AUDIT REPORT ON

THE PERFORMANCE OF THE LEADERS

State University of Surabaya

Quality Assurance Center
State University of Surabaya

2019

AUDIT REPORT ON THE PERFORMANCE OF THE LEADERS

The Audit Report on the Performance Achievement of Leadership at Surabaya State University was approved by Prof. Dr. Mega Teguh Budiarto, M.Pd. in Surabaya, December 2019. This audit was carried out by 1) Institute for Learning Development and Quality Assurance (LP3M), 2) Institute for Research and Community Service (LPPM), 3) Technical Implementation Unit (UPT), 4) Rector, 5) Deans, Departments, and/or Programs education, and 6) Laboratory.

Audit activity of the leadership performance has the following general objectives: (1) to obtain data on adherence to the work of each position within the structural hierarchy, 2) to obtain data and information about the documents in the Universitas Negeri Surabaya, and 3) to provide corrective actions or improvements to ensure compliance indicators according to standards

The findings in this audit activity consist of

1. The laboratory head lacks laboratory policies and guidelines by 50%.
2. No lab performance contract by 70%.
3. No manual procedures (PM) concerning laboratory assistants / technicians by 60%.
4. No manual procedures (PM) concerning work safety by 53.3%.
5. No ToR from the evaluation results by 56.7%.
6. The head of the laboratory is still in the process of planning development by 13.3% and does not have a 40% development plan, and does not have a long-term plan by 56.7%.
7. The work program does not have a target that can be measured by 50%, the work program is not monitored by 46.7% and is still in the process of monitoring 10%
8. No Service Instruments to college students by 70%
9. No report from the Sub-Lab/Laboratory Assistant/Technician by 50%.
10. No active cooperation from outside Universitas Negeri Surabaya as much as 66.7%, whereas 76.7% do not have a Memorandum of Understanding (MoU), 80% do not have cooperation reports, and 90% do not have a Memorandum of Understanding (MoU)) from abroad along with reports and service instruments.
11. The head of the laboratory periodically does not report to their direct supervisor 60%
12. The head of the laboratory does not have any reports on the achievement of the work program 66.7%.
13. The head of the laboratory does not conduct a survey related to lab services 70% therefore 90% do not have any survey reports and follow-up survey results.
14. The head of the laboratory does not have innovation-sale value by 56.7% laboratory development, it also does not have 80% active proposals, there is no profile Lab 53.3%, no business plan documents 80%, there is no performance measurement planning 70 %, there is no performance data collection mechanism of 80%, KPI does not meet good performance 76.7%, IKU does not measure performance well 80%, IKU does no align with the ministry's KPI 80%, Performance indicator measures to the lowest unit do not have good performance criteria at 83, 3%, there is no performance measure that refers to the KPI of the supervisor's work unit 83.3% and does not carry out performance measurements with levels of 86.7%, IKU is not used to compile planning and budgeting documents 83.3% and is not used for performance appraisal 80%, KPI is not regularly reviewed 86.7%,
15. The head of the lap laboratory 56.7% was absent from the fulfillment of the requested laboratory terms of performance in the SIAkunlap. Where 63.3% were not made

regularly, 70% were not on time, 80% of reports did not contain the achievement of KPI, 70% did not refer to the outcome and 80% of the information is not used for performance improvement.

The root cause of the problem

1. The head of the lab does not fully understand the main Duty and Function properly, lack of vision of future activities, lack of understanding of planning, implementation, evaluation, and follow-up in leadership.
2. The head of the laboratory does not understand the demands of the IKU SIAkunlap.
3. Not all laboratories have technicians / laboratory assistants
4. Not all laboratories have appropriate budgets
5. The head of the laboratory isn't an expert in laboratory management.

The solution to the problem

1. It's necessary for training to improve leadership management, especially for the Head of the Laboratory.
2. It's necessary for siakunlap socialization
3. It's necessary to have a similarity in laboratory organization.

EXECUTIVE SUMMARY AUDIT RESULTS ON THE ACHIEVEMENT OF LEADERSHIP (CKP) AT UNESA IN 2019

The Unesa Leadership Performance Achievement Audit (CKP) Activities in 2019 was held at: 1) Institute for Learning Development and Quality Assurance (LP3M), 2) Institute for Research and Community Service (LPPM), 3) Technical Implementation Unit (UPT), 4) Rector, 5) Dean, Department and/or study program, and 6) Laboratory.

Audit activities for leadership performance have the following general objectives: 1) obtaining work implementation data from each structural position, 2) obtaining data and information on document completeness within Unesa, and 3) providing corrective or improvement to ensure the fulfillment of indicators according to standards.

1) The Leader of LP3M

The audit activities be held at LP3M consist of auditing the performance achievements of the Chairperson and Secretary of the Institution, 2 (two) Heads of Division and 5 (five) Heads and Secretary of the Center

The recapitulation of leadership performance at LP3M is as follows.

No.	Name of Position	Work Execution	Document Availability
1.	Chairperson and Secretary of LP3M	Good	Complete
2.	Head of the Educator Professional Development Division	Good	Complete
3.	Head of Learning Division	Good	Complete
4.	Head and Secretary of the Development Center Training	Good	Complete
5.	Head and Secretary of the Development Center Teacher profession	Good	Incomplete
6.	Head and Secretary of the Development Center Learning	Good	Incomplete
7.	Head and Secretary of the Management Center Learning Practices	Good	Complete
8.	Head and Secretary of the Education Center Character, Counseling Guidance and Psychological Services.	Good	Complete

From the 8 positions or leadership in LP3M above, based on the results of the audit, they have found that almost all leadership positions were: 1) Work program doesn’t exist yet, 2) monitoring and evaluating haven't done yet in the implementation of internal work programs, and 3) MoU on cooperation hasn't held yet

In general, the follow-up plans that must be carried out by LP3M are:

1. All elements of leadership in LP3M, starting from the Chairperson of LP3M and the Head of the Center, must make an annual work program properly.
2. All elements of leadership in LP3M, starting from the Chairperson of LP3M and the Head of the Center, must monitor and evaluate the implementation of internal work programs.
3. All elements of leadership in LP3M, starting from the Chairperson of LP3M and the Head of the Center, must make a MoU of cooperation.

2) The Leader of LPPM

The audit activities be held at LPPM consist of auditing the performance achievements of the Chairperson and Secretary of the Institution, and 12 (twelve) Heads and Central Secretaries.

The recapitulation of leadership performance at LPPM is as follows.

No.	Name of Position	Work Execution	Document Availability
1	Chairperson and Secretary of the LPPM	Good	Complete
2	Chairperson / Secretary of the Center for Research and Strengthening Innovation	Good	Complete
3	Chairperson / Secretary of PKM and Science and Technology Marketing	Good	Complete
4	Chairperson / Secretary of HKI and Publication	Good	Complete
5	Chairperson / Secretary of the KKN Center and Community Empowerment	Not good	Incomplete
6	Chairperson / Secretary of the Business Incubation Center	Good	Complete
7	Chairperson / Secretary of the Literacy Studies Center	Good	Complete
8	Chairperson / Secretary of the Gender Studies and Children Center	Good	Complete
9	Chairperson / Secretary of the Science Studies Sports Center	Good	Incomplete
10	Chairperson / Secretary of the Arts and Culture Center		
11	Chairperson / Secretary of the Service Studies Disabilities		
12	Chairperson / Secretary of the Halal Center	Good	Complete
13	Chairperson / Secretary of the Ideology Development Center		

From the 13 positions or chairpersons in the LPPM above, based on the results of the audit, they have found that almost all leadership positions were similar to what happened in LP3M were : 1) Work Program doesn't exist yet, 2) Monitoring and evaluating haven't done yet in the implementation of internal work programs, and 3) MoU on cooperation hasn't held yet 4) Neither work program quarterly report to Rector exist, and 5) user satisfaction response survey hasn't held yet.

In general, the follow-up plan that must be carried out by LPPM are:

1. All elements of leadership in LPPM, starting from the Chairperson of the LPPM and the Head of the Center, must make an annual work program properly.
2. All elements of leadership in LPPM, starting from the Chairperson of the LPPM and the Head of the Center, must monitor and evaluate the implementation of internal work programs.
3. All elements of leadership in LPPM, starting from the Chairperson of the LPPM and the Head of the Center, must carry out a MoU of cooperation.
4. All elements of leadership in LPPM, starting from the Chairperson of the LPPM and the Head of the Center, must make a quarterly report on the annual work program and report it to the Chancellor.
5. All elements of leadership in LPPM, starting from the Chairperson of the LPPM and the Head of the Center, must conduct a user satisfaction response survey.

3) The Leader of UPT in Unesa Circa

The audit activities be held at the UPT consist of auditing the performance achievements of the leaders in 5 (five) technical implementation units of the State University of Surabaya.

The recapitulation of leadership performance at UPT is as follows,

No.	Name of Position	Work Execution	Availability Document
1	UPT Library	Good	Complete
2	UPT Unesa Medical Care (UMC)	Good	Complete
3	UPT Public Relations Unit	Good	Complete
4	UPT Language Center	Good	Complete
5	UPT Technology Development Center Information (PPTI)	Good	Complete

The results of the audit findings in 5 (five) UPTs as described above, if seen from the performance of the work, then the five UPTs are in the good category and if seen from the availability of documents they are in the complete category. However, there are generally things that found from the 5 (five) UPT are: 1) monitoring and evaluating haven't done yet in the implementation of internal work programs 2) MoU on cooperation hasn’t held yet.

In general, the follow-up plan the UPT must carried out are:

1. All elements of leadership in UPT must monitor and evaluate the implementation of internal work programs.
2. All elements of leadership in UPT must carry out a MoU of cooperation.

Audit activities be held at the rectorate are an audit to 1) Rector, 2) Vice-rector of Academic Division, 3) Vice-rector of General Division and Finance, 4) Vice-rector of Student and Alumni Division, and 5) Vice-rector of Planning and Cooperation.

4) Rector and Vice-Rector

The results of the audit activities at the rectorate for 5 (five) Unesa leaders as described above starting from the Rector to the Vice-rector of Cooperation Division:

I. Rector

1. Unesa's strategic plan (Renstra) will expired in 2020. It must include international competitiveness, including milestones, obvious space, and time of achievement.
2. RENIP reflects the long-term development of Unesa.
3. The Leadership Work Program also needs to be accompanied by targets. So far, the target has not been stated yet (per quarter).
4. The rector's policies regarding the Excellent Science and Technology Center haven't been equipped with policies, rector regulations, and guidelines/SOPs yet.
5. It is necessary to establish a commission for handling the code of ethics (lecturers, staff, and college students). Code of ethics implementation guidelines is needed.
6. Leadership is reflected in the organizational structure. A rector's decree is needed so that it is used the same in the ranks of the lower leadership.
7. Unesa's RENSTRA as a work guideline to be audited and refers to the Ministry RENSTRA
8. The performance report of the leadership from the head of the department-dean be held every quarter as determined by the rector's letter.
9. Unesa's international certification / accreditation targets in 2019 is ASIC (…… .Study Programs) and ASIIN (.....Study Programs) are decided by the Rector's Decree.
10. A new task force decree for the acceleration of study programs that taking part in international certification.
11. Each existing policy must be stipulated by the Rector's regulations and guidelines/SOPs and disseminated to the academic community.
12. SOP is needed to handle letter requests from applicants - rector – vice-rector - and how long will it take.
13. A rector's regulation is required to create a law firm immediately.
14. Neither mechanism for reviewing the leadership nor management structure of the institution exist to achieve the planned organizational performance
15. Guidelines for HR recruitment, selection, placement, retention are needed (Unesa doesn't have policies, regulations, guidelines on HARI yet)
16. Guidelines for risk management and HDCP documents, mapping of lecturers from study programs, faculties and university.
17. A letter of introduction for submission of prospective assessors for BAN PT is needed
18. PUI needs to be strengthened and it needs affirmation especially in related study programs.
19. HR improvement programs according to needs (for example, secretarial)
20. The work programs and targets for all consultants hired must be escorted by Unesa
21. Public leadership and accountability are still being published by various media
22. It is necessary to make policies and regulations of the rector regarding student services
23. All rector regulations must always be socialized to the Unesa academic community

24. The data collection mechanism hasn't been built together yet so the implementation of clustering and updating PD Dikti is always carried out.
25. All task forces must have obvious targets and performance (be appointed)
26. Rector's rules regarding Master Study Programs academic guidelines are closed examinations or open doctoral examinations.
27. It is necessary in writing a reporting mechanism for public leadership championships.
28. Student services in 5 (five) areas of service (health, BK, scholarship, soft skills, interest talents).

II. Vice-Rector of Academic Division (Vice-Rector 1)

The results of the audit for the Vice-rector of Academic Division (Vice-Rector 1) can't be reported because it is still in the audit process.

III. Vice-Rector of General Division and Finance (Vice-Rector 2)

1. For lecturer mapping, neither coordination between Vice-Rector 2 nor staffing exist regarding the direction of lecturer development competence.
2. Educator staff mapping hasn't be held yet.
3. Lecturer work data documents which include: 1) National/international articles, 2) ISBN books, 3) patent rights, 4) citations, and 5) Science and technology or art works are not available in the personnel bureau, while the one that exist has not been recapitulated because they will not be promoted yet
4. The track record (recap of BKD, EWMP, SKP) are not available and it is only in the faculty.
5. The VMTS Understanding Survey report document, 2018, 2019 doesn't yet exist.
6. The Renstra, don't issue the old Renstra if there is a new one, it must take the old Renstra from the outstanding faculties/departments
7. Neither document on the activities for establishing a Vision nor Mission exist that involves: 1) lecturers, 2) educator staffs, 3) college students, and 4) external/users and ratification and stipulation of the vision and mission.
8. The contents of vision and mission in the document haven't been submitted yet to the disaster recovery system and they are still in process
9. Renop doesn't exist yet and it's still being arranged by Vice-Rector 4, it should be arranged by himself
10. No work program: 1) Performance planning, 2) Fulfillment of measurements, 3) Fulfillment of reports, 4) Presentation of performance information, 5) Utilization of performance information, 6) Performance evaluation, 6) Achievement of targets/performance.
11. Neither monitoring document nor evaluating document exist in the achievement of the Renstra, Renop, and work program.
12. No setting of performance targets according to Higher Education's standards, in line with the Renstra at the upper level.
13. No Renstra document reviewed periodically and it determined improvements to increase innovation in efforts to achieve VMTS.
14. Neither document on the existence nor functioning of the institution/code of ethics enforcement function exists to ensure values and integrity.
15. No document on the availability of valid evidence related to the establishment of good communication between leaders and internal stakeholders to encourage the achievement of the vision, mission, culture, and strategic objectives of the institution.

16. No document on the availability of evidence review, improvement of leadership, and institutional management structures to achieve planned organizational performance.
17. Neither document on the availability of formal evidence about the functioning of the higher education functional nor operational management system exist which cover 2 from 5 aspects are: 1) planning and 2) controlling.
18. Neither availability of valid evidence regarding the implementation of policies nor management guidelines exist on 1 from 11 aspects is the development of an academic atmosphere and scientific autonomy.
19. Neither availability of a formal strategic plan document nor evidence of an approval and determination mechanism exist consist of 5 aspects: 1) stakeholder involvement, 2) Referring to previous strategic planning achievements, 3) Referring to VMTS, 4) Analysis of internal and external conditions, and 5) authorized by the authorities.
20. No availability of formal SPMI documents on 1 of 5 aspects is follow-up evidence.
21. **Work Program Achievements** In the Performance Measurement Planning, there is no performance measure to the lowest unit and as a measure of performing of the leader and the mechanism for collecting performance data.
22. **Work Program Achievements** In the Implementation of Quality Measurement, there is no performance indicator measure until the lowest work unit has met the good performance criteria.

IV. Vice-Rector of Student and Alumni Division (Vice-rector 3)

No. Condition	**Condition Description**	***Category (OB / KTS)***
1	The new 2016-2020 strategic plan (Renstra) has not been specifically listed, however listed on the old Renstra 2016-2020	KTS
2	Renop doesn't yet exist	KTS
3	No complete contents of the Renstra document	KTS
5	No Annual Work Plan document that refers to the Renstra	OB
6	Neither monitoring nor evaluation document for the achievement of the Renstra, Renop, and work program exist	KTS
7	No performance target document that complies with Higher Education's standards	KTS
8	No Renstra document that is periodically reviewed, and improvements are determined to increase innovation in efforts to achieve VMTS.	OB
9	No availability of valid evidence document of management implementation risk consistently, effectively and efficiently	KTS
10	Neither document on the existence nor functioning of the institution/function of upholding the code of ethics exist to ensure values and integrity	KTS
11	Neither availability of review evidence document nor improvement of leadership and institutional management structures exist to achieve performance the planned organization	KTS
12	Neither formal document nor guidelines for the management of the guarantee system quality exist	KTS
13	Neither formal document nor guidelines for managing cooperation	KTS
14	Neither formal strategic plan document nor evidence of an approval and determination mechanism exist covering the	KTS

No. Condition	Condition Description	*Category (OB / KTS)*
	following 5 aspects: 1) involvement of stakeholders, 2) refers to the achievements of the previous strategic plan, 3) referring to VMTS, 4) analysis of internal conditions and external, and 5) authorized by the authorities	

Follow-up Plans (RTL) that need to be carried out by the Vice-rector for Student and Alumni Division (Vice-rector 3):

1. It is necessary as soon as possible to have a Renstra document by reproducing/duplicating the existing Renstra (Renstra 2016-2020).
2. Vice-rector 3 needs immediately to make a renop as a basis for compiling a work program.
3. The annual work plan doesn't refer to the Renstra because The Renstra before doesn't exist, for the coming year (2020) the annual work plan must refer to the Renstra.
4. It is necessary immediately (The year 2020) to make monitoring and evaluation instruments for the achievement of the Renstra, Renop, and work for the implementation of monitoring and evaluation of the Renstra, Renop, and work program.
5. In 2020 it is necessary to set performance targets that are in accordance with the standards of Higher Education.
6. It is necessary to immediately review the Renstra periodically as material for improving innovation in the effort to achieve VMTS.
7. It is necessary to immediately implement risk management consistently, effectively, and efficiently.
8. It is necessary to make rules or regulations regarding the existence and functioning of the institution/function of enforcing code of ethics to ensure values and integrity
9. It is necessary to review and improve the leadership and management structure of the institution to achieve the planned organizational performance.
10. It is necessary to make formal documents and guidelines for the management of the quality assurance system.
11. It is necessary to make formal documents and guidelines for managing cooperation
12. It is necessary to make a strategic plan and an approval and determination mechanism that includes 5 aspects: 1) involvement of stakeholders, 2) referring to the achievements of the previous strategic plan, 3) referring to VMTS, 4) analysis of internal and external conditions, and 5) authorized by the authorities.

V. Vice-rector of Planning and Cooperation (Vice-rector 4)

No. Condition	Condition Description	*Category (OB / KTS)*
1	The new 2016-2020 Renstra hasn't been specifically listed, however listed on the old Renstra 2016-2020 at point 4 (VMTS)	KTS
2	Performance targets haven't been specifically described, but guidance is in place. The work program must be based on the Unesa cooperation guidelines	KTS
3	Evaluation of cooperation guidelines	OB

Follow-up plans (RTL) that need to be carried out by the Vice-rector of Planning and Cooperation (Vice-rector 4):

1. The result of the evaluation is that in preparing the upcoming Renstra, it must refer to the Renstra at the upper level, in line with the performance contract, in line with the main tasks and functions, describing core business, describing strategic issues that develop in the area, describes causality and describes good practices.
2. A work program was developed by the mapping, and it disseminated the results of the mapping to the dean. The results of the socialization are known by the Faculties and Study Programs.

5) Leader of Postgraduate, Faculties/Departments/Study Programs

The results of audits of leaders in the Postgraduate Program (Director, Vice-director, Head of Study Program), Dean, Departments, and/or Study Programs in Unesa were carried out on 146 leaders in Unesa. Until this report was made, the audit results from the auditors, only 89 respondents (61%) had entered.

Data was obtained that the leadership of the Postgraduate, Faculty/Department/Study Program had complete documents above 75% are in the following aspects:

No.	Aspect	Percentage
1.	There are human resource planning and development documents in accordance with the specifications of the study program, strategic planning, VMTS from the mapping aspect lecturer	75.3%
2.	The contents of the vision and mission in the document have been derived from the objectives	83.1%
3.	The contents of the vision and mission in the document have been revealed in the Renstra document	78.7%
4.	The formulation of the Vision and Mission must be able to be used to long plan, medium, and short-term goals and objectives results-oriented	79.8%
5.	The formulation of the scientific vision of the study program at least includes a) the specifications of the study program, b) the competitiveness of the study program, and c) set within a certain time	75.3%
6.	There is a strategic plan (Renstra) document	82%
7.	Availability of valid evidence related to good practice in the embodiment of Good University Governance (including aspects of credibility, transparency, accountability, responsibility, and fairness).	80.9%
8.	Availability of valid evidence related to the establishment of good communication between leaders and internal stakeholders to encourage achieving the vision, mission, culture, and strategic objectives of the institution	76.4%
9.	Availability of formal evidence on the functioning of the management system higher education functional and operational from the planning aspect	77.5%

No.	Aspect	Percentage
10.	Availability of formal evidence on the functioning of the management system functional and operational aspects of the higher education	77.5%
11.	Availability of formal evidence on the functioning of the management system functional and operational of higher education from the aspect of staffing	76.4%
12.	Availability of formal documents and management guidelines from educational aspect	86.5%
13.	Availability of formal documents and management guidelines from the aspects of quality assurance system	80.9%
14.	Availability of valid evidence about policy implementation and management guidelines from the educational aspect	86.5%
15.	Availability of valid evidence regarding the implementation of policies and management guidelines from the aspect of developing an academic atmosphere and scientific autonomy	76.4%
16.	Availability of valid evidence about policy implementation and management guidelines from the research aspect	75.3%
17.	Availability of valid evidence about policy implementation and management guidelines from the PkM aspect	75.3%
18.	Availability of valid evidence about policy implementation and management guidelines from the aspect of infrastructure	77.5%
19.	Availability of valid evidence about policy implementation and management guidelines from the aspect of information systems	80.9%
20.	Availability of valid evidence about policy implementation and management guidelines from the aspect of the quality assurance system	80.9%
21.	Availability of valid evidence related to good practice quality culture development in higher education through management review meetings, which schedule a discussion of the following elements: 1) internal audit results, 2) feedback, 3) process performance and product suitability, 4) status of preventive measures and improvements, 5) follow-up from previous reviews, 6) changes that may affect the quality management system and 7) recommendations for improvement next	75.3%
22.	There is a curriculum development document that develops study program specifications	76.4%

The data above shows that the leaders of the Master Study Program, Faculty/ Department/Study Program that already have **the most complete documents are ranked in the top 3** and the aspects are: rank 1: 1) the availability of formal documents and management guidelines in the aspect of Education, which is 85.6%, and 2) aspects of the availability of valid evidence regarding the implementation of policies and management guidelines in the aspect of education, which is 85.6%; rank 2: The contents of the vision and mission in the document have been derived from the objectives (83.1%); rank 3: There is a strategic plan (Renstra) document (82%).

Furthermore, data also obtained that the leaders of Postgraduate, Faculty / study programs still do not have documents on some aspects of more than 40%, which are described in the table below.

No.	Aspect	Percentage
1.	No human resource planning and development document by the specifications of the study program, Renstra, VMTS from the mapping aspect of educator staff	40.4%
2.	No data document on line e-SDM for staff educators	47.2%
3.	No data document on the lecturer's work related to the article national/international	40.4%
4.	No. data document on the lecturers' work related to citations	42.7%
5.	No data document on the work of lecturers related to science and technology/art works	52.8%
6.	No official report regarding the violation of the code of ethics for lecturers and educator staff, mutation, early retirement	44.9%
7.	No document yet on the VMTS Comprehension Survey report document Faculties/Study Programs	49.4%
8.	No document for monitoring the results of success VMTS	64%
9.	No document monitoring report on the results of success VMTS	83.1%
10.	No evidence of follow-up on the results monitoring document VMTS success	89.9%
11.	No document on the involvement of lecturers in determining activities Vision and Mission of the Faculty	49.4%
12.	No document on the involvement of staff educators in the determination activities Vision and Mission of the Faculty	59.6%
13.	No document of student involvement in activities establishment of the Faculty's Vision and Mission	74.2%
14.	No document of external/user involvement in the activities of establishing the Faculty's Vision and Mission	71.9%
15.	No official document and formulation report	82%
16.	No document ratifying the vision and mission	57.3%
17.	The contents of the vision and mission in the document haven’t been revealed to a system disaster recovery yet	77.5%
18.	The formulation of the Vision and Mission doesn’t include competitiveness at the level international yet	48.3%
19.	Renip, Renstra and Renop haven’t been published and used as a reference for the preparation of the Annual Work Plan Document yet	47.2%
20.	No monitoring and evaluation document for the achievement of the Renstra and it is used as a reference for the preparation of the Annual Work Plan Document	86.5%
21.	No set performance targets according to HIGHER EDUCATION’S standards, aligned with the Strategic Plan at the upper level and used	42.7%

No.	Aspect	Percentage
	as a reference for the preparation of the Annual Work Plan Document	
22.	No Renstra document that is reviewed periodically and it is determined that improvements in innovation increase in the effort to achieve VMTS and it's used as a reference for the preparation of the Annual Work Plan Document	80.9%
23.	No availability of valid evidence of management implementation risk consistently, effectively and efficiently	44.9%
24.	No document on the existence and function of the institution / function enforcement of the code of ethics to ensure values and integrity	44.9%
25.	No. evidence of review and improvement of leadership and institutional management structures to achieve the planned organizational performance.	55.1%
26.	No formal strategic plan document and evidence of an approval and determination mechanism with stakeholder involvement	61.8%
27.	No formal strategic plan document yet and evidence of an approval and determination mechanism approved by the competent authority	55.1%
28.	No formal SPMI document available yet proven by evidence of follow-up	52.8%
29.	No availability of network development documents and partnerships (domestic and foreign).	55.1%
30.	No availability of monitoring and satisfaction evaluation documents cooperation partners	76.4%
31.	No. analysis report on the success and/or failure of achieving the performance that has been determined by the institution by fulfilling the aspects of performance achievement must be measured by an appropriate method, and the results are analyzed and evaluated	48.3%
32.	No report on the analysis of the success and/or failure of achieving performance that has been determined by the institution by fulfilling the performance achievement analysis which includes identification of root causes, factors supporting success, and factors inhibiting the success of achieving standards, and a brief description of the follow-up to be taken by the institution.	67.4%
33.	The faculty doesn't have a reputable national indexed journal yet	59.9%
34.	The faculty doesn't have reputable journals indexed globally yet	77.5%
35.	The faculty doesn't have innovative products yet to strengthen it innovation capacity of at least 1 innovation product	65.2%
36.	No document for the development of the specific study program implemented, evaluated, improved success	44.9%
37.	No document on the development of study programs based on priority according to the capacity, needs, vision and mission goals of the UPPS made	42.7%
38.	No research road map document that matches the study program specifications and there is a continuous evaluation of its achievement	55.1%

No.	Aspect	Percentage
39.	No document on the road map for community service by the specifications of the study program and there is a continuous evaluation of its achievement	57.3%
40.	No result of the SWOT analysis of the study program used for the development of a road map for research and community service	52.8%
41.	No study program standard is derived from the standard of Higher Education	48.3%
42.	No analysis document on the success of standard achievement which includes identification of root causes, supporting factors for success, inhibiting factors for standard achievement, and a brief description of the follow-up.	61.8%
43.	No document on the response of graduate users in assessing the success of the study program specifications	44.9%
44.	No graduate achievement document in accordance with the specifications of a competent study program and its success is monitored every year	48.3%
45.	No internationally accredited study program	100%

From the data above, it can be seen that the leaders of the Master Study Program, Faculty/Department/Study Program still don't have documents with the lowest 3rd positions are: 1st rank: no study program that is internationally accredited (100%); rank 2: no follow-up evidence of monitoring documents on the success of VMTS (89.9%); rank 3: neither monitoring document nor evaluation document exist for the achievement of the Renstra and it is used as a reference for the preparation of the Annual Work Plan Document (86.5%).

The Head of Laboratory Audit (Kalab) is carried out with audit guidelines made by the Quality Assurance Agency and is held by the Audit Center for Quality Assurance, with auditors at Unesa consists of Quality Assurance Groups and leaders of dean in 7 Faculties. The results of this audit were collected by 30 heads of Unesa's laboratories circa consist of:

The audit results that show more than 50% are said to be findings that need to be followed up. Meanwhile, the audit results that have been below the 50% limit can be said to be good and can be described below.

a. Findings

1. The head of the laboratory lacks laboratory policies and guidelines 50%
2. No lab performance contract 70%
3. No PM about laboratory assistants/technicians 60%
4. No PM about work safety 53.3%
5. No TOR from the evaluation result 56.7%
6. The head of the laboratory is still planning development 13.3% and it doesn't have a 40% development plan, and it doesn't have a long-term plan 56.7%
7. The work program doesn't have a target that can be measured 50%, the work program is not monitored 46.7% and is still in the process of monitoring 10%
8. No Service Instruments to college students as much as 70%
9. No report from the sub-laboratory/laboratory assistant/technician for 50%

10. No cooperation from outside Unesa of 66.7%, no MoU of 76.7% and reports on the results of cooperation don't have 80%, and 90% don't have MoUs from abroad along with reports and service instruments.
11. The head of the laboratory periodically doesn't report to the supervisor directly 60%
12. The head of the laboratory doesnt have a report on the achievement of the work program 66.7%
13. The head of the laboratory doesn't organize a survey related to lab services. 70% to 90% don't have a survey report and follow-up survey results
14. The head of the laboratory doesn't have a selling innovation value that is in accordance with 56.7% laboratory development, so it also doesn't have 80% activity proposals, no Lab profiles by 53.3%, no business plan documents by 80%, no performance measurement planning by 70%, no performance data collection mechanism by 80%, IKU doesn't meet good performance by 76.7%, IKU doesn't measure performance well by 80%, IKU isn't in line with the ministry's IKU by 80%, performance indicator measures to the lowest unit don't have good performance criteria at 83.3%, no performance measure which refers to the KPI of the supervisor's work unit at 83.3% and performs performance measurement with levels by 86.7%, IKU doesn't use it to prepare planning and budgeting documents by 83.3% and doesn't take advantage by 80% performance, IKU is not regularly reviewed by 86.7 %
15. The head of the lap laboratory by 56.7% is absent from fulfillment of the requested laboratory in performance in the siakunlap where 63.3% aren't made regularly, 70% aren't on time, 80% by reports don't contain KPI achievement, 70% don't refer to outcomes and 80 % information is not used for performance improvement

b. The Root Cause of The problem

1. The head of the laboratory does not understand the main tasks and functions (tupoksi) well, does not have a vision for future activities, does not understand planning, implementation, evaluation, and follow-up in leadership.
2. The head of the laboratory did not understand the demands of the IKU Siakunlap
3. Not all laboratories have technicians/laboratory assistants
4. Not all laboratories have Budgets
5. The head of the laboratory isn't an expert in laboratory management.

c. Solution to The Problems

1. It's necessary for training to improve leadership management, especially for the Head of the Laboratory.
2. It's necessary for siakunlap socialization
3. It's necessary to have a similarity in laboratory organization.