




K E M R I

STANDARD OPERATING PROCEDURE FOR INTERNAL COMMUNICATION

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1. SCOPE

The procedure covers from identification of the need to communicate, selection of the appropriate communication mode to preparation of the necessary records.

2. PURPOSE

This procedure defines and documents the necessary control measures to be followed during internal communication.

3. REFERENCE DOCUMENTS

- 3.1 Quality Policy Manual
- 3.2 State Corporation Act, 1979
- 3.3 KEMRI Strategic plan

4. TERMS & DEFINITIONS

- 4.1 KEMRI Kenya Medical Research Institute
- 4.2 DIR Director
- 4.3 DD Deputy Director
- 4.4 HOD Head of Department
- 4.5 CDIR Centre Director
- 4.6 MR Management Representative
- 4.7 QMR Quality Management Representative
- 4.9 IC Internal Communication

5. RESPONSIBILITY AND AUTHORITY

- 5.1 **Director**
 - 5.1.1 Overall responsible for internal communication in the institute.
 - 5.1.2 Chairs the Chief Officers Meeting.
- 5.2 **Deputy Directors**
 - 5.2.1 Convenes and co-ordinates the Chief Officers Meeting.
 - 5.2.2 Co-ordinates the preparation and distribution of newsletters, brochures etc.
- 5.3 **Centre Directors/ Departmental Heads**
 - 5.3.1 Convene and chair the centre/departmental meetings.

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- 5.3.2 Overall responsible for ensuring that the supervisors under them prepare schedules for staff meetings and briefings and that the meetings and briefings take place as planned.
- 5.3.3 Assign staff to take minutes of the meetings held and ensure the minutes are distributed to all concerned.
- 5.3.4 Approve communication through the notice boards as necessary.
- 5.3.5 Ensure that copies of the minutes are sent to the quality management representative
- 5.3.6 Attend the Chief Officers Meeting.
- 5.4 **Management Representative**
 - 5.4.1 Receives all minutes of the departmental meetings.
 - 5.4.2 Ensures action items are implemented.
- 5.5 **All Staff**
 - 5.5.1 Attend the meetings and briefings as required.
 - 5.5.2 Read all communications on the notice boards, newsletters, brochures etc.
 - 5.5.3 Implement the action items as assigned.

6. DETAILS OF PROCEDURE

6.1 Mode of Communication

- 6.1.1 Identify the need to communicate.
- 6.1.2 Identify the appropriate mode of communication from the following options:-
 - ❖ Email
 - ❖ Intranet
 - ❖ Departmental Meetings.
 - ❖ Documents and records.
 - ❖ Meetings and briefings.
 - ❖ Notice boards.
 - ❖ Common room announcement
 - ❖ Memo
 - ❖ Suggestion Box
 - ❖ Letters
 - ❖ Phone calls

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6.2 Centre/Departmental Meetings

- 6.2.1 Each Centre Director/HOD organises and chairs a centre/department meeting with their staff during which the following are discussed:-
- ❖ The effectiveness of the quality management system as applied in the department.
 - ❖ General issues affecting the centre/department and staff.
- 6.2.2 The records of the issues discussed and the actions agreed upon are maintained by way of minutes.
- 6.2.3 The minutes of the centre/departmental meetings will be circulated to and briefings held with all those who are directly affected.

6.3 Staff Meetings and Briefings

- 6.3.1 Staff meetings and briefings are organised and chaired by centre directors/Head of Department with the staff directly under their supervision to discuss work related issues.
- 6.3.2 The records of the issues discussed and the actions agreed upon are maintained by way of minutes.

Note 1: The concerned CD/HOD determines the frequency of such meetings and/or briefings and maintains the schedule of the planned briefings.

6.4 Notice Boards

- 6.4.1 To communicate specific information, including quality related ones, to the staff on matters not requiring discussions; managers use the notice boards which are located at strategic positions in the KEMRI's offices.

Note 2: The quality policy is posted on strategic locations of the KEMRI's service areas.

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6.5 Chief Officers Meeting

- 6.5.1 The Chief Officers Meetings are held every quarter of the calendar year and are chaired by the Director.
- 6.5.2 The participants include DK, DD, CD and Heads of Departments.
- 6.5.3 The agenda of the meeting covers amongst other issues:-
- ❖ Business performance and the effectiveness of the quality management system in the achievement of the business objectives.
 - ❖ KEMRI strategies (discussed only during the last quarter).
 - ❖ Question and answer session.
 - ❖ Minutes of the meeting's proceedings are recorded and distributed by the HOD Corporate affairs within two weeks of the meeting.

6.6 Suggestion/Corruption/Complaints Box

- 6.6.1 The boxes are emptied at least once a month
- 6.6.2 The information is analysed and a report prepared.
- 6.6.3 Action is taken where applicable.
- 6.6.4 The information is also put in relevant media as a response to raised issues.

7. OBJECTIVES


To define and documents the necessary control measures to be followed during internal communication.

8. RECORDS

- 8.1 Amendment Record sheet
- 8.2 Quality policy postings

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- 8.3 Minutes
- 8.4 Emails
- 8.5 Letters

9. ANNEXES

- 9.1 Amendment Record sheet
- 9.2 Quality policy posting locations
- 9.4 Process Flow Chart

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PROCESS FLOW CHART (Suggestion Box)

ACTIVITY	RESPONSIBILITY
<div style="text-align: center;">START</div>	
<div style="text-align: center;">↓</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">The boxes are emptied at least once a month.</div>	Communications Officers
<div style="text-align: center;">↓</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Information is analysed and a report prepared</div>	
<div style="text-align: center;">↓</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Appropriate action is taken</div>	
<div style="text-align: center;">↓</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Information is also put in appropriate media as a response to raised issues</div> <div style="text-align: center;">↓</div> <div style="text-align: center;">END</div>	

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QUALITY POLICY POSTING LOCATIONS

Issue/Revision: 1/0

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Prepared by: _____ Date: _____
Management Representative

Approved by: _____ Date: _____
Director

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