EQUAM-BI Erasmus+ Project
Quality Management and Benchmarking **Implementation Plan**

Preamble

Symbiosis, a trust established in 1971 is solely engaged in the field of education. Initially, academic programmes were offered through its schools and HEIs affiliated to the University of Pune. The institutes were then complying with the quality assurance requirements of the affiliating university. However, in 2002, three institutes of Symbiosis affiliated to the University of Pune were brought under the newly established University that was awarded the Deemed to be University status namely the Symbiosis International (Deemed University) hereinafter referred to as SIU.

The University has been complying with the rules and regulations of all regulatory bodies like the University Grants Commission (UGC), All India Council for Technical Education (AICTE) and other Statutory Councils like the Bar Council of India, Indian Nursing Council, Indian Medical Council and Council of Architecture. SIU has also undergone two assessment cycles of National Assessment and Accreditation Council (NAAC) and have been awarded the highest grade on both occasions. The process for the third cycle of assessment is underway.

SIU has also been participating in the National Institutional Ranking Framework (NIRF) and has been ranked among the top 50 Universities in India because of which it is graded as Category 1 University in India.

In order to foster a quality culture, ensure stakeholder satisfaction and to provide a mechanism to internally assess the performance of our activities and processes there was a felt need to articulate the Quality Policy. This document has been drafted keeping in view the vision and mission of SIU and its unique requirements. It has been developed within the framework of the template provided by ANECA to the Indian Partner Universities of EQUAMBI, an Erasmus + project.

Overview of the EQUAMBI Project and the QMB Toolkit

About EQUAMBI

Led and coordinated by the University of Barcelona with ANECA Spain and NAAC India, **EQUAM-BI (**Enhancing Quality Assurance Management and Benchmarking Strategies in Indian Universities) is an Erasmus+ co-funded, capacity building project. Visit https://www.equambiproject.org/

Representatives from partner universities from Europe namely University of Barcelona- Spain, University of Montpellier- France, KTH Royal Institute of Technology in Stockholm- Sweden, University of Roma – Italy, University of Nicosia – Cyprus have been interacting with representatives from HEIs from India namely Jadhavpur University, IIT Madras, Shivaji University, Mangalore University, Mysore University, Asian Institute of Gaming and Design, Bengaluru and Symbiosis International (Deemed University) at regular meetings over the past three years.

The project aims at developing a benchmarking toolkit that includes a set of quantitative and qualitative indicators that may be adopted by Indian HEIs. This toolkit draws from the best practices of European universities and purports to improve quality management and foster a quality culture in HEIs in India and will eventually help them manage and enhance the quality of education, research, innovation, and internationalization more effectively.

The consortium met on eight occasions at several locations - Bengaluru (twice), Chennai (once), Pune (twice), Stockholm (once), Valencia (once), Barcelona (once) during the course of these three years.

The following Table captures the various activities undertaken by SIU as part of this project and outcome of the same

Activity	Outcome
Review of the existing QA systems in SIU	A five page write up titled ' An overview of Quality Assurance Management and Benchmarking Practices at Symbiosis International Deemed University, Pune, India' was submitted to University of Barcelona and NAAC in February 2018
Survey to study the Quality Assurance Management and Benchmarking Practices followed by HEIs in India	Report of the findings submitted to University of Barcelona and NAAC, India at a meeting held at SIU in Pune in March 2019
Survey to study the Data Management Practice followed by HEIs in India	Report of the findings submitted to University of Barcelona and NAAC, India at a meeting held at IIT Madras, Chennai in April, 2019

Training Workshop attended at KTH Stockholm, Sweden on Data Management Practices followed by KTH (June 2019)	Report submitted to the University of Barcelona and SIU highlighting best practices that may be followed by HEIs in India June 2019
Training Workshop attended at University of Valencia, Spain on Good Practices of an Internal QA systems and the Audit procedure of ANECA (June 2019)	Report submitted to the University of Barcelona and SIU highlighting best practices that may be followed by HEIs in India. Report submitted to SIU and University of Barcelona in June 2019
Multiplier effect workshop on promoting internal strategies to enhance QA and Data Management towards a consolidated approach to Benchmarking at Bengaluru	Presented the strategies and the implementation plan as an outcome of the mentoring by the European partners
Training workshop on the implementation plan held in the University of Barcelona	As approved by the top management of SIU, presented the revised implementation plans on the parameters and indicators to assess and measure the QA processes at SIU in January 2020
Workshop on Dissemination of the EQUAMBI Project	Implementation plan based on inputs from previous meetings presented by SIU. A final template of the toolkit was developed and shared by ANECA with all EQUAMBI partners from India in March 2020
Establishment of a QMB advisory Board	The first Meeting of the Board was held on March 2020 at SIU Pune to support SIU in enhancing the quality assurances processes.
Sharing two Best Practices with NAAC	In June 2020, SIU shared two good practices with NAAC for publication: • SIU as a Health Promoting University • Internationalization at Home
Coaching sessions by European partners on implementation of the toolkit (April to December 2020)	Write-up and revisions on implementation plan presented by SIU were reviewed and approved by ANECA December 2020
QMB toolkit based on the framework provided by ANECA under the mentorship of ANECA representatives	Final QMB toolkit for submission to University of Barcelona, NAAC and SIU after approval of the Mentors in January 2021

The toolkit is a comprehensive policy document encompassing quality assurance management and benchmarking for establishing internal quality processes and systems. It covers 13 (0 to 12) parameters/Items each having eight descriptors as shown in the table below:

Item No.	Parameter	Descriptors
0	Higher Education Institution mission, vision and values	a. Objectives of the Quality Policy regarding the specific item.
1	Structure of the Quality Management and Benchmarking Department	b. Strategies (plan embracing the chain of activities and procedures) to reach these quality assessment objectives.
2	Quality Policy and Objectives	
3	How does the university ensures the quality of its programmes?	c. Procedures and activities to properly develop such activity regarding the specific item.
4	Development of teaching and other actions aimed at students	
5	How does the university ensure and enhance the quality of its academic staff?	d. Indicators, used to measure and assess the quality in that specific item.
6	Strategic drivers of the university concerning quality management	e. Benchmark used to assess the degree of fulfilment of the quality policy
7	Research Development	
8	Community Engagement	
9	Internationalization strategy	
10	Analysis and application of the outcomes to/by the decision-making process of the university	f. Statistics and data used as evidences of the degree of fulfilment of the standard/criteria that will let us judge where the institution is regarding the approved benchmark.
11	Transparency, Equity and Ethics	
12	Health and Well Being in HEIs	g. Recommendations, in the event the benchmark is not reached and new benchmarks in case it was reached.
		h. The quality system should include a cyclical quality system-assessment of the appropriateness of its objectives, strategies, procedures, and indicators.

The subsequent sections of this document, explains the implementation plan of Items 1 and 12

Item 1: Structure of the Quality Management and Benchmarking Department

Structure of the Quality Management and Benchmarking Department

The University is committed to achieving its Vision and Mission keeping in focus maintenance of quality in all its endeavours. As per the statutory requirements of the UGC, the University had a duly constituted Internal Quality Assurance Committee at the central level and Quality Improvement Cells at the constituent level. The leadership of the university has established a Quality Management and Benchmarking (QMB) department that will reflect the University's belief that SIU's quality initiatives should go beyond the 'minimum essentials' to the 'maximum possible'. As a result, the proposal to establish a Quality Management and Benchmarking Department was approved by the University's Board of Management. The proposed structure for the same is diagrammatically depicted below.
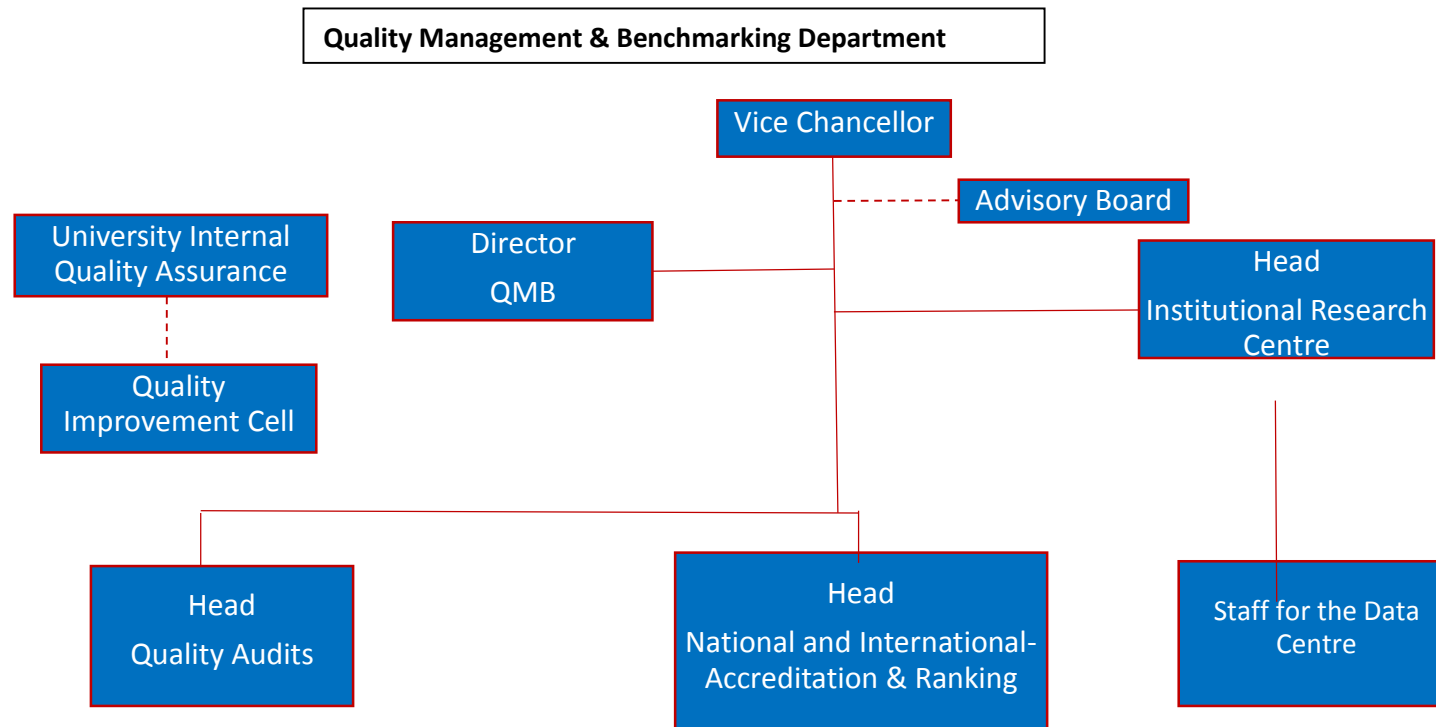
a. Objectives of the Quality Policy

The objectives of the Quality Policy of QMB are enumerated below:

i.   To provide the necessary organization structure to facilitate the activities of the QMB department
ii.   To provide the necessary instruments, tools and infrastructure to collect, collate and analyze data regularly and continuously
iii.   To make available the adequate resources to effectively sustain the quality management system in the university
iv.   To invite participation of QA experts, experienced academics, HE administrators and leaders as members of the QMB advisory board and adopt good practices recommended by them

v.   To collaborate with other stakeholders of higher education institutions for quality evaluation, promotion and sustenance.

b. Strategies (plan embracing the chain of activities and procedures) to reach these quality assessment objectives.

The university has adopted a multi-pronged strategy to create, maintain and enhance the quality-conscious environment that motivates its stakeholders to be on the path of continuous improvement. These strategies broadly are:

i.   Providing appropriate Structures and Resources
ii.   Creating policies for Empowerment
iii.   Dissemination of information to enhance transparency

c. Procedures and activities

The procedures and activities undertaken with regard to the QA management of the University are explained in the table below.

Strategy: A. Make Available Structures and resources

A.1.Establishment the Quality Management and Benchmarking (QMB) Department
Procedures and Activities:
    a. Submission of proposal to Hon'ble Vice Chancellor and Pro Chancellor
    b. Approval of the Board of Management

A.2. Constitution of an Advisory Board comprising experts for quality management agencies and academics from India and abroad to provide direction to the QMB department

Procedures and Activities:

a. Invitations were sent to all experts identified in the month of November 2019 and acceptance received from all the invitees.

b. The first meeting of this Board was held on March 5, 2020 at SIU and was intended to give the members an overview of SIU and its aspirations regarding the QMB.

c. Outline the role and operational provisions for the functioning of the Board: The operational provisions for the functioning of this Board is yet to be articulated and is expected to outline the following - The role of this Board, Tenure of the Board, Frequency of meeting, Quorum required (in person and online), regular updating of members through newsletter and defining the process to implement suggestions of the Board.

A.3. Establish a data management centre (institutional repository) to collect and collate data using technology as far as possible

Procedures and Activities: The Institutional Research Centre will be the warehouse of important data generated within the university which will provide the input for analysis that would be presented to the BoM and the Advisory Board through the QMB for any decision making related to policy, practice or procedure - existing or new. Identification of suitably qualified and experienced personnel is underway.

A.4. Provide the necessary resources – trained manpower, equipment, financial support and monitor effective utilization of the same

Director, head, coordinators

Equipment: 3 laptops, 3 Workstations, 1 Smart Board, All in one printer have been purchased for this department through the EQUAMBI project funding. We have appointed the following personnel for the QMB department:

- One Head, Quality Assurance
- Three coordinators
- One - Software Engineer
- One Principal Consultant

B. Empowerment Strategies

B.1. Nurture a quality culture where each individual appreciates the need to embrace and willingly adopt quality assurance initiatives as continuous journey towards excellence

Procedures and Activities:

QMB to initiate conversations and deliberations across stakeholders to create manual of policies and practices such that the process owners of the activity and audit are independent of each other so as to provide the necessary checks and balances.

C. Dissemination Strategies

C.1. Institute an encouraging eco-system that disseminates initiatives of QMB and good practices of constituents.

Procedures & Activities:

a. Plan and provide opportunities and platforms to share good practices that may be emulated by other departments and constituents.

b. Plan and disseminate a training calendar every academic year to create awareness of the QMB and its activities.

d. Indicators, used to measure and assess the quality in that specific item. (***Marked in italics***)

1. To assess the efficiency in the functioning of the QMB - *Number of meetings conducted, resolutions passed, Action Taken report, unresolved issues, successful implementation of resolutions*
2. *Notice, Agenda and Minutes* of the Advisory Board meeting, *Action Taken Report*
3. *Ratio of vacancies to total positions* approved for the QMB department
4. *Number of training programmes conducted vs. planned* by QMB for the various stakeholders.
5. *Number of good practices identified*

e. Benchmark used to assess the degree of fulfilment of the quality policy.
   The University will benchmark the activities of the QMB with:
   - Other Universities in India and Partner Universities abroad to learn good practices at the (a) Structure level (b) Desired Outcome level (c) Activities level
   - Metrics of the Accreditation agencies of India (NAAC, NBA) and other International bodies (for ex. ANECA, TEQSA etc.)

f. Statistics and data used as evidences of the degree of fulfilment of the standard/criteria that will let us judge where the institution is regarding the approved benchmark.

QMB will receive all data from the Institutional Research Centre which will be an independent vertical under QMB department in-charge of collecting data relating to all information required by the University and/or external stakeholders. Some examples are

1. Academic programmes and courses	2. Movable Assets
3. Students- admission, examination, placement, progression, entrepreneurship	4. Immovable Assets
5. Admission	6. Examination
7. Faculty and staff	8. Awards and recognition
9. Research outcome (publication, projects, patents etc.)	10. Health and wellness
11. Training programmes conducted	12. Placements
13. Training programmes attended by employees	14. MDPs
15. Governance metrics like meetings conducted, resolution passed, actions implemented, grievances received and resolved etc.	16. Consultancies
17. Financial data	18. Extension activities
19. Internationalisation - Mobility (student and faculty), research, collaborations, courses co-created and co-taught, joint programmes	20. New initiatives

g. Recommendations, in the event the benchmark is not reached and new benchmarks in case it was reached.
When benchmarks are achieved, the institutes are commended and their good practices are shared during Directors' meetings and in newsletters. On the other hand, if Benchmarks are not achieved, with the help of data, the reasons for failure to achieve and constraints are discussed and (i) measures are taken to overcome the constraints (ii)Benchmark is appropriately adjusted to make it more rational and reasonable.

h. The quality system should include a cyclical **quality system-assessment** **of the appropriateness** of its objectives, strategies, procedures, and indicators.

Once a quality system cycle is completed, the available results will facilitate review of effectiveness of each pillar of the system namely, Objectives, Strategies, Procedures and Indicators. Any gap identified in any one or more of the pillars will be addressed to enhance the effectiveness of the pillar(s) concerned in the entire system. For example, if the 'Indicators' are not comprehensive enough to effectively measure performance, they will be appropriately modified/fortified for the next quality cycle. We are also cognizant of the fact that there could be situations requiring review of all pillars at the same time.

The diagram below reflects our four pillars in the universally accepted 'Plan, Do, Check, Act – PDCA model, ensuring that continuous quality improvement is a planned intervention and not left to chance.

ACT
- **Evaluate**
- **Apply** Lessons Learned
- **Modify** as necessary

PLAN
- State **Objectives**
- Formulate **Strategies**

CHECK
- Identify the **Indicators**
- **Document** the Results

DO
- Lay down **Procedures**
- Follow the **procedures**
- **Execute** the plan
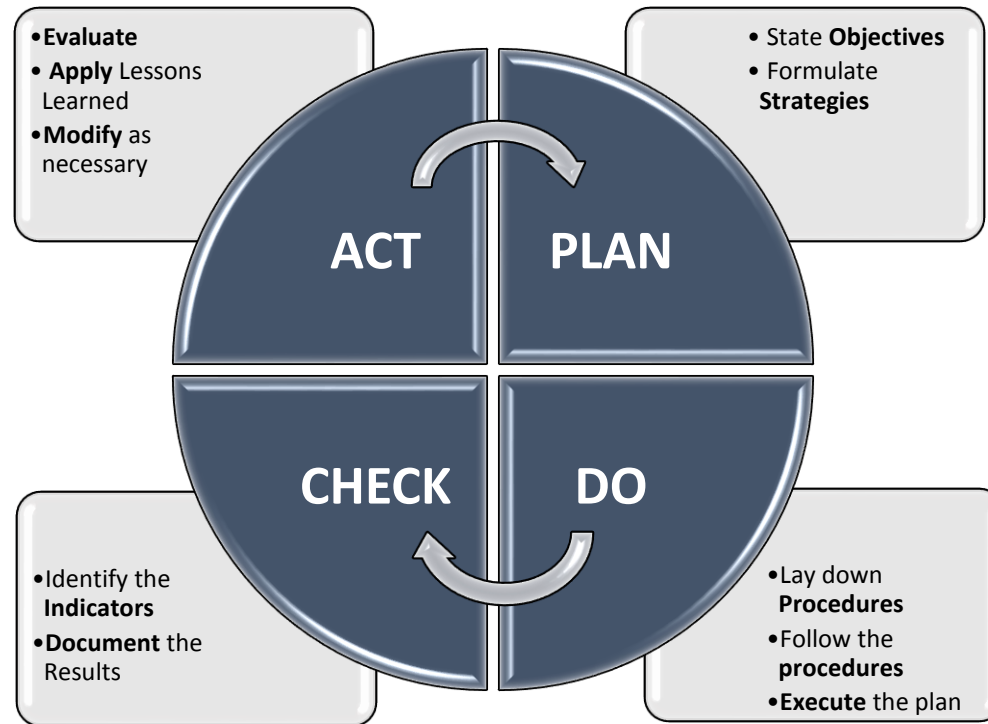
Item 12: Health & Wellbeing at Higher Educational Institutes

a. **Objectives of the Quality Policy regarding the specific item (Health Promoting University):**

1. To ensure that Health and Wellbeing policies at SIU are well designed, rightly implemented, and appropriately assessed, so it's aims, objectives, and benchmarks are fulfilled and achieved in all its constituents and at the University as a whole.
2. To measure based on evidence:
   i. The cost-effectiveness of health promotion initiatives
   ii. The extent of attainment of outcomes of initiatives such as
      a. Inculcation of healthy behaviours in students, teaching and non-teaching staff, and the community at large through education and research
      b. Adoption of a preventive approach to help students, teaching, and non-teaching staff appreciate the threats that Non-Communicable Diseases (NCD) pose to health, productivity, economic growth of self and the community at large.
      c. Contribution to the health & well-being of students, staff, and wider communities by creating healthy & sustainable living environments.
      d. Integration of health and sustainable development as multi-disciplinary, cross-cutting themes in curricula, increasing the health promotion aspects in teaching and research.
   iii. To identify reasons if the desired health promotion outcomes are not satisfactorily met by the stakeholders and to suggest measures that allow for the improvement in the fulfilment of this objective.

b. **Strategies (plan embracing the chain of activities and procedures) to reach these quality assessment objectives**:

To attain the objectives of the practice the following strategies will be adopted:
1. Create plans and policies that align with the vision of health promotion within and around the University
2. Initiate activities that facilitate personal and social development
3. Encourage wider academic interest in health promotion
4. Developing links with the community to implement good practices which positively impact community health.
5. Designing and implementing the evaluation procedures to ensure attainment of aims, objectives and benchmarks.

c. Procedures and activities to properly develop such activity regarding the specific item:

Sr.	Strategies	Procedure & Activities

1	Create plans and sustainable policies that align with the mission of health promotion within and around the University	I. Establishment of
		  A. Symbiosis Centre for Health Care (SCHC) on all campuses of university to provide preventive, promotive, & curative healthcare services
		  B. Department of Sports , Recreation & Wellbeing (DSRW)
		  C. Symbiosis Centre for Yoga (SCY)
		  D. Department of Dietetics and Nutrition
		  E. Symbiosis Centre For Emotional Wellbeing(SCEW)
		  F. Symbiosis University Hospital & Research Centre (SUHRC)
		II. Adoption of 14 villages and 9 hamlets around SIU's headquarters in Lavale, Pune, Maharashtra, India under Symbiosis Community Outreach Program & Extension (SCOPE)
		III. Creation of policies to enhance the physical and mental wellbeing of employees such as free medical insurance, paid medical leave, free treatment at the Symbiosis University Hospital and Research Centre attached to the Symbiosis Medical College for Women.

2.	Initiate activities that facilitates personal and social development	I. Attendance to annual health check-up is mandatory to be eligible for performance appraisal II. Monitoring Health and wellness quotient of the constituents through parameters that are included in the Outcome Metrics Performance Indicators (OMPI) template III. Happy Healthy Campus IV. Extracurricular activities organized by constituents V. Health awareness capsules broadcast to all employees of Symbiosis
3.	Encourage wider academic interest in health promotion	Following academic courses are offered to SIU students. I. Integrated Disaster Management Programme (IDMP) is a mandatory course for all students of UG & PG programs of SIU. II. Elective courses such as Basics of Fitness & lifestyle management III. Courses in Yoga and Fitness IV. Four-credit course in Service learning where students may work with an NGO (in this case an NGO working in Health-care projects/initiatives)
4.	Developing links with the community to positively impact community health.	Service learning is an essential component of academic instruction at SIU. Established Symbiosis Community Outreach Program & Extension (SCOPE): I. To provide health care services to community through Mobile Medical Units (MMU) and Family Doctor Clinic (FDC) II. Collaborate with NGOs & local communities to conduct awareness and training programs on personal health and wellbeing

		III. Providing health-care support during the annual 'Warkari' procession
5.	Designing and implementing the evaluation procedures to ensure attainment of aims, objectives and benchmarks	A robust system is designed to obtain, analyze, and address the issues raised by stakeholders to ensure preventive, promotive and curative healthcare services are delivered to Symbiosis students & staff.

d. Indicators used to measure and assess the quality in that specific item

Sr.	Strategies	Procedure and Activities	Indicators
1.	Create plans and sustainable policies that align with the Mission of health promotion within and around the University	Establishment of Symbiosis Centre of Health Care on all campuses to provide preventive, promotive, and curative healthcare services	- Positive feedback by stakeholders - Students - Positive feedback by stakeholders- Staff - Increase in the attendance of students for Annual Wellness Check-up - Increase in the attendance of staff for Annual Wellness Check-up - Monitoring & helping to improve weight management of students enrolled at SIU - Monitoring & helping to improve the status of Blood Pressure in students admitted to SIU. - Monitoring & helping to improve Weight management of staff over 5 years - Monitoring & helping to improve the status of Blood Pressure in staff for 5 years.

			- Monitoring & helping to improve the status of Diabetes Mellitus in staff over 5 years - Health insurance coverage of all students & staff - Affordable healthcare for staff & students - Establishment of Campus Wellness Advisory Committee : evidence of regular meetings and action taken reports - Conduct of Health Education Program: evidence of events conducted periodically - Availability of OPD services on campus & 24x7 on EMS no.: evidence of availability and use of services
		Establishment of Symbiosis Centre for Emotional Wellbeing (SCEW)	- Increase in number of students accessing services provided by SCEW - Improvement in the feedback - Recruitment of psychological counsellors on all campuses of SIU
		Establishment of Symbiosis Centre for Yoga	- Activities conducted as a proportion of activities planned - Increase in percentage of positive feedback

		Commissioning of Department of Sports, Recreation, and Wellness (DSRW)	- Increase in number of students visiting the DSRW - Increase in number of staff visiting the DSRW - Increase in percentage of positive feedback
		Establishment of Department of Dietetics & Nutrition	- Increase in number of students for Diet and Nutrition counselling clinic - Improvement in the feedback statistics
		Establishment of Symbiosis University Hospital & Research Centre (SUHRC)	- Increase in number of patients at the Symbiosis University Hospital and Research Centre - Increase in percentage of positive feedback
		Adoption of 14 villages and 9 hamlets around SIU's headquarters in Lavale, Pune, Maharashtra, India under Symbiosis Community Outreach Program & Extension (SCOPE)	- Increase in the number of activities of engagement - Increase in the scope of activities - Increase in percentage of positive feedback - Increase in the number of students, faculty or staff involved in the engagement with the villages/hamlets - Evidence of success w.r.t problems of the community resolved
		Creation of policies to enhance the physical and mental wellbeing of employees	Reports of the number of beneficiaries from SIU - Free medical insurance policy - Paid medical leave - Treatment at the Symbiosis University Hospital and Research Centre at concessional rate

			- Increase in percentage of positive feedback from staff - Number of grievances resolved related to healthcare services
2.	Initiate activities that facilitates personal and social development	Attendance to mandatory annual health check-up to be eligible for performance appraisal	- Number of employees absent for annual health check-up - Number of impeding reasons for missing health check-ups resolved
		Monitoring Health and wellness quotient of the constituents through parameters that are included in the Outcome Metrics Performance Indicators (OMPI) template	- Trend of Health & wellness - The constituent-wise trend in the scores for this parameter - Percentage of impediments resolved as a percentage of those reported - Improvement in the number of participants - Evidence of enhanced interests in such activities
		Happy Healthy Campus	- Improvement in the number of participants - Evidence of enhanced interests in such activities
		Extracurricular activities organized by constituents	- Improvement in the number of participants - Evidence of enhanced interests in such activities

		Health awareness capsules & quotes) broadcast to employees of Symbiosis	- Feedback from employees receiving such health awareness messages - Evidence of enhanced interests in such health awareness messages
3.	Encourage wider academic interest in health promotion	Offering Integrated Disaster Management Programme as a mandatory course to all SIU students	- Improvement in the performance of students in this course - Evidence of enhanced interests in such courses
		Offering elective courses such as Basics of Fitness & lifestyle management	- Improvement in the number of participants - Evidence of enhanced interests in such activities
		Offering courses in Yoga and Fitness	- Improvement in the number of participants - Evidence of enhanced interests in such activities
		Offer a four-credit course in Service learning where students may work with an NGO (in this case an NGO working in Health-care projects/initiatives)	- Increase in the number of students engaged in health care centred NGOs - Increase in the number of collaborations with health care centred NGOs - Improvement in performance of students in the Service Learning course
4.	Developing links with the community to positively impact community health.	Establishing of the department of Symbiosis Community Outreach Program & Extension (SCOPE) to provide health care services through Mobile Medical Units(MMU) and Family Doctor Clinics (FDC)	- Increase in the patients treated by FDCs - Increase in the patients treated by MMUs - Number of new activities initiated - Results of the impact study if any - Improvement in the feedback statistics

		Collaborate with NGOs and local communities to conduct awareness and training programs on personal health and wellbeing	- Increase in the number of collaborations with NGOs - Increase in the number of collaborative activities with NGOs - Increase in the number of collaborative activities with the local governance bodies - Improvement in the feedback received - Proportion of programmes that addressed the problems highlighted by the community
		Providing health-care support during the annual 'Warkari' procession	- Increase in the scope of services offered to the 'warkaris' - Positive feedback from beneficiaries - Increase in the number of students, faculty or staff involved in the engagement with the villages/hamlets
5.	Designing and implementing the evaluation procedures to ensure attainment of aims, objectives and benchmarks	A robust system is designed to obtain, analyze, and address the issues raised by stakeholders to ensure preventive, promotive and curative healthcare services are delivered to Symbiosis students & staff.	With continuous monitoring & learning for improvement in the processes of providing healthcare services to better meet the needs of staff , students & patients. Stakeholders feedback assessed for services offered by SCHC, SCEW, DSRW ,SCY , SCOPE & SUHRC. Promotive Healthcare services : - Conduct of Campus Wellness Advisory Committee : evidence of regular meetings and action taken reports - Conduct of Health Education Program: evidence of events conducted periodically

			- Inspection of Campus & catering establishment - Accessibility to Diet & Nutrition counselling - Increase in no of visits to DSRW by students - Increase in no of visits to DSRW by staff - Conduct of health awareness and training programs on personal health and wellbeing for local communities **Preventive Healthcare services :** - Increase in positive feedback by stakeholders - Students - Increase in positive feedback by stakeholders- Staff - Increase in attendance of students for Annual Wellness Check-up - Increase in attendance of staff for Annual Wellness Check-up - Increase in no of staff & students availed counselling services - Monitoring & helping to improve weight management of students enrolled at SIU - Monitoring & helping to improve weight management of staff over 5 years **Curative Healthcare services :** - Monitoring & helping to improve the status of Blood Pressure of students admitted to SIU. - Monitoring & helping to improve the status of Blood Pressure in staff for 5 years. - Monitoring & helping to improve status of Diabetes Mellitus in staff over 5 years

			- Availability of Health insurance coverage for all students & staff - Availability of affordable healthcare for staff & students - Availability of OPD services on campus - Availability of healthcare professional 24 x7 on EMS no. - Staff treated at the Symbiosis University Hospital and Research Centre at concessional rate - Increase in no of patients treated at SUHRC - Extension of healthcare facilities to community at large through Mobile Medical Units (MMU) & Family Doctor Clinics (FDC)

e) Benchmark used to assess the degree of fulfilment of the quality policy:

Health promotion in higher education cannot be done solely by an individual or a health promotion office, rather it requires the collective effort of the campus community. According to the Okanagan Charter (2015), "health promotion is not just the responsibility of the health sector, but must engage all sectors to take an explicit stance in favor of health, equity, social justice and sustainability for all while recognizing that the well-being of people, places and the planet are interdependent." Standards of Practice for Health Promotion in Higher Education

Standard 1: Alignment with the Missions of Higher Education - Effective practice of health promotion in higher education requires professionals to facilitate processes that cultivate a healthy community so students can thrive and reach their fullest potential.

Standard 2: Socio Ecological Based Practice - Effective practice of health promotion in higher education requires professionals to address campus and community health and well-being at all levels of the socioecological model.

Standard 3: Collaboration / Collaborative Practices - Effective practice of health promotion in higher education requires a shared responsibility of all campus and community members to enhance health and wellbeing.

Standard 4: Inclusive Practice/Cultural Competence :
Effective practice of health promotion in higher education requires professionals to demonstrate cultural humility and inclusivity.

Standard 5: Theory-Based Practice:
Effective practice of health promotion in higher education requires professionals to understand and apply accepted interdisciplinary theoretical frameworks and planning models that address the well-being of the community.

Standard 6: Evidence-Informed Practice:
Effective practice of health promotion in higher education requires professionals to understand and utilize evidence to inform health promotion processes and initiatives.

Standard 7: Continuing Professional Development:
Effective practice of health promotion in higher education requires professionals to engage in ongoing professional development to build skills and maintain up-to-date knowledge of the field.

Standard 8: Service to the Field:
Effective practice of health promotion in higher education requires professionals to contribute professionally to the field both on- and off-campus.

Standard	SIU Criteria	Scoring Metrics	Benchmark
	Recruitment of staff after Pre Employment Check up (PEC)	● 100% attendance to PEC = 05 Point ● 99 % to 80% attendance = 3 points ● 79 % to 60 % attendance = 2 points ● Less than 60 % attendance = 0 point	2022 : Average of 3 points* 2025 : Average of 5 points*
	Attendance to Annual Wellness Checkup: Students	● 100 % attendance to AWC = 05 Points ● 99 % to 80% attendance = 3 Points ● 79 % to 60 % attendance = 2 Points	2022 : Average of 2 points* 2025 : Average of 3 points*

Standard 1: Alignment with the Missions of Higher Education:		● Less than 60 % attendance = 0 Point	2030: Average of 5 points*
	Attendance to Annual Wellness Checkup: Staff	● 100% attendance to AWC = 05 Points ● 99 % to 80% attendance = 3 Points ● 79 % to 60 % attendance = 2 Points ● Less than 60 % attendance = 0 Point	2022 : Average of 3 points* 2025 : Average of 5 points*
	Attendance to Annual Health Checkup for Food Handlers (Cooks & Helpers)	● 100% attendance to AHC = 05 Points ● 99 % to 80% attendance = 3 Points ● 79 % to 60 % attendance = 2 Points ● Less than 60 % attendance = 0 Point	2022 : Average of 3 points* 2025 : Average of 5 points*
	Registration to medical insurance policy: Student	● 100 % registration = 05 Points ● 99 % to 96% registration = 3 Points ● Less than 95% registration = 0 Point	2022 : Average of 3 points* 2025 : Average of 5 points*
	Registration to medical insurance Policy: Staff	● 100 % registration = 05 Points ● 99 % to 96% registration = 3 Points ● Less than 95% registration = 0 Point	2022 : Average of 3 points* 2025 : Average of 5 points*
Standard 2: Socio Ecological Based Practice	Inspection of campus	● 100% inspection & compliance as per recommendations = 10 Points ● 99 % to 80% inspection & compliance = 3 Points ● 79 % to 60 % inspection & compliance= 2 Points ● Less than 60 % inspection & compliance = 0 Point	2022 : Average of 3 points* 2025 : Average of 10 points*
	Inspection of catering establishments	● 100% inspection & compliance as per recommendation = 10 Points	2022 : Average of 3 points*

		• 99 % to 80% inspection & compliance = 3 Points • 79 % to 60 % inspection & compliance= 2 Points • Less than 60 % inspection & compliance = 0 Point	2025 : Average of 10 points*
Standard 3: Collaboration / Collaborative Practices	Symbicare Induction	• 100% induction program conducted = 05 Points • 99 % to 80% of induction program conducted = 3 Points • 79 % to 60 % of induction program conducted = 2 Points • Less than 60 % of induction program conducted = 0 Point	2022 : Average of 3 points* 2025 : Average of 5 points*
Standard 4: Inclusive Practice/Cultural Competence	Staff & student welfare activity	• Conducted activity = 05 points • Not conducted any activity= 0 point	2025 : Average of 5 points*
Standard 5: Theory-Based Practice	Conduct of College Health Education Programs	• Conduct of 100% HEPs = 05 Points • 99 % to 75 % HEP = 3 Points • 74 % to 50 % HEP = 2 Points • Less than 50 % HEP = 0 Point	2022 : Average of 3 points* 2025 : Average of 5 points*
Standard 6: Evidence-Informed Practice	Campus Wellness Advisory Committee (CWAC)	• 100 % conduct & compliance to CWAC = 05 Points • 99 % to 80% conduct & compliance to CWAC = 3 Points • 79 % to 60 % conduct & compliance to CWAC = 2 Points • Less than 60 % conduct & compliance to CWAC = 0 Point	2022 : Average of 3 points* 2025 : Average of 5 points*

Standard 7: Continuing Professional Development	Faculty Development Program for Healthcare Professionals	• 100% compliance to FDP = 05 Points • 99% to 95 % compliance to FDP = 03 Points • Less than 94 % compliance to FDP = 00 Point	2022 : Average of 3 points* 2025 : Average of 5 points*
Standard 8: Service to the Field:	Off Campus : Commissioning of community outreach and extension services	• Primary healthcare services offered to community = 10 points	2022 : 10 points
	On Campus: Establishment of Hospital	• Medical Care offered to community = 5 points	2022 : 5 points
	On Campus: Establishment of Centre for Emotional Wellbeing	• Psychological counselling offered = 10 points	2022 : 10 points
	On Campus: Commissioning of Department of Sports & Recreation & Wellness	• Accessibility to recreation & wellness centres = 5 points	2022 : 5 points

* Denotes the attainment from the overall standpoint of the University and its constituents.

f) **Statistics and data used as evidence of the degree of fulfilment of the standard/criteria that will let us judge where the institution is regarding the approved benchmark:**

Sr.No.	Data field	Source
1.	Health	Symbiosis Centre of Health Care
2	Fitness	Department of Sports Recreation & Wellness
3	Emotional Wellbeing	Symbiosis Centre of Emotional Wellbeing
4	Nutrition	Department of Diet & Nutrition
5	Community Outreach	Symbiosis Community Outreach Program Execution
6	Hospitalization	Symbiosis University Hospital & Research Centre
7	Students data	Office of the Registrar, Symbiosis International University
8	Staff data	Office of the Chief HR, Symbiosis

g) **Recommendations, in the event the benchmark is not reached and new benchmarks in case it was reached:**

Grade for HPU	Benchmark
A	100 - 80
B+	79 - 70
B	69 - 60
C	59 - 50
D	49 - 40

h) **The quality system should include a cyclical quality system-assessment of the appropriateness of its objectives, strategies, procedures, and indicators**

Source: PDCA Cycle - What is the Plan-Do-Check-Act Cycle

The diagram above reflects our four pillars in the universally accepted 'Plan, Do, Check, Act – PDCA model, ensuring that continuous quality improvement is planned in a methodical way with intervention and not left to chance.

PLAN: A well defined plan with a framework is prepared to operate as per mission & values of SIU. It also maps Objectives, Strategies, Procedures and Indicators & clearly indicates the best way to meet the goal. SIU has designed objectives, strategies & procedures & prepared indicators to achieve health & wellbeing at its departments, institutes , campuses and the university as a whole. At the planning stage, policies have been designed to align with the mission of health promotion within and around the University. Activities have been initiated to facilitate personal & social development. Efforts have been taken to encourage wider academic interest in the field of health promotion. Links were developed with the community to positively impact health.

DO: This step covers that the plan is set in motion. The plan justifying reason is rolled out for the team to execute as outlined in the plan. In this stage, the plan is broken down into sub-segments including training of the team involved, actual process of doing work, and maintaining data for further evaluation. The strategy has been set in motion by way of undertaking activities as outlined under point 'c' of this document

CHECK: We are also cognizant of the fact that there could be situations requiring review of all pillars at the same time. Therefore, the first check is done alongside implementation of the procedure. Second check is a comprehensive review about the strategy & process upon completion/ non completion of objective & for further improvement in the procedure as and when required. Benchmarks have been designed to meet the criteria set against standards of Health & Wellness. The benchmarks are precisely defined as defined under point 'g' of this document

ACT: Corrective actions are made in the final stage. The PDCA cycle is redefined & repeated in the future for better results under new guidelines.

SIU has designed Outcome Metrics Performance Indicators (OMPI) template for monitoring Health and wellness quotient of the constituents. The Key Results Areas (KRAs) are designed for objective mapping & evaluation of healthcare professionals. Standards 1 to Standards 6 as defined under point ' g' of this document are covered under the KRA.

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