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# CHUKA UNIVERSITY


## Standard Operating Procedures

### Quality Assurance Management (CU/SOP/QUAM/46)


#### Document Review Sheet

The signatures below certify that this Standard Operating Procedure has been reviewed and accepted, and demonstrate that the signatories are aware of all the requirements contained herein and are committed to ensuring their provision.

Action	Name & Signature	Position	Date
Revised by	Prof. Colomba K. Muriungi	Director, QA	25.11.2019
Reviewed by	Prof. D. K. Isutsa	Deputy Vice-Chancellor (ARSA)/ ISO M.R.	25.11.2019
Approved by	Prof. E. N. Njoka	Vice-Chancellor	25.11.2019

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### 1.0 AMENDMENT RECORD

This Standard Operating Procedure is reviewed regularly to ensure relevance to the systems and process that it defines. A record of contextual additions or omissions is given below.

#### Amendment Record Sheet

Amendment Date	Issue No.	Revision No.	Page No.	Subject of Review /Modification	Revised By	Reviewed & Approved By

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## 2.0 GENERAL

### 2.1 Purpose

The purpose of this procedure is to ensure that all the activities of the Directorate are planned, performed/implemented, monitored, evaluated and managed effectively and to the highest quality standards to ensure compliance with the International Standard and the University's requirements, as well as the Government's statutory policies, procedures and regulations.

### 2.2 Scope


This procedure applies to and defines all the processes and activities carried out by the Quality Assurance Directorate.

### 2.3 References

- Kenya Constitution, 2010
- Universities Act No. 42 of 2012
- CUE Regulations, Standards and Guidelines, 2014
- CU Charter, 2013
- CU Statues, 2014
- CU Strategic Plan, 2017-2022
- Chuka University Quality Assurance Policy
- ISO 9001:2015 Standard, Clauses 4 to 10
- CU ISO Quality Management System Manual (current)
- CU Catalogue, 2016
- Customer Service Charter (Current)
- Kenya Vision 2030
- Third Medium Term Plan, 2018-2022
- National Education Sector Plan, 2018-2022
- Performance Contract and Guidelines (Current)

### 2.4 Abbreviations

CODs	= Chairpersons of Department
CU	= Chuka University
CUE	= Commission for University Education
Director (QA)	= Director (Quality Assurance)
DVC (ARSA)	= Deputy Vice-Chancellor (Academic, Research & Student Affairs)
DVC (AFPD)	= Deputy Vice-Chancellor (Administration, Finance, Planning & Development)
HODs	= Heads of Departments
MoE =	= Ministry of Education
MR	= Quality Management Representative
PC	= Performance Contract
QMS	= Quality Management System
VC	= Vice-Chancellor

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## 2.5 Definitions

**COD:** The in-charge of academic Department in the University.

**HOD:** The in-charge of distinct Division, Department, or Section in the University.

**Product:** Refers to goods, services, works or products offered by the provider to a customer.

**Quality Assurance:** Refers to guaranteeing of the fitness for purpose of a given product.

**Potent Risk:** Refers to potential raw risk that is anticipated.

**ISO:** Refers to the International Organisation for Standardization

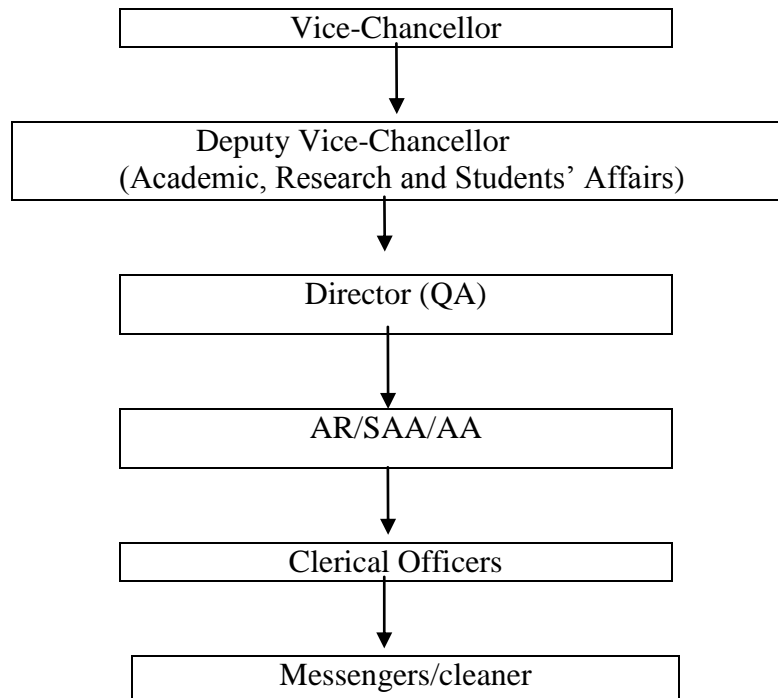
**Quality Assurance:** The maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production


## 2.6 Responsibility

The Director (Quality Assurance) has the primary responsibility of ensuring that this procedure is implemented and remains adequate for its intended purpose and for providing the information from which the documentation of their processes can be compiled and for initiating action to keep them up to date. All departmental staff members are responsible for implementing and ensuring that this procedure is followed.

## 3.0 ADMINISTRATIVE STRUCTURE

The administrative structure for the Directorate of Quality Assurance in the University is as follows:



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## **4.0 PROCESSES**

### **4.1. Overview**

The Directorate (QA) is responsible for activities related to Quality Assurance in the University.

The core activities of the Directorate involve handling quality assurance activities including:

- i. Coordinating training and sensitization of staff on Quality Assurance and Management Systems requirements.
- ii. Administering undergraduate student evaluation of teaching effectiveness.
- iii. Conducting evaluation of teaching and supervision effectiveness in the University and giving results of students' evaluation of teaching effectiveness to all lecturers evaluated.
- iv. Analysing external examiners' reports for Postgraduate Students' theses and give feedback to concerned parties.
- v. Monitoring the development and review of academic programmes in all the Faculties through the BUSF and BPGS as need arises.
- vi. Coordinating and monitoring ISO QMS certification, continual improvement, maintenance, internal and external auditing.

### **4.2. Process for coordinating training and sensitization of staff on Quality Assurance and Management Systems requirements**

#### **4.2.1. Source**

CU/ISO/QMSM/1-02; 4.4 (c),  
Top Management

#### **4.2.2. Required Inputs/Resources**


- SOPs
- Budgetary allocation
- Standards and guidelines
- University Statutes
- Policies
- Stationery
- Resource persons (trainer/facilitator)

#### **4.2.3. Expected Outputs**

- List of trained staff
- Report on the training

#### **4.2.4. Receiver(s)**

CODs, HODs, Top Management

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#### 4.2.5. Process Details

No.	Description	Output	Responsibility
1.	Identify new staff to be trained	List of staff members	Director, QA Registrar (A&P) ISO MR
2.	Set a date for training	Date	Director, QA & ISO MR
3.	Issue a memo to the CODs and HODs with a list of new staff and date to avail themselves for training	Memo	Director, QA
4.	Invite an expert to sensitize staff	Invitation letter and Budget	Director, QA ISO MR VC
5.	Staff members attend training on a stipulated date	Sensitization or training programme and budget	Director, QA ISO MR VC
6.	Compile report on the training	Report	Director, QA

#### 4.3. Process for Evaluation of Teaching Effectiveness

##### 4.3.1. Source

CU/SOP/ACAD/16-21; 34-37; 42-44; C/SOP/EXTT/12

##### 4.3.2. Required Inputs/ Resources


- Budgetary allocation
- Standards and guidelines
- University Statutes
- Policies
- Course allocation schedules
- Stationery
- Teaching timetables
- Resource persons (staff)

##### 4.3.3. Expected outputs

- Duly filled evaluation forms
- Written feedback to lecturers
- Summarized Evaluation Reports
- Minutes of Board of Undergraduate and Postgraduate on the newly developed and review of academic programmes.

##### 4.3.4. Receiver

Top Management, Lecturers

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#### 4.3.5. Process details

No.	Process Details/Description	Output	Responsibility
1.	A schedule is prepared at the beginning of the semester and as need arises for evaluation of teaching effectiveness	Evaluation schedule	Director QA
2.	Every semester, in the 7 <sup>th</sup> week a memo is issued to evaluate teaching effectiveness in the 9 <sup>th</sup> and 10 <sup>th</sup> weeks. (a) Evaluation is done as per the schedule prepared at the beginning of the semester and as need arises in coordination with CODs	Written Memo	Director QA
3.	Evaluation forms are distributed to students in the 8 <sup>th</sup> and 9 <sup>th</sup> week by staff attached to the Director (QA) and CODs office (CU/QA/FORM/1). The forms are filled in class and returned to the distributing staff to return them back to the Office of the Director (QA)	Duly filled evaluation forms	CODs of the scheduled Departments
4.	Evaluated courses are registered in the register book	Evaluation register	Clerk/AA SAA
5.	Analysis of the dully filled forms is done a month from the date of completing the forms.	Analysis report	Clerk/AA SAA
6.	Written feedback is communicated to staff within two months from the date of receipt	Written feedback to staff evaluated.	Director QA
7.	A summary report on evaluation results is submitted to Vice-Chancellor and DVCs for further action	Summarised report	Director QA

#### 4.4. Process for Analysing External Examiners' Reports for Postgraduate Students' Theses

##### 4.4.1. Source

CU/SOP/BPGS/12


##### 4.4.2. Required Inputs/Resources

- Budgetary allocation
- Standards and guidelines
- Policies
- External examiners' theses reports for six months
- Resource persons (staff)

##### 4.4.3. Expected outputs

- Written external examiners' reports
- Recommendations



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#### 4.4.4. Receiver(s)

CU/SOP/ACAD/16-21; 34-37; 42-44; Top Management

#### 4.4.5. Process Details

No.	/Description	Output	Responsibility
1.	Every six months, the Directorate analyses external examiners' theses reports submitted during the past six months.	Analysis report of external examiners' reports	Director QA
2.	The report on consolidated and analysed external examiners' report is distributed to the Vice-Chancellor and DVCs	Forwarding letter	Director QA
3.	The Consolidated report is tabled to the Board of Postgraduate Studies for discussion and making of appropriate recommendations. Where there are major concerns and non-conformities regarding quality, the report is tabled in the Senate	Minutes of BPGS Recommendations List of non-conformities if any	Director, Board of Postgraduate Studies

### 4.5. Process for Monitoring the Development and Review of Academic Programmes

#### 4.5.1. Source

CUE Regulations

#### 4.5.2. Required Inputs/Resources

- Budgetary allocation
- Chuka University's Policy on Curriculum Development and Review
- CUE Guidelines for developing academic programmes
- Policies
- List of programmes to be developed as per PC
- Resource persons (staff)

#### 4.5.3. Expected outputs


- Written Evaluation report on the programmes developed or reviewed
- Recommendations for improvements
- Developed/Reviewed Curricula

#### 4.5.4. Receiver(s)

Office of the Director, Board of Undergraduate Studies and Practicum.


Office of the Director Board of Postgraduate Studies.

Top Management.

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#### 4.5.5. Process Details

No.	Description	Output	Responsibility
<b>Programme Development</b>			
1	The programmes are developed and processed against Chuka University stipulations and CUE standard guidelines.	Departmental Minutes and programme drafts	COD and Subject Matter specialists
2	The Director, QA issues a memo to Directors (BUSF and BPGS) at the beginning of the academic year to submit discussed curricula and the minutes	Memo	Directors (BUSF and BPGS)
3	The curriculum is checked for evidence and work quality at all levels stipulated: drafting (by Departmental experts), inbuilt review (by Faculty Board), validating (by stakeholders where necessary), vetting (by BUSF) and a report is issued to BUGS/BPGS	Draft curriculum and evidence	Director, QA
4	Reports are tabled at BUSF and BPGS for discussion and making of appropriate recommendations	Recommendations List of non-conformities if any	Director BUSF and BPGS
5	Programme is forwarded to the Senate and presented in plenary for deliberation and approval	Proposed developed curriculum	Director, BUSF/BPGS Deans of Faculties
	Director, QA confirms that the Senate recommended inputs are addressed and prepares the curriculum plus pertinent evidence for CUE accreditation after Senate approval	Final approved curriculum	Director, QA
	The corrected programme is verified compiled into the University Catalogue	Catalogue	Director, BUSF/BPGS
<b>Programme Long-Term Review: For Distance Learning Programmes, ODEL will Handle</b>			
1	The DVC (ARSA) issues a memo to Faculties/Schools at the end of respective programme cycles to initiate curriculum review (2 years-certificate, 4 years-diploma and masters, 5 years-bachelors and doctorate)	Written memo	Director, QA
3	The programmes are reviewed and evaluated against the Chuka University stipulations, alumni and employers' comments, and CUE standard guidelines.	Analysis report	Appointed reviewer

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3	The reviewed and evaluated programmes are checked through the same hierarchy as for development	Minutes of BUSF and BPGS Copy of programmes Appointment letter	Director BUSF and BPGS Faculty Rep Director, QA
4	Reviewed and evaluated programme is forwarded to the Senate and presented in plenary for deliberation and approval	Proposed reviewed curriculum	Director, BUSF/BPGS Deans of Faculties
5	Director, QA confirms that the Senate recommended inputs are addressed and issues a certificate for continued offering, if changes are < 30%, and for CUE re-accreditation if changes exceed 30%	Final curriculum	Director, QA
6	The corrected programme is verified and compiled into the University Catalogue	Revised Catalogue	Director, BUSF/BPGS

#### **4.6. Process for coordinating and monitoring ISO QMS certification, continual improvement, maintenance, internal and external auditing**

##### **4.6.1. Source**

External Certification Body Requirements, Top Management

##### **4.6.2. Required Inputs/Resources**

CU/ISO/QMSM/01, SOPs, Budgetary facilitation, trained internal auditors, external lead auditor

##### **4.6.3. Expected outputs**


ISO Certificate, documented, revised and improved SOPs, functional areas reports, internal audit reports, external audit reports

##### **4.6.4. Receiver(s)**


HODs, Functional areas staff, Top Management, External Certification Body

##### **4.6.5. Process Details**

<b>No.</b>	<b>Description</b>	<b>Output</b>	<b>Responsibility</b>
<b>ISO Certification</b>			
1.	Organize ISO awareness, technical or auditor trainings plus budget for process owners/HODs, documenters, auditors	Sensitization or training programme and budget	Director, QA
2.	Release a memo instructing HODs to document, revise or improve their SOPs	Memo	ISO MR
3.	Receive documented, reviewed or improved SOPs and transmit for approval	Draft SOPs	Director, QA

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4.	Review and approve documented, reviewed or improved SOPs	Approved SOPs	ISO MR and VC
5.	Receive reviewed and approved SOPs and forward to respective HODs to implement, monitor and evaluate from time to time	Covering Letter	Director, QA
6.	Organize internal auditing with internal auditors and ISO MR and include a budget	Internal Audit, Programme, Memo	Director, QA
7.	Organize Management Review Meetings together with the ISO MR, include a budget	Meeting Invitation Meeting Minutes	ISO MR
8.	Gather approved SOPs, audit reports and MRM minutes and forward to ISO MR for use during external audit	SOPs, Reports, Minutes	Director, QA
9.	Receive external auditor and present the evidence and documentations for audit	Opening and closing meeting lists	ISO MR
10.	After external audit, apply to certification body for issuance of the ISO certificate	Letter	ISO MR
<b>ISO Internal Audit</b>			
1.	Nominate trained ISO internal auditors, allocate to areas to be audited, prepare audit schedule plus meals budget and forward to the ISO MR for appointment	Nominated ISO internal auditors and audit schedule	Director, QA
2.	Appoint and write to approved ISO internal auditors to carry out the audit exercise	Appointed ISO internal auditors	ISO MR
3.	Conduct ISO internal audit, prepare reports and submit plus evidence for compilation	ISO Internal audit reports and evidence	ISO internal auditors
4.	Prepare compiled zero draft of ISO internal audit report and prepare for forwarding	Draft reports	Director, QA
5.	Review and approve the internal audit report for presentation in the MRM	Final consolidated and approved report	ISO MR
<b>ISO External Audit</b>			
1.	Receive notification of external audit and approve the proposed dates for the exercise	Notice	ISO MR
2.	Receive the external audit plan and cascade to ISO HODs/auditees together with audit schedule/programme	Audit Plan Internal Memo	ISO MR
3.	Prepare a facilitation budget and submit for approval to the Management	Draft Budget	Director, QA
4.	Receive the ISO external auditor and coordinate the audit exercise	Opening Meeting Attendance	ISO MR
5.	Receive the ISO external audit reports and cascade to ISO HODs/auditees to attend to corrective action requests	External audit reports Internal Memo CAR forms	ISO MR

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6.	Present ISO external audit report in subsequent ISO MRM	Minutes	ISO MR
7.	Follow up to corrective actions and forward to ISO MR office to retain for next surveillance audit	Corrective Action Evidences	Director, QA
8.	Close correction action requests	Signed CAR forms	ISO MR

## 5.0 RECORDS/RETAINED DOCUMENTED INFORMATION

- i. Lecturers Reports on Assessment of Evaluation of Teaching Effectiveness
- ii. Reports on Assessment of External Examiner s' Reports
- iii. Minutes of External Examiner Reports from the Board of Postgraduate Studies
- iv. Minutes of Curriculum review from Board of Undergraduate and Postgraduate studies.
- v. Reports on reviewed curriculum.
- vi. List of trained staff.
- vii. Internal and external Audit Report.


## 6. KEY PERFORMANCE INDICATORS/QUALITY OBJECTIVES

### 6.1. Key Performance Indicators (Measures of Success)

- i. Number of courses evaluated.
- ii. Percentage score of examined postgraduate students' theses.
- iii. Number of feedback reports submitted to respective staff and the Management.
- iv. Number of reports on training and sensitization of staff seminars on Quality Assurance and Management Systems.
- v. Number of audit reports.

### 6.2. Quality Objectives

<b>Linked Strategic Objective(s):</b> SO 3: Enhancement of Academic Competitiveness of the University SO 4: Implementation of ISO 9001 Standard QMS in Teaching			
<b>1. Quality Objective:</b> To increase coordinated training and sensitization of staff on Quality Assurance and Management Systems requirements from one to two per year			
<b>Strategy (Actions/Activities)</b> Organize training/sensitization workshops Source for professional facilitators			
<b>Responsibility</b>	<b>Resources Required</b>	<b>Timeline</b>	<b>Measure of Success (KPIs)</b>
Director, QA DVC (ARSA) VC	ISO QMS Manual Standards & Policies Budgetary allocation Stationery	Once per year for new staff	Number of memos issued Number of training done List of trained staff Copy of letters issued to invite trainers
Review dates:	Once per year in September		

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**Linked Strategic Objective(s):**

SO 2: Provision of Relevant Quality Higher Education and Training

**2. Quality Objective:** To improve quality of teaching by increasing courses evaluated by 5% annually and giving feedback to lecturers within two (2) months down from 4 months.

**Strategy (Actions/Activities)**

1. Prepare evaluation schedule for faculties every semester.
2. Prepare the teaching effectiveness questionnaires.
3. Evaluate teaching effectiveness of staff by students in two faculties scheduled every semester.
4. Analyse results and give lecturer teaching evaluation feedback two months after evaluation.
5. Prepare teaching evaluation report and give copies of the summary of the report to Deans and Management to formulate intervention measure.

<b>Responsibility</b>	<b>Resources Required</b>	<b>Timeline</b>	<b>Measure of Success (KPIs)</b>
DQA CODS Administrative staff in COD's offices	Budgetary allocation Standards guidelines University Statutes QA Policy & Stationery Teaching timetables Course allocation lists	Quarterly 2 months post- evaluation	-Number of courses evaluated -Number of memos circulated -Number of feedback reports submitted to respective staff -Number of summary reports submitted to management

**Linked Strategic Objective(s):**

SO 2: Provision of Relevant Quality Higher Education and Training

**3. Quality Objective:** To analyze new external examiner reports for post-graduate theses bi-annually and reduce summarized report submission from 30<sup>th</sup> to 15<sup>th</sup> day after end of 6 months.

**Strategy (Actions/Activities)**

1. Collect external examiners report from Postgraduate Directorate.
2. Analyse external examiners' reports from Postgraduate Directorate.
3. Table the report in the Postgraduate Board meeting.
4. Prepare and give analysis reports to Postgraduate Directorate and Top management for intervention.

<b>Responsibility</b>	<b>Resources Required</b>	<b>Timeline</b>	<b>Measure of Success (KPIs)</b>
DQA Director, Board of Postgraduate Studies	Budgetary allocation Standards/guidelines Statutes & Staff External Examiners' reports	Biannually i.e., End of June End of December	-Number of Summary report on external examiners' reports -Number of theses for Postgraduate students
Review dates:	Bi-annual		

**Linked Strategic Objective(s):**


SO 1: Expansion of the Number of Relevant Market-Driven Programmes

SO 2: Provision of Relevant Quality Higher Education and Training

**4. Quality Objective:** To increase programmes/curricula monitored during development/review from none to 100%

**Strategy (Actions/Activities)**

1. Issue a memo to Directors (BUSF and BPGS) on submission of discussed curricula.
2. Receive copies of discussed curricula and the minutes.

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3. Appoint an expert from the faculty to check the curriculum.
4. Monitor implementation of corrections on curriculum tabled in the senate.

<b>Responsibility</b>	<b>Resources Required</b>	<b>Timeline</b>	<b>Measure of Success (KPIs)</b>
DQA CODs Deans Directors (BUSF and BPGS) Senate	CUE Guidelines Standards/guidelines Statutes & Staff Stationery Budgetary allocation	Once in five years (Review) <b>OR</b> As need arises.	Number of curricula drafted and reviewed. Minutes
Review dates:	As soon as new curricula is drafted.		

**Linked Strategic Objective(s):**

SO 3: Enhancement of Academic Competitiveness of the University

SO 4: Implementation of ISO 9001 Standard QMS in Teaching

**5. Quality Objective:** To enhance academic competitiveness and student enrolment by 200 annually


**Strategy (Actions/Activities)**

- (1) Conform to teaching, examination and supervision rules and regulations
- (2) Comply with policies and practices for enhancing quality of teaching and learning
- (3) Adhere to the arrangements in the Strategic Plan.
- (4) Institutionalise ISO Quality Management System requirements
- (5) Enhance staff competence and skills in QMS

<b>Responsibility</b>	<b>Resources Required</b>	<b>Timeline</b>	<b>Measure of Success (KPIs)</b>
Vice-Chancellor DVC (ARSA) Director (QA) Deans of Faculties	ISO QMS Manual Qualified staff Budgetary allocation Standards & Policies	Annually	(1) Quality teaching experienced (2) Student enrolment increased (3) Qualified students attracted (4) Graduation of students realised
Review dates:	Annually		

**Risk Identification Key/Guide**

<b>Likelihood</b>	<b>Consequence</b>	<b>Raw Risk (Likelihood x consequence)</b>
1: Low, very unlikely less than 10% chance of occurring	1: insignificant, consequences are very low, can lead to nil/minor disruptions (1 day), leads to no financial losses	1 - 3: Low, managed within existing controls, monitor annually
2: Medium, possible 20% - 60% chance of occurring	2: Moderate, consequences are moderate, disruption can be up to a week, financial loss can be up to \$10,000	4 - 6: Medium, evaluate efficiency of existing controls or implement mitigation plan, monitor quarterly or 6 monthly
3: High, likely to almost certain 70% - 100% chance of occurring	3: Serious, consequences are adverse, can lead to legal prosecutions, media coverage, investigation by statutory body, complete loss of service delivery or financial loss of > \$ 100,000	7 - 9: High, implement mitigation plan immediately, escalate to senior management, monitor weekly or monthly


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**Department: Directorate of Quality Assurance**

**SOP: CU /SOP/QA/46 Project/Process Name: Quality Assurance**

<b>Reference</b>	<b>Risk</b>	<b>Source (How can the risk occur)</b>	<b>Impact (What is the impact of the risk occurring)</b>
1. Evaluation of Teaching Effectiveness	Not complying with evaluation schedule Awarding non-deserving lecturer, a score Lecturer purporting to have been evaluated when not.	Failure to do evaluation If a lecturer colludes with a staff to be issued with feedback evaluation score. If the course evaluated is not in evaluation register	lack of confidence with the process low quality teaching low quality graduates
2. Analysing External Examiners' Reports for Postgraduate Students Theses	Late of thesis defenses hence delay in external examiners' reports. Failure to table the analysis of external examiners' report. Poor quality of theses.	Delay in receiving the external examiners' reports Unavailability of report for discussion in the meeting If the report is not prepared as per schedule Delay in completion rates	Low quality theses Low quality graduates Delay in graduation Tainted image of University.
3. Coordinating Training and Sensitization of Staff on QA and MS Requirements	Failure of staff to attend the sensitization seminar	Late notification Failure of the invitation memo to reach the staff. Truancy	Poor performance on QMS matters in departments concerned
4. Coordinating and Monitoring ISO QMS Certification, Continual Improvement, Maintenance, Internal and External Auditing	Failure of CODs and HODs to appear for audits	Laxity and non-commitment	Frustration of auditors and failure of audit. Poor performance in the department concerned. May delay certification.



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### RISK REGISTER:

Note under monitoring, responses are as follows: What = risk described. Why = prevent/correct consequence. How = mitigations/controls. Who = risk owner.

<b>Department: CU/SOP/QA/46 Directorate of Quality Assurance</b>												
<b>Procedure Project/Process Name: Directorate of Quality Assurance</b>												
Risk name/ description	Risk consequences	Likelihood (L)	Consequence (C)	Potent Risk (L x C)	Mitigations/Controls (opportunities source)	Risk owner	Monitoring (When)	Actual Risks as @ 25/11/2019				
								LA	CA	Ri= LA*CA	RR%= RI/PR	EC%
<b>Management of Teaching Evaluation</b>												
Issuing evaluation scores to undeserving lecturer	Poor reputation of staff Low teaching standards Poor performance Poor graduates	3	2	6	Create a register for all courses evaluated Conduct evaluation as per schedule	QA	Quarterly	3	0	0	0%	100%
Colluding to alter the teaching evaluation feedback score	Lack of confidence with the evaluation. Poor teaching Low morale for lecturers	2	2	4	QA staff to adhere to deadlines. Safe custody of evaluation feedback Repeat evaluation to ascertain actual one	QA	Quarterly	2	0	0	0%	100%
Delay in releasing the teaching evaluation scores	Creates suspicion Can lead to malpractice Weaknesses are not identified on time for correction	3	2	6	Adhere to timelines Check and issue feedback results against the register before releasing feedback	QA	Quarterly	2	1	2	33	67%
Substandard teaching	Poor quality graduates Poor performance Low quality graduates Students complain	3	2	6	Strengthen teaching via lecturer & student attendance roll calls. Supervise actual teaching Vet allocations	Teaching Inspection Committee QA/Top Mgt	Quarterly	2	1	2	33%	67%
<b>Coordinating Training and Sensitization of Staff on QA and MS Requirements</b>												
Failure of staff to attend the sensitization seminar	Poor performance on QMS matters in departments concerned	2	2	4	Issue training memo and deliver timely Follow up on those who fail to eliminate the trend.	QA Top Mgt	Yearly	2	1	3	33%	67%
<b>Management of Internal and External Audits</b>												
CODs and HODs not appearing for audits	Frustration of auditors and failure of the audit. Poor performance in the department concerned. May delay certification	2	2	4	Sensitization Issue warning letters to eliminate the trend	Top Mgt	Bi-annually	2	1	3	33%	67%

Key: LA= Likelihood Achieved. CA = Consequence Achieved. RI = Risk Incidences encountered. RR% = Residual Risk. EC% = Effectiveness of Control  
Potent Risk (PR): Refers to potential raw risk that is anticipated. EC% = 100% - RR%



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**Opportunities Table:**

<b>SN</b>	<b>Opportunities</b>	<b>Action plan</b>	<b>Timelines</b>	<b>Effectiveness status</b>
1.	Increase demand for higher education and programmes	Enhance quality assurance activities such as organising evaluation of lecturers for courses taught within the semester for effective teaching	Carry out evaluation of at least two faculties for courses taught within the semester	70%
2.	Environment requiring conservation through research and extension	Incorporate targets of environment conservation activities in performance contract targets	Annually	70%
3.	Incoming staff with limited quality assurance skills training	Incorporate training on pedagogy in performance contract at least once every year to equip lectures with relevant skills.	Once every two years	100%
4.	Community good will and support	Involve and incorporate community outreach programmes in annual performance contract.	At least 3 programmes per year	60%
5.	Proximity of the University to Mt Kenya	Giving the university competitive advantage by attracting students to study within Mt Kenya area.	Annual	70%



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## APPENDIX A: EVALUATION OF TEACHING EFFECTIVENESS FORM

**CHUKA**



**UNIVERSITY**

### TEACHING EFFECTIVENESS EVALUATION FORM

CU/QA/FORM/1

Name of Instructor.....  
 Course Code and Title ..... Class.....  
 Department ..... Date.....

#### OBJECTIVES

The objectives of this instrument is to provide feedback on the quality of teaching to members of academic staff

#### INSTRUCTIONS

- You are expected to assess the quality of teaching of this course.
- Your sincere response to all the items is vital to the improvement of the teaching of this course.
- For each item tick the score that best represents your opinion on the matter.
- You need not identify yourself.
- The information you provide will not be used against you or the lecturer.

		SCORE				
	ITEM	V. Good 5	Good 4	Fair 3	Poor 2	V. Poor 1
<b>A</b>	<b>Presentation</b>					
•	Sets stimulating learning atmosphere					
•	Use relevant examples/illustrations to explain principles and concepts					
•	Encourages and appreciates students participation					
•	Present contents logically and coherently					
•	Involves students actively (through questioning, answering, discussion etc)					
•	Delivers content in motivating manner					
•	Uses relevant teaching aids (chalk board, projector, lab, apparatus)					
•	Provides a clear summary of concepts /principles covered in the lesson					
•	Voice clear and audible					
<b>B</b>	<b>Subject matter</b>					
•	Clear introduction of course objectives and relevancies					



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**APPENDIX A (Continued)**

•	Demonstrate mastery of subject matter					
•	Adequately covers course outline within the specified time					
•	Depth of subject coverage (in depth as opposed to superficial treatment)					
•	Provide guidance to relevant references					
•	Subject matter relevance to course (as per course outline)					
•	Assignments(relevant and useful)					
•	Gives adequate and relevant assignments/CATs					
•	Provides feedback of assignment/CATs promptly					
<b>C</b>	<b>Personal attributes</b>					
•	Attendance/punctuality					
•	Interaction with student (friendly, approachable, caring, tolerant)					
•	Availability of lecture for consultations					
•	Extent to which the consultations are helpful					
•	Confident in presentation and subject matter					
•	Adequate lecture room preparation					
•	Students control/class discipline					
	<b>TOTAL SCORE</b>					

What is the lecturer doing well with reference to section A, B, C?

.....

.....

.....

.....

What is the lecturer not doing well with reference to section A, B, C?

.....

Give your suggestion for improvement

.....

.....



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**APPENDIX I: PROCESS MAPS**

**(i) Evaluation of Teaching Effectiveness**

<b>RESPONSIBILITY</b>	<b>ACTION</b>
DIRECTOR (QA)	<p>Issuance of a memo for commencement of evaluation Distributing questionnaire to students (CU/QA/FORM/1) Collecting the questionnaire and submitting it to Director (QA)</p>
STAFF IN QA OFFICE	
DIRECTOR (QA)	Analysis of the questionnaire
DIRECTOR (QA)	Feedback to lecturers
	<p>End</p>

**(ii) Assessment of External Examiner Reports**

<b>RESPONSIBILITY</b>	<b>ACTION</b>
DIRECTOR (QA)	<p>Analysis and preparation of consolidated reports on external examiners' reports</p>
DIRECTOR (QA)	
DIRECTOR (QA)	Submission of report to the Vice-Chancellor and the Deputy Vice-Chancellors
DIRECTOR (QA)	Tabling the report in the Board of Postgraduate Studies
BOARD OF POSTGRADUATE STUDIES	Discussing the report, and making appropriate recommendations
DIRECTOR (QA)	Tabling report to Senate in case there are major issues regarding quality.
	<p>End</p>