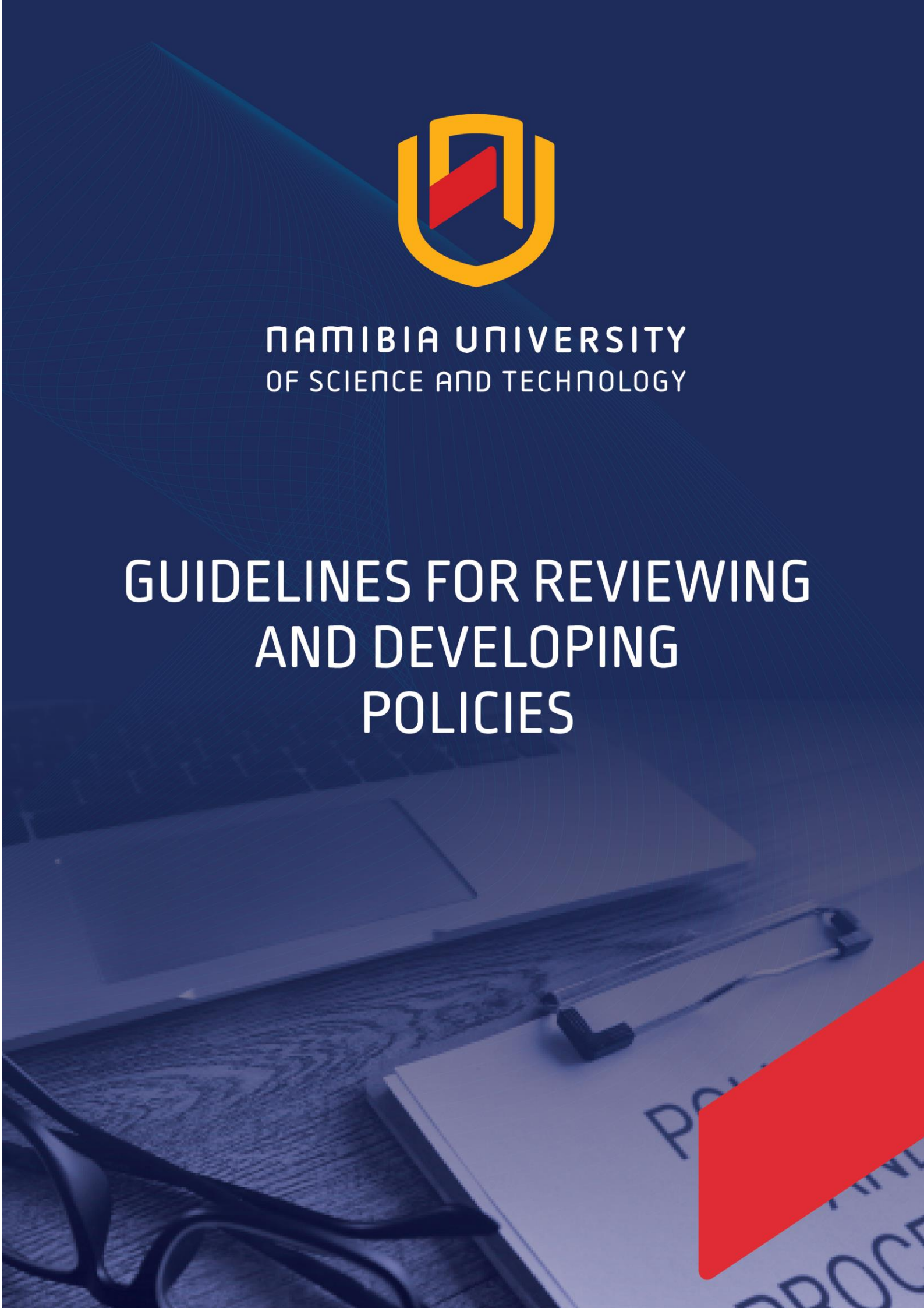
NAMIBIA UNIVERSITY
OF SCIENCE AND TECHNOLOGY

GUIDELINES FOR REVIEWING AND DEVELOPING POLICIES



GUIDELINES FOR REVIEWING AND DEVELOPING POLICIES

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University Seal:

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ABBREVIATIONS AND ACRONYMS

Abbreviations	Meaning
HR	Human Resources
PDWG	Policy Development Working Group
PI	Policy Initiator

Acronyms	Meaning
EXCO	Executive Management Committee
NUST	Namibia University of Science and Technology
PC	Policy Custodian

DEFINITIONS

Term	Definition
Academic Policies	Policies that directly affect the pedagogical and research processes of the university.
Administrative Policies:	Policies that underpin the university's operations, administration and management.
Approval authority	A body or position that has the authority to approve or amend policies, procedures or guidelines of the Namibia University of Science and Technology (NUST).
Codes of practice	Set out minimum expectations and good practices at NUST. Codes may be established internally or have an external source, such as government legislation or adoption by a relevant professional body with the power to regulate. The Senate or Council would normally approve internal codes of practice. Compliance with all codes of practice is mandatory.
Governance Policies	Policies that describe the systems, structures, procedures and rules on how the university decides its affairs and is held accountable for them.
Guidelines	Offer guidance to staff and students on how to meet the policy's requirements, i.e., how the rule is applied across a certain activity. Committees or heads of department/unit/centre/institute or the relevant delegated authority approve guidelines.
Major amendment	Implies a change that is ≥ 20%, which will affect (a) the objectives of the policy, (b) the rights or obligations of any person, and/or (c) the policy's implementation requirements, including the resources necessary to meet those requirements.
Minor amendment	Denotes a change that is < 20%, which will not affect the rights or obligations of any person and is unlikely to have an impact on (a) the policy's objectives and/or (b) its implementation requirements, including the resources needed to meet those requirements.
Non-academic policies	Policies and procedures that govern the administrative and operational aspects of a university or higher education institution, as opposed to those that are directly related to academic programmes, curricula, and student affairs.
Policy	A concise statement of principles and rules that outline or articulate the University's approach or position on governance, academic, administrative and student matters. A policy aligns with legislative, regulatory or organisational requirements. Policies are formally documented and approved by the Council or its delegated authority. Compliance is mandatory.
Policy custodian	A policy custodian is a senior staff member who is responsible for ensuring that a single policy or set of policies for which they have custody, based on their function/s or role/s, are developed, approved, implemented, reviewed, updated, and in compliance with all relevant internal and external laws and regulations. The policy custodian may delegate these responsibilities.
Policy developer	A person or group responsible for developing or reviewing a policy.

Policy Development Working Group	A collaborative and multidisciplinary team responsible for developing and reviewing organisational policies. The primary purpose of the PDWG is to ensure that policies are well-crafted, aligned with organisational goals, and effectively address the needs and challenges of the organisation.
Policy initiator	A person who confirms the need for a new policy or an amendment to an existing policy.
Procedures	Sets out the mandatory, University-wide processes, practices, or actions required to implement or to manage the activities specific to a policy and comply with a policy or procedure. Compliance with procedures is mandatory. Committees or heads of department /unit/centre/institute or the relevant delegated authority approve them. Procedures generally do not require the approval of BOS, APC, Senate and Council.
Stakeholders	Staff members directly affected by a NUST policy, including those responsible for its implementation, periodic monitoring, evaluation and review.
Statutes	Statutes are formal and binding university regulations that apply to staff and/or students and are made by the Council under the provisions of Section 35 of the Namibia University of Science and Technology Act (Act 7 of 2015).
Student policies	Policies that directly affect students' lives at the University.
Substantive change	Revisions that constitute impactful changes in the implementation of or compliance with a policy.
Template	The document that shows the approved standard format is designed to lend structure and organise consistency of the content of the policy documents.
University members	Include members of the Council, committee members, students, staff members, committee appointees, the University's companies' staff and contractors working for and on behalf of the University.

1. INTRODUCTION

The Namibia University of Science and Technology (NUST) is committed to establishing a standardised approach to policy development, review, implementation, and writing. These guidelines aim to provide a clear framework that promotes consistency, transparency, and effective policy management throughout the university. By adhering to these guidelines, NUST will ensure that all policies are relevant, accessible, and aligned with the university's mission and strategic goals.

2. PURPOSE

The purpose of these guidelines is to:

2.1 Establish a uniform process for developing and reviewing policies at NUST.
2.2 Ensure that all policies are written clearly and are easily understood by all stakeholders.
2.3 Promote transparency and accountability in policy management.
2.4 Facilitate the timely implementation of policies that reflect the university's objectives and values.
2.5 Provide templates and resources to assist in the policy proposal and writing processes.
2.6 Govern the development, amendment, review and approval of policies to ensure relevance, authority and consistency.
2.7 Describe the roles, responsibilities and authorities in relation to the development, amendment, review and approval of policies.

3. SCOPE OF APPLICATION

The guidelines apply to all policies developed, reviewed, and implemented at NUST. This includes:

3.1 Academic Policies
3.2 Administrative Policies
3.3 Student Policies
3.4 Governance Policies

All faculties, schools, staff, departments, centres and administrative units involved in policy development and management must adhere to these guidelines.

4. PROCEDURES/GUIDELINES

4.1 Proposal for New or Revised Policy (Annexure A)

4.1.1 The purpose of this document is to formally announce the Policy Initiator's or Policy Custodian's intention to create or amend a policy.
4.1.2 The Policy Initiator outlines the rationale for the new or revised policy.
4.1.3 The Policy Initiator includes an impact assessment detailing how the changes affect stakeholders and university operations.
4.1.4 The Policy Initiator uses the Proposal for a New or Revised Policy to inform the Policy Custodian about the proposed new policy or revision of an expired policy and the input required from the university stakeholders, ensuring transparency and engagement in the policy development process.

4.1.5 The Policy Initiator discusses the need for a new policy or review of an expired policy with the Policy Custodian and then submits a formal proposal to the Policy Custodian (Annexure A) using the specified format, detailing the rationale for the new or revised policy.

4.2 Policy Writing Template (Annexure B)

4.2.1 The purpose of this document is to provide a standardised format for drafting policies, ensuring consistency and clarity.
4.2.2 Use this standardised policy writing template provided to ensure consistency in format and content.
4.2.3 This template helps writers create comprehensive and easily understandable policies that align with institutional standards, making it easier for stakeholders to comprehend and follow.
4.2.4 Complete all the necessary information required on the Document Control Page.
4.2.5 Ensure that all the sections required in the policy document are completed.

4.3 Template for Writing Procedures and Guidelines (Annexure C)

4.3.1 Use the designated template for writing procedures and guidelines, ensuring clarity and ease of understanding.
4.3.2 Include detailed steps required for implementation, roles of responsible parties, and any necessary resources.
4.3.3 This template ensures that procedures are clear and actionable, facilitating effective execution and compliance with the associated policy.

5. ROLES AND RESPONSIBILITIES

The successful implementation of the Policy on Policy Development and Review at the Namibia University of Science and Technology (NUST) relies on the collaborative efforts and clearly defined roles and responsibilities of various university governance structures, including the University Council, Academic Senate, administrative units, and policy custodians.

Oversight Responsibility of Policies

The Office of the Registrar, as the overall policy custodian of all NUST policies, is responsible for the administration of the Policy on Policy Development and Review and Guidelines for Policy Review and Development at NUST, as well as for ensuring that approved policies and procedures or guidelines are published on the University's website.

Policy Governance and Approval Structures: Roles and responsibilities

The following bodies comprise University policy governance and approval structures.

5.1 Council

5.1.1 The University Council is the highest decision-making and approval authority for all academic, governance, administrative, and student services policies.
5.1.2 All supporting documents and procedures shall be approved at the department/unit/centre/institute level.

5.2 Sub-Committees of Council

5.2.1 Provide expert input, advice, and recommendations on the new policies based on their respective areas of expertise and their practicality, feasibility, and alignment with the university's vision, mission, and strategic objectives.

5.2.2 Recommend non-academic policies without implications on academic functions to the Council for approval.

5.3 Senate

5.3.1 Is responsible for all policies relating to academic governance, teaching, learning, assessment, research, and community engagement, including student policies.

5.3.2 Ensures that academic policies align with the university's mission and values and that they meet the needs of students and faculty.

5.3.3 Recommends academic policies to the Council for approval.

5.4 Vice-Chancellor

5.4.1 The Vice-Chancellor has overall superintendence of all NUST policies, which means that the Vice-Chancellor is responsible for the overall management and oversight of all policies developed and implemented at NUST.

5.4.2 This includes ensuring that policies align with the institution's Vision, Mission, and Values and comply with all relevant laws and regulations.

5.5 Office of the Registrar

5.5.1 As overall custodian of policies, policies are reviewed regularly to ensure that they remain relevant and up to date. This involves working closely with policy custodians to identify areas where policies must be updated or revised.

5.5.2 Ensure established procedures develop policies and comply with the Policy-on-Policy Development and Review and Policy Writing Guidelines and Framework.

5.5.3 Works closely with policy custodians in different university areas to ensure policies are developed and reviewed promptly.

5.5.4 Authenticates approved policies and procedures by securing the university seal and relevant signatures.

5.5.5 Collaborates with policy custodians in issuing policy updates to the NUST community through formal circulars.

5.5.6 Manages and administers the Policy on Policy Development and Review and Policy Writing Framework and Guidelines.

5.5.7 Disseminate draft policies from the registry for consultation and approval.

5.5.8 Ensures that policies are communicated effectively to staff members and that they are implemented consistently across all areas of the university.

5.5.9 Maintains a central repository of all policies at NUST, which serves as a central source of information for staff members who need to access policies and guidelines relevant to their work.

5.6 Executive Management Committee (EXCO)

5.6.1 After recommendation by the Senate, all policies are submitted to the EXCO for noting and preparation for submission via the direct EXCO representative to the Council for approval.
5.6.2 The EXCO representative directly submits the policies to the Council for approval.
5.6.3 Ensures that policies are developed and reviewed in a structured and transparent manner, promoting good governance and supporting the institution's commitment to excellence in higher education.

5.7 Academic Planning Committee (APC)

5.7.1 Provides input and feedback on developing new academic policies recommended by the Boards of Studies to APC.
5.7.2 Ensures that the policies are comprehensive, relevant, clear, and aligned with best practices in higher education.
5.7.3 Considers and recommends all academic policies to the Senate.

5.8 Boards of Studies (BOS)

5.8.1 Each Faculty's Board of Studies provides input and feedback on new academic and non-academic policies directly affecting academic functions.
5.8.2 Ensure that policies reflect the needs and perspectives of Faculties and that policies are implemented effectively at the faculty level.
5.8.3 Each Faculty's Board of Studies deliberates and recommends all academic policies to the APC for consideration and recommendation to the Senate.

5.9 Heads of Administrative Department/Unit/Centre/Institute

5.9.1 They are involved in developing new policies within their department, identifying areas where new policies are required and collaborating with relevant stakeholders to draft and refine them.
5.9.2 Ensure that policies within their respective faculties are reviewed, developed, and effectively implemented to support the overall mission and goals of the university.
5.9.3 They typically monitor compliance with policies within their department, ensuring that staff members understand and adhere to the established guidelines.

5.10 Staff members

5.10.1 Uphold the process and procedures outlined in the Policy Writing Framework and Guidelines.
5.10.2 Adhere to the policies and guidelines established by the university and ensure that they are implemented effectively in their work.
5.10.3 Provide feedback during the consultation process and;
5.10.4 Provide comments on the effectiveness of policies to the Policy Custodian.

5.11 Policy Custodian

5.11.1 Is responsible for developing policies and accompanying implementation guidelines, ensuring that all related policies are effectively executed, monitored, and reviewed. This role also

includes ensuring that staff members are fully informed of their responsibilities under these policies.

5.11.2 Has the authority to review, approve, or reject proposals for creating new policies or revising existing, expired policies, ensuring that all changes align with the university's strategic goals.

5.11.3 In consultation with the Office of the Registrar, nominate a Policy Developer or assemble a Policy Development Working Group to facilitate the policy creation and review process.

5.11.4 The Policy Custodian determines the appropriate Approval Authorities for their policies, ensuring that the necessary stakeholders are involved in the decision-making process.

5.11.5 The Policy Custodian is responsible for disseminating draft policies for consultation and approval, actively seeking input from relevant stakeholders to foster a collaborative approach to policy development.

5.11.6 Ensure that graphic designers and multimedia practitioners properly format, edit, and visually enrich the policy before approval by various authorities.

5.11.7 To enhance ownership and understanding, the Policy Custodian provides training workshops to raise stakeholders' awareness about the policies and their implementation.

5.11.8 Finally, the Policy Custodian oversees the policies and implementation procedures related to their specific functions, ensuring ongoing compliance and effectiveness while adapting to changes in the university's operational environment. This oversight includes regular monitoring and evaluation to identify improvement areas and ensure policies remain relevant and effective in achieving their intended outcomes.

5.12 Graphics Designers and Multimedia Practitioners

All university policies must undergo editing and formatting to ensure clarity, consistency, and a professional visual appeal. Before submission to approval authorities, all policy drafts shall be presented to the graphic designers and multimedia practitioners within the Department of Corporate Engagement and Internationalisation.

5.12.1 Consistent Standards

All NUST policy documents are required to adhere to established graphic design and formatting standards. This includes consistent layout, branding, and the effective use of visual aids.

5.12.2 Submission Process

The Policy Custodian/Initiator is responsible for submitting draft policies to the Multimedia and Graphic Design Practitioners for editorial review, formatting, and graphic enhancement.

5.12.3 Validation and Approval

Following the editorial and graphic refinement, the draft policy will be presented to the relevant authorities for validation. The Council will grant final approval.

5.12.4 Professional Presentation

Maintaining a cohesive graphic approach is essential for projecting a professional image of the policies. This practice also facilitates efficient dissemination and implementation across the university.

5.13 Policy Categories

The following are the categories of NUST Policy instruments, with category definitions for each indicated below.

5.13.1 Governance Policies

Policies that describe the systems, structures, procedures, and rules by which the university complies with certain legislative obligations, conducts its business and is held accountable for doing so. These policies underscore NUST's governance. They pertain to strategic positioning, risk management, fiduciary responsibility and legislation on common law compliance. In the event of a conflict of documents, governance policies constitute the higher authority and take precedence over other documents or policies.

5.13.2 Administrative Policies

These are non-academic policies that support the management and administrative procedures at NUST.

5.13.3 Academic Policies

These policies govern the university's academic functions, including teaching, learning, assessment and research, as well as their supporting strategies and activities, including but not exclusively limited to course development and implementation and community engagement.

5.13.4 Student Policies

These policies govern the conduct and welfare of NUST's students throughout their academic endeavours at the NUST.

5.14 Submission of the approved Policy to the Office of the Registrar

5.14.1 Upon obtaining approval from the Council, the Policy Custodian/Policy Initiator is responsible for submitting the finalized policy document to the Office of the Registrar.

5.14.2 The submission must include a completed Policy Checklist, which verifies that all necessary steps and approvals have been secured.

5.14.3 Additionally, the Policy Custodian/Initiator shall provide any relevant evidence or supporting documentation, such as meeting minutes, stakeholder feedback, or impact assessments.

5.14.4 The Office of the Registrar will act as the central repository for all approved NUST policies, maintaining a comprehensive database to ensure that approved policies are readily accessible to the university community.

5.14.5 The submission process formalises the policy's official status and enables the Registrar's Office to perform essential administrative tasks, including version control, policy publication, and periodic reviews.

5.14.6 By adhering to this submission protocol, the Policy Custodian/Initiator ensures that the approved policy is accurately recorded, archived, and made available for implementation throughout the university.

5.15 Official Policy Authentication and Management Protocols

5.15.1 Authentication of Policies
All approved policies must bear the university seal and be authenticated by the signatures of both the Registrar and the Vice-Chancellor.

5.15.2 Official Policies Repository
Only those policies that are approved and authenticated and which reside in the central policy repository on the NUST Intranet—published by the Office of the Registrar—shall be considered official university policies.

5.15.3 Electronic Policy Register
The Office of the Registrar creates and maintains an electronic policy register. This register will include all approved policies, implementation guidelines and procedures, and the respective dates of approval and review.

5.15.4 Policy Updates Communication
In collaboration with Policy Custodians, the Office of the Registrar will issue circulars to the NUST Community to inform them of all new and revised approved policies.

5.16 Policy Approval Pathways for Academic and Non-Academic (Administrative Policy) Policies *(concerning Figure 1)*

NUST policies are categorised into two main groups based on their approval routes: academic and non-academic policies.

5.16.1 Academic Policies

5.16.1.1 Academic policies are those that have a direct impact on academic functions, programmes, and curricula. These policies follow a specific approval pathway:

1. Boards of Studies (BOS)
2. Academic Programmes Committee (APC)
3. Senate
4. Council

5.16.1.2 This sequential approval process ensures that academic policies are thoroughly reviewed and recommended by the relevant academic governance bodies before being presented to the Council for final approval.

5.16.2 Non-Academic Policies

5.16.2.1 Non-academic policies (governance and administrative policies) govern the administrative and operational aspects of the university without directly affecting academic functions. These policies follow a different approval route:

1. Executive Committee (EXCO)
2. Senate
3. Council Sub-Committee
4. Council

5.16.2.2 This approval pathway ensures that non-academic policies are reviewed and endorsed by the appropriate administrative and governance structures before being presented to the Council for final approval.

5.16.2.3 It is important to note that non-academic policies that directly affect academic functions are subjected to the same approval pathway as academic policies, recognising the need for institutional alignment and the potential impact on the academic mission.

6. POLICY DRAFTING GUIDELINES

6.1 Drafting Hints

6.1.1 Simplicity and Clarity: Policies must be straightforward and easy to read. Aim for clarity in every statement.

6.1.2 Use Plain Language: Write policies in plain UK English. Avoid technical jargon, complex terminology, and lengthy sentences or paragraphs. Strive to communicate as simply and effectively as possible.

6.1.3 Avoid Over-Interpretation: Do not attempt to address every possible interpretation of the policy, as this can lead to unnecessary complexity and confusion.

6.1.4 Careful Word Selection: Choose words thoughtfully. Use "must" for mandatory actions and "recommended" for suggestions. Avoid ambiguous terms; for example, "may" indicates choice. For instance, "Staff must not smoke in class" is clearer than "Staff may not smoke in class," which implies permission.

6.1.5 Present Tense and Active Voice: Use the present tense and active voice to enhance clarity and directness whenever possible.

6.1.6 Gender-Neutral Language: Avoid gender-specific pronouns. Use "they" or "their" instead of "he or she" to promote inclusivity.

6.1.7 Conciseness: Use the fewest words necessary to convey a point. For example, "Staff must..." suffices; the term "all" is redundant since "staff" implies all members.

6.1.8 Precision in Clarification: Be cautious when clarifying statements, as excessive detail can alter meaning. For instance, stating, "Staff, under the leadership of their manager, are obligated to ensure that..." may imply that only those directly supervised are required to follow the policy.

6.1.9 Focus on Policy Statements: A policy statement should clearly articulate the rule rather than the implementation process.

6.1.10 Factual Accuracy: Ensure all statements are factual and double-check for accuracy. Misinformation can undermine the policy's effectiveness.

6.1.11 Avoid Expiring Information: Refrain from including information that may quickly become outdated, such as specific individuals' names or roles.

6.1.12 Expand Acronyms and Abbreviations: Always spell out acronyms and abbreviations first to ensure clarity for all readers.

6.1.13 Review and Revise: Policies should be reviewed regularly to remain relevant and effective. Establish a timeline for periodic reviews.

6.1.14 Feedback Mechanism: Incorporate a process for stakeholders to provide feedback on the policy, ensuring it evolves in response to the community's needs.

6.2 Format

6.2.1 NUST policies should incorporate the following essential features:

6.2.1.1 Use of an Approved Template: All policies must adhere to a standardised, approved template to ensure document consistency.
6.2.1.2 Authentication of Approved Policies: Each approved policy must be authenticated by the following symbols:

6.2.1.2.1 The university seal.
6.2.1.2.2 The signature of the Vice-Chancellor.
6.1.2.2.3 The signature of the Registrar.

6.2.1.3 Organised Information: Information should be systematically organized into clear and logical sections to facilitate understanding.
6.2.1.4 Logical Sequencing of Sections: Sections must be arranged in a coherent order that reflects the flow of information and enhances readability.
6.2.1.5 Clear Hierarchy of Information: Establish a clear hierarchy within the document, using headings and subheadings to differentiate between primary and secondary information.
6.2.1.6 Progression from General to Specific: The presentation of information should move from general concepts to specific details, allowing readers to grasp the broader context before delving into particulars.
6.2.1.7 Informative Headings: Use descriptive and informative headings that accurately reflect the content of each section, aiding in navigation and comprehension.
6.2.1.8 Concise Paragraphs: Employ short paragraphs to enhance readability and maintain the reader's attention, ensuring that each paragraph communicates a single idea clearly.
6.2.1.9 User-Friendly Design: Ensure a clear, user-friendly design that promotes ease of use. This includes appropriate font sizes, spacing, and visual elements that enhance the document's accessibility.
6.2.1.10 Inclusion of Visual Aids: Where applicable, incorporate charts, graphs, or tables to illustrate key points and facilitate comprehension of complex information.
6.2.1.11 Consistent Terminology: Use consistent terminology throughout the document to avoid confusion and enhance clarity.

6.2.1.12 Version Control: Implement version control measures to track changes and updates to the policy, ensuring that all stakeholders are aware of the most current information.

6.2.1.13 Headings are categorised as follows:

1st Heading Level: 16-point Calibri, bold numbered and capitalised wording.
2nd Heading Level 12-point Calibri, bold capitalise each keyword.
3rd Heading Level: 11-point Calibri, bold italics, capitalise each keyword.

Formatting Guidelines

1. Level Heading (16-point Calibri, bold, numbered)
List

1.1 Paragraph (11-point body text, justified): Each paragraph should present a clear and concise idea, ensuring the text is easily readable and well-structured. Sub-item (11-point body text, justified, indented): Sub-items should provide additional details or examples that support the main point, formatted as follows

List: 1.1.1. First item
1.1.2 Second item
1.1.3 Third item

1.1.1 Sub-item (11-point body text, justified, indented): Sub-items should provide additional details or examples that support the main point, formatted as follows:

List: 1.1.1.1 First item
1.1.1.2 Second item
1.1.1.3 Third item

If further elaboration is necessary, use sub-points:

i. First sub-point
ii. Second sub-point
iii. Third sub-point

2. Level Heading (12-point Calibri, bold numbered)
2.1 Paragraph (11-point body text, justified): Text should be well-organised and logically sequenced to enhance comprehension, utilizing transitional phrases where appropriate.

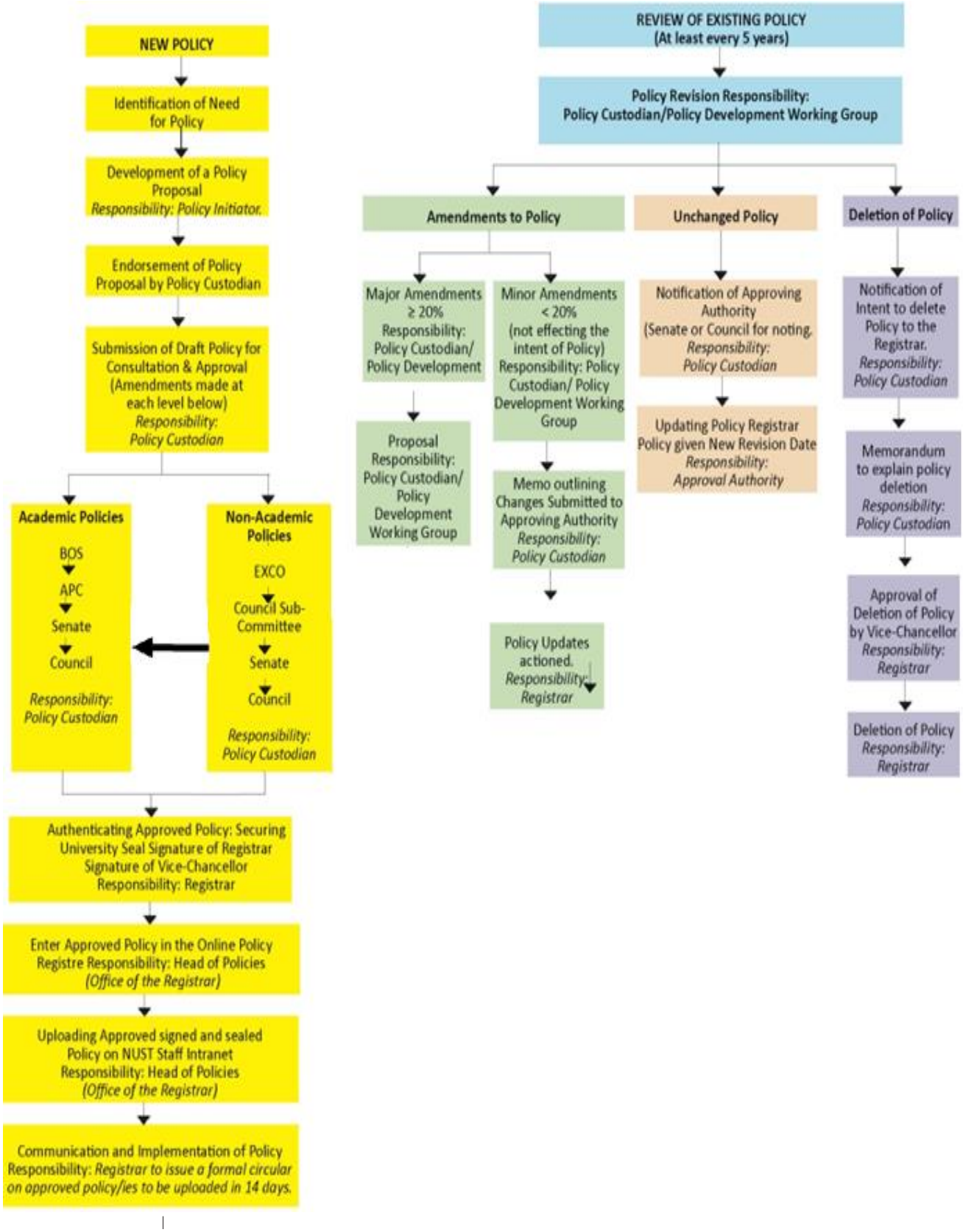
6.3 Usefulness

The policies should be:

- Current.
- Consistent with other policy documents.
- Capable of efficient implementation, considering burdens of workloads and limitations on resources.
- Meet the needs of intended users (e.g., academic and administrative), and;
- Improve the prospects of NUST by providing a quality learning and research environment.

7. POLICY DEVELOPMENT AND REVIEW PROCESS

Figure 1: Policy Development and Review Flow Chart/Pathway



7.1 New Policy Development

7.1.1 *New Policy Development*

7.1.1.1 Identification of Need for Policy: The Policy Initiator or Policy Custodian may identify a need for a new policy or procedure or an amendment to an existing policy or procedure). This includes identifying policy gaps where no policy exists and is required.
Usually, a Policy Initiator heads a department/unit/centre/institute.

7.1.1.2 Development of a Policy Proposal (Annexure A): Once the need to develop a new policy or review an existing policy is identified, the Policy Initiator prepares the policy proposal to the Policy Custodian for consideration.

7.1.1.3 Endorsement of Proposal: The Policy Custodian reviews and endorses the proposal. Once approval is granted, a policy development working group (refer to Annexure D) is constituted to develop and draft the new policy.

7.1.1.4 Submission for Consultation and Approval
Before approval of the draft Policy, the policy is presented to stakeholders for input. Once the input gathered is consolidated, the Policy Custodian, supported by the Policy Initiator, submits the draft policy to various approval authorities for consideration. The choice of approval authority is determined by the type of policy, e.g. academic or non-academic.
Amendments may be made along the approval pathways.

7.2 Review of Existing Policy

7.2.1 Regular Review Requirement: NUST policies must be reviewed at least every five years.
7.2.2 To avoid a gap year in policy implementation, policy review shall commence in the fourth year of implementation of each policy and be approved by the fifth year.
7.2.3 Policy Revision Responsibility: The Policy Custodian and the Policy Development Working Group are tasked with reviewing and revising policies.
7.2.4 The Office of the Registrar coordinates policy reviews and development with Policy Custodians.
7.2.5 The review process ensures that policies remain relevant, effective, and compliant with all relevant laws and regulations.
7.2.6 The review process may involve a comprehensive assessment of the policy's objectives, scope, implementation, and outcomes and an analysis of any regulatory or operational environment changes that may impact the policy's effectiveness.
7.2.7 The Policy Custodian shall keep track of the review date /s of the policies under their jurisdiction.
7.2.8 Policies may be reviewed outside the stipulated review period if a need is identified.
7.2.9 A policy under review will not lapse until the revised version has been approved.

7.3 Amendments to Policy

7.3.1 *Major Amendments (≥ 20%)*

7.3.1.1 A major amendment refers to any change to an existing policy that constitutes 20% or more of the policy's content. This type of amendment significantly alters the fundamental aspects of the policy, including but not limited to its purpose, objectives, scope, key provisions, roles and responsibilities of parties and implementation requirements.

7.3.1.2 Major amendments (≥ 20%) will constitute additional sections, significant changes to the text, and/or intention changes. Such changes will, therefore, require the amended policy to undergo all the steps in the policy development and review process, including approval at all appropriate levels, beginning with a proposal to amend the policy.

7.3.1.3 The Policy Custodian or the Policy Development Working Group must submit a formal proposal.

7.3.2 *Minor Amendments (< 20%)*

7.3.2.1 An amendment is considered minor if it affects less than 20% of the policy's content. This typically includes minor adjustments such as grammatical corrections, rephrasing for clarity, or updates that do not significantly alter the policy's overall intent or application.

7.3.2.2 This typically includes minor adjustments such as grammatical corrections, rephrasing for clarity, or reference updates that do not significantly alter the policy's overall intent or application.

7.3.3 Formula for Calculating Policy Amendments

To determine whether an amendment is major or minor, use the following formula:

Percentage of Change = (Number of Changed Words / Total Number of Words in the Original Policy) × 100

Where:

- **Number of Changed Words**: The total count of words altered, added, or removed in the revised version compared to the original.
- **Total Number of Words in the Original Policy**: The total word count of the original policy document.

Decision Criteria:

- If Percentage of Change > 20%, classify as a Major Amendment.
- If Percentage of Change ≤ 20%, classify as a Minor Amendment.

7.3.4 Consideration of Word Changes

It is essential to note that even a single word change can impact the percentage calculation significantly, especially in shorter policies. Therefore, careful consideration should be given to the context of each change.

7.3.5 Criteria for Determining Major or Minor Changes

Policy developers should consider the following criteria when determining whether a change is major or minor based on the above formula:

- Impact on Policy Intent: Does the change alter the fundamental purpose or objective of the policy?
- Scope of Applicability: Does the amendment significantly expand or restrict the policy scope?
- Key Provisions: Are any critical provisions or requirements being added, removed, or significantly altered?
- Stakeholder Impact: Will the change affect the rights, responsibilities, or processes of stakeholders in a significant way?
- Legal or Compliance Requirements: Does the amendment address legal or regulatory changes requiring substantial revision?

7.3.6 Additional Relevant Content

In addition to the above, it is important to establish a transparent review process for both major and minor amendments. This process should include:

- Documentation: All changes should be documented clearly, outlining the nature of the amendments and the rationale behind them.
- Stakeholder Consultation: For major amendments, a consultation process with relevant stakeholders should be conducted to gather feedback and ensure buy-in.
- Approval Process: Clearly define the approval process for both amendments, ensuring that major amendments undergo a more rigorous review than minor ones.
- Regular Review: Establish a timeline for regular reviews of policies to ensure they remain current and relevant, facilitating timely amendments as needed.

8. UNCHANGED POLICIES

- Notification of Approving Authority: If a policy remains unchanged, the approving authority (Senate or Council) must be notified.
- Updating of the Online Policy Register: The Office of the Registrar updates the Online Policy Register accordingly.

9. DELETION OF POLICY

- Intent to Delete: Notification of intent to delete a policy is sent to the Registrar.
- Memorandum for Explanation: A memorandum explaining the rationale for deletion must be prepared.
- Approval of Deletion: The Vice-Chancellor must approve the deletion.
- Final Deletion: The Office of the Registrar is responsible for executing the deletion of the policy.

10. COMMUNICATION AND IMPLEMENTATION

The Office of the Registrar manages and updates the Online Policy Register. The Office of the Registrar is responsible for communicating policies to all staff members at NUST. This involves ensuring that policies are easily accessible and that staff members know their existence. The Office of the Registrar may use various communication channels, such as email, staff intranet,

circulars and staff meetings, to ensure that policies are effectively communicated to staff members.

The Office of the Registrar ensures policies are implemented consistently across all university areas. This involves working closely with policy custodians and other stakeholders to ensure that policies are implemented effectively and that staff members know their responsibilities under the policies. The Office of the Registrar may provide training and support to staff members to ensure that they understand how to implement policies effectively.

11. PUBLISHING OF POLICIES

All policy documents, including instructions, will be published by the Office of the Registrar on the NUST Staff Intranet – the central, online policy document repository.

12. MONITORING THE EFFECTIVENESS OF POLICIES

Policy users are encouraged to comment on the policies' effectiveness and any difficulties experienced in implementing and interpreting the Policy Custodian. The Office of the Registrar is responsible for maintaining the log and advising the relevant Policy Custodian of feedback received.

13. RELATED DOCUMENTS AND FORMS

1. Annexure A – Notice of Proposal for New or Revised Policies
2. Annexure B – Policy Writing Template
3. Annexure C – Template for Writing Procedures and Guidelines
4. Annexure D – Comprehensive Terms of Reference for the Policy Development Working Group and Policy Custodian
5. Annexure E – The major stages in policy development at NUST
6. Annexure F – Policy Checklist

ANNEXURE A

NOTICE OF PROPOSAL

FOR NEW/REVISED POLICY

TO: **Policy Custodian**
FROM: **Policy Initiator**
DATE:
SELECT ACTION:

	New policy
	Revision to existing policy
	Deletion of existing policy

NAME OF POLICY

Name and Title of Policy Custodian

The Policy Custodian is responsible for implementing the policy, developing associated procedures, interpreting and staff awareness of the policy, and monitoring compliance. A Policy Custodian would normally be at the level of the Vice-Chancellor, Deputy Vice-Chancellor and Registrar.

Policy Development Working Group

The Policy Custodian appoints the Policy Development Working Group and is responsible for developing or reviewing the Policy. Please provide the membership of the group.

The rationale for suggesting the Policy or changes to the Policy

What developments, changes or circumstances have led to your belief that a policy, or change to a policy, is needed? What are the implications of not having the policy? How would the University and/or its students, staff, and faculty benefit from such a policy?

Scope of Proposed Policy

Indicate to which members of the University community the proposed policy would apply and reference other pertinent policies, legislation, regulations, collective agreements, etc. and explain their relationship to the policy.

Consultation

What office and/or individuals have been/should be consulted as this policy is developed?

Awareness of the Policy

Indicate what steps will be taken once the policy is approved to promote awareness and implementation of the policy.

Procedures

For any given policy, sets of procedures may exist in different units to reflect the local application, but all procedures must be compliant with the policy itself and should reference it. The procedures will be

issued as a separate document from the policy or may be included in the policy. Please indicate here whether such procedures exist (note that all policies must have associated procedures).

Risk / Compliance Consequence of Not Having This Policy Document

Please circle the potential impact if this policy is not drafted, revised or deleted.

Insignificant	Minor	Medium	Major	Severe
Authority notes concern				Total loss of confidence by Government/ Student Community/ Authorities/ Funding & Research Bodies.

ANNEXURE B

POLICY WRITING TEMPLATE

Document Control Page

Name of the Office/Centre/Unit/Faculty/Department *(insert name of the Office…)*

NAME OF POLICY *(insert name of document)*

Policy Number		
Policy Custodian		
Contact Person and Contact Details		
Status		
Legal Scrutiny		
Date of Approval by Senate		
Date of Approval by Council		
Effective Date		
Date of Review		
Related Policies and other Documents (Internal and External)	**External**	**Internal**

Version Control and Change History			
Version	***Date Approved/ Recommended***	***Approved/ Recommended by***	***Amendment/New Policy***
1		Senate	New Policy
1		Council	New Policy

AUTHENTICATION

Vice-Chancellor's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

University Seal:

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

Acronyms and Abbreviations applicable to the policy. An acronym is an abbreviation of several words in such a way that the abbreviation itself forms a pronounceable word, e.g., NUST, DRIP and SALT. An abbreviation is a shortened written word or phrase form, e.g., UCT, USA and SRC.

DEFINITIONS

Define the terms used in the policy.

1. PREAMBLE

Introduce the policy.

1.1 Purpose

Why is the policy required?

1.2 Background

Internal and/or external background factors leading to the development of the policy.

1.3 Objectives

What does the policy aim to achieve?

2. SCOPE OF APPLICATION

To whom does the policy apply?

3. POLICY STATEMENT

Provide a concise statement of the rationale for the policy. Why do you require the policy?

4. LEGAL FRAMEWORK

Provide the legal and policy context within which the policy must conform. Include hyperlinks to directly related documents (internal & external), such as NQA and NCHE.

5. PRINCIPLES GUIDING PRACTICES AT NUST

Fundamental norms, roles and values that serve as the policy's foundation.

6. POLICY CONTEXT

Provide the context of the policy.

7. STRUCTURES GOVERNING THE POLICY

Institutional structures responsible for implementing the policy.

8. IMPLEMENTATION

Outline the proposed implementation strategy and assign responsibilities for implementing the policy.

8.1 Roles and Responsibilities

Describe the major roles and responsibilities of any person or office/unit/department structure participating in the policy.

8.2 Support and Advice

Identify contact points for support and advice related to the policy (internal & external).

8.3 Communication

Describe how the NUST community will be informed of the policy.

9. COMMENTS

Describe who may comment on the policy and how comments will be addressed.

10. REVIEW

The policy should be reviewed as required, i.e., every five years from the implementation date.

ANNEXURE C

TEMPLATE FOR WRITING PROCEDURES/GUIDELINES

PROCEDURES/GUIDELINES FOR *(insert name of document)*

** The notes in italics (red) in this document are intended to provide guidance. Please delete after completing each section!*

** The notes in italics (red) in this document are intended to provide guidance. Please delete after completing each section!*

State the name of your Office/Centre/Faculty/Department here

Approval Authority	*Who has the power to approve the procedures/guidelines?*	
Procedures/Guidelines Custodian	*Insert office/unit/department*	
Status	*Draft/Final/implemented/revised*	
Date Framework Approved and Take Effect	*When were the procedures/guidelines approved & implemented?*	
Date Scheduled for Review	*When will the procedures/guidelines be reviewed?*	
Contact Person(s) and Contact Details	*Whom to contact and contact details if seeking further information on the procedures/guidelines*	
Related Policies and other Documents (Internal and External)	**External**	**Internal**

VERSION CONTROL AND CHANGE HISTORY			
Version Control	**Date Approved/ Recommended**	**Approved/ Recommended by**	**Amendment**

AUTHENTICATION

Signature of Policy Custodian: _____Date: _____

Registrar's Signature: _____ Date: _____

University Seal:

Contents

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2. PURPOSE 2
3. SCOPE OF APPLICATION 3
4. PROCEDURES/GUIDELINES 4
5. ROLES AND RESPONSIBILITIES 5
6. REVIEW 6
7. BIBLIOGRAPHY 7
8. ANNEXURES 8

ABBREVIATION AND ACRONYMS

Add the abbreviations and acronyms applicable to the procedures/guidelines. An acronym is an abbreviation of several words in such a way that the abbreviation itself forms a pronounceable word, e.g., NUST, DRIP and SALT. An abbreviation is a shortened form of a written word or phrase, e.g., UCT, USA and SRC.

DEFINITIONS

Define any jargon or acronyms used in the procedures/guidelines.

1. INTRODUCTION

Introduce the procedures/guidelines.

2. PURPOSE

Why are the procedures/guidelines required?

3. SCOPE OF APPLICATION

To whom do the procedures/guidelines apply?

4. PROCEDURES/GUIDELINES

Provide step-by-step procedures/guidelines (may include text, flowcharts, etc.).

5. ROLES AND RESPONSIBILITIES

Describe the major roles and responsibilities of any person or office/unit/department structure participating in the procedures/guidelines.

6. REVIEW

This section outlines the frequency of reviewing the guidelines, ensuring they remain relevant and effective, typically every five years from the implementation date.

7. BIBLIOGRAPHY

Provide documents cited in the procedures/guidelines (e.g., related policies).

8. APPENDICES

Attach associated documents (e.g., forms, tables, etc.).

ANNEXURE D

Comprehensive Terms of Reference for a Policy Development Working Group (PDWG) and Policy Custodian (PC)

1. Introduction

This document outlines the Terms of Reference for the Policy Development Working Group and Policy Custodian at NUST. These Terms of Reference provide a framework within which the PDWG and PC will operate, outlining their specific functions and responsibilities. A PC must appoint a PDWG once the need to develop a new policy or review an existing one has been established in alignment with our institution's objectives, values and mandate.

The PDWG and PC play a vital role in shaping the policies that govern our institution, ensuring they are effective, relevant, and responsive to the evolving needs of our stakeholders. Through their expertise and collaborative efforts, the group will enhance organisational performance, foster a conducive environment for growth and development, and promote transparency and accountability.

It is anticipated that the PDWG will bring together a diverse range of perspectives, expertise, and experiences, fostering a holistic approach to policy development and review. The group will ensure that policies reflect our organisation's collective aspirations and priorities by embracing inclusivity and stakeholder engagement.

2. Purpose

The PDWG and PC are responsible for developing or reviewing policies based on the objectives, values, principles and standards outlined in the Policy on Policy Development and Review and Policy Writing Framework and Guidelines.
The group's primary purpose is to ensure policies align with the institution's goals and effectively address relevant issues. The group should ensure the policy is clear, concise, and meets all stakeholders' needs. It should be written following the Policy on Policy Development and Review and the Policy Writing Framework and Guidelines.

3. Membership

The PDWG shall consist of staff representatives from different departments/centres/units/offices, students' representative council (SRC), union representatives and relevant stakeholders (internal and external) appointed by the PC. The group should include individuals with expertise in policy development and implementation and subject matter knowledge related to the specific policy under consideration. Their collective knowledge and experience will contribute to the comprehensive and inclusive development or review of policies that address the evolving needs of our academic community.

Through rigorous research, stakeholder consultations, and adherence to best practices, the PDWG and PC will ensure that policies developed or reviewed are evidence-based, relevant, and benchmarked against local and international standards. The group will also consider policy implementation's ethical implications and legal requirements. The group shall be led by a chairperson, the Policy Initiator (PI) or Policy Custodian, and a secretary responsible for coordinating meetings and documenting discussions.

4. Duration

The duration of the PDWG 's activities will depend on the complexity and scope of the policy under development or review. The group should aim to complete its work within a reasonable timeframe

while ensuring sufficient time for research, consultation, benchmarking, drafting and review. Customised end-user training should be provided once the approval authority approves the policy. The PDWG shall dissolve once the planned policy user training sessions have been conducted. The PC or PI should determine the duration in consultation with the PDWG.

5. Specific Functions and responsibilities of the Policy Development Working Group and Policy Custodian:

5.1 ***To identify and define the policy's scope, purpose, and objectives*** under development or review. The PDWG and PC shall define the policy development or review process scope. This includes identifying the specific policy to be developed or reviewed, its purpose, objectives, the risks the policy will address, expected outcomes and the target audience or stakeholders affected by the policy.

5.2 ***To develop a timeline for developing or reviewing the policy***, including key milestones and deadlines. The timeline should be realistic, and any potential delays or challenges that may arise should be considered.

5.3 ***To conduct research and analysis on the policy area***, including gathering relevant data, reviewing best practices through benchmarking, and consulting with experts or external sources as necessary. The PDWG and PC shall conduct exhaustive research and analysis on the specific policy area, including collecting pertinent data, evaluating best practices through benchmarking, and, as necessary, consultation with experts or external sources. This will ensure the policy is evidence-based, effective, and aligned with industry standards.

5.4 ***To consult broadly with key internal stakeholders*** such as faculty, staff, students, and relevant external entities through the normal policy development process and approval pathway. This will involve soliciting feedback, conducting focus groups or surveys, and hosting meetings or workshops to gather input and ensure a collaborative approach to policy development or review.

5.5 ***To draft the policy document or propose revisions*** to an existing policy, ensuring clarity, coherence, and consistency in language and format. The draft policy should reflect the input received during consultations and align with NUST's Policy on Policy Development and Review and the Policy Writing Framework and Guidelines.

5.6 ***To seek approval of the final policy.*** The PC presents the drafted or revised policy to the appropriate authority or governing body for review and approval. Depending on the nature of policy, academic or administrative, this may involve presenting to EXCO, BOS, APC, Senate, Council Sub-Committee and Council.

5.7 ***To develop policy implementation guidelines and procedures*** that outline the steps, timeline, and responsibilities for effectively communicating and implementing the approved policy across the institution. Policy implementation guidelines and procedures provide a roadmap for implementing policies. They outline the specific steps that need to be taken, the roles and responsibilities of different stakeholders, and the timelines for implementation. By providing clarity and structure, these guidelines and procedures help to ensure that policies are consistently and effectively implemented and achieve their intended outcomes across the university.

5.8 ***To communicate the progress and approval of the policy to stakeholders: In consultation with the PDWG, the PC shall develop a communication strategy to ensure that stakeholders are kept***

informed about the progress of the policy development or review process and approval of the policy. This may involve regular updates through email, newsletters, circulars, or other communication channels.

5.9 ***To monitor the implementation of the policy and evaluate its effectiveness*** over time. The PC shall monitor the implementation of the policy and evaluate its effectiveness over time. This may involve collecting feedback, analysing data, and recommending necessary adjustments or improvements.

5.10 ***To organize and facilitate customised training sessions*** for policy users to support policy implementation. This may involve conducting in-person workshops, virtual training sessions, or utilising e-learning platforms to ensure accessibility and reach a wide audience. End-user training ensures policy users receive relevant and practical guidance for their roles and responsibilities.

By adhering to these Terms of Reference, the PDWG and PC will ensure a systematic, collaborative, efficient and comprehensive approach to policy development and review, fostering a culture of excellence and continuous improvement, enabling informed decision-making and ensuring the successful implementation of policies across our institution.

The PDWG and PC seek to foster a university-wide culture of understanding, compliance, and effective policy implementation by training policy end-users. This ensures that the policy's intended outcomes and objectives are met, resulting in positive effects on the university's overall operation.

ANNEXURE E

The major stages in policy development at NUST

A. PRE-DEVELOPMENT

1. **Stage One: Identification of Need:** This stage involves identifying the need for a new policy or reviewing an existing policy. The need may arise from **internal or external factors**, such as changes in legislation, regulations, or best practices. The duration for this stage can vary depending on the urgency and importance of the policy, but it typically takes **1-2 weeks**.

2. **Stage Two: Research and Analysis:** This stage involves conducting research and analysis to gather information about the issue or problem the policy aims to address. This stage may include a review of existing policies, consultation with stakeholders, and analysis of relevant key policy gaps. The duration for this stage can vary depending on the scope and complexity of the policy, but it typically takes **2-4 weeks.**

B. DEVELOPMENT

3. **Stage Three: Drafting:** This stage involves drafting the policy document based on the research and analysis conducted in the previous stage. The draft policy should be clear, concise, and consistent with legal and regulatory requirements including NUST's Policy on Policy Development and Review and the Policy Writing Framework and Guidelines. The duration for this stage can vary depending on the length and complexity of the policy, but it typically takes **3-6 weeks.**

4. **Stage Four: Review and Consultation:** This stage involves reviewing the draft policy and seeking input and feedback from stakeholders, such as faculty, staff, students, and administrators affected by the policy. This stage may involve multiple rounds of review and consultation to ensure that the policy reflects the needs and values of the university community. The duration for this stage can vary depending on the number of stakeholders involved and the extent of feedback received, but it typically takes **4-8 weeks (1 to 2 months).**

5. **Stage Five: Approval:** This stage involves obtaining approval from relevant authorities, such as the Boards of Studies, Academic Planning Committee, Senate, Sub-Committee of Council and Council management, and governance bodies. The duration for this stage can vary depending on the ***policy type and approval level*** required, but it typically takes **16-20 weeks (3 to 4 months)**.

6. **Stage Six: Internal Communication:** The university communicates the policy internally to ensure all relevant stakeholders know its approval. This may involve sending out email notifications, posting the policy on the internal policy portal on the intranet or university website, and conducting meetings or training sessions to inform staff, faculty, and administrators about the policy.
   The *rationale for internal communication* is to ensure that everyone affected by or involved in implementing the policy is informed about its approval. Effective communication is essential for the successful implementation and adherence to the policy. It helps to:

   - *Create awareness:* By communicating the approval of the policy, stakeholders become aware of the policy's existence and understand its importance and relevance to their roles and responsibilities.

- *Provide guidance:* Clear communication ensures stakeholders understand the policy and its implementation guidelines' objectives, requirements, and expectations. It guides how to comply with the policy and avoid potential violations or misunderstandings.
- *Foster consistency:* Consistent communication helps to ensure that all stakeholders receive the same information and have a shared understanding of the policy. This promotes consistency in policy implementation across the university.
- *Address questions and concerns*: Communication clarifies any questions or concerns stakeholders may have about the policy. This helps mitigate confusion and ensures stakeholders understand the policy's intent and implications clearly.

Effective communication is essential for promoting transparency, understanding, and compliance with the approved policy throughout the university community.

In this stage, the following ***activities*** typically take place:

6.1 *Internal communication:* The policy is communicated internally within the university through a circular issued by the Office of the Registrar in collaboration with the new Policy Custodian to ensure that all relevant stakeholders know its approval. This may involve sending out *email notifications*, *posting the policy on the policy portal or intranet*, and *conducting meetings or training sessions to inform staff*, *faculty, and administrators* about the policy.

6.2 *External communication* (if applicable): If the policy has implications for external stakeholders, such as students, parents, or professional regulatory bodies, it may be necessary to communicate the policy externally. This can be done through *email notifications*, *website updates, or other communication* channels that reach the target audience.

6.3 *Distribution of policy Document and implementation guidelines/framework/procedures:* The approved policy document along with its implementation guidelines/framework/procedures are published on NUST's policy repository portal on the staff intranet for accessibility to relevant parties who need to be aware of their contents and comply with their provisions. This may include *department heads, supervisors, or others responsible for implementing and enforcing the policy.*

6.4 *Clarification and Q&A:* During this stage, there may be a need for policy custodians and/or the Office of the Registrar to address questions, concerns, or clarifications related to the policy. This can be done through providing additional information, organising Q&A sessions, or establishing communication channels for stakeholders to seek clarification.

7. Stage Seven: Implementation

This stage involves the actual execution and application of the newly developed policy.
The policy is put into practice during implementation, and the necessary resources, structures, and procedures are implemented to ensure the policy is effectively carried out.
Key activities at this stage include communicating the policy to relevant stakeholders, providing training and capacity building, allocating resources, and establishing systems and mechanisms for monitoring and reporting on the policy's execution.
The goal is to translate the policy's objectives and strategies into tangible actions and outcomes.

C. MAINTENANCE

8. Stage Eight: Policy Review - Evaluating Policy Effectiveness and Impact

The Policy Review stage is a critical phase in the policy lifecycle, where the implemented policy is regularly examined and assessed to determine its effectiveness and impact. Each NUST policy is approved for a five-year duration, and the review process commences in the fourth year of implementation. This timing ensures that any necessary revisions can be presented for approval by the fifth year, enabling a seamless transition to the updated policy.

The review process involves a comprehensive evaluation to determine whether the policy is achieving its intended goals and objectives and to identify any gaps or challenges in its implementation. This stage goes beyond the regular monitoring and assessment, taking a deeper and more holistic look at the policy's outcomes, its alignment with organizational priorities, and its broader societal or institutional impact.

The evaluation can employ various methods, such as data analysis, surveys, interviews, and benchmarking against best practices or established frameworks. The goal is to identify the policy's successes, challenges, and areas for improvement, providing insights that can inform future policy development or revisions. The findings from the evaluation stage may lead to recommendations for policy adjustments, resource reallocation, or the development of new policies to address emerging needs or changing circumstances.

By effectively implementing, reviewing, and evaluating policies, the NUST can ensure its policy framework remains relevant, effective, and responsive to the institution's and its stakeholders' evolving needs.

Key activities during this stage may include:

8.1 Periodic Monitoring and Evaluation

Gathering and analysing performance data to assess the policy's impact and outcomes.
Conducting regular monitoring to track the implementation progress and identify potential issues. Evaluating the policy's alignment with the organization's evolving needs and external environment.

8.2 Stakeholder Consultations

Engaging with various stakeholders, such as employees, senior managers, and external partners, to gather their feedback and insights. Soliciting input from stakeholders on the policy's effectiveness, challenges, and potential areas for improvement. Ensuring that the policy remains responsive to the evolving needs and concerns of the stakeholder community.

8.3 Policy Alignment Review

This component examines the policy's alignment with the organisation's broader strategic goals, priorities, and operational requirements. It includes the following activities:

- Examining the policy's alignment with the NUST's strategic goals, priorities, and operational requirements.
- Identifying any changes in the NUST or environmental context that may necessitate modifications to the policy.
- Considering the policy's compatibility with other related policies, procedures, or regulations within the NUST framework.

The comprehensive review process can ensure that the policy remains relevant, effective, and aligned with its overarching objectives. The insights gained during the review stage will inform any necessary revisions or adjustments to the policy, ultimately enhancing its impact and ensuring its continued relevance within the NUST policy ecosystem.

In conclusion, the duration of policy development in a university setup can vary depending on several factors, including the complexity of the policy, the number of stakeholders and approval bodies involved, and the level of approval required. However, a typical timeline for policy development may range from 12-16 weeks (three to four months), depending on the scope and complexity of the policy.

ANNEXURE: F

POLICY CHECKLIST

Document type: Checklist
Policy Category: Governance

Purpose

This checklist is designed to assist in developing and reviewing institutional policies and procedures.

Checklist

A.	Policy Development and Review	Yes	No
1	Has the Policy Initiator completed a *policy proposal* in consultation with the Policy Custodian (Annexure A)?		
2	Has the Policy Custodian appointed a *Policy Development Working Group (PDWG)* under the Comprehensive Terms of Reference for the Policy Development Working Group and Policy Custodian (Annexure D)		
3	Have the prescribed templates been used to draft the policy proposal, policy, procedures, or guidelines?		
3.1	Notice of Proposal for New or Revised Policies (Annexure A)		
	Policy Writing Template (Annexure B)		
3.2	Template for Writing Procedures and Guidelines (Annexure C)		
4	Were the *major stages* in policy development followed as per Annexure E and the Policy Development and Review Flow Chart/Pathway?		
5	Have *related university policies and procedures and other governing documents* (e.g. Strategic Plan) been *reviewed* to ensure the draft policy aligns with existing documents?		
6	Does the policy accurately *reflect current practice*?		
7	Has *applicable legislation* been identified and reviewed to ensure that the proposed policy is compliant?		
8	Does the policy include a *table of contents*?		
9	Is the *use of terminology* consistent in the proposed policy and across related policies?		
10	Have all *procedures/guidelines* been developed to support policy implementation?		
11	Has the policy been benchmarked with other institutions?		
12	Has the bibliography in the proposed *policy procedures or guidelines* been verified to ensure accuracy and currency?		
B.	**Policy Consultation**	**Yes**	**No**
13	Is there *evidence of stakeholders' consultation*, e.g., names and signatures, consultative workshop agenda, attendance register, or summary of stakeholder input?		
14	Have *experts* in the subject area been consulted?		
15	Has the policy been *formatted and edited* by the Multimedia Practitioners?		

16	Has the policy undergone *graphic design by graphic designers*?		
C.	**Policy Approval**	**Yes**	**No**
17	Have the relevant *approval authorities* for the policy been identified? *[Council, Senate or the EXCO, etc.]*		
18	Has the policy undergone the *approval pathway* to obtain final approval?		
D.	**Policy Communication and Training**	**Yes**	**No**
19	Have date/s been *set for stakeholders' policy implementation and sensitisation workshop/s*?		

Consequences of non-compliance

Policies submitted to the relevant approval authority without the completed Policy Checklist will not be considered for approval.

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NAMIBIA UNIVERSITY
OF SCIENCE AND TECHNOLOGY

GUIDELINES FOR REVIEWING AND DEVELOPING POLICIES

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