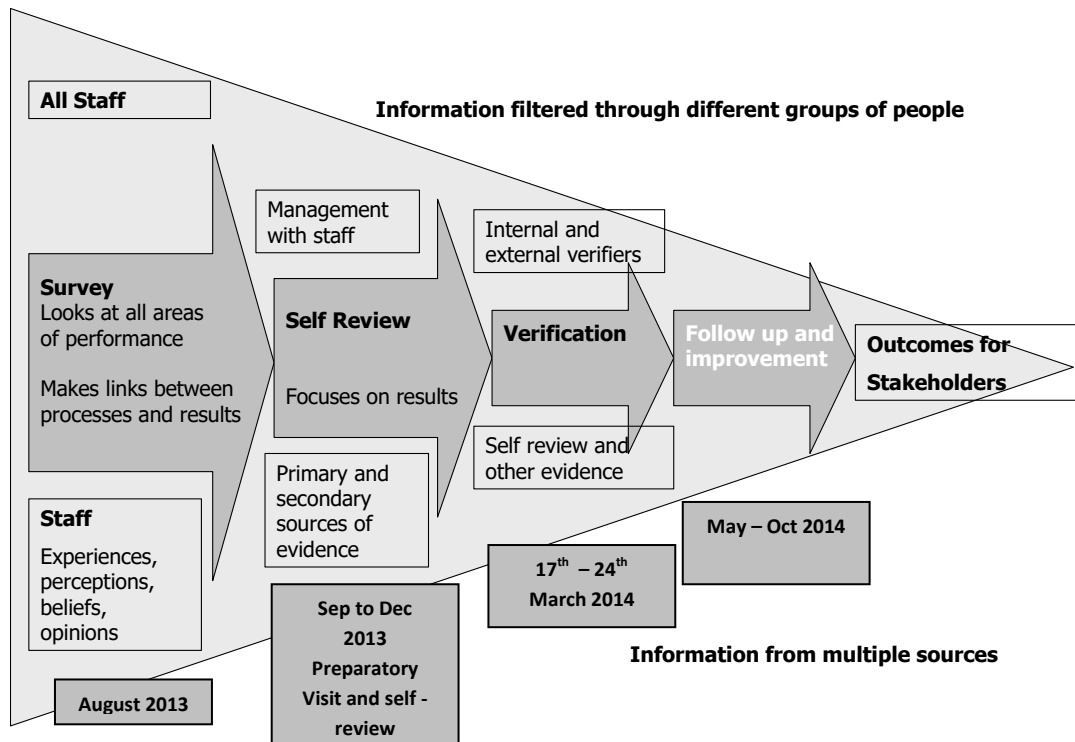


Figure 1: Schematic Diagram of COL RIM Process(adapted from COL RIM 2010)

Process One – Initiation

The COL RIM process was initiated by the Vice-Chancellor who informed the Senate members regarding the implementation of COL-RIM at the University of Jaffna at 374th meeting of the Senate held on 19th March 2013 by referring to the e-mail of Prof. Uma Coomaraswamy. A special Senate meeting was conducted on 8th April, 2013 to introduce the COL RIM to the staff members and Prof. Uma Coomaraswamy was invited to explain about the COL RIM process to the senior management and other relevant staff..

This was formalized through a signing of Memorandum of Understanding (MOU) with COL to implement the said institutional audit. MOU included nomination of key liaison people (one from COL and one from UOJ), principles for implementation, timelines for implementation, provisional arrangements for external verification and cost sharing arrangements. The 378th meeting of the Senate held on 23 July, 2013 approved the Memorandum of Understanding between Commonwealth of Learning (COL) Vancouver, British Colombia, Canada and University of Jaffna.

UOJ obtained the Information Pack which includes a readiness assessment exercise, COL RIM Handbook, bank of quality indicators, and subsequently nominated staff to serve as the Self Reviewers and Verifiers(Table 1). Initiation included a preparation visit of COL appointed External Verifier to UOJ in September 2013 to make introductory presentations to staff of UOJ and train the self-review team members and verification team members on scoping and planning methods.

Table 1: Participating members of COL RIM Process

External Verifier (COL nominee)	Emeritus Professor Uma Coomaraswamy of OUSL Former Vice-Chancellor of The Open University of Sri Lanka(OUSL) Hony. Fellow of the Commonwealth of Learning(COL)
Coordinator Internal	Dr.(Mrs).Thushyanthy Mikunthan, Senior Lecturer
Self review team	Prof. R. Vigneswaran, Chairman, Head, Mathematics and Statistics Dr. S. Darshan, Head, Music. Dr. (Mrs). K. Sounthararajan, Senior Lecturer, Siddha Medicine. Mrs. A. Kirupairajah, Head, Dance Mrs. S. Srisatkunarajah, Head, Linguistics Dr. (Mrs). V. Sathiyaseelan, Senior Lecturer, Siddha Medicine Dr. T. Ketheesan, Head, Physical Science, Vavuniya campus. Mrs. P. Godwin Phillip, Senior Lecturer, Business studies, Vavuniya campus Mr. K. Thabotharan, Head, Computer science Mr. V.A. Subramaniam, Head, Financial management Mr.S. Sivesan, Lecturer, Marketing Mrs. J. Thevananth, Senior Lecturer, Financial Management Dr. A. Murugananthan, Senior Lecturer, Pathology
Verification team	Prof. S. Srisatkunarajah, Chairman, Dean, Science Mr. M. Karunanithy, Senior Lecturer, Marketing Dr. S. Sivashanmugarajah, Head, Siddha Medicine Dr. (Mrs). N. Gnanavelrajah, Head, Agricultural Chemistry Mr. S. Sathees, Lecturer, Nursing Mrs. Deivey Thabotharan, Senior Lecturer, Allied Health Science Unit Dr. S. Thirukkumaran, Lecturer, Physical Science, Vavuniya campus Dr. G. Sashikesh, Senior Lecturer, Chemistry Dr. (Miss). S. Ambikaipakan, Senior Lecturer, Anatomy Dr. (Miss). J. Sinnaiyah, Head, Animal Science Dr. K. Velaguthamoorthy, Senior Lecturer, Chemistry Mr. S.S. Uthayakumar, Head, Economics Mr. S. Balapuththiran, Head, Marketing

Process Two-Staff Survey

This is an input to the self review process.

COL provided an online all-staff survey as a service to kick off the self review process, and it also collates and analyses the data and provides with a report on issues raised in the survey. The survey is based on 48 quality indicators (enablers and results indicators , COL RIM Handbook, 2010) Indicators are grouped into 10 performance areas and aligned to six overarching themes (Tables 2&3). For each indicator the elements are stated at three levels of performance. Staff select the statement that best describes what they see happening in their area and their own understanding of the systems and performance of the institution , and add their own qualitative comments that help to build a picture of performance. Survey provides a basis for focusing further enquiry and scoping the self review and verification process.

Table 2: Performance Areas grouped into Enablers and Results

	Performance Areas (PA) (Enablers – How do you do it)		Performance Areas (PA) (Results- Is it working)
1	Managing change strategically	6	Impact on Society Outcomes
2	Stakeholders and Partnership Orientation	7	Teaching Learning outcomes
3	Lerner Knowledge and Society Focus	8	Research, Innovation and Entrepreneurial Outcomes
4	People Management	9	Staff Outcomes
5	Resource Knowledge and Information Management	10	Support system Outcomes

Source COL RIM 2010

Table 3: Cross – cutting Themes and Evaluative Questions

No.	Theme	Evaluative Questions
1	Communication	How effectively does the institution communicate with its stakeholders?
2	Needs Orientation	How well does the institution provide the outcomes that its stakeholders need and value?
3	Engagement	How effectively does the institution engage with local and international communities?
4	Innovation and Creativity	How effective are the institutions' innovative and creative responses to a changing environment?
5	Capacity Building	How effective does the institution develop the capacity of the people to provide valued outcome to stakeholders
6	Quality Management	How well does the institution monitor and improve its performance?

Source COL RIM 2010

The number of staff to participate in the survey as per the staff list forwarded by UoJ is 411 with 331 academics and 80 administrative and other staff. A total of 95 responses were returned .A target response rate of 25% of the total was set but this was not achieved despite postponing the closing of the survey by a day. A significant observation was that a

number of respondents skipped a considerable number (28-41) of questions. The sampling adequacy analysis of the responses (Kaiser-Meyer-Olkin and Bartlett's Test¹) was 0.816 and this value is significant at $P < 0.05$. Thus the responded sample size of 95 can be justifiable and rest of the analysis can be continued.

Survey results were aggregated to produce an overall rating per indicator providing a basis for scoping the self review. Self review team was expected to make judgment of the performance of UOJ in relation to key evaluative questions in Table 3. Analysis of the outcomes was by both ten performance areas and six themes. The survey report reported on quantitative data (provisional ratings) and qualitative data (comments) and it signaled areas of potential strength and weakness as a guide to further investigation.

COLRIM uses a three- tier rating tool (Table 4) for analyzing strength and weakness of each of 48 quality indicators and six themes. The rating tool allocates a score of 0,1,2 to each indicator as in table 4. Rating performance at the level of the indicators only happens in the staff survey. In the staff survey, ratings were based on opinion and perception only, but are considered indicative of areas of potential strength and weakness for further investigation. The themes themselves had overall ratings.

Ratings can be interpreted:

- A numerical rating of less than one may indicate the need for improvement.
- A rating of more than one may show that the institution is moving towards the achievement of the quality standard.

Table 4 Basis of a three tier rating system

Description	Outcome
Opportunity for improvement (Numerical weighting =0)	Inadequate, high risk, reactive approach to problems, lack of coherence; little or no alignment of activities across the institution, little or no use of performance indicators, no systematic evaluation of outcomes
Threshold (Improvement orientation) Numerical weighting-1)	Some evidence of a systemic approach to quality management of core processes, key risks are managed, some quality problems are identified and effort made to address them. Some use is made of key performance information for improvement planning.
Good practice (Numerical weighting=2)	Seamless deployment of systems across the institution, proactive approach to problems, joint problem solving, evaluation data used systematically to improve efficiency and effectiveness, evidence of continuous refinement and innovation, strong focus on outcomes

Source COL RIM 2010
Preparation Visit

In September 2013 the External Verifier undertook a preparatory visit to UOJ. It took place over seven days (28th August to 4th September 2013). Her role in the self-review during this visit was to endorse the scope and time planning and provide clarification and advice to the self-review team as they go through the self review process. To achieve this the visit included presentations on: introduction of COL RIM to senior management, self review team and verification team members; findings of staff survey report; self review scoping and planning methods ; and introduction to verification. External Verifier also held hands- on sessions on scoping and planning. Detailed staff survey report was distributed to all

¹ Advanced Statistics, SPSS Manual SPSS inc., USA

members. The staff survey report organized survey findings by performance areas and by themes with detailed comments and rating per performance area. The report also identified areas of strengths and weaknesses.

Process Three: Self Review

Self review group uses the quality indicators, analysis of the staff survey results and the key quality assurance questions to scope the self review exercise. Self review includes gathering of further information and evidence, free and frank discussion of quality issues and methods of analysis.

It was reiterated that self review is the core of the COL RIM model and it is potentially the most valuable part of the process for the university. Self review provides the information that the university needs to diagnose problems and develop interventions that will improve its results. It is a comprehensive, systematic, review of the university's performance against quality standards or indicators. Scoping meant deciding what the review will cover, informed by any evidence of the need to focus in particular areas. Self reviewers scoped and planned the self review exercise agreeing on the methods to be used, types of objective evidences from multiple sources to be included, stakeholders to be involved and timelines. Based on the training on self review provided by the external verifier during the preparation visit the self review exercise was carried out over a period of four weeks (from September 4th to December 9th, 2013). The team consisted of 13 members (Table 1) divided into teams of two people, each of whom carried out the review under one of the five themes; communication, capacity building, needs orientation, quality management and, innovation and creativity. External reviewer endorsed the scope and plan of each theme and evidences to be included and provided clarification and advice electronically to the self review team when help was sought.

Significant starting point for scoping the self review is the report on the staff survey, which is a key source of evidence about the performance of the university. Self review while looking at rating of indicators it also included an overall rating of each of the thematic questions (in Table 3). Although all results are in scope, due to time constraints university focused the review effort in some areas. Self review effort was directed towards areas of concern such as areas rated less than one, large number of respondents choosing "I don't know", as a response, and where large number of respondents skipped answering certain responses. Enablers are included in the scope of the self review in order to investigate the causes of poor performance.

Once the team was satisfied that the proposed scope of the self review would provide the information needed to evaluate the university's performance, next step was planning which meant agreeing on the methods to be used, types of evidences to be included, stakeholders to be involved, timelines and divisions of responsibility. Whereas the staff survey is all about what people think, and their opinions and perceptions, the self review is all about evidence. Evidence have to be got from a number of sources. Different sources of evidence are correlated by means of triangulation. The team then makes judgments about the performance of the university in relation to the six thematic results questions. Self review report is prepared as suggested in the Appendix 5 of COL RIM Handbook (2010). The team learned the new dimensions of quality management. This capacity building process enabled the team to proceed further in this regard which will benefit the individuals and the institution.

Self review facilitated the organizational learning expected of the team by providing a structured approach to facing hard truths, using institutional knowledge effectively and empowering staff. The self review report is an account of the university's performance which is used as the starting point for the next process of verification.

Process four: Verification

Fourth process is verification of self review. Purpose of verification is to assure that the self review is a true reflection of the 'current reality' of the university. Verification focuses on authenticity of the self review, the extent to which verifiable facts and data are used rather

than supposition, degree of change it has elicited and the impact of that change. Self review findings are verified by:

- Methods that are defensible such as triangulation of evidence;
- Testing and clarification of views , finding and opinions;
- Triangulating the coherency and consistency of judgments between processes and outcomes;
- and maintaining verifier independence.

An entirely new team that is different from the self review team was selected because the internal verifiers bring fresh eyes, new perspectives and further objectivity to the process.

Verification exercise was carried out from 18th to 23rd March, 2014. led by the External verifier. Verification activities and time plan is given in Table 5.

Table 5: Programme Plan – Verification week 17th – 24th March 2014

Date	Time	Activities
Day – 1 17 th of March 2014 (Monday)		Arrival and discussion with Lead Internal Verifier
Day - 2 18 th of March 2014 (Tuesday)	9.00 to 11.30 am	<ul style="list-style-type: none"> • Meeting of External Verifier with the Vice Chancellor and Senior Management • Presentation of Self review report by Chairman of the Self review team to Senior Management, Self review team and Verification team and discussion
	11.00 to 12.30 pm	<ul style="list-style-type: none"> • External Verifier - Detailed presentation on principles of Verification scoping approach and planning methods • Discussion
	1.30 to 5.00 pm	<ul style="list-style-type: none"> • Hand on exercise on Verification methods – for Verification team
Day - 3 19 th of March 2014 (Wednesday)	9.00 to 12.30 pm	Hand on exercise - continued
	1.30 to 5.00 pm	Verification team commenced scoping and planning of the relevant indicators
Day - 4 20 th of March 2014 (Thursday)	9.00 to 5.00 pm	Scoping and planning continued Commenced evidenced seaking
Day - 5 21 th of March 2014 (Friday)	9.00 to 5.00 pm	Evidenced seaking continued
Day - 6 22 th of March 2014 (Saturday)	9.00 to 2.30	Team discussion on verification rating and judgement
	3.00 to 5.00 pm	Presention of draft verification report to Senior Management by Chairman, Verification team
	5.00 to 6.00 pm	Skipe discussion with Mr. Nizar from the Commonwealth Secretarit
Day - 6 23 th of March 2014 (Sunday)	9.00 to 4.00 pm	Incorperating feedback from the Senior Management into the draft report to be submitted to the Vice Chancellor
Day – 7 24 th of March 2014 (Monday)	9.00 am	Departure of COL RIM External Verifier

Process Five-Planning and follow up.

On 22nd the day the draft verification report was verbally presented to the senior management and wider staff the external verifier made a brief presentation on Follow up and Planning. This is the engagement of COL with the university to develop a realistic plan for improvement and to act upon the plan. External verifier stated that planning and implementing improvements include:

- strategic planning which is a roadmap that would drive the university forward. It takes analysis of current reality as a starting point and describe an integrated long term plan for quality improvement;
- action plans which are detailed short term plans for achievement of specific improvement goals by assigned individuals within specific time frame and performance criteria
- planning and follow up are the steps that close the quality loop.
- Mid term review of progress. Implementation plans need to be monitored through self review and verification and improvement outcomes ensured.
- Feedback to COL on COL RIM process and outcomes.(a year after verification)

2.1 Scoping the Verification

Presentation of the findings of the self review

Verification process commenced with the self review team presenting the process and findings of the self review (Annex 1) to the verification team and the senior management led by the Vice-Chancellor. This meeting gave an opportunity for an open discussion about the basis on which judgments were made and to question any assumptions that may underpin the findings and recommendations of the report.

This was followed by brief review of the COL RIM and how it works , and a workshop on verification methods by the External Verifier followed by hands-on exercises.(Annex 2). Internal verifiers were trained in audit methods, critical thinking, and reflective evaluation and apply these to evaluating and verifying the claims made and concerns expressed in the self review report. Team building of the verification team followed this. In the scoping analysis of the survey report, self review report and the Scoping and Evidence guides of the self reviewers. Scoping of verification took into consideration the following:

- Evidence of gaps in the scoping of the self review
- Any big difference between survey and self review ratings
- Any concerns about the extent to which conclusions and ratings are based on adequate sampling and triangulation of fact-based and variable evidence and adequate involvement of relevant stakeholders
- Lack of coherence between judgment/conclusions and ratings.

Verification aimed to verify rating against the specific indicators and the six themes and all the conclusions and recommendations of the self review report. Verification team was also informed that they could also pursue their own justifiable lines of enquiry and may come up with additional recommendations and may also adjust self review ratings that are not defensible. Verification Programme Plan and the activities in detail are indicated in Table 5.

Verifiers used the same methods as the self reviewers , namely sampling and triangulation, based on objective evidence. Verifiers identified some of the apparent gaps and inconsistencies . Some approached issues from a different angle from the self review team

and was able to present a more systematic picture of how the university was performing. The verifiers also chose to look more closely at a variety of organizational documents, aspects of quality management system and interviews with selected staff.

Focus of verification team is presented in Table 6 giving reasons for verification against each indicator reviewed by the self review team.

Table 6: Focus of Verification Team

Theme	Indicator Number	Self Review Rating	Reason for Verification
Communication	6.2	0.4	Additional evidences for already set scoping by SRR. New scoping and evidences
	6.4	1.0	SRR rating was downgraded due to inadequate evidences due to two new scoping and evidences
	7.3	1.0	Initially the self review team rated 1.0 with inadequate evidences. We collected more evidences.
	10.1	0.5	This indicator was misunderstood by the self review team, we re-scoped with new scoping and found relevant evidences
	10.2	1.0	Additional evidences than the self review team,
Need Orientation	6.1	1.25	Found additional evidences in finance and examination sectors (For guidelines, Implementation and Monitoring). Also added two new scoping and we found adequate evidences. Therefore the rating increased to 1.5.
	7.3	1.33	Found additional evidences. Therefore the rating increased to 1.5.
	8.2	1.0	Initially the self review team rated 1.0 with inadequate evidences. Collected more evidences. Therefore the rating increased to 1.8.
	10.1	0.5	Initially did not see any evidences relevant to the indicator. Therefore re-scoped and re-planned the indicator and collected more evidences from various sources. Therefore the rating increased to 1.6.
	10.3	1.0	Initially did not see any evidences relevant to the indicator. Therefore re-scoped and re-planned the indicator and collected more evidences from various sources. Therefore the rating increased to 1.6.

Innovation and Creativity	8.1	1.33	Inadequate scoping and evidences in the self-review report. Therefore, re-scoped, re-planned and the additional objective evidences are triangulated. For that reason, rating is increased to 1.40.
	8.4	0.8	Inadequate scoping, planning and collection of evidences in the self-review report. Therefore, the rate downgraded as 0.50 for the self-review report. The rating is upgraded to 1.00 due to the collection of new evidences for the new scoping and planning.
Capacity Building	7.5	0.2	Lack of adequate evidence and scoping inadequate Re scoped and more evidence found,
	8.3	0.4	Scoping and planning was widened and additional objective evidences are triangulated
	9.1	0.33	Inadequate scoping and evidences in the self-review report. Therefore, re-scoped, re-planned and the additional objective evidences are triangulated For that reason, rating is increased
	9.2	0.2	Inadequate scoping and evidences in the self-review report. Therefore, re-scoped, re-planned and the additional objective evidences are triangulated.
	9.3	0.5	Inadequate scoping and evidences in the self-review report. Therefore, re-scoped, re-planned and the additional objective evidences found
Quality Management	6.1	0.66	Found additional evidences for legal and ethical aspects. Also self review scoping divided as small and considered as new scoping. Found adequate evidences.
	6.2	1.0	Found additional evidences
	9.3	1.0	Initially the self review team rated 1.0 with adequate evidences it remains same through verification.
	10.2	1.25	Initially verification team could not found proper evidences. Then re-scoped and re-planned. After that collected some evidences from various sources
	10.3	1.0	Initially the self review team rated 1.0 with adequate evidences it remains same through verification.
	10.4	0.83	Found additional evidences.

In the course of its analysis and verification process, the verification team records the rationale for its activities and findings. The aim is to have a rough draft of the verification report ready on the last day of the verification process so that the team can report its findings verbally prior to finalizing the report. Suggested outline of the verification report in Appendix 6 was followed.

The verification team presented its findings verbally to the self review team and members of the senior management . (Annex 4) The aim was to provide an opportunity for discussion prior to finalizing the verification report.

2.2 Verifying the self review

Scope of verification of the indicators reviewed by the self review team and reviewed ratings are given as Appendix 1-5

3.0 VERIFICATION OUTCOME

The focus of the verification team was to verify the results and endorse the recommendations of the self-reviewers. The verifiers performed the verification process with openness, transparency and honest reflection on the statements/conclusion provided by the self reviewers. Verification team consisted of 13 members grouped into 2-3 . Each group verified a particular theme ie. Communication, Needs Orientation, Innovation & Creativity, Capacity Building, and Quality Management. Verification process used the sampling method and triangulation based on objective evidence as was in the self review. Evidences were sought to substantiate key findings, recommendations and ratings of the self review. Verification outcome indicator-wise is given in Table 7.

Table 7: Verification Outcome (Indicator-wise)

Theme	Indicator Number	Self Review Rating	Verification rating
Communication	6.2	0.4	1.2
	6.4	1.0	1.0
	7.3	1.0	1.5
	10.1	0.5	1.8
	10.2	1.0	1.3
Need Orientation	6.1	1.3	1.5
	7.3	1.3	1.5
	8.2	1.0	1.8
	10.1	0.5	1.6
	10.3	1.0	1.0
Innovation and Creativity	8.1	1.3	1.4
	8.4	0.8	1.0
Capacity Building	7.5	0.2	0.5
	8.3	0.4	0.8
	9.1	0.3	1.0
	9.2	0.2	1.2
	9.3	0.5	0.8
Quality Management	6.1	0.7	1.0
	6.2	1.0	1.2
	9.3	1.0	1.0
	10.2	1.3	1.2
	10.3	1.0	1.0
	10.4	0.8	1.0

Individual members of the verification team led by the External Verifier rated their respective theme by placing the institution on a continuum of poor to good practice using the descriptive statement in the following rubric of descriptors (Table 8).

Table 8: Rubric of Descriptors for making a judgment about the institutions in relation to the COL RIM

Not Verified	Threshold	Verified
<ul style="list-style-type: none"> • Incomplete investigation of the issues • Limited analysis of cause and effect • Findings and conclusions are based primarily on anecdote and opinion • Lack of involvement of key stakeholder groups • have a limited evidence base 	<ul style="list-style-type: none"> • Scope limited to some key issues only • Investigation is rigorous in some areas only • Some analysis of cause and effects • Most judgments are evidence based and recommendations are improvement oriented • Not all key stakeholder groups included 	<ul style="list-style-type: none"> • Scope is inclusive of all results and identified issues of concern • Thorough investigation with a high degree of integrity and rigour • Good analysis and reasonable evidence-based judgments • Honest conclusions and sound recommendations that will be effective in improving outcomes • Inclusiveness of feedback from all key stakeholders

The individual detailed reports of the Verifiers are in Appendix 1-5.

The verification team along with the internal lead verifier and the external verifier then met to discuss the progress and compare the outcomes of the verification process. Eventually the verification team agreed on the rating for each theme as well as the final COL RIM rating for UOJ(Table 9 & 10).

In order to give the opportunity of making comments and giving their views to be incorporated in the report prior to finalising it , the Vice-Chancellor ,senior management members , self review team and verification team were invited for a briefing session on the verification process and finding on 22nd March..The aim was to have a rough draft of the verification report discussed and finer points to be clarified and consensus reached prior to the preparation of the final report. The draft report was presented verbally by the Chairman of the verification team (Annex 3).Interactive discussion followed proposing certain improvements on how the quality indicators are being worded(needed simple sentences carrying single idea, need for it to be in national languages,) and the process(need for longer time for responding,).

A productive skype discussion also took place between Mr Nasir of the Commonwealth Secretariat and Vice-Chancellor, Chairman of Verification team, Chairman of Self Review team, External Verifier and Senior Management.

The management and other staff present endorsed the COL RIM Verification outcome of UOJ and of the themes.

Table 9: Ratings -Theme-wise

Theme	Staff survey	Self review	Verification
Communication	0.9	0.87	1.34
Need Orientation	0.93	0.95	1.34
Innovation & Creativity	0.77	0.93	1.2
Capacity Building	0.86	0.65	0.86
Quality Management	0.91	0.93	1.07

Table 10: Level of achievements of Themes

Theme	Level of Achievements
Communication	Verified
Need Orientation	Verified
Innovation & Creativity	Verified
Capacity Building	Threshold
Quality Management	Verified

OUTCOME OF THE VERIFICATION –UNIVERSITY - WIDE

Outcome of the verification of UOJ is “**COL-RIM VERIFIED**” based on the following evaluation of UOJ's self review and subsequent verification.

4.0 DETAILED FINDINGS BY THEMES

Theme: Communication (For rescoping, planning and evidences see Appenix1)

Indicator 6.2: The institution engages positively with its stakeholders and demonstrated accountability

Appropriate stakeholders are engaged in decision making process. Infrastructure facilities for communication are moderate except in certain aspects, eg. Human resource such as Computer application assistants, and laborers. Establishment codes are available for communication channeling. Effectiveness of communication could be strengthened by getting feedback from all levels of stakeholders. Electronic communication could be an effective way of communication if the shortcomings are rectified.

Indicator 6.4: The institution demonstrates leadership in public and academic debates and contributes to the development of local and international communities.

There are research activities, development programs and staff and student exchange programs at national and international level. to demonstrate the leadership quality of the institute. However the documentation of the outcome of those activities should be recorded properly. There should be continuous follow up programs with evidence to ensure the progress and sustainability of the program.

Indicator 7.3: Learners are generally satisfied with all aspects of their academic, social personal development experiences.

Feedback from graduates is obtained from undergraduates when there is a necessity, some Departments are doing it regularly, but it has to bring as policy so that all have practice it. The data should be analyzed and findings should considered for improvement. The same is applicable to tracer studies as well.

Indicator 10.1: The institution progress towards achieving the goals lifelong learning

Life long policy has to be spelled out in the corporate plan. There are possibilities for interdisciplinary courses and optional courses. Credit transfer facilities can be strengthened.

University hand book can include the courses offered by the extramural studies unit and other short and long term courses offered by the other faculties and units.

Indicator 10.2: The institution practices fact based decision making and continuous improvement in all key performance areas

It is witnessed by the appointment of sub committees and members of Faculty board, Senate and council. But some of the sub committees' effectiveness is not adequate. A mechanism for regularizing the effectiveness of the sub committees will add value to this indicator.

Theme: Need Orientation (For rescoping, planning and evidences see Appendix 2)

Indicator 6.1: Practices and operations in all parts of the institution are legal and ethical and financially stable and sustainable

Re-scoped evidences collected from Examination branch, Finance branch, Marshall office, Senior Student counselor office, Welfare office and websites. Triangulation of data revealed that institution strictly following and implementing the rules and regulation in all sectors. The evidences show that Academic staff, Students, Non academic and management staff were severely punished for their misbehaviors. This is further strengthening that institution practices legally in all sectors.

Indicator 7.3: Learners are generally satisfied with all aspects of their academic, social personal development experiences.

The Rate of the indicator is 1.5, which means the institution is making progress towards achieving the goals. Re-scoped evidences were collected at Heads, Deans and websites. The feedback analysis also indicates that learners and employers are quite satisfied with all the aspects of their social and personal development.

Indicator 8.2: Research outputs are relevant to national development goals and institutional goals and meet international standards

The rate of the indicator is 1.8. This means that institutions' research outputs are going towards fulfill the need of the national as well as international needs. Re-scoped evidences were collected at the Faculty of Graduate studies by interviewing Deans and AR. Adequate evidences were collected to show the proper monitoring facilities are implanted in the facilities. Several Academics won the awards for scientific research indicates that the high quality research work going on in the institution in order to fulfill the national needs.

Indicator 10.1: Research outputs are relevant to national development goals and institutional goals and meet international standards

The complete re-scoped evidences collected at the extra mural studies branch and Faculty of Graduate studies for particular lifelong studies. The various programme offered under the extra mural studies, external degree programme are very much helpful in achieving the goal of the lifelong learning. Further the Annual reports and implementation and monitoring mechanism of the extra mural studies shows that the institution going in the right direction.

Indicator 10.3: Uptake and satisfaction with internal and external services shows that these continue to meet stakeholder needs

The rating of the indicator is 1.0, this mean lot of effort needed to satisfy the services. The non availability of the evidences and feedback reports may be a reason for this downfall of the rating. Even though adequate workshops were carried out by Several Faculties to the societies, but they failed to get the feedbacks or failed to keep the feedback reports may be a reason for this indicator.

Theme: Innovations and Creativity (For rescoping, planning and evidences see Appendix 3)

Indicator 8.1: Innovation and creativity and partnership are used to develop relevant products and services.

A number of organizational and institutional documents found to indicate that the current institutional system is carrying out and practicing policies at the top management level to develop and promote local/international partnerships for Innovation and creativity. It is good to note that the improvement has been achieved due to the reformation in many aspects for innovation and creativity in teaching, learning, governance and management, examination system, academic actions and in progress for further enhancement. The sufficient numbers of evidences are collected from different disciplinary area in the Institute. It is in practice to sign MOUs for collaboration and engagement with stakeholders in industries and communities to satisfy their needs. Progress reports are obtained, and it shows that the stakeholders' satisfaction. The institution encourages fulfilling community needs and disseminates the research findings. There are events conducted by the institution annually and by the societies as part of the institution to share the knowledge and publish the work done. It is found that the institution has no effort and gives no support to the staff and students to hold entrepreneurship, patent, marketing and commercialization of products via the innovation and creativity. There are only a few numbers of instances available for the recognition and rewarding by the institution for innovation and creativity.

Indicator 8.4: Creative and Innovative approaches to meeting the needs of learners are recognized and rewarded.

It is found that the institution has policies to promote creative and innovative approaches to meeting the needs of learners, and the collected evidences shows that these policies were partially practised at the Institute. There are so many collaborations project/work carried out to promote the creative and Innovative approaches. There are few evidences collected to show that the recognition and incentive rewarding for excellence in creativity and innovation.

Theme: Capacity Building_(For rescoping, planning and evidences see Appendix 4)

Indicator 7.5: Improvement and excellence in teaching are recognized and rewarded

Though the University Does not have a policy on recognizing and rewarding improvement and excellence in teaching, UGC circular No 916 for promotion to Associate professor/Professor has aspects such as Introduction of new courses (1.6 a), Inter-faculty teaching (1.6 f) and Special Academic/Professional Awards or recognized Academic/Professional Distinctions in research or teaching. University adopts this circular for promotion. In addition, improvement in teaching is recognized each year through records of incremental forms. Except the above stated things there is neither mechanism of rewarding excellence in teaching nor events of rewarding excellence in teaching in the University.

Indicator 8.3: Excellent research performance recognized and rewarded

Though the University Does not have a policy on recognizing and rewarding improvement and excellence in research, UGC circular No 916 for promotion to Associate professor/Professor recognized Academic/Professional Distinctions in research is considered as one criteria. In addition the research performance is recognized by providing research allowance for those who do quality research and publish them in conference proceedings or indexed and refereed journals. Evidences were verified that awardees of National or International awards for excellence in research and grantees of national and international research grants are being recognized by commending in the Senate meetings. Evidences were also verified that staff are disseminating their research findings in Indexed journals, Refereed journals, Communications, Conference proceedings, Workshops and Books and such records are available in annual reports and University website. In addition, annual research sessions are conducted by the University enabling the staff to publish their research findings and to provide platform to interact with other national and international research scholars. Even though no financial support is

provided to publish research findings in journals, financial assistance is provided to present research papers in conferences.

Indicator 9.1: Staff are retained and empowered to achieve performance targets and progress their careers within the organization

Though a well defined policy is not available to retain and empower staff there are indication of targets for empowerment to achieve performance targets and progress their careers within the organization, there are indication of targets for empowerment in the strategic plan 2013-2018 of the University. Staff development centre conducts training programmes to the staff to develop their knowledge and skills. It was verified that academic, academic supportive including technical officers and administrative staff are being trained through workshops by Staff development centre. However, measures to find satisfaction of staff with conditions of services and opportunity for improvement is lacking in the University. A structured questionnaire among staff indicated that 66% of staff is satisfied with conditions of services in the University, while 60% staff is satisfied with opportunity for improvement.

Indicator 9.2: Staff are actively involved in the organizational, social/cultural and academic life of the institution

There are guidelines to form student bodies in which involvement of staff is mandatory moreover staff involvement is mandatory in the organizational, social/cultural events of student union. There is evidence of staff attendance for mandatory events, and of active involvement to cultural and social events. Evidences of annual as well as periodic social and cultural events was also verified.

Indicator 9.3: People's performance contributes to the achievement of institutional goals and shows ongoing development of new knowledge and skills

Aspects of continuously improving skills and knowledge of staff are included in the goals and objectives in the corporate plan, however, there is no policy on individual's performance review and database. Staff survey conducted by verification team indicated that 90% of staff contribute to new knowledge and skills and 90% also contribute to the achievement of institutional goals.

Theme: Quality Management_(For rescoping, planning and evidences see Appendix 5)

Indicator 6.1: Practice and operations in all parts of the institution are legal and ethical and financially stable and sustainable

Re-scoped by dividing the self review scopes into minor ones and evidences collected from Examination branch, Finance branch, Welfare office and websites. Triangulation of data revealed that institution strictly following and implementing the rules and regulation in all sectors. The evidences show that actions are being taken against Academic staff, Students, Non academic and management staff for their misbehaviors. This is further strengthening that institution practices legally in all sectors.

Indicator 6.2: The institution engages positively with its stakeholders and demonstrates accountability

Verification team worked out with some additional scoping to the self review team. Again the evidences were checked with respective senior management staff like deputy registrar, bursar, vice chancellor, SAR examinations, etc. shows a small increase in the rating whatever the self review team found.

Indicator 9.3: People's performance contributes to the achievements of institutional goals and show ongoing development of new knowledge and skills

Verification team worked out with the self review scopes which are adequate. Again the evidences were checked with respective senior management staff like deputy registrar, bursar, vice chancellor, SAR examinations, etc. shows whatever the self review team found is correct.

Indicator 10.2: The institution practices fact based decision making and continuous improvement in all KPA

Verification team worked out with some additional scoping to the self review scopes. Again the evidences were checked with respective senior management staff like deputy registrar, bursar, vice chancellor, SAR examinations, etc. shows whatever the self review team found is slightly over estimated so adjustment was done to correct it where the rating is decreased.

Indicator 10.3: Uptake and satisfaction with internal and external services shows that these continue to meet stakeholder needs

The rating of the indicator is 1.0, this mean lot of effort needed to satisfy the services. The non availability of the evidences and feedback reports may be a reason for the same rating. Even though adequate workshops were carried out by Several Faculties to the societies, but they failed to get the feedbacks or failed to keep the feedback reports may be a reason for this indicator. There is no change in the rating what the SRT found.

Indicator 10.4: Information management and communication systems effectively support the achievement of institutional goals

Verification team worked out with some additional scoping to the self review team. Again the evidences were checked with respective senior management staff like deputy registrar, bursar, vice chancellor, SAR examinations, Head / Computer Centre, Deans of various faculties, etc. shows a small increase in the rating whatever the self review team found.

5.0 LEARNING ABOUT THE COL-RIM

- Self review team members and verification team members are of a strong view that unlike other QA reviews and accreditation as assessment COL-RIM gives them a very deep insight into every act/operations in the context of quality which the University has to be mindful of.
- COL-RIM enables them to trace the root cause of problems and respond to changing conditions and expectations that rely on evidence/outcome-based approach. It has also inculcated a quality culture among the staff, continuously improve on its processes/procedures and helps in the capacity building of the institution. From UOJ's experience, for an effective self review and verification process to be undertaken, senior staff particularly of the administration who have sound knowledge of the core processes of the university should have been part of the process. Emphasis on capacity building in quality review is a good point to note.
- The self review and verification processes have reinforced the notion that UOJ would need to look at the issues critically and improvement to be brought into the process
- COL-RIM has also emphasized the various stages in the quality management cycle in guiding the direction of quality assurance in the university. The quality management cycle encompasses the following three critical stages:
 - Identify the goals and outcomes of an institution.
 - Conducting self-assessment to collect institution's performance data and
 - Having the data feed back to the process of reformulating the goals.
- The COL RIM process strengthened their knowledge in preparing questionnaires and conduct student feedback surveys. It gave an experience in making judgments based on evidence from multiple sources. It gave the staff a good glimpse of the whole institution.
- Certain indicators used may not allow the institution to generate adequate evidence particularly when the institution is at its infant stage or yet to complete a few cycles eg.

Indicator 7.4: Graduates of the institution are employable in their field(s) and eligible to progress to higher levels of study.

- University's comments on the process
 - Began as in-experienced and accomplished the tasks as experienced (**Exposure**)
 - With the hand on experience under able guidance of external verifier learnt to do scoping and planning independently (**Skill Development**)
 - Worked as pairs on specific theme and joined together to arrive at final rating and recommendation (**Collective Team Spirit**)
 - Learnt great deal on HEI management (**Knowledge Enhancement**)
 - Witnessed great inspiration from the external verifier (**Inspiration**)
- Concerns of UOJ for which they request COL's response include:
 - adequate time for self review, at least 3 months
 - adequate time for verification, at least 10 days.
 - The word verification describing the process is being confused with the three terms used for judgment of the Institution viz: verified, not verified. It is recommended that different terminology used for the different purposes.
 - Some of the indicators in the survey monkey multi-prong conveying more than one idea making is difficult making it difficult to respond
 - Since many of the non-academic staff who forms considerably a large community in the university are not fluent in the English language they opt out of responding
 - Due to inadequacy in the IT facility many of the non academic staff do not have e - mail IDs to respond
 - Software does not allow the respondent to stop and restart. This has resultant in one third of the attempted respondents skipping many indicators
 - As the teams are invariably composed of younger staff who have no experience in administering face difficulties in locating evidences.

Attachments

- | | |
|--------------|----------------------------------|
| Appendix-1-5 | Summary of Verification Outcomes |
| Annex 1-4 | Power point presentations |

Report endorsed by:

Professor Vasanthi Arasaratnam

Vice-Chancellor

University of Jaffna

Date.....

Appendix 1

Summary of verification outcome - Communication Theme

Indicator	Deficiencies			Comments	Rating
	Scoping	Planning (Methods)	Evidence		
6.2 The institution engages positively with its stakeholders and demonstrated accountability SRR rating 0.4	6.2.1 Infrastructure for communication	Human resource and infrastructure availability	Meetings with Senior assistant registrars of Establishment, administration, and academic.	Additional evidences for already set scoping by SRR. New scoping and evidences	1.2
	6.2.2 Effectiveness of communication flow for receiving information by the stakeholders	Supportive documents.	Meetings with Senior assistant registrars of Establishment, administration, and academic.		
	6.2.3 Engaging appropriate stakeholders in planning and decision making	Supportive documents	Composition of corporate plan, sub committees, etc.		
	6.2.4 Prevalence of policy documents for communication	Organizational documents	Establishment code		
6.4 The institution demonstrates leadership in public and academic debates and contributes to the development of local and international communities. SRR Rating 1	6.4.1 Collaboration with Ministries/ State Departments/Communities	Documentary evidences	MOUs, and follow up programs	SRR rating was downgraded due to inadequate evidences due to two new scoping and evidences	1.0
	6.4.2 International Collaborative research/Staff exchange	Documentary evidences	MOUs, and follow up programs .		

<p>7.3 Learners are generally satisfied with all aspects of their academic, social and personal development experiences</p> <p>SRR rating 1</p>	7.3.1 Policy for obtaining feedback from graduates.	Documents	Faculty board minutes and senate minutes.	Inadequate evidences. We collected more evidences.	1.5
	7.3.2 Does it include academic/social and cultural satisfaction	Documents	Documentary evidences (HETC and Faculty evidences)		
	7.3.3 Analysis if feedback and steps for improvement	Documents	Documentary evidences (HETC and Faculty evidences)		
	7.3.4 University policy for tracer study	Documents	Documentary evidences (HETC and Faculty evidences)		
	7.3.5 Analyze the findings	Documents	Documentary evidences (HETC and Faculty evidences)		
	7.3.6 Has it been considered for improvement	Documents	Documentary evidences (HETC and Faculty evidences)		
<p>10.1 The institution progress towards achieving the goals lifelong learning SRR Rating 0.5</p>	10.1.1 Types Policy on corporate plan for lifelong learning	Organizational documents	Advertisements/WebPages/ University Prospectus	Misunderstood by the self review team, re-scoped with new scoping and found relevant evidences	1.75
	10.1.2 Optional modules/ credit exchange,	Supportive documents	Faculty hand books		
	10.1.3 Scholarship opportunities given to academic staff for postgraduate degree	Supportive documents	Minutes of the study leave committee		
	10.1.4 Opportunities given to update the knowledge after post-graduation	Supportive documents	Minutes of the study leave committee Reports		
	10.1.5 Encouragement for national and international research grant	Documentary evidences	Senate minutes Research grants, Research awards		

10.2 The institution practices fact based decision making and continuous improvement in all key performance areas SRR rating 1	10.2.1 Fact based performance improvement	Relevant documents	Sub committee recommendation and decisions, Institutional self review report Internal QAA team	additional evidences than the self review	1.25
	10.2.2 Institutional review	Relevant documents	Institutional review reports		
	10.2.3 Internal quality assurance	Documentary evidence	Internal QAA team		
	10.2.4. External quality assurance		External QAA team		
	10.2.5. Monitoring mechanism		Faculty board minutes, Senate minutes		

Appendix 2

Summary of verification outcome - Need orientation Theme

Indicators	Deficiencies			Comments	Result
	Scoping	Planning	Evidence		
6.1: Practices and operations in all parts of the institution are legal and ethical and financially stable and sustainable SR Rating: 1.25	6.1.1 To check whether the institution has Policies, By-Law, Rules and Regulations	Organizational documents. Institutional records. Relevant documents. Websites	Establishment code University Act Circulars UGC hand book for students behavior Students hand book for University of Jaffna Procurement guide lines Law regarding ragging Minutes of Senate, Council Manual of procedures for university examination Corporate plan	Scoping and Planning inadequate Re scoped, Replanned Existence of the objective evidence triangulated	1.5
	6.1.2 Implementation and monitoring in all operational activities in the institution.	Supportive documents	Discussion with Bursar Faculty board minutes Finance branch records Financial statements Course coordinator appointment letter Certificate of accounting officer Co-operation agreement letter (Senate memo) S/385/13/6, Senate memo for Faculty of Engineering (S/374/12/6) Letter to UGC		

			chairmen (Finance) Advertisement (Invitation to BID) Reports of TEC Exam instruction for candidates		
	6.1.3 What action taken to remedy of the short comings	Supportive documents	Discussion with Bursar Letter of Utilization of treasury funds Letter to UGC chairman (Finance)		
	6.1.4 The code of ethics and its implementation in Institution. If so what is the mechanism or procedure.	Organizational documents	Establishment code University act Circulars QAA Hand book Websites		
	6.1.5 How, the university handling the abuse allegation with respect to staff and students	Relevant documents Reports	Law regarding ragging Hand books for University student charter-UGC-2012. Senate and faculty minutes Punishment letters for Academic and Non academic Staff, Senior management officers and students		
7.3 Learners are generally satisfied with all aspects of their academic, social personal development experiences	7.3.1 Do the learners have satisfied with the learning practices and research activities.	Feedbacks from learners and employers	Reports from Feed backs Students survey Minutes of Senate and Faculty Reports of feedbacks from M.Sc Students	Scoping and Planning inadequate. Re scoped, Replanned. Existence of the	1.5

SR rating; 1.33			Google scholar citations indicating research activities	objective evidence triangulated	
	7.3.2 How far university academic programme improved the learner's creativity, innovatory and problem solving capacity towards modern world trend.	Relevant documents	Discussion with Deans Google scholar citations indicating research activities staff and learners Minutes of faculty boards and Senate. Feedback report from M.Sc students Report of Introduction of applied science students programme.		
	7.3.3 How far the university environment and education improves the social personal development of the learners.	Relevant documents	Discussions with Deans Survey report from UGC Google scholar citations		
8.2 Research outputs are relevant to national development goals and institutional goals and meet international standards SR Rating: 1.0	8.2.1 How far the research culture spread in the university and how it goes towards national development.	Institutional documents Discussion with Deans	Discussion reports with Deans Documents (Best Research Evaluation form/Faculty of Agriculture) ARC and JUICE conferences Annual reports Senate and Faculty minutes. Reports on industrial visits. Reports in course evaluation	Scoping and Planning inadequate. Re scoped, Re planned. Existence of the objective evidence triangulated.	1.8

			MOU Hand book about different courses.		
	8.2.2 Is there any monitoring process involved in the institution.	Discussions with Deans Institutional documents	Minutes/ Faculty of Graduate M.Sc monitoring reports Course coordinator Appointment letter University Departmental fact finding survey report		
	8.2.3 Are there any research projects or researcher won the national or international awards.	Institutional documents	Minutes of Faculty boards and Senate Website Mass media		
10.1 The institution is making progress towards achieving the goals of lifelong learning SR rating: 0.5	10.1.1 What kind of the policies and strategies are adopting to enhance the lifelong learning	Supportive documents Discussion with relevant authorities	Hand book for extra mural studies Hand books- Indicating different courses(Faculty of Graduate studies) Discussion report of AR/Faculty of graduate studies UGC approval letters for conducting study programmes. Paper advertisements	Scoping and Planning inadequate. Re scoped, Re planned. Existence of the objective evidence triangulated .	1.6
	10.1.2 What kind of programmes offered by the institution for lifelong learning.	Supportive documents Discussion with relevant authorities	University Departmental fact finding survey Paper advertisement UGC apporovel		

			letter for conducting courses		
	10.1.3 How effectively the institution providing lifelong learning to the communities	Discussions with Dean/ Graduate studies Institutional documents	Annual report of extra mural studies University Departmental fact finding survey UGC approval letter for study programmes Finance committee memo indicating expenditure.		
	10.1.4 How efficiently institution running these lifelong learning.	Discussions with Dean/ Graduate studies Institutional documents	Annual reports extra mural studies University Departmental fact finding survey Certificate of extra mural studies Faculty minutes/Graduate		
	10.1.5 How to monitor the implementation of the lifelong learning plan	Discussions with Dean/ Graduate studies Institutional documents	Annual reports of extra mural studies Appointment letter for course coordinator Documents from extra mural studies		
10.3 Uptake and satisfaction with internal and external services shows that these continue to meet stakeholder needs SR Rating: 1.0	10.3.1 How the graduates perform in their working place	Feedback from employers and graduates	Feedback reports from Graduates Draft report for HETC Graduate employment, University of Jaffna	Inadequate evidence. Re scoped Triangulate d available evidence	1.0
	10.3.2 How graduates satisfied about their own activities about their working place	Feedback from Learners	Feedback reports from Graduates Draft report for HETC, Graduate		

			employment University of Jaffna		
	10.3.3 Have good understanding and appreciation of the roles and responsibilities of the graduates	Feedback from employers			

Appendix 3

Summary of verification outcome - Innovation and creativity Theme

Indicators	Deficiencies			Comments	Result
	Scoping	Planning	Evidence		
8.1: Innovation and creativity and partnership are used to develop relevant products and services	<ul style="list-style-type: none"> • Policy to promote innovation and creativity and is it practiced. • Reforms and aspects of innovation and creativity in teaching, learning, governance and management, examination system, academic actions, and etc. • Collaboration and engagement with industry, community, and etc. • Encourage entrepreneurship, patent and marketing. • Commercialisation of research finding, patenting, and fulfilling community needs. • Recognition and rewarding by the institution/university system for innovation and creativity. 	<ul style="list-style-type: none"> • Organisational documents. • Institutional records. • Relevant documents. • Discussion with relevant person in-charge. • websites 	<ul style="list-style-type: none"> • UGC circulars. • Corporate/strategic plan. • Senate/Faculty minutes. • MOU agreements. • Faculty handbook • Moderators' feedbacks • Students' feedbacks • Community based projects/related letter. • Industrial report/project. • Annual reports • Publications • Awards/prizes 	<ul style="list-style-type: none"> • Inadequate scoping and evidences in the self-review report. • Therefore, re-scoped, re-planned and the additional objective evidences are triangulated 	Rating increased to 1.40
8.4: Creative and Innovative approaches to meeting the needs of learners are recognised and rewarded	<ul style="list-style-type: none"> • Policy to promote Creative and Innovative approaches to meeting the needs of learners and is it practiced. • Collaboration to promote the creative and Innovative approaches • Recognition and incentive rewarding for excellence in creativity and innovation. 	<ul style="list-style-type: none"> • Organisational documents. • Institutional records. • Relevant documents. • websites 	<ul style="list-style-type: none"> • Corporate/strategic plan. • Senate/Faculty minutes. • Faculty/curriculum handbook • Research Collaboration letters • Students project/letter/Feedback • Publications • Website news • Letters/Email 	<ul style="list-style-type: none"> • Inadequate scoping, planning and collection of evidences in the self-review report. • Therefore, the rate downgraded as 0.50 for the self-review report. • The collection of new evidences for the new scoping and planning. 	Rating upgraded to 1.00

Appendix 4

Summary of verification outcome - Capacity building Theme

Indicators	Deficiencies			Comments	Result
	Scoping	Planning	Evidence		
7.5 Improvement and excellence in teaching are recognized and rewarded	7.5.1 policy on recognizing and rewarding Improvement and excellence in teaching and its implementation (Included in SR) 7.5.2 mechanism of recognizing improvement in teaching (Included in SR) 7.5.3 Mechanism of rewarding excellence in teaching (Included in SR) 7.5.4 Events of rewarding / recognizing excellence in teaching	Institutional documents/Or ganizational documents SAR Establishment s Deans of the faculties Senate minutes Institutional documents	UGC circular No 916 for promotion to Associate professor/Professor Adoption of UGC circular No916 Personnel Interview Personnel Interview	More evidence explored	Re scoped and more evidence found, therefore rating increased from 0.4 to 0.5
8.3 Excellent research performance recognized and rewarded	8.3.1. policy on research and implementation (Included in SR) 8.3.2. Does the University/System recognize the research performance by <div style="display: flex; align-items: center;"> Individual Team </div> (Partially Included in SR) 8.3.3. Incentives or rewards for excellence in research? (Included in SR) 8.3.4. recognize Awardees of National or International awards for	Organizational documents Institutional documents Institutional Records SAR/Establishment	UGC Circulars, Corporate plan Annual report UGC Circulars, Internal circular Senate	<ul style="list-style-type: none"> • More evidence explored • Scoping widened • Awardees of national and international research awards and grantees of national and international 	<ul style="list-style-type: none"> • scoping and planning was widen and additional objective evidences are triangulated. For that reason, rating is increased from 0.4 to 0.8

	<p>excellence in research?</p> <p>Grantees of national and international research grants</p> <p>(Not Included in SR)</p> <p>8.3.5. Are the research findings of staff disseminated through:</p> <ul style="list-style-type: none"> ✚ Indexed journals ✚ Refereed journals ✚ Communications ✚ Conference Proceedings ✚ Workshop ✚ Books <p>8.3.6. Annual/periodic research symposia, conference (Not included in SR)</p> <p>8.3.7. Financial support for the staff members to publish their research findings in conference proceedings and journals. (Not included in SR)</p>		<p>minutes</p> <p>Faculty board minutes</p> <p>Annual report</p> <p>University website</p> <p>Corporate plan</p> <p>Interview</p> <p>UGC circulars</p>	<p>nal grants are recognized</p> <ul style="list-style-type: none"> • Research findings are published in indexed and refereed journals and international and national conferences and verified. <p>More evidence explored</p> <ul style="list-style-type: none"> • Limited financial support for publication of research findings is also verified 	
9.1 Staff are retained and empowered to achieve performance	9.1.1 Policy on retaining and empowering staff to achieve performance targets and progress their careers within the organization (Included in SR)	Institutional documents/Or ganizational documents	Personnel Interview Findings of the survey Open responses	<ul style="list-style-type: none"> • More evidence explored • Scoping widened • Evidence 	<ul style="list-style-type: none"> • Inadequate scoping and evidences in the self-review report. • Therefore, re-

targets and progress their careers within the organization	<p>9.1.2 Mechanism to support capacity development of</p> <ul style="list-style-type: none"> • staff <p>(Partially included in SR)</p> <p>9.1.3 Measures to find satisfaction of staff with conditions of services and opportunity (Not included in SR)</p>	<p>Institutional documents</p> <p>Institutional documents</p> <p>SAR</p> <p>Establishment s</p>	<p>for the questionnaire</p> <p>Findings of the survey</p> <p>Open responses for the questionnaire</p>	<p>of targets for empower ment of staff in corporate plan</p> <ul style="list-style-type: none"> • Well defined mechanis m of staff developm ent programs my Staff developm ent center is evidence d • Staff survey conducte d by verificatio n team indicated that 66% of staff are satisfied with condition s of services while 60% of staff are satisfied with 	<p>scoped, re-planned and the additional objective evidences are triangulated For that reason, rating is increased from 0.33 to 1.0</p>
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				opportunity for improvement	
9.2 Staff are actively involved in the organizational, social/cultural and academic life of the institution	<p>9.2.1 Policy on involvement of staff in the organizational, social/cultural and academic life of the institution (Included in SR)</p> <p>9.2.2 Mechanism to facilitate and encourage social/cultural events (Included in SR)</p> <p>9.2.3 Data on attendance to mandatory events (Not included in SR)</p> <p>9.2.4 Social and cultural events happening annually/periodically in the institution and such events are well informed to staff (Not included in SR)</p>	<p>Organizational documents/Institutional documents</p> <p>SAR</p> <p>Establishments</p> <p>Institutional documents</p> <p>SAR</p> <p>Establishments</p> <p>SAR</p> <p>Establishments</p> <p>Institutional documents</p>	<p>Personnel Interview</p> <p>UGC Circulars, Constitution of AHSU</p> <p>Interview Invitations, Website</p>	<ul style="list-style-type: none"> • More Evidence • Scoping widened Guidelines of involvement of staff in , social/cultural and academic life of the institution is verified. Evidence s of annual as well as periodic social and cultural events verified. 	<ul style="list-style-type: none"> • Inadequate scoping and evidences in the self-review report. • Therefore, re-scoped, re-planned and the additional objective evidences are triangulated. For that reason, rating is increased to 1.2

9.3 People's performance contributes to the achievement of institutional goals and shows ongoing development of new knowledge and skills	<p>9.3.1 policy on individual's performance review and database (Included in SR)</p> <p>9.3.2 Policy on continuously improving skills and knowledge of staff (Included in SR)</p> <p>9.3.3 Individual's Performance being reviewed (Not included in SR)</p> <p>9.3.4 Peoples performance contribute to development of new knowledge and skills (Partially Included in SR)</p>	<p>Organizational documents/Institutional documents SAR Establishments</p> <p>Organizational documents/Institutional documents SAR Establishments</p> <p>Institutional documents SAR Establishments</p> <p>Deans of the faculties Institutional documents/Or ganizational documents</p>	<p>Incremental forms Promotional scheme Corporate plan UGC Circulars, Increment form Findings of the survey Open responses for the questionnaire</p>	<ul style="list-style-type: none"> •Targets of continuously improving skills and knowledge of staff included in corporate plan. •Staff survey conducted by verification team indicated that 90% of staff contribute to new knowledge and skills and 90% also contribute to the achievement of institutional goals. 	<ul style="list-style-type: none"> • Inadequate scoping and evidences in the self-review report. • Therefore, re-scoped, re-planned and the additional objective evidences found For that reason, rating is increased to 0.8
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Appendix 5

Summary of verification outcome - Quality Management Theme

Indicators	Deficiencies			Comments	Result
	Scoping	Planning	Evidence		
6.1: Practice and operations in all parts of the institution are legal and ethical and financially stable SR Rating 0.66	<ul style="list-style-type: none"> • Policy governing the University • Implementation mechanism • Proof of implementation • Any shortcoming • Remedial measures • Annual budgeting and disbursement to ensure sustainability 	<ul style="list-style-type: none"> • Organizational documents • Discussion with officers • Discussion with Bursar for further documents 	<ul style="list-style-type: none"> • University Act • UGC Circulars • Corporate Plan • FR • University Est. Proced. • Minutes of Fin. Comm. • Minutes of Pro. Comm. • Annual Budget • Annual Report 	Found additional evidences for legal and ethical aspects. Also self review scoping divided as small and considered as new scoping. Found adequate evidences	The rating increased to 1.0.
6.2: The institution engages positively with its stakeholders and demonstrate accountability SR Rating 1.0	<ul style="list-style-type: none"> • Policy of the University engaging with stakeholders • Mechanism for engaging with stakeholders • Feedback from stakeholders • Feedback and concerns from stakeholders to incorporate into the policy documents for improvement of University 	<ul style="list-style-type: none"> • Organizational documents • Questionnaire survey (staff & Students) 	<ul style="list-style-type: none"> • Minutes of Facul. Board • Corporate Plan • Minutes of Dept. Meet. • Questionnaire survey report • Feedback of respective stakeholders • Minutes of 	Found additional evidences	The rating increased to 1.2.

			Senate		
			<ul style="list-style-type: none"> Minutes of Council 		
<p>9.3: People's performance contributes to the achievements of institutional goals and show ongoing development of new knowledge and skills</p> <p>SR Rating 1.0</p>	<ul style="list-style-type: none"> Policy of the document on institutional goals Mechanism towards to accommodate people performance to achieve the goals Appraise the performance with institutional goals for internal stakeholders Implementation of projects to develop the new knowledge and skills to achieve the institutional goals Ongoing development or incorporation of new knowledge and skills 	<ul style="list-style-type: none"> Organizational documents Discussion with SMC 	<ul style="list-style-type: none"> Corporate Plan Performance appraisal forms Increment forms Annual Report 	The self review team had adequate evidences it remains same through verification.	Rating remains unchanged as 1.0
<p>10.2: The institution practices fact based decision making and continuous improvement</p>	<ul style="list-style-type: none"> Any policy or regulations for fact based decision making Implementation 	<ul style="list-style-type: none"> Discussion with SMC 	<ul style="list-style-type: none"> Minutes of Facul. Board Departmental meeting minutes 	Initially verification team could not find proper evidences. Then re-	Unfortunately the rating decreased a little as 1.2.

<p>in all key performance areas.</p> <p>SR Rating 1.25</p>	<p>n mechanism</p> <ul style="list-style-type: none"> Any key performance areas in the institution Any performance targets to plan improvements and records positively progress towards targets Implementation for this performance targets 		<ul style="list-style-type: none"> Minutes of various senate sub-committees Minutes of Senate Minutes of Council 	<p>scoped and re-planned. After that collected some evidences from various sources.</p>	
<p>10.3: Uptake and satisfaction with internal and external services shows that these continue to meet stakeholder needs.</p> <p>SR Rating 1.0</p>	<ul style="list-style-type: none"> Schedules for internal and external services Services fulfill to stakeholders needs Mechanism to monitor those services 	<ul style="list-style-type: none"> Discussion with SMC Focus group discussion (staff & student) Discussion with external stakeholders 	<ul style="list-style-type: none"> Feedback of staff Feedback of students Various evaluations / relevant documents 	<p>The evidences collected by the self review team were adequate. Evidences remain same through verification.</p>	<p>Rating unchanged as 1.0, same as SRR</p>
<p>10.4: Information management and communication systems effectively support the achievement of institutional goals.</p> <p>SR Rating 0.83</p>	<ul style="list-style-type: none"> Policy for information management and communication systems Infrastructure for communication to achieve the goals Implement the information management and communication 	<ul style="list-style-type: none"> Organizational documents Discussion with Head / Computer Centre Discussion with Director / OTS Discussion with Heads of relevant departments 	<ul style="list-style-type: none"> Corporate plan IT usage documents Student feedback 	<p>Found additional evidences which enhanced the rating upward.</p>	<p>The rating increased to 1.0.</p>

	<p>n system to achieve the goals</p> <ul style="list-style-type: none"> • Mechanism for obtaining the feedbacks regarding information management system • Effective and efficient infrastructures for communication flow to achieve the goals 				
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