



# UNIVERSITY OF EMBU

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## SESSION FOUR: FIRST YEAR 2020/2021 ORIENTATION

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### MESSAGES FROM SELECT UNIVERSITY COMMITTEES

#### 1. Customer Relations & Complaints Resolution Committee

##### Introduction

The Customer Relations and Complaints Resolution Committee is charged with the responsibility of managing customer experience at the University. In the discharge of its mandate, the Committee has put in place the necessary infrastructure to ensure that the services provided meet and exceed the expectations of University customers. To effectively monitor customer experience, the Committee has established several channels for receiving feedback which takes the form of inquiries, compliments and complaints. The Committee is also responsible for ensuring that access to information requests are processed as per the provisions of the law.

##### Existing feedback channels

1. Email. Complaints/compliments can be submitted electronically through the Complaints email address: [complaints@embuni.ac.ke](mailto:complaints@embuni.ac.ke)
2. Complaints mobile number. Verbal complaints/compliments can be made directly through the Complaints mobile number: 0705945412 (CRCRO)
3. Complaints/Compliments Registers. Complaints and can be filled directly in complaints and compliments registers that are available in all the offices within the University
4. Complaints/ Compliment boxes; strategically located around the University
5. Online forms. Complaints/compliments can be submitted electronically via the University Website ([www.embuni.ac.ke](http://www.embuni.ac.ke)) by logging in to the complaints/compliments portal and filling in the online forms.
6. Post Office. Complaints and compliments can be sent by post address to the Vice-Chancellor or Customer Relations and Complaints Officer through P.O. Box 6-60100, Embu.
7. Social Media Platforms. Complaints and Compliments can be posted on the University of Embu Customer Feedback Page.



## Compliment Handling Process

All the compliment received are usually acknowledged and forwarded to the Department or Section where the officer complimented is stationed. It is expected that the Head of Department or Section will notify the staff member accordingly.

## Complaint handling

The Committee ensures that all complaints received are resolved within thirty days (30) as stipulated in the Service Delivery Charter. Complaint handling follows the principles outlined in the Complaints Resolution Policy. The policy acknowledges the need to ensure that all complaints are handled in a confidential manner within feasible limits.

### *What is a complaint?*

A complaint is an expression of dissatisfaction made because the services/product/ commitment/ standard does not meet the customers' expectations.

### *Who can complain?*

All University stakeholder have a right to raise a complaint if they perceive that the services rendered failed to meet their expectations. University stakeholders include present and prospective students, suppliers of goods and services, University staff and visitors to the University.

### *Why is the University concerned with the complaints received?*

Complaints serve as sensors of stakeholder perception. Complaints also gives the University an opportunity to improve on the quality of services offered.

**You are therefore encouraged to submit your feedback on any of the University services to enable the University to serve you better.**



## 2. Gender Mainstreaming Committee

Welcome to the University of Embu (UoEm).

1. The University of Embu is committed to equity and equality.
2. Every student will be accorded equal and fair treatment irrespective of their faith, age, ethnicity, gender, and physical disability.
3. UoEm environment enables students to achieve their full potential.
4. When you get an opportunity such as leadership in student association, class representative or executive position in clubs and societies, embrace the opportunity.
5. Avoid engaging in activities that will make you not realize your full potential.
6. The University does not tolerate any kind of harassment; physical (gender based violence beating up someone, pulling someone's hair etc.), discrimination, psychological, bullying, sexual harassment, shouting, domestic violence especially for those co-habiting), issuing threats, name-calling, stalking among other indiscipline which breaches the conduct and discipline of students.
7. Gender based violence & sexual harassment is punishable under the Kenyan Sexual Offences Act of 2006.
8. Sexual harassment may consist of:
  - Sexual jokes and insulting using sexual comments
  - Belittling comments on a person's anatomy
  - Requesting for sexual favours in return for reward
  - Telling lies or spreading rumours about a person's sex life
  - Unwanted physical contact of any sort which is sexual in nature especially touching of any body parts
  - Indecent exposure
  - Transmitting offensive written telephone or electronic communications
  - Indecent curiosity persistent unwanted brazen questioning into a person's sexual matters
9. Gender based violence /sexual harassment reporting mechanisms  
Students who feel that they are victims of GBV and SH should report promptly using the following channels.
  - Non-residents students should report to the police immediately.
  - Resident students should report to the Security Office

When reporting, always ensure that you have provided accurate information on the incident. In reporting an incident of gender based violence and sexual harassment, victims should always ensure that everything that happened is documented including when it occurred, the names of any people who saw what happened, and what the victim did to try to stop it. Always save text messages, social media comments, notes and emails. This evidence can help if you make a complaint.



After reporting, it is important to seek for medical attention and or counselling support. The medical and counselling team is very professional and will treat the information received with utmost confidentiality. Follow up investigations will be carried out very professionally and the offended party will always be periodically updated on the progress made

*For more information, check the Gender Mainstreaming and Sexual Harassment Prevention Policy at the University website.*



### 3. HIV Prevention Committee

#### COMPREHENSIVE HIV AND AIDS KNOWLEDGE

##### What is HIV (Human Immunodeficiency Virus)?

It is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases.

There is currently no effective cure. Once people get HIV, they have it for life. But with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.

##### What is AIDS (Acquired Immunodeficiency Syndrome)?

It's the most severe phase of HIV infection.

People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic infections. Their CD4 cell count drops below 200 cells/mm meaning they have a high viral load and are very infectious.

##### Routes of transmission

There are four main routes of HIV transmission:

1. Sex - unprotected vaginal or anal sex (oral sex carries a very small risk)
2. Sharing unsterilized injecting drug equipment
3. Mother-to-child in pregnancy, childbirth or breastfeeding
4. During transfusions, transplants or medical procedures. (Low risk)

**Who's at risk?** Anyone can become infected with HIV – it's not exclusive to particular groups or lifestyles. If fluids from an HIV-positive person enter your body then you are at risk.

##### How do I know if I have HIV?

The only way to know for sure whether you have HIV is to **get tested**. Knowing your HIV status helps you make healthy decisions to prevent getting or transmitting HIV.

##### Are there symptoms?

Some people have flu-like symptoms within 2 to 4 weeks after infection (*acute HIV infection*). These symptoms may last for a few days or several weeks. Possible symptoms include

- Fever,
- Chills,
- Rash,
- Night sweats,
- Muscle aches,
- Sore throat,
- Fatigue,
- Swollen lymph nodes, and
- Mouth ulcers.



But some people may not feel sick during acute HIV infection. These symptoms don't mean you have HIV. Other illnesses can cause these same symptoms.

### **HIV PREVENTION INFORMATION:**

- Abstinence is the only 100% effective way to prevent HIV.
- Being faithful to one HIV free partner.
- Use a condom consistently and correctly every time you have sex.
- Take PrEP where available – this is a course of HIV drugs which if taken consistently as advised by your healthcare professional prevents HIV infection through sex.
- Avoid sharing needles, syringes and other injecting equipment with anyone if you take drugs.
- Take HIV treatment if you're a new or expectant mother living with HIV, as this can dramatically reduce the risk of passing HIV to your baby during pregnancy, childbirth and breastfeeding.
- Ask your healthcare professional if the blood product you are receiving (blood transfusion, organ or tissue transplant) has been tested for HIV.
- Take precautions if you're a healthcare worker, such as wearing protection (like gloves and goggles), washing hands after contact with blood and other bodily fluids, and safely disposing of sharp equipment

### **ADHERENCE TO TREATMENT AND CARE LITERACY**

**Medication adherence** is the "act of filling new prescriptions or refilling prescriptions on time." **Medication compliance** is the "act of taking medication on schedule or as prescribed.

Less youths are able to achieve viral suppression, about 6% in comparison to 30% of adults. Specific factors that lead to reduced adherence in young people include:

- A lack of support
- Behavioural and conduct problems
- Inconvenient/inconsistent social routines
- Forgetting medication doses
- Unstable housing
- Not being fully involved in treatment decision-making
- Substance abuse
- Psychological barriers including depression and anxiety

Other factors that can increase adherence in young people living with HIV are; Simplifying treatment regimes, using directly observed therapy and cell phone reminders.

### **STIGMA AND DISCRIMINATION**

HIV-related stigma and discrimination refers to prejudice, negative attitudes and abuse directed at people living with HIV and AIDS.



Many of the people most vulnerable to HIV face stigma, prejudice and discrimination in their daily lives. This pushes them to the margins of society, where poverty and fear make accessing health care and HIV services difficult.

There is a cyclical relationship between stigma and HIV; people who experience stigma and discrimination are marginalized and made more vulnerable to HIV, while those living with HIV are more vulnerable to experiencing stigma and discrimination.

- Myths and misinformation increase the stigma and discrimination surrounding HIV and AIDS.
- Roughly one in eight people living with HIV is being denied health services because of stigma and discrimination.
- Adopting a human rights approach to HIV and AIDS is in the best interests of public health and is key to eradicating stigma and discrimination.

**Possible consequences of HIV-related stigma:**

- loss of income and livelihood
- loss of marriage and childbearing options
- poor care within the health sector
- withdrawal of caregiving in the home
- loss of hope and feelings of worthlessness
- Loss of reputation.

## **TYPES OF STIGMA**

### **1. Self-stigma/internalized stigma**

This fear of discrimination breaks down confidence to seek help and medical care. Negative self-judgement resulting in shame, worthlessness and blame represents an important but neglected aspect of living with HIV.

### **2. Governmental stigma**

A country's discriminatory laws, rules and policies regarding HIV can alienate and exclude people living with HIV, reinforcing the stigma surrounding HIV and AIDS. This can happen through;

- Criminalization of key affected populations.
- Restrictions on entry, travel and stay

### **3. Healthcare stigma**

Health providers may minimize contact with, or care of, patients living with HIV, delay or deny treatment, demand additional payment for services and isolate people living with HIV from other patients.



#### 4. Employment stigma

In the workplace, people living with HIV may suffer stigma from their co-workers and employers, such as social isolation and ridicule, or experience discriminatory practices, such as termination or refusal of employment.

#### 5. Community and household level stigma

Community-level stigma and discrimination towards people living with HIV can force people to leave their home and change their daily activities.

### ENDING HIV STIGMA AND DISCRIMINATION

- Protect:      Use of anti-discrimination laws  
                 Decriminalization  
                 Challenging violence
- Include:      Key populations in healthcare service design and implementation  
                 Include Stigma and discrimination reduction as a goal in national strategies
- Empower:    The population to understand human rights  
                 To act on violations
- Educate:     To address fears  
                 To change attitudes.





## 4. Mentorship and Dress Code Committee

### Introduction

Mentorship is a relationship between a more experienced and knowledgeable person (mentor) with a person with less experience and knowledge (mentee). The mentor must have a certain area of expertise. The aim of mentoring is to promote positive change in a mentee while building a healthy relationship with a mentor(s). The mentors assist the mentee in developing specific skills and knowledge that will enhance the mentee in personal growth and development.

The University promotes mentorship in order to brand the students to become productive members of the society. Mentorship is conducted in various departments at four levels:

**Level 1: Professional ethics,**

**Level 2: Job Market Skills, Level 3: Leadership and governance,**

**Level 4: Beyond your degree.**

These will help students to attain professional ethics. The students will attain soft skills and self-driven motivation which will be an added advantage in the job market and entrepreneurship. Through mentorship the students are helped to solve various challenges encountered during their period of study.

### Objectives of Mentorship

- Create awareness among UoEm students on the need for diligence, decorum, respect, courtesy and dignity.
- Create awareness among UoEm students on academic integrity at the university.
- Create a platform for engagement between university students and job market.
- Create a platform to engage the students on how to solve various challenges in life

### Targets of Mentorship

- Developing skills and knowledge that will enhance the mentee in personal growth and development
- Providing life skills to mentee going into the world of employment.
- Promoting soft skills which are not usually captured in the University curriculums.
- Preparing students to face a competitive world where everyone is competing for jobs.

### Role of Mentee

- Select a mentor based on criteria relevant to your goals and expectations
- Inform your Mentor about your learning and communication preferences
- Being prepared, including providing agendas in advance of each meeting.
- Discuss your goals with your mentor and create a plan of how you will achieve milestones on the way to reaching your goals



## Role of a Mentor

- Develop skills and knowledge that will enhance the mentee in personal growth and development
- Provide life skills to mentee going into the world of employment.
- Promote soft skills which are not usually captured in the University curriculums.
- Prepare students to face a competitive world where everyone is competing for jobs.

## Dress Code: My Dress My University

UoEm recognizes the importance of the appearance of the University community in creating a positive and professional image that enhances the confidence of customers and employers. Dress code sets out the expectations of the University in relation to personal appearance, grooming, formal and professional wear. The dress code is necessary for the university community in order to:

- a) Promote professional standards
- b) Provide a positive and professional image of the university
- c) To minimize vulnerability to sexual harassment

## Objectives of Dress Code

Dress Code aims at addressing UoEm community's needs and behavioural issues at the University by:

- i. Establishing a culture of professionalism through decency that will enhance distinctiveness.
- ii. Promoting a UoEm brand that will enhance marketability.
- iii. Promoting a conducive learning and working environment in which members of UoEm are able to perform to the best of their ability.
- iv. Creating an environment where members of UoEm remember their commitment to treat each other with courtesy, respect and dignity.
- v. Ensuring that members of UoEm behave within the standards set out in the University's dress code.

## Key Dress Code guidelines

The following are the minimum guidelines of dress code, grooming and appearance that all members of the University community are to abide by. Members of the University community should ensure that their dress and appearance portrays a decent and professional image.

Inappropriate attire includes, but is not limited to, the following:

- i. Clothing that reveals too much of an individual's back, chest, stomach, thighs or innerwear.
- ii. Clothes that are very tight and display body outline.
- iii. Clothing that is intentionally ripped, rugged, torn or worn out.



- iv. Clothing with slogans or offensive language or images or promoting drugs or unlawful groups.
- v. Slippers, gumboots or any other unofficial sandals. Gumboots may be allowed in practical/areas where they are defined as protective gear.

### **Regular Dress Code**

UoEm dress code will help to maintain decency, professionalism, distinctiveness, marketability as well as branding of the University image.

### **Female**

- i. Skirts/dresses with hem lines at the knee or below.
- ii. Sweaters, fitting tops/dresses/skirts, trouser suits are acceptable
- iii. Wear blouses/tops with non-revealing necklines that do not reveal bare midriffs.
- iv. Wear clothing that does not reveal innerwear.
- v. Mini-skirts that are above the knee, necklines that are four inches below the shoulders to the front and to the back, see-me-through, bare-backs among many others should be avoided.
- vi. All offensive tattoos must be covered.
- vii. Ensure that clothes are not excessively creased.
- viii. Excessive Facial/body piercings is discouraged.
- ix. Excessive make up is discouraged.
- x. Hair should be clean, neat and tidy at all times.
- xi. Outrageous hair colour is discouraged.
- xii. Wearing of items arising from cultural or religious norms will be respected as long as provisions of the dress code are not compromised.

**See Annexure 2 of Dress Code guidelines on the University website**

### **Males**

- i. Display of bare chest is not allowed
- ii. Earrings and studs are discouraged.
- iii. Baggy, sagging, worn out, unfinished or torn trousers are unacceptable
- iv. Beards and moustaches should be short and neatly trimmed and tidy.
- v. Outrageous hair colour is discouraged.
- vi. Wearing of items arising from cultural or religious norms will be respected as long as provisions of the dress code are not compromised.

### **Penalties for non-adherence**

Non adherence to university dress code will result in one being subjected to laid down disciplinary procedures for students and staff. Students are therefore advised to strictly adhere to the provisions of the Dress Code.

