



KAIMOSI FRIENDS UNIVERSITY

QUALITY MANAGEMENT SYSTEM BASED ON ISO 9001:2015 STANDARD

DIRECTORATE OF QUALITY ASSURANCE AND MANAGEMENT SYSTEMS

PROCEDURE MANUAL

KAFU/PM/201/004

ISSUE NO. 02

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Prepared/Reviewed by: Director- Quality Assurance and Management Systems

Signed: 

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1.0 PROCEDURE NO 1: PROCEDURE FOR QUALITY ASSURANCE IN THE MANAGEMENT OF ACADEMIC PROCEDURES AND PROCESSES

1.0 GENERAL INFORMATION

1.1 PURPOSE

The purpose of this procedure is to ensure timeliness, objectivity, effectiveness and relevance in the delivery of curriculum in the University.

1.2 SCOPE

The procedure applies to the collection and analysis and reporting of students' feedback on curriculum delivery the University.

1.3 REFERENCES

- 1.3.1 KAFU University Statutes
- 1.3.2 KAFU Examinations Procedures and Policy
- 1.3.3 KAFU Admission Policy
- 1.3.4 KAFU Course Allocation List
- 1.3.5 KAFU Approved Class Attendance form
- 1.3.6 Graduate Studies Guidelines Manual
- 1.3.7 Graduate Studies Policy
- 1.3.8 Research & Development Policy
- 1.3.9 CUE Standards and Guidelines
- 1.3.10 CUE Regulations

1.4 DEFINITIONS AND ABBREVIATIONS

- 1.4.1 DVC (ASA&R) - Deputy Vice-Chancellor (Academic, Student Affairs & Research)
- 1.4.2 Registrar (AA) - Registrar (Academic Affairs)
- 1.4.3 DQA&MS - Director, Quality Assurance & Management Systems
- 1.4.4 Dean - Dean of Academic School



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- 1.4.5 COD - Chairman of Department
- 1.4.6 CUE - Commission for University Education
- 1.4.7 UMB - University Management Board.
- 1.4.8 DC - Deans Committee
- 1.4.9 Department - Functionally discrete sections of the University.

1.5 VICE-CHANCELLOR RESPONSIBILITY

Director Quality Assurance and Management Systems shall be responsible for the implementation of this procedure


1.6 INTERFACES/INTERACTIONS

- 1.6.1 Schools – Provide the list of students, lecturers and courses
- 1.6.2 Deans of Schools – Coordination of HoDs
- 1.6.3 Heads of Department in the Academic Division – Coordination of lecturers
- 1.6.4 Lecturers – Fill in the evaluation forms
- 1.6.5 Students – Fill in the evaluation forms

1.7 PERFORMANCE INDICATOR AND TARGET

The performance shall be measured through the overall performance of the Department basing on:

PERFORMANCE INDICATOR AND TARGET			MONITORING AND MEASUREMENT
S/no	Indicator	Target	Measurement
1	Level of performance %	Effective curriculum implementation	Review the evaluation forms/customers feedback
2	Time	Timely syllabus coverage as per the set curriculum	Review the class attendance forms/course outlines against the semester dates/timetable
4	Level of adherence to examination guidelines	Quality examinations	Review the CAT/end of semester examination against the course content/course outline

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1.8 RESOURCES

The resources to be used in the process are listed below:

- a) Personnel
- b) Stationery
- c) Computer hardware and soft ware
- d) Finances

1.9 INPUTS AND OUTPUTS

The inputs to be used in the process and the outputs expected are listed below

INPUTS	OUTPUTS
Personnel	<ul style="list-style-type: none"> ▪ Filled class attendance lists ▪ Curriculum implementation reports ▪ Departmental examination board reports
Stationeries	
Computer hardware and software	
Finance	

2.0 METHOD

2.1 Monitoring Customer Satisfaction on the quality of academic programmes, products and services

2.1.1 This procedure shall be carried out at the beginning of every first semester of a new academic year and at the end of the Admission and orientation period with DQA&MS issuing customer satisfaction forms to the newly admitted students in KAFU to evaluate various aspects of activities during admission and orientation process.

2.1.2 The DQA&MS shall then collect/download filled forms/online responses within working days after the orientation exercise.

2.1.3 Upon receipt of the completed forms from students, the DQMS shall analyze the feedback and prepare evaluation reports



2.1.4 The DQA&MS shall then as per the communication procedure forward the evaluation reports to the VC for information and necessary action

2.1.5 Upon receipt of the reports, the VC shall approve them for presentation by the DQA&MS to either UMB or Senate for discussion.

2.1.6 The VC shall then forward the recommendations of UMB and Senate to respective departments for necessary action.

2.1.7 Upon receipt of the action points, the relevant departments shall implement the recommendations and report back to the VC who thereafter share a copy with the DQA&MS.

2.2 Evaluation of Curriculum Implementation/ Student Course Evaluation

2.2.1 This procedure shall start by the DQA&MS requesting for an approved list of lecturers/technologists and their course allocations from the Deans of schools within one week after the approval of course allocations by Senate.

2.2.2 The DQA&MS through Deans of schools shall then issue evaluation forms to respective COD's to facilitate the administration of the evaluation forms to all students either in class or uploading it online within the semester.

2.2.3 The students shall then fill the forms evaluating various aspects of all courses offered in the semester.

2.2.4 The Deans shall ensure that all the COD's arrange the filled in evaluation forms in files against each lecturer's name/s and send them back to their respective Deans who shall then submit the filled forms or downloaded data to the QA Data Analyst who shall analyze the feedback and prepare evaluation reports for each lecturer in each department evaluated.

2.2.5 The DQA&MS shall then as per the communication procedure forward the evaluation reports to the VC for information and necessary action.



- 2.2.6 Upon receipt of the reports, the VC shall approve the release of the individual lecturer evaluation report and a presentation of the report by DQAMS to senate for discussion and adoption.
- 2.2.7 The VC shall then forward the recommendations of senate to respective departments for necessary action.
- 2.2.8 Upon receipt of the action points, the relevant departments through their Dean/s shall implement the recommendations and report to the VC at least two weeks before the start of the next semester.
- 2.2.9 The DDQ&MS shall then monitor the implementation of recommendations and if no improvement is made where it was due DQAMS will give that report to senate by the beginning of every semester for action by VC/ University Council.

2.3 Examination Monitoring

- 2.3.1 This procedure shall start at the beginning of every examination period with the DQA&MS visiting examination venues and filling in the Examination Monitoring form as per the situation in the exam venue.
- 2.3.2 Upon completion of the examination monitoring exercise, the DQA&MS shall qualitatively analyze the monitoring forms thematically and prepare evaluation reports in a general summative report.
- 2.3.3 The DQA&MS shall then send the reports to the VC for information and necessary action.
- 2.3.4 Upon receipt of the reports, the VC shall approve them for presentation by the DQA&MS to either UMB or senate for discussion.
- 2.3.5 The VC shall then forward the recommendations of UMB or senate to schools, departments and respective individual lecturers for necessary action.
- 2.3.6 Upon receipt of the action points, respective the schools, departments and lecturers shall implement the recommendations and report to the VC.



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2.3.7 The DDQ&MS shall then monitor the implementation of recommendations and if no improvement is made where it was, due DQAMS will give that report to senate by the beginning of every semester for action by VC/ University Council.

3.0 SUMMARIZED LIST OF DOCUMENTED INFORMATION TO BE RETAINED AS EVIDENCE

- 3.1 Evaluation forms.
- 3.2 Evaluation reports.
- 3.3 Evidence of communication.
- 3.4 Certificate of participants
- 3.5 Training schedules

4.0 ANNEX

- (i) The pedagogical teaching tools
- (ii) Class monitoring Form
- (iii) Examination Monitoring Form
- (iv) Student- Lecturer Evaluation Form
- (v) Teaching Practice Student Evaluation Register
- (vi) Class Attendance Register/Form
- (vii) Lecturer Attendance Register/form
- (viii) Student/Customer Satisfaction Evaluation Form



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ANNEX I: CLASS MONITORING FORM

KAFU/F/200/003



**KAIMOSI FRIENDS UNIVERSITY (KAFU)
Directorate of Quality Assurance & Management systems**

LECTURE /CLASS MONITORING FORM

S/No.	TIME	COURSE CODE	VENUE	NAME OF LECTURER	LECTURER'S CLASS ORGANIZATION Supporting facts, details or evidence	LECTURER PRESENT	STUDENTS PRESENT	REMARKS
1								
2								
3								



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ANNEX II: EXAMINATION MONITORING FORM



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DIRECTORATE OF QUALITY ASSURANCE AND MANAGEMENT SYSTEMS

EXAMINATION MONITORING FORM

S/NO.	DATE	EXAM CODE	VENUE	NUMBER OF CANDIDATES	EXAM START TIME	EXAM STARTED		ROOM LIGHTING			SITTING		NUMBER OF INVIGILATORS PRESENT		REMARKS/NAME(S) OF INVIGILATOR(S)
						ON TIME	LATE	GOOD	FAIR	BAD	PROPERLY SPACED	CONGESTED	FOR EACH PAPER	TOTAL IN ROOM	



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MONITOR'S NAME: _____ SIGNATURE _____ DATE _____

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KAFU/F/200/005

KAIMOSI FRIENDS UNIVERSITY (KAFU)

Directorate of Quality Assurance

STUDENT-LECTURER EVALUATION FORM

The purpose of this exercise is to assist your Lecturer to perform better by evaluating their teaching. It is important that you answer these questions as honestly as possible.

Please do not write your number or name in this form.

Your responses to the items in this form will be held in strict confidentiality. The information you provide will help the university college to improve on the quality of curriculum and teaching.

BACKGROUND INFORMATION

Fill in the following details.

School.....Department.....

Degree Programme..... Year of study

Unit Code..... Title

Lecturer's Name.....

Date of Evaluation..... Academic year.....

PART A: PEDAGOGY (COURSE OBJECTIVES)

		Excellent 5/5	Good 4/5	Adequate 3/5	Poor 2/5	N/A 1/5
1.	States course or unit objectives clearly					
2.	Gives preliminary overview of the tutorial					
3.	Stresses important concepts					
4.	Repeats difficult ideas					
5.	Knowledge of content					

PART B: CLARITY (COURSE CONTENT)

		Excellent	Good	Adequate	Poor	N/A
6.	Explain concepts clearly					
7.	Uses concrete examples of concepts taught					
8.	Speaks expressively					
9.	Competently uses course related vocabulary					
10.	Presentation skills i.e. lecture method, PowerPoint, debate etc.					

PART C: ORGANIZATION (LEARNING AND TEACHING METHODS)



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		Excellent	Good	Adequate	Poor	N/A
11.	Gives preliminary overview of concepts/tutorials					
12.	Relaxes the learning environment (moves about while lecturing)					
13.	Encourages questions and answers from students (Interaction)					
14.	Facilitates discussions during lectures					
15.	Lecturer's punctuality					

PART D: TASK ORIENTATION (INSTRUCTIONAL MEDIA)

		Excellent	Good	Adequate	Poor	N/A
16.	Proceeds at a good pace with the topic					
17.	States objectives of the lecture					
18.	Introduces authentic text/tasks into the learning situations					
19.	Lecturer's use of teaching and learning resources					
20.	Lecturer's use of group work, team work, collaborative learning, demonstration.					

PART E: EVALUATION OF LEARNING (ASSESSMENT)

		Excellent	Good	Adequate	Poor	N/A
21.	Lecturer's appearance					
22.	Administered CAT 1& 2 in a timely manner					
23.	Timely marking and return of CAT 1 and CAT 2					
24.	Relevance of CATs & assignments to the topics taught in class					
25.	Your overall rating of the lecturer's performance					

PART E2:

Any other comments and suggestions *(use the back page if need be)*

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ANNEX IV: TEACHING PRACTICE STUDENT EVALUATION REGISTER

KAFU/F/200/006



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DIRECTORATE OF QUALITY ASSURANCE
STUDENT-TEACHING PRACTICE EVALUATION FORM

NB: please do not write your number or name in this form

The purpose of this exercise is to assist the Teaching Practice (TP) Department to organize and perform better by evaluating the TP process. Your response to the items in this form will be held in strict confidentiality. The information you provide will help the University College to improve on the quality of TP as part of curriculum and teaching.

PART I: BACKGROUND INFORMATION

Fill in the following details.

Assessor's Name:

Subject Assessed:

TP School:TP Zone.....

Please answer the following questions as honestly as possible.

PART II: COURSE REQUIREMENT.

Choose and TICK either YES or NO in the provided boxes

Table with 4 columns: Question, NO, YES. Rows include questions about induction/briefing, objectives, guidelines, assessment methods, and usefulness of teaching methods course.

For parts III,IV and V use A-E scale below and TICK the choice that best describes the effectiveness of your assessor.

A-Very Good, B-Good, C-Average, D-Below Average, E-Poor

PART III: ASSESSMENT EVALUATION.



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		A	B	C	D	E
6.	Assessor's punctuality.					
7.	Assessor's focus during assessment.					
8.	Assessor's discussion after class.					
9.	Usefulness of assessor's comments.					
10.	Assessor's appearance(preventability).					
11.	Assessor's attitude and motivation towards student-teacher.					
12.	Assessor's availability for consultations after class.					
13.	Assessor's coverage of different aspects of the teaching process.					
14.	If 1. above is yes, how useful was the briefing to your success in TP?					
15.	Your overall rating of the whole TP exercise.					

PART V: EVALUATION OF TP SCHOOL ENVIRONMENT.

		A	B	C	D	E
16.	Support by school administration					
17.	support by cooperating teacher					
18.	Support by other members of staff					
19.	General TP school environment					
20.	Your overall rating of the TP school					

21. Please indicate any other observations, suggestions and recommendations you may have over your TP experience:



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ANNEX V: CLASS ATTENDANCE REGISTER/LIST FORM



KAFU/F/200/01

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 DIRECTORATE OF QUALITY ASSURANCE AND MANAGEMENT SYSTEM

CLASS ATTENDANCE LIST

SCHOOL.....DEPARTMENT.....

UNIT CODE.....LECTURER.....SEMESTER.....SESSION.....

UNIT TITLE.....YEAR OF STUDY.....ACADEMIC YEAR.....

SN	REG NO.	NAME	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	WK 11	WK 12	WK 13	WK 14	CLASS ATTENDANCE /100%	CLEARED FOR EXAMS (LECTURERS SIGNATURE)



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Lecturer's
Comments.....Signature.....Date.....

Chairman of the
Department.....Signature.....Date.....

Prepared By: _____ Signature _____ Date _____

Director (QA & MS)

Approved By: _____ Signature _____ Date _____

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PROCEDURE NO 2: PROCEDURE FOR CONTROL OF DOCUMENTED INFORMATION

1.0 GENERAL INFORMATION

1.1 PURPOSE

To have a defined way of controlling documented information.

1.2 SCOPE

Applies to the control of all documented information established or determined to be necessary for the effective implementation of the Quality Management System in Kaimosi Friends University.

1.3 REFERENCES

1.3.1 ISO 9001:2015 Standard Clause 7.5

1.4 TERMS AND DEFINITIONS

- 1.4.1 VC - The designated head of the Institution/Chief Executive Officer
- 1.4.2 DQA&MS - Director Quality Management System
- 1.4.3 COD - Chairman of Department
- 1.4.4 PPRA - Public Procurement Regulatory Authority

1.5 PRINCIPAL RESPONSIBILITY

The DQA&MS shall ensure adherence and maintenance of this procedure.

1.6 INTERFACES

During the implementation of the process the DQA&MS shall work hand in hand with:

- 1.6.1 The VC`s office for approvals and guidance.
- 1.6.2 All Departments in the University for implementation, guidance, consultation and compliance.

1.7 PERFORMANCE TARGET



The performance shall be measured through the overall performance of the department based on:

S/no.	PERFORMANCE TARGET AND INDICATOR		MONITORING AND MEASUREMENT
	Performance target	Performance Indicator	
1.	Complete QMS documented information as per ISO 9001:2015 standard and KAFU's own requirements	Number of QMS documents developed	Review the number and type of documented information developed against the required documents as per ISO 9001:2015 standard and KAFU's own requirements
2.	Complete and proper Identification of all developed documented information	a) Availability of an index number on each document b) Number of properly indexed documents	a) Confirm indexing of all documented information b) Compare the Indexes given to the document with the required indexes as per the Master List of Documented Information
3.	Up to date documents	Availability of up-to date documents	Review all documents and confirm their current status in terms of review and suitability
4.	Properly controlled documented information in terms of approval, distribution, access, storage, protection and control of changes	a) Every document should have evidence of approval prior to use	a) Review all QMS documents and confirm approval status
		b) Availability of suitable documented	b) Confirm Availability and suitability of documented information at the point of use



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		information where and when needed	
		c) Distribution of documented information to all required staff	c) Review the distribution list against the staff that are supposed to receive them
		d) 100% safety of all documented information	d) Review incidences of loss or distortion of documented information
		e) Zero incidences of unauthorized changes or access to QMS documents	e) Zero incidences of unauthorized changes or access to QMS documents
5.	Adequate and Accurate Record Maintenance	Availability, suitability, and accuracy of all required records with proper indexing	Review formats of all forms and registers and confirm their adequacy, suitability, accuracy and indexing

1.8. RESOURCES

The resources to be used in the process are listed below:

- a) Personnel
- b) Finances
- c) Time

1.9. INPUTS AND OUPUT

INPUTS	OUTPUTS
Relevant reference documents	<ul style="list-style-type: none"> ▪ Approved QMS documents



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Requests for review	<ul style="list-style-type: none">▪ Reviewed QMS▪ Completed forms and registers▪ Record of circulation▪ Properly controlled QMS documents▪ Improvement decisions
Forms and registers	
Documented information	

2.0 METHOD

2.1 Document Generation and Approval Prior to Use

- 2.1.1 QMS documents in the University College shall be established by the respective process owners in consultation with the respective users in reference to the operations of the University.
- 2.1.2 After establishment of any QMS document, the process owner shall forward it to the DQA&MS for consideration.
- 2.1.3 After the finalization, the QMS document shall be authorized for use as follows through signing on the space provided:
- a) The Quality Policy, Mandatory Procedures Departmental Procedure Manuals, Quality Objectives, Risk Registers, Opportunities and Context Documents shall be approved and authorized for use by the VC
 - b) The DQA&MS retains copies of all QMS documents including quality objectives, risk registers, opportunities and context documents

2.2 Document Identification

- 2.2.1 QMS documents shall be identified through indexing/Classification System.
- 2.2.2 The indexing/Classification System for documentation and records management is based on the following coding that categorizes the subject matter, the ownership division & section; and serial number of the document.
- 2.2.3 The general format of the coding is as follows:
- a) KAFU/AAA/NXX/YYY
 - b) The stem for all documents starts with KAFU which stands for Kaimosi Friends University followed by a slash (/).



- c) The next coding AAA stands for the subject matter of the document followed by a slash. For example, POL stands for policy documents.
- d) The numeric N stands for the main Division that is the custodian of the document. For example, Vice-Chancellor's office.
- e) The next XX stands for the section in the division assigned "00" then it the section itself.
- f) The last three numeric YYY stand for the serial number of the document

Notes

- a) The documents shall also bear the version and the logo of the University
- b) Departmental documents including quality objectives and context shall be identified by the numeric representation of the Section/Department, title /description of the document, author and dates.

Example: Indexing the Quality Policy: KAFU/POL/200/001 denoting that the document is the Quality Policy and it is controlled from the DQA&MS Office and it is the first document in the DQA&MS office.

2.3 Document Packaging

- 2.3.1 QMS documents shall be packaged into procedures, manuals, procedures manuals, forms and registers as applicable.
- 2.3.2 Hard copies of QMS documents shall be bound in booklets irrespective of the number of pages except the Quality policy which shall be published, and displayed at conspicuous strategic points within the precincts of the University College
- 2.3.3 Soft copies of QMS documents shall be packaged and maintained in protected Portable Document Format (PDF).

2.4 Document Issuance and Circulation

- 2.4.1 After approval of the QMS documents, the Management Representative shall be responsible for their issuance. Copies of all QMS documents shall be issued to the process owners in each department.
- 2.4.2 In issuing, the DQA&MS shall fill in a document issuance form which shall also be signed by the recipient to acknowledge receipt.



2.4.3 The Process Owner(s) shall then using a departmental circulation list circulate the documents to the departmental staff as applicable.

2.4.4 The respective process owner shall within a week of receiving the documents furnish the DQA&MS with a copy of the filled – in circulation list.

2.5 Document Review, Updating and Re-approval

2.5.1 Quality Management System document review and update can be initiated in any of the following but not limited to:

- a) Staff identifying impracticable procedure(s)
- b) Customer complaint on service delivery traceable to a procedure
- c) Recommendations from a Quality Audit
- d) Change of policies affecting the operation of the University
- e) The DQA&MS every two years for scheduled review.

2.5.2 Any recommendation for change shall be forwarded to the DQA&MS through respective CODs/Office/Section by filling a Quality Management System document review form.

2.5.3 The MR shall in liaison with the respective process owner validate the need for review or update before effecting any changes.

2.5.4 Reviewed and updated document(s) shall require re - approval for use as original documents.

2.5.5 Records of changes made in the documents shall be maintained in the Document Version Control Sheet on each document.

2.5.6 After any review or update, the MR shall withdraw the previously issued documents and re-issue the revised documents using the document issuance form.

2.5.7 The DQA&MS shall as per internal communication procedure communicate to the process owners the invalidation of any previously issued documents and issue a withdrawal form and direct the process owner to submit them for disposal.

2.5.8 In the event that any QMS document declared obsolete is retained for any purpose by the user, the DQA&MS shall ensure that such documents are marked “Obsolete”

2.6 Identification and Control of Documents of External Origin



2.6.1 Any external documents deemed necessary for the effective implementation of the QMS shall be controlled from the VC's office where a register shall be maintained and indexed as follows:

- a) First part shall be KAFU denoting Kaimosi Friends University followed by a slash (/)
- b) The second part shall be EXT denoting external document followed by a slash
- c) The third part shall be assigned numeric of the Division and Section denoting the user of the document.
- d) The last part shall be the serial number allocated to the documents.

Example: Indexing the PPRA Guidelines: KAFU/EXT/108/001 denoting that the document belongs to the University, its external, it is controlled from the Procurement Department/Section office under VC's Division; and it is the first document controlled from that office.

NB: For the external documents, serializing shall be done before issuance

2.7 Document Protection

2.7.1 All QMS documents shall be stored in electronic and physical forms.

2.7.2 For all electronically stored documents, they shall be protected through use of passwords and encryptions.

2.7.3 Hard copies shall be retained in such a manner as to ensure their protection from any form of hazards.

2.7.4 The Management Representative shall establish and maintain a master document list for all internally developed QMS documents.

2.8 Revision and Version Status of QMS Documents

2.8.1 After every major amendment affecting most of the QMS documents, the document shall be issued under a new version starting with version A while a Revision level change shall be made when the effected changes don't constitute a fundamental shift on the content. In such cases, the documents shall be issued as the succeeding Revision starting from Revision 0. This shall be indicated in the Header section of every QMS document.



2.8.2 Typographical changes shall not warrant change to the version /Revision number of a document.

2.9 Management of Records

2.9.1 The University College shall maintain records to provide objective evidence of the conformity, implementation, and effective operation of its Quality Management System.

2.9.2 The various records to be generated and maintained are as determined in the various procedures of the University.

2.9.3 The records to be maintained include:

- a) Completed forms and registers
- b) Minutes
- c) Plans
- d) Correspondences
- e) Academic records

2.10 Records Identification

Registers and forms used to generate records in the University College shall be identified through indexing as detailed below:

2.10.1 For records from the government printer, the identification given by the government printer shall be used.

2.10.2 For forms generated internally, identification shall be through indexing as follows:

- a) The first part shall be given the initials KAFU to denote Kaimosi Friends University followed by a slash (/)
- b) The second part shall be given the initials of the subject matter of the document
- c) The third part shall be given the numeric representation of the Office of origin followed by a Full colon (:)
- d) The fourth part shall be the serial number allocated to the forms/ records

NB. For the purpose of coding and indexing of documents, institution has determined the following main division and sub-divisions/Sections given in the example schedule below:



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Division		Department/Section	
Code	Name	Code	Name
1	Vice-Chancellor	00	Vice-Chancellor's Office
		01	Legal Office
		02	Internal Audit
2	MR	00	Management Representative's Office
		01	Quality Assurance
		02	Quality Management Systems
3	DVC (F&D)	00	Deputy Vice-Chancellor (Finance & Development Office)
		01	Finance Department
		02	Registrar (HR & Administration)
		03	Transport
4	DVC (Admin & Planning)	00	Deputy Vice-Chancellor (Admin & Planning Office)
		01	Administration office
		02	Strategic & Planning office
5	DVC (A&SA)	00	Deputy Vice-Chancellor (Student and Academic)
		01	Registrar (Academic Affairs)
		02	Examination office
		03	Programmes office
		04	Admissions office
6	DVC (RIO)	00	Deputy Vice-Chancellor (Research, Innovation & Outreach)
		01	Registrar (RIO)
		02	Directorate Research, Innovation and Publications)
		03	Directorate (Linkages, Partnership, Outreach and Consultancies)

Example: KAFU/F/302/001 to denoting form No 1 internally generated by the University Registrar, Administration office.

2.10.3 Registers shall be labelled and indexed as follows:

- a) The first part shall be given the initials KAFU to denote Kaimosi Friends University followed by a slash (/)
- b) The second part shall be given the initial initials of the subject matter of the document followed by a slash e.g. REG to denote that it is a Register.
- c) The third part shall be given the numeric representation of the Office of origin e.g. 200 to denote the DQA&MS office



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- d) The fourth part shall be the serial number assigned to registers chronologically based on the subject matter.
- e) The 5th part shall be assigned a volume number starting with VOL 1 to denote the sequence of establishment.

Example the document issuance register maintained by the DQA&MS shall be identified as follows: KAFU/REG/200/001/VOL 1.

- f) All registers shall be clearly titled as per the subject matter

2.11 Storage and Filing of Records

- 2.11.1 The respective officers where registers are established shall ensure the storage of the registers in such places that shall assure protection against such hazards as water and direct sunlight.
- 2.11.2 Records established in forms shall be filed as per the registry guidelines.
- 2.11.3 Records maintained in soft copy shall be protected by use of passwords and backed up as per the backup procedure.
- 2.11.4 Retrieval of Records shall be as per the registry guidelines.
- 2.11.5 Retention and Disposal of Records
- 2.11.6 Records maintained in the University shall be retained for such periods as prescribed in the university records' retention and disposition schedule and other applicable laws.
- 2.11.7 Records disposition shall be as per university records' retention and disposition schedule and other applicable laws.

3.0 LIST OF DOCUMENTED INFORMATION TO BE RETAINED AS EVIDENCE

- 3.1. University College Strategic plan
- 3.2 Document issuance form
- 3.3 Departmental Circulation list.
- 3.4 Quality Document Review form.
- 3.5 Master document list.
- 3.6 Document Withdrawal form
- 3.7 Document Coding/Indexing for KAFU



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4.0 ANNEX

- (I) Document Coding and Indexing for KAFU

ANNEX I. DOCUMENT CODING/INDEXING FOR KAFU



KAFU/GUI:200001

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CODING/INDEXING OF DOCUMENTS IN KAFU				
KAFU MAIN DIVISIONS AND SUB-DIVISIONS				
Division		Department/Section		
Code	Name	Code	Name	e.g
1	VC	00	OFFICE OF THE VC	100
		01	Legal Affairs Office	101
		02	Internal Audit Office	102
		03	Security Office	103
		04	Directorate of Corporate Communication Affairs Office	104
		05	Community & Liaison Office	105
		06	Marketing Office	106
		07	Resource Mobilization Office	107
		08	Procurement Office	108
		09	ICT Directorate Office	109



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		10	Directorate of Performance Contracting	110
		11	Corruption and Prevention Office	111
		12		
2	DQA&MS	00	OFFICE OF THE QUALITY ASSUARANCE & MANAGEMENT SYSTEMS	200
		01	Quality Assurance Directorate Office	201
		02	Quality Management System Directorate Office	202
3	DVC (F&D)	00	OFFICE OF THE DEPUTY VC (F&D)	300
		01	Finance Department Office	301
		02	Registrar (Human Resource & Administration) Office	302
		03	Administrative Registry Section Office	303
		04	Estates Department Office	304
		05	Registry Section Office	305
		06	Staff Establishment and Training & Development Office	306
		07	Transport Section Office	307
		08	Staff Welfare Office	308
		09	Industrial Relations Office	309
		10	Hostels Section Office	310
		11	Catering Section Office	311
		12	Health Services Department Office	312
		13	Income Generating Unit Office	313
		14	Farm Section Office	314
		15	Revenue Section Office	315
		16	Student Finance Section Office	316
		17	Salaries and Payroll Section Office	317
		18	Project Development/Management Unit Office	318
		19	University Fixed Assets Office	319
		20	PSSP Directorate Office	320
		21	Strategic Planning Directorate Office	321
		22	KAFU-KENASA	322
		23		323
4	DVC (A&P)	00	Deputy VC (A&P) Office	400



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		01	Administration Office	401
		02	Strategic Planning Office	402
		03		415
5	DVC(A&SA)	00	OFFICE OF THE DEPUTY VC (A&SA)	500
		01	Registrar (Academic Affairs) Office	501
		02	Examinations Section Office	502
		03	Programmes Section Office	503
		04	Admissions & Registry Sections Office	504
		05	School of Education & Social Sciences (SESS)	505
		06	School of Science (SOS)	506
		07	School of Business & Economics (SOBE)	507
		08	School of Computing & Information Technology (SCIT)	508
		09	Graduate Studies Directorate Office (DGS)	509
		10	ODEL Directorate Office	510
		11	Library Department	511
		12	Language & Literature Department	512
		13	Social Sciences Department	513
		14	Educational Foundation, Planning & Management Dept. (EFPM)	514
		15	Mathematics & Statistics Department	515
		16	Curriculum & Instruction Department	516
		17	Pure & Applied Chemistry Department	517
		18	Nursing & Midwifery Department	518
		19	Physical Sciences Department	519
		20	Biological and Agricultural Department	520
		21	Information and Technology Department	521
		22	Computer Science Department	522
		23	Department of Economics Office	523
		24	Business Administration and Management Science Department	524
		25	Accounting & Finance Department	525
		26	Chemistry Lab Section Office	526
		27	Biology Laboratory Section Office	527
		28	Physics Lab Section Office	528
		29	Nursing Lab Section Office	529
		30	Virtual Library Services Section Office	530
		31	TVET Office	531
		32	KASNEB Office	532



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		33	University Chaplaincy	533
		34	Dean of Students office (Student Affairs)	534
		35	Student Counselling Section	535
		36	Students Welfare & Sports Section	536
		37	Careers Section Office	537
		38	Aids Control Unit	538
		39	Gender, Disability and Mainstreaming Unit	539
		40	Alumin Office	540
		41	Warden's Office	541
		42	Directorate of Research, Innovation and Outreach	????
		43	Directorate of International Relations & Academic Linkages	
6	DVC(RIO)	00	DEPUTY DVC (RESEARCH, INNOVATION & OUTREACH	600
		01	Registrar, Research, Innovation and Outreach	601
		02	Directorate of research Innovation and Publications	602
		03	Directorate of Linkages, Partnership, Outreach and Consultancies	603
		04	Directorate of Post Graduate Studies	604
		05	Centre for Gender &	605
		06	Confucius Centre/School	607
		07	Incubation Centre	608
		08	GIS Centre	609
		09	Tropical Forest Studies Centre	610
				611

- NB: a)** *This system has been developed basing on the KAFU Strategic Plan (2018-2023) proposed administrative structure.*
- b)** *However, Codes have been allocated depending on the current KAFU Organizational Structure to take care of the departments and sections operating under each Division.*



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SYSTEM FOR DOCUMENTATION AND RECORDS MANAGEMENT CLASSIFICATION SCHEME

The classification system for documentation and records management is based on the following coding that categorizes the subject matter, the owner’s division and section and serial number of the document. The general format of the coding is as follows:

- **KAFU/AAA/NXX/YYY**
 - The stem for all documents starts with KAFU which stands for Kaimosi Friends University.
 - The next coding AAA stands for the main division that is the custodian of the document. For example, VC’s Office.
 - The next two numeric XX stands for the section in the division. When XX is assigned “00” then it is the section itself.
 - The last three numeric YYY stand for the serial number of the document

Coding for Subject Matter

The following table gives the coding for subject matters that cover the documents

STEM	CODE	Title	Example
KAFU	ACD	Accountable Documents	Revenue Books, LPO,s, Imprests
KAFU	AGR	Agreements	UASU CBA, Rental of Premises etc
KAFU	CAT	Catalogues & Brochures	Programmes, Catalogue, KASNEB Brochure etc
KAFU	CER	Ceremonies	Graduation Ceremony, Orientation of first years etc
KAFU	COR	Correspondences	Internal memos, Letter to MOE, NRF etc
KAFU	CUR	Curriculum	B.Sc. in Physics Curriculum, B.Ed (Arts) Curriculum etc
KAFU	EXD	Documents of External Origin	SRC Circulars, ISO 9001:2015 Standards, SCAC Circulars etc
KAFU	FOM	Forms	Salary Advance forms, Leave forms, Transport forms etc
KAFU	GEN	Generalia	Holidays, miscellaneous reports etc
KAFU	GUI	Guidelines	Recruitment guidelines, Proposal writing guidelines etc
KAFU	IND	Documents of Internal Origin	Procedure for holding meetings etc
KAFU	INS	Instruments	Logo, Mace etc



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KAFU	LEG	Legal Documents	Constitution, Employment Act, KAFU Act etc
KAFU	LIS	Lists	Graduand list, Staff list, Class attendance lists etc
KAFU	MAN	Manuals	Quality Manual, HR Manual etc
KAFU	MIN	Minutes of Meetings	UCAB Minutes, UCMB Minutes, Departmental Minutes etc
KAFU	MOF	Memorandum of Finance	KAFU- VIP MoF etc
KAFU	MOU	Memorandum of Understanding	KAFU- VIHIGA County MoU etc, KAFU- KENET etc
KAFU	PLA	Strategic/Master Plans	KAFU 2018-2023 Strategic Plans, Master Plan etc
KAFU	POL	Policy Documents	PSSP Policy, Fee payment policy etc
KAFU	PUB	Publications	Annual Reports, Financial Reports, Research Publications etc
KAFU	REC	Records	Gate Record, Student records etc
KAFU	REG	Register	Assets register, Equipment register etc
KAFU	REP	Reports	QMS Reports, Exams Irregularities Reports etc
KAFU	RRE	Rules and Regulations	Student Rules and Regulations etc
KAFU	SEM	Seminars	KSG Seminar, QMS Seminar etc
KAFU	STD	Standards	ISO Standards, EIA Standards etc
KAFU	VIS	Visitor's Books	Vice-Chancellor's Visitor's Book
KAFU	WIN	Work Instructions	Course Outlines etc
KAFU	WOK	Workshops	Drug sensitization Workshop
KAFU	WPR	Workshop Procedures	QMS Procedures/Procedure for Control of Documents



PROCEDURE NO 3: PROCEDURE FOR QUALITY INTERNAL QUALITY AUDITING AND MANAGEMENT REVIEW

1.0 GENERAL INFORMATION

1.1 PURPOSE

The purpose of this procedure is to ensure effectiveness in undertaking Internal Quality Audits.

1.2 SCOPE

This procedure applies to all internal Quality Audits conducted in the university.

1.3 REFERENCES

1.3.1 ISO 9001:2015 Clause 9.2 and 9.3

1.3.2 ISO 19011:2011-Guidelines for auditing QMS

1.4 TERMS AND DEFINITIONS

1.4.1 VC - Vice Chancellor

1.4.2 DQA&MS- Director Quality Assurance & Management systems

1.4.3 QMS- Quality Management System

1.5 RESPONSIBILITY

The DQA&MS shall ensure that this procedure is adhered to and maintained

1.6 INTERFACES

During the implementation of the process the DQA&MS shall work hand in the report to the

1.6.1 The VC for approvals, guidance, consultation and ensuring adherence

1.6.2 All Departments in the university for compliance, support and implementation

1.7 PERFORMANCE TARGET

The performance shall be measured through the overall performance of the department based on:



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SNO.	PERFORMANCE TARGET AND INDICATOR		MONITORING AND MEASUREMENT
	Performance target	Performance Indicator	
1.	Conducting internal quality audit and management review at least twice each calendar year	Number of internal quality audits and management reviews conducted in a calendar year	Review the number of internal quality audits and management review meetings conducted in a calendar year by checking audit reports and minutes of management review meetings
2.	Total adherence to the audit programme	% Level of adherence	Review the date/month of audits/management review as per the audit reports/minutes of meetings vis-à-vis the date/months when audits/meetings were supposed to be conducted as per the audit programme/ schedule of management review meetings
3.	Accurate audit reports	Number of errors detected	Review audit reports vis-à-vis comments from management/process owners/ external auditors
4.	Improved/Enhanced QMS performance	% Increase in QMS Performance	Compare the level of compliance to QMS requirements based on the current audit with the previous audit. Review any recurrence of non-conformities.
5.	Improved/Enhanced customer satisfaction	% Increase in customer satisfaction	Confirm increase in customer satisfaction based on customer's feedback and customer satisfaction surveys



1.8 RESOURCES

The resources to be used in the process are listed below:

- a) Personnel
- b) Finance
- c) Time

1.9 INPUTS AND OUTPUTS

INPUTS	OUTPUTS
FOR AUDITS Audit programme Audit criteria Auditors Audit forms and checklists FOR MANAGEMENT REVIEW Notice Agenda Minutes of previous meeting Audit report	FOR AUDITS Approved programme Audit report Completed forms Correction and corrective actions Improvement decisions FOR MANAGEMENT REVIEW Minutes

2.0 METHOD

2.1 Planning for quality audits

- 2.1.1 The university shall undertake at least 2 internal Quality Audits every academic year
- 2.1.2 The DQA&MS shall prepare an internal audit programme for the whole succeeding year at the end of the first quarter each year.
- 2.1.3 In preparing the programme, the MR shall consider:
 - a) Status and importance of the processes
 - b) Areas to be audited
 - c) Results of the previous audits.
 - d) University calendar of events.
- 2.1.4 The DQA&MS shall forward the programme to the VC for approval.
- 2.1.5 At the onset of any year, the DQA&MS shall circulate the programme to all the process owners and Internal Quality Auditors for information. The DQA&MS shall monitor the implementation of the audit programme, review and improve as applicable.



2.2 Selection of auditors and preparation for audits

2.2.1 The MR shall;

- a) Issue a general audit notification to the auditees two weeks to an audit
- b) Appoint an audit team and a team leader/Lead auditor from the university pool of trained auditors detailing their responsibilities

2.2.2 In appointing the team, the DQA&MS shall consider:

- a) Areas to be audited and complexity of the processes, scope, criteria,
- b) Number of audit days.
- c) Competence and independence of auditors

2.2.3 The audit team leader shall in consultation with the auditors, prepare for the audit by preparing an audit plan and distributing it to the auditees at least seven days to the audit.

2.2.4 Team leader, while preparing the audit plan shall consider 2.2.2 above

2.2.5 The audit plan shall detail areas to be audited, date and time of the audit, scope, audit objective, auditors, auditees, criteria and resources required

2.2.6 The internal quality auditors will prepare the checklist of the areas to be audited and other forms required in liaison with the team leader.

2.3 Conduct of Audits

2.3.1 During the audit period, the team leader shall ensure that the audit timetable is adhered to and ensure that:

- a) All phases of the audit are undertaken,
- b) All audit findings are recorded in the audit findings report forms.
- c) The auditee acknowledges the audit findings by signing the audit findings report form.

2.3.2 The team leader shall further ensure that for the nonconformities raised during the audit are recorded in the corrective action request form(s) and acknowledged by the auditee in the closing meeting.

2.3.3 The DQA&MS shall oversee the audit exercise and handle any issues arising during the exercise.



2.4 Audit reporting and analysis

2.4.1 The audit team leader shall ensure that a report of the audit is prepared and submitted to the DQA&MS, the auditees and the VC's within five working days of the audit. The Report shall contain:

- i. Audit objectives
- ii. Audit scope
- iii. Identification of auditor(s)
- iv. Dates and places where audit was conducted
- v. Audit criteria
- vi. Audit findings
- vii. Audit conclusions
- viii. Any areas covered although not within the audit scope
- ix. Any unresolved diverging opinions between the auditor and auditee
- x. Recommendation for improvement, if specified in the audit objectives
- xi. A statement of the confidential nature of the contents
- xii. The distribution list for the audit report

2.4.2 After receipt of the Audit Report, the DQA&MS shall analyse the audit findings and prepare an audit analysis report establishing trends in the Quality Management System compliance within five days of receipt

2.4.3 The DQA&MS shall discuss the audit analysis report with the VC before tabling it in the subsequent Management Review forum for deliberations.

2.5 Corrective Action Follow-up

2.5.1 Corrective action determined in the university shall be undertaken within fourteen working days or such other periods as agreed between the auditee and auditors of the audit during the closing meeting.

2.5.2 The DQA&MS in liaison with the audit team shall ensure the Process owner for any area where nonconformities are identified during the audit undertakes necessary corrections (as applicable) and corrective actions within the stipulated time.

2.5.3 At the lapse of the fourteen working days or such other periods as agreed between the auditee and auditors, the DQA&MS in liaison with the Audit Team Leader shall ensure



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the audit team conducts an audit follow up to determine whether the process owners have implemented the correction and corrective actions.

2.5.4 After the follow up, the audit team leader shall ensure that a follow up report is prepared and submitted to the DQA&MS for information and action.

2.5.5 During the subsequent audit, the DQA&MS shall ensure that the audit team carries an audit close out to determine the effectiveness of corrective actions implemented and complete the corrective action report form.

2.6 Management Review

2.6.1 As per the management review meetings schedule, the DQA&MS in liaison with the VC shall as per the meetings procedure, convene the Management Review meeting. The agenda of the meeting shall be as outlined in Clause 9.3.2 of ISO 9001:2015 standard.

2.6.2 The DQA&MS shall table the audit analysis report as the agenda of the review meeting for deliberation.

2.6.3 The respective process owner shall report on their process’s performance and conformity of products and services including, effectiveness of actions to address risks and opportunities and corrective actions raised.

2.6.4 The Management Review forum shall deliberate on the agenda and make resolutions guided by clause 9.3 of ISO 9001:2015 standard.

2.6.5 The DQA&MS shall maintain all the management review records generated during the meeting as per the control of documented information procedure number 1 in this manual.

3.0 LIST OF DOCUMENTED INFORMATION TO BE RETAINED AS EVIDENCE

- 3.1. Appointment letters
- 3.2. Audit checklists
- 3.3. Nonconformity report forms
- 3.4. Audit findings forms
- 3.5. Audit report
- 3.6. Audit follow up report
- 3.7. Management review invitation
- 3.8. Agenda Minutes

4.0 ANNEX

- (I).....
- (II).....



2 PROCEDURE NO 4: PROCEDURE FOR CONTROL OF NON-CONFORMING OUTPUTS

1.0 GENERAL INFORMATION

1.1 PURPOSE

The purpose of this procedure is to ensure timeliness, objectivity, effectiveness and relevance in the delivery of curriculum in the University.

1.2 SCOPE

The procedure applies to the collection and analysis and reporting of students' feedback on curriculum delivery the University College.

1.3 DEFINITIONS AND ABBREVIATIONS

- 1.3.1 VC - The Head of the Institution /Chief Executive Officer
- 1.3.2 DVC (AFP&D) - DVC Administration, Finance, Planning & Development)
- 1.3.3 DVC (ASA&R) - DVC (Academic, Student Affairs and Research)
- 1.3.4 Registrar (AA) - Registrar (Academic Affairs)
- 1.3.5 DQA&MS - Director, Quality Assurance and Management Systems
- 1.3.6 Dean - Dean of Academic School
- 1.3.7 COD - Chairman of Department
- 1.3.8 CUE - Commission for University Education
- 1.3.9 UMB - University College Management Board
- 1.3.10 Senate - University College Academic Board
- 1.3.11 DAB - Departmental Academic Board
- 1.3.12 DC - Deans Committee
- 1.3.13 Department - Functionally discrete sections of the University College



1.4 REFERENCES

- 1.4.1 KAFU University Statutes.
- 1.4.2 KAFU Examinations Procedures and Policy
- 1.4.3 KAFU Admission Policy.
- 1.4.4 KAFU Course Allocation List
- 1.4.5 KAFU Class Attendance List
- 1.4.6 Graduate Studies Supervision Guidelines & Policy
- 1.4.7 Research & Development Policy
- 1.4.8 CUE Standards and Guidelines
- 1.4.9 CUE Regulations

1.5 PRINCIPAL RESPONSIBILITY

Director Quality Assurance and Management Systems shall be responsible for the implementation of this procedure

1.6 INTERFACES/INTERACTIONS

- 1.6.1 Schools – Provide the list of students, lecturers and course
- 1.6.2 Deans of Schools – Coordination of HoDs
- 1.6.3 Heads of Department in the Academic Division – Coordination of lecturers
- 1.6.4 Lecturers – Fill in the evaluation forms
- 1.6.5 Students – Fill in the evaluation forms

1.7 PERFORMANCE INDICATOR AND TARGET

The performance shall be measured through the overall performance of the Department basing on:



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PERFORMANCE INDICATOR AND TARGET			MONITORING AND MEASUREMENT
S/no	Indicator	Target	
1	Level of performance %	Effective curriculum implementation	Review the evaluation forms/customers feedback
2	Time	Timely syllabus coverage as per the set curriculum	Review the class attendance forms/course outlines against the semester dates/timetable
4	Level of adherence to examination guidelines	Quality examinations	Review the CAT/end of semester examination against the course content/course outline

1.8 RESOURCES

The resources to be used in the process are listed below:

- a) Personnel
- b) Stationery
- c) Computer hardware and soft ware
- d) Finances

1.9 INPUTS AND OUTPUTS

The inputs to be used in the process and the outputs expected are listed below

INPUTS	OUTPUTS
Personnel	<ul style="list-style-type: none"> ▪ Filled class attendance lists ▪ Curriculum implementation reports ▪ Departmental examination board reports
Stationeries	
Computer hardware and software	
Finance	



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2.0 METHOD

2.1 Student/Customer Satisfaction on the Admission and Orientation Process

- 2.1.1 This procedure shall start at the beginning of every semester at the end of the Admission and orientation period with DQA&MS issuing customer satisfaction forms to students to evaluate various aspects of activities during admission and orientation process.
- 2.1.2 The DQA&MS shall then collect/download filled forms/online responses
- 2.1.3 Upon receipt of the completed forms from students, the DQMS shall analyze the feedback and prepare evaluation reports
- 2.1.4 The DQA&MS shall then as per the communication procedure in the Corporate Communications Procedure Manual forward the evaluation reports to the Vice-Chancellor for information and necessary action.
- 2.1.5 Upon receipt of the reports, the Vice-Chancellor shall approve them for presentation by the DQA&MS to either UCMB or UCAB for discussion.
- 2.1.6 The Vice-Chancellor shall then forward the recommendations of UCMB and UCAB to respective departments for necessary action.
- 2.1.7 Upon receipt of the action points, the relevant departments shall implement the recommendations and report back to the Vice-Chancellor

2.2 Evaluation of Curriculum Implementation/ Student course evaluation

- 2.2.1 This procedure shall start by the DQA&MS requesting an approved list of lecturers/technologists and their course allocation within one week after the approval of the list by UCAB.
- 2.2.2 The DQA&MS through QA Monitors shall then issue evaluation forms to students either in class or uploading it online within the last week of semester teaching.
- 2.2.3 The students shall then fill the forms evaluating various aspects of all courses offered in the semester.
- 2.2.4 The QA Monitors shall then submit the filled forms or downloaded data to the QA Data Analyst who shall analyze the feedback and prepare TEE reports for each lecturer and each department evaluated.
- 2.2.5 The DQA&MS shall then as per the communication procedure in the Corporate Communications Procedure Manual forward the evaluation reports to the Vice-Chancellor for information and necessary action.



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- 2.2.6 Upon receipt of the reports, the VC shall approve the release of the individual lecturer evaluation report and a presentation of the general of all lecturers evaluated to Senate for discussion and adoption.
- 2.2.7 The VC shall then forward the recommendations to respective departments for necessary action.
- 2.2.8 Upon receipt of the action points, the relevant departments shall implement the recommendations and report to the VC at least two weeks before the start of the next semester.
- 2.2.9 The DDQ&MS shall then monitor the implementation of recommendations and report the progress of the implementation of the previous semester to UCAB by the beginning of every semester.

2.3 Examination Monitoring

- 2.3.1 This procedure shall start at the beginning of every examination period with the DQA&MS visiting examination venues and filling in the Examination Monitoring form as per the situation in the exam venue.
- 2.3.2 Upon receipt of the completed examination monitoring forms from students, the DQA&MS shall analyze them and prepare evaluation reports for each examination paper and a general summative report.
- 2.3.3 The DQA&MS shall then send the reports to the VC for information and necessary action.
- 2.3.4 Upon receipt of the reports, the Vice-Chancellor shall approve them for presentation by the DQA&MS to either UMB or Senate for discussion.
- 2.3.5 The VC shall then forward the recommendations of UMB and Senate to schools, departments and respective individual lecturers for necessary action.
- 2.3.6 Upon receipt of the action points, respective schools, departments and lecturers shall implement the recommendations and report to the VC.
- 2.3.7 The DDQ&MS shall report the progress of the implementation of the previous examination monitoring to Senate by the second month of the new semester.

3.0 SUMMARIZED LIST OF DOCUMENTED INFORMATION TO BE RETAINED AS EVIDENCE

- 3.1
- 3.2

4.0 ANNEX

- (i)



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(ii)

PROCEDURE NO. 5: PROCEDURE FOR NON-CONFORMITY AND CORRECTION ACTION

1.0 GENERAL INFORMATION

1.1 PURPOSE

The purpose of this procedure is to ensure effectiveness and consistency in handling nonconformities to eliminate recurrence in the **University**.

1.2 SCOPE

This procedure applies to the handling of all nonconformities identified in the University.

1.3 REFERENCES

ISO 9001: 2015 Clause 10.2

1.4 TERMS AND DEFINITIONS

1.4.1 QMS- Quality management system

1.5 RESPONSIBILITY AND AUTHORITY

The DQA&MS shall ensure that this procedure is adhered to and maintained.

1.6 INTERFACES

During the implementation of the process the MR shall work hand in hand with:

1.6.1 VC's Office for guidance and consultations

1.6.2 All Departments in the university for actions and implementation



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1.7 PERFORMANCE TARGET

The performance shall be measured through the overall performance of the department based on:

PERFORMANCE TARGET	MONITORING AND MEASUREMENT
100% Effectiveness of Corrective Action	Analysis of CAR forms and Corrective action notices

1.8 RESOURCES

The resources to be used in the process are listed below:

- a) Personnel
- b) Finance
- c) Time

1.9 INPUTS AND OUPUTS

INPUTS	OUTPUTS
Nonconformities	Corrections and corrective actions
	Improvement decisions

2.0 METHOD

2.1 This procedure shall either start with:

- a) Detection of nonconformity by Auditors during audits;
- b) Receipt of information of a nonconformity from a customer or;
- c) Detection of nonconformity by any officer in the course of service delivery.

2.2 Reviewing and Analyzing Nonconformities

2.2.1 On identifying a nonconformity or receipt of information on a nonconformity, the officer shall as per the internal communication procedure inform the concerned COD who in liaison with DQA&MS shall review the nonconformity to determine its validity.



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2.2.2 In reviewing and analyzing the nonconformity to establish its validity, the DQA&MS and the COD/ shall consider:

- a) Evidence provided
- b) The effect of the nonconformity on service provision.

2.2.3 In case the nonconformity is not valid, the reviewing officers shall drop the matter and as per the internal and/or the external communication procedures communicate the same to the originator with reasons thereof.

2.2.4 In the event that the nonconformity is valid, the DQA&MS shall fill a Corrective Action Report (CAR) and submit it to the officer where the nonconformity has been detected.

2.3 Determining the causes of nonconformities

2.3.1 On receipt of the CAR, the officer shall in liaison with immediate supervisor determine the root causes of the non-conformity and propose the necessary actions to be undertaken to eliminate them.

2.3.2 On filling the CAR, the officer shall forward it to the DQA&MS who shall undertake any analysis to determine if similar nonconformities exist or could potentially occur and update the CAR accordingly in consultation with the COD where the nonconformity has been identified.

2.4 Implementing the actions needed

The management of the area affected shall:

- i. Ensure that actions are taken to control and correct the nonconformity,
- ii. Ensure any consequences as a result of the nonconformity are dealt with,
- iii. Ensure implementation of the corrective actions to eliminate the causes of the nonconformity,
- iv. Update risks and opportunities and propose changes to the QMS if necessary, and
- v. Ensure records are maintained as evidence of implementing the corrections and corrective action.

2.5 Follow up on Implementation of Corrective Actions



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2.5.1 The DQA&MS shall ensure follow-up to check the implementation of corrections and corrective actions as stated in CAR.

2.5.2 In the event that corrective action has not been implemented, inform the VC (F&D) and where need be the VICE-CHANCELLOR for further action.

2.6 Reviewing the effectiveness of the corrective action taken

2.6.1 The DQA&MS shall ensure review of the effectiveness of corrective actions taken during subsequent internal audits.

2.6.2 In the event that the actions taken are not effective, the internal auditor shall issue a new CAR to the COD.

2.6.3 If the action taken is effective, the auditor shall close out the nonconformity and forward the completed CAR to the DQA&MS for filing.

2.7 Dealing with Nonconformities identified during External Audits

2.7.1 Upon receipt of the nonconformities report from the external auditors, the MR shall in liaison with the respective COD determine appropriate corrections and root causes to address the nonconformities and complete the auditors' report.

2.7.2 After endorsement of the actions to address the nonconformities by the external auditors, the DQA&MS in liaison with the respective COD shall ensure implementation of the corrections and corrective actions.

2.7.3 The DQA&MS shall ensure review of the effectiveness of corrective actions as per clause 2.6 above.

3.0 LIST OF DOCUMENTED INFORMATION TO BE RETAINED AS EVIDENCE

3.1 Corrective Action Notices.

3.2 Report on status of corrective actions.

4.0 ANNEX

(I) Document Circulation Record Sheet

(II) Document Change Request Form



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ANNEX II: DOCUMENT CIRCULATION RECORD SHEET

SNO	TITLE	NAME OF OFFICE	COPY NO.



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ANNEX II: DOCUMENT CHANGE REQUEST FORM

SN0.	DOCUMENT TITLE	CLAUSE/SECTION TO BE CHANGED	DETAILS OF CHANGE	DATE OF REQUEST

Requested by:

Title.....Department.....Signature.....

H.O.Ds Comments

.....

Signature..... Date.....

Director QA & MS Comments:

.....



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Signature..... Date.....

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