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REPORT OF A SEMINAR OF BOARD AND SENIOR STAFF MEMBERS OF MKOMANI CLINIC SOCIETY

8-9 AUGUST, 1992

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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EXECUTIVE SUMMARY

1. Following work in earlier FPMD-funded assignments at Mkomani, a two-day seminar was arranged, attended by Board members and senior staff of Mkomani Clinic Society. The objective of the seminar was:

To determine the appropriate functions of the Board, the tasks which these functions entail, and how these tasks may be best performed.

2. On the first day the Board and senior staff members met in separate groups, the Board members to address those functions which relate to the Board alone (e.g. values of the Society, mission statement, governance of the Society), and the senior staff members to consider what the Board functions should be in relation to the operation of the clinics. On the second day, the two groups met together to address an agenda produced by consolidating the lists of Board/staff functions which each had produced separately.

3. In Section 3, the report sets out the items discussed at the seminar and the conclusions reached. They covered:

Values
Mission statement
External relationships
Ethical standards
Governance of the Society
Functions of the Chairman
Functions of the Secretary
Functions of the Treasurer
Functions of the Vice Chairman
Functions of the Project Advisor
Job descriptions of staff
Performance evaluation of staff
Salaries
Periodic review of the Constitution
Establishing personnel procedures
Actions requiring prior approval of the Board
Responsibility and communication
Monitoring the Society's activities
Ensuring the quality of services delivered
Deciding on training
Budget and Action Plan
Strategic planning

The Society's Constitution provided to staff
Staff General Meetings
Loans and advances
Issues identified but not addressed

4. It was recognized from the start that it was most unlikely all the Board functions would be covered adequately in the discussions during the time available. The report concludes with a list of twenty Action Points which arose from the seminar, two of which are categorized as Immediate and ten as Urgent.

IT MUST BE EMPHASIZED
THAT THE BENEFITS OF THE SEMINAR TO MKOMANI
LIE NOT IN PRODUCING THIS LIST OF ACTION POINTS
BUT IN IMPLEMENTING THEM

1. INTRODUCTION AND SCOPE OF WORK

1.1 Mkomani Clinic Society is a private charitable organization founded in 1980 by a group of African and Asian community leaders in Mombasa to provide family health care services to poor and under-served families in the area. It currently operates two clinics, in Mombasa and Bomu, each with dispensary and laboratory facilities. Both clinics offer maternal and child health care services with comprehensive family planning services including male and female voluntary surgical contraception. It now provides urban community-based distribution (CBD) of contraceptives and a programme of Information, Education and Communication activities in Mombasa Town. Its catchment area covers Island Division, Kisauni Division, Changamwe Division and Likoni Division but patients come from as far away as Kilifi and Kwame.

1.2 In April 1991 the Pathfinder Fund agreed to support Mkomani for three years with the general objectives of:

1. Strengthening service delivery and outreach services through a programme of CBD and community mobilization for family planning and health awareness.

2. Professionalizing management operations and enhancing income generation potential, in order to improve longer-term project sustainability.

Professionalizing management operations will include the strengthening of existing management systems and the adoption of a number of new management systems and procedures; this work will cover Management Information Systems (MIS), financial systems and personnel systems and procedures. The improved and/or new systems and procedures are planned to be developed and implemented in Year One, refined during Year Two (based on the experience with them), and evaluated in Year Three. Technical assistance and support in the development and implementation of these systems is being given by the USAID-funded Family Planning Management Development (FPMD) Project being undertaken by Management Sciences for Health, Boston, USA, and it is under this project that the current assignment has been performed.

1.3 Two earlier FPMD-funded assignments, in December 1991 and January 1992, have addressed the personnel issues in Mkomani. The first reviewed the state of personnel

management in Mkomani, identified the priority issues and proposed a programme of work to strengthen its personnel systems and procedures. The second assignment addressed the most urgent of these issues, and with the assistance of Mkomani staff produced a complete set of staff Job Descriptions and a proposed Salary Scale. The second assignment also produced a draft design of a recruitment and promotion procedure and addressed the question of the roles and responsibilities of the Mkomani Executive Committee (as it is named in the Society's Constitution, but it is referred to in this report as "the Board", following local practice).

1.4 The present assignment follows on from the earlier discussions on the roles and responsibilities of the Board and a subsequent Board document by the Chairman based on those discussions. It has focused on identifying the most important functions of the Board and the corresponding functions of staff in support of these Board functions, at a two-day seminar attended by Board and senior staff members. The detailed Scope of Work is at Annex 1.

1.5 Section 2 of this report describes the preparations and arrangements for the seminar. Section 3 reports on the items discussed at the seminar and the conclusions reached. Section 4 contains a list of the Action Points arising from the work of the seminar.

2. PREPARATIONS AND ARRANGEMENTS FOR THE SEMINAR

2.1 The objective of the seminar was agreed to be:

> To determine the appropriate functions of the Board, the tasks which these functions entail, and how these tasks may be best performed.

In order to achieve this objective, the general plan was that the participants should consider and agree on what the full range of the Board's functions should be, what must be done for each of these functions, and how it should be done (by whom, when, with what resources, etc.)

2.2 In discussions with Board members beforehand, it became clear that Board functions could be divided into two distinct groups:

a) Board functions which relate to the Board alone in which the decisions do not involve staff directly, e.g. values of the Society, mission statement, the governance of the Society, etc.

b) Board functions which relate specifically to the operation of the clinics, e.g. monitoring clinic activities and achievements, ensuring quality of services delivered, job descriptions, etc.

Accordingly, the work of the seminar was divided between the two days available. After a joint introductory session attended by Board members and senior staff (a list of participants is at Annex 2), the two groups split for the remainder of the first day. Board members, with the Project Director and Deputy Director attending as observers, listed all their functions and addressed those which did not involve staff directly (group (a) above); the other senior staff convened separately to list and address the functions which they thought the Board had (or should have) which related directly to the operation of the clinics (group (b) above). On the second day a joint session of Board members and senior staff consolidated their separate lists of proposed Board/ staff items to produce the agenda for the day's work. The document on which the introductory session was based, setting out the planned programme, is at Annex 3.

2.3 At the introductory session it was emphasized that the meeting would be conducted as a guided seminar i.e. a seminar in which all participants had equal status and were expected to make individual contributions to the discussions, and these discussions would be guided by the Chairman of the Board whose role was to keep the meeting focused on useful work and to move on from one topic to the next as the discussions progressed. A number of facilitators were present at the seminar whose function was to provide relevant information on the topics under discussion as and when necessary in order to assist the work of the seminar; in practice a facilitator gave a short introduction to each topic as it was raised, usually supported by a document summarizing the points being made which acted as an aide memoir for participants during the ensuing discussion.

2.4 From the beginning the emphasis was on identifying specific actions which could be taken by the Board and/or staff which would improve the effectiveness of the Society's operations. The primary aim was to reach these decisions and record them in a way which would be useful to the participants. It was sufficient if records of the meeting's decisions (on sheets of newsprint hung on the walls) were explicit and detailed enough to prompt the agreed-upon action subsequently. It was not thought useful to spend time at the meeting going further than this in order to produce watertight statements in a quasi-legal style suitable for inclusion in an official Society document e.g. the Bylaws. For example, one decision was:

- the Society will not work with unregistered or otherwise officially unrecognized organizations, except in special circumstances.

The example of the special circumstances which arose in the discussion was those mission facilities which are so small that formal registration under the Societies Act

has not been thought appropriate up to the present time. It did not seem useful to the objective of the meeting to spend time detailing what all these special circumstances might be. As a consequence of this approach, the recorded list of decisions (in the following Section) may appear imprecise to the reader who was not present at the meeting. However, if the list leads to the agreed-upon actions, its purpose will have been served.

2.5 It was recognized from the start that it was most unlikely all the Board functions would be covered adequately in the discussions during the time available. The final session each day was set aside specifically for the participants to review the work they had accomplished during the day and plan out what remained to be done in that area and how it was to be undertaken. It should be recorded that Board members reconvened on Sunday morning before the scheduled resumption of the seminar in order to continue their work of the previous day.

2.6 At least some of the decisions taken at the seminar will require ratification at a formal Board meeting. For this reason, a meeting of the Board should be held as soon as possible.

3. RESULTS OF THE SEMINAR

VALUES

3.1 It was agreed that the following values are central to all the operations, activities and dealings of the Society They are the qualities by which the Board wishes the Society to be known to those it serves, does business with and with whom it has professional and other contact. They are the values which must underlie all the activities undertaken by Board members and staff on behalf of the Society.

- Quality services and support to the poorer in the community
- Respect and courtesy to all patients and clients
- Preparedness to expand services and support
- Preparedness to work with other providers of support and services
- Services offered to all without discrimination
- Prudence

- Ethical procedures and activities

- Legal and equitable dealings

- Promote and maintain high moral standards of conduct within the Society

MISSION STATEMENT

3.2 In accordance with these values, the Board members stated that the mission of the Society is:

> To ethically promote, establish, foster and manage quality health and family planning services in the Lower Coast Area which are available and affordable to lower-income members of the community and which are delivered with respect and courtesy to patients and clients without discrimination.

EXTERNAL RELATIONSHIPS

3.3 The principles governing the Board's actions in seeking, setting up and maintaining relationships with other organizations were agreed to be:

- the Society is prepared to co-operate with any organization which has the same objectives and values;

- the Society will only enter into relationships which maintain the integrity and autonomy of the Society;

- the Society will enter into relationships with national and international donor and other agencies, provided their provenance does not conflict with Kenya's national policies and the Society's values;

- the Society will not enter into relationships with other organizations whereby it may be brought into direct conflict with Kenya's national policies;

- the Society will not work with unregistered or otherwise officially unrecognized organizations, except in special circumstances;

- the Society will work with a for-profit organization provided the joint work does not provide a direct profit to that organization;

3.4 It was agreed that working with donor agencies called for a number of more specific policy statements to be made, e.g. setting an upper limit on the proportion of the Society's operating budget which is received from one donor. In light of the time constraints on the seminar, this matter was noted and deferred for later action.

3.5 The question was raised of the Society's responsibility and liability for the actions of employees of other organizations under training on its premises. Although all doctors are required to have cover against medical liability, it was not clear whether this would be the operative cover if they were in a training (and therefore supervised) situation. It was agreed that this matter should be pursued later; FPAK has a form of agreement which is used in this situation.

ETHICAL STANDARDS

3.6 The standards of medical ethics to be observed in all the Society's services are those set out by the Kenya Doctors Association and the Kenya Nurses and Midwives Council. Copies of these documents should be obtained by the Project Director who should ensure that all the relevant staff know and follow their contents. The Ministry of Health has recently produced a booklet on Policies and Standards for Family Planning. This should also be obtained to see whether it would be a suitable guide for Mkomani staff.

3.7 The ethical standards which should govern the more general activities of Mkomani are already covered in the list of values above.

GOVERNANCE -- RUNNING THE SOCIETY

3.8 This wide-ranging topic was taken to include two other items which had been identified for discussion:

- allocating functions to Board members and others
- interrelationships between Board members

3.9 The seminar considered the functions of those Board members with specific posts and titles. The following lists of items were produced by Board members. The aim of doing this was to allow for a clearer understanding by Board members of the set of

activities they should undertake and responsibilities they carry on behalf of the Board. It was not the intention to produce specific, detailed, comprehensive and legally unambiguous statements of duties (see para 2.4). The format and style of the items was adequate for this purpose and they are reproduced here verbatim.

3.10 The Chairman

a) Calls meetings of the Board and the Society[1]

b) Takes the chair at meetings of the Board and the Society

c) Responsible for the effective functioning of the Board

d) Cheque signatory power

e) Primary contact point in external relations

f) Maintains an administrative link with the Project Director on behalf of the Board

g) Ensures that no Board member gives instructions in his/her individual capacity to any member of the staff

h) In an emergency the Chairman may assume any of the powers of the Board; in taking emergency action the Chairman will if at all possible consult with other members of the Board and will call a Special Board Meeting to be held within four days in order to report on the matter.

UNFINISHED

3.11 The Secretary

a) Convenes meetings of the Board on the instructions of the Chairman

b) Compiles Board meeting agendas in consultation with Board members

c) Sends out papers for Board meetings at least seven days before the meeting (or the item(s) they relate to need not be discussed)

d) Produces minutes of Board meetings and General Meetings of the Society

[1] Addition which is being proposed by the consultant.

e) Cheque signatory power

f) Responsible for dealing with the Society's correspondence in conjunction with the Chairman and Project Director

g) Has custody of the Membership Roll

h) Responsible for maintaining adequate documentation of the Society's affairs

3.12 The Treasurer

a) Responsible for presenting the annual accounts of the Society to the Annual General Meeting (this is a requirement of The Societies Act)

b) Provides interim accounts to the Board

c) Cheque signatory power

d) Supervises the accounting techniques used in the Society

e) Monitors the Society's finances monthly

f) Approves an annual operating budget for all the Society's activities and presents it to the Board

g) Brings to the attention of the Board the financial implications of the Society's activities

h) Approves financial reports to donors

i) Approves budgets produced for donors and presents them to the Board[2]

j) Raises urgent and important financial issues with the Chairman and the Legal Advisor

k) Makes a regular review and report on the Society's investments

l) Responsible for the safe-keeping of the Society's Certificates of Deposit

3.13 The Vice-Chairman

a) Takes the chair at Board meetings in the absence of the Chairman

[2] Addition which is being proposed by the consultant.

b) Cheque signatory power

UNFINISHED

3.15 The Project Advisor

a) Monitoring the Society's service delivery and administration activities monthly[3]

b) Summarizes to each Board meeting the situation in the clinics since the previous Board meeting (the Project Director should be present to supply detail if required)[4]

c) Takes the lead at Board meetings on discussions about fundraising, which will bring the clinics to a state of self-sufficiency[5]

3.14 The Legal Advisor

The list of functions remains to be produced

3.16 Although this issue was not raised at the seminar, it might be useful if a similar list were produced for the functions of the Project Director in relation to the Board. Such a list would not be the same as the job description, which is concerned mainly with matters of running the clinics. Rather the proposed list would detail the relatively few items which refer to the Board in the set of Responsibilities/ Tasks in the Project Director's job description. A draft of such a list can be found in Annex 4.

3.17 It was suggested that completing these lists of the functions for Board members and others should be considered the first priority of the Board in its subsequent work on the topics covered during the seminar.

3.18 In addition to the functions of Board members, the topic of the governance of the Society was recognized as having a very wide scope. There were a number of factors which were identified as being relevant to this item:

[3]Proposed by the consultant

[4]See Footnote #3

[5]See Footnote #3

- the frequency and regularity of Board meetings

- the time taken at Board meetings by some agenda items e.g. report of clinic activities

- the workload of Board members in their Society activities and ways of alleviating or reducing it

- making immediate improvements in the situation as a matter of urgency and then undertaking a longer-term and more comprehensive review of Board procedures and practices

- the requirements of the Society's Constitution and Bylaws

- reviewing and updating the position and functions of the Trustees

3.19 It was suggested that a sub-committee of the Board be formed to consider these and other factors and to report to the Board with recommendations for action.

JOB DESCRIPTIONS OF STAFF

3.20 Drafts of staff job descriptions are already available from an earlier FPMD-funded Technical Assistance assignment to Mkomani (see "Producing Job Descriptions and a Salary Structure for Mkomani Clinic Society" by Peter Shipp, January 1992). It was agreed that the job descriptions of the senior staff should be considered at an early meeting of the Board and the job descriptions of other staff could be reviewed later.

PERFORMANCE EVALUATION OF STAFF

3.21 Performance evaluations are important if they are to be used in making personnel decisions, e.g. in determining salary increments for staff. A draft list of items to include in a Staff Performance Evaluation Form is available from an earlier FPMD-funded Technical Assistance assignment to Mkomani (see "Strengthening Personnel Systems and Procedures in Mkomani" by Peter Shipp, December 1991). The design of the rating form is actually one of the smaller tasks in implementing such a system. Rather more effort is required on:

a) defining the items and the ratings used in the form in operational terms so that results from different supervisors are consistent;

b) producing a set of instructions on how to operate the new procedure and use the forms (preparations for the interview, conduct of the interview, subsequent activities)

c) training the supervisors in the new procedure

3.22 Board members agreed that they should be more closely involved with the evaluations of senior staff. (It was not clear whether this meant Board members should review the evaluation forms of these staff in detail or whether Board members intended to do these evaluations themselves. Evaluations should be done by the supervisor(s) of each staff member, i.e. somebody with direct knowledge of the staff member's working activities during the year; a Project Director's evaluation is normally done by the Chairman). A summary of the evaluation results of more junior staff should be reported to the Board in a convenient statistical format.

SALARIES

3.23 The determination of the salary structure (scales) and of individual salaries are Board decisions. It was agreed that the salaries of all staff should be reviewed annually in the light of recommendations from the Project Director.

PERIODIC REVIEW OF THE CONSTITUTION

3.24 The present Constitution is that which was produced at the inception of the Society over 10 years ago. It was agreed that some specific details could be updated easily and quickly; this should be done by November 1992 in time for the next Annual General Meeting. The document also needs a more comprehensive review to make it generally more appropriate to the current circumstances.

ESTABLISHING PERSONNEL PROCEDURES

3.25 Discussion of this item also included another on the original list produced by the Board -- Hiring and Firing. It was agreed that as a matter of urgency the Society should have an Mkomani Staff Handbook. The Kenya Federation of Employers, in conjunction with the Unions, have produced a document recommending the form of certain personnel procedures; a copy of this document should be obtained. A draft Introduction and Contents List (showing the recommended scope) of a Mkomani Staff Handbook has been produced in an earlier FPMD-funded Technical Assistance assignment to Mkomani (see "Strengthening Personnel Systems and Procedures in Mkomani" by Peter Shipp, December 1991). This would cover all aspects of personnel administration, including Recruitment and Promotion, Disciplinary Procedures (including appeals procedures in the case of dismissals), Termination of Employment and Loans and Advances, all of which were raised during the seminar. A proposed nine-step recruitment and promotion procedure for Mkomani is set out in "Producing Job Descriptions and a Salary Structure for Mkomani Clinic Society" by Peter Shipp, January 1992

ACTIONS REQUIRING PRIOR APPROVAL OF THE BOARD

3.26 A number of personnel decisions require prior approval of the Board, e.g. salary scales, individual salary changes, recruitment of staff above a certain grade, disciplinary actions above a certain level of seriousness, etc.; each of these would be set out explicitly in a Staff Handbook. A number of financial decisions also require prior approval of the Board. It was agreed that in an emergency, the Project Director could commit expenditures for unexpected and unusual purposes up to an amount of

5,000 Kshs; the payment for these items would be made according to the standard Mkomani financial procedures.

RESPONSIBILITY AND COMMUNICATION

3.27 It was agreed that the Project Director is responsible to the Board for the performance of the staff in the clinics; Board policies and instructions related to activities in the clinics must be passed to the Project Director for implementation. Communications from staff to the Board and vice-versa concerning Mkomani activities should be passed through the Project Director.

MONITORING THE SOCIETY'S ACTIVITIES

3.28 This also covered a further item which had been identified separately -- Setting Targets. It was agreed that the purpose of the Board receiving monitoring information was so that it could assure itself whether or not the Society's activities are proceeding satisfactorily, i.e. in accordance with Board values, policies, instructions and targets. Monitoring information should be provided covering three main areas: Service Delivery; Finance; Administration (including personnel, supplies, etc.) In each of these areas, it would be necessary for the Board to specify the items of information it required, e.g. types of patients and clients. For each item, it must specify a Target to be achieved and how often (frequency) it required information on the item.

3.29 Some items were specified during the seminar:

- Types of patients and clients classified according to the current regular reports to the Board, showing numbers per month, percent of target this month, percent of target year-to-date
- Number of patients treated without charge
- Laboratory services
- Number of hotels visited and the income generated

3.30 It was agreed that the monitoring information should be assembled monthly and a written report sent to all Board members. The Treasurer and the Project Advisor should review this information and raise any queries with the Project Director.

3.31 It was agreed that as a matter of urgency the Project Director should consult with Board members in order to identify the items of monitoring information required, and begin to produce the corresponding monthly monitoring reports as soon as possible. Peter Savosnick, an FPMD consultant in Management Information Systems (MIS), might be able to offer useful comments on this during his next visit. (When the computerized MIS is operating in Mkomani it will produce much of the monthly monitoring information in the format required.)

ENSURING QUALITY OF SERVICES DELIVERED

3.32 The quality of the services delivered by the clinic staff is critical to the success of the Society and its reputation. It was agreed that staff would use the COPE instrument each month for assessing the quality of the services delivered, and a local medical expert would make periodic assessments to check the validity of these self-assessments. The consultant who introduced the COPE assessment form in Mkomani is scheduled to revisit soon and could advise on the self-assessment procedures. Pathfinder has a quality of care assessment form which may be useful. The Medical Director of Pathfinder at HQ, Boston, is to visit Kenya soon, and a Medical Director will soon be located in the Nairobi office.

3.33 Feedback from patients and clients is an important element in assessing quality of care, but this information is given to staff informally and irregularly and it is difficult to collate into an item of regular monitoring information. It was agreed that a suggestions box should be provided for patients and clients, and that they should be encouraged to use it.

DECIDING ON TRAINING

3.34 It was agreed that the Project Director should make periodic recommendations to the Board on staff training programmes (who should go where, for how long, for training in what) for Board review and decision. The training needs of staff (which will be one output of the staff performance assessment procedure) must be evaluated in order to identify where the priorities lie. A possible procedure for doing this, taking account of:

- Mkomani's future plans (training needs)
- Mkomani's present and future resources
- justice to staff

has been outlined in an earlier FPMD-funded Technical Assistance assignment to Mkomani (see "Strengthening Personnel Systems and Procedures in Mkomani" by Peter Shipp, December 1991).

3.35 It was emphasized that, wherever possible, the training should be done using local or national training resources. Also, the staff who undergo such training should sign a bond to continue in service in Mkomani for a period following the training and to pass on their new knowledge and skills to other staff to the extent possible; these points would be covered in an Mkomani Staff Handbook.

BUDGET AND ACTION PLAN

3.36 It was agreed that an annual operating budget for all the Society's activities should be produced; it would be the responsibility of the Treasurer to produce this budget and

present it for Board approval. This budget would be based on the Society's planned activities for the year, which must be formally set out in an Action Plan with targets, to be submitted by the Project Director for consideration and approval by the Board. It would be very desirable for this budget to be available before the Society's Annual General Meeting, scheduled for next January. Thus a practicable timetable would appear to be:

September: draft Action Plan submitted to the Board

October : Action Plan approved

November : draft budget submitted to the Board

December : budget approved by the Board

This allows one month each for the two documents to be produced and one month for the Board's consideration of each. It also means that work should start on the draft Action Plan immediately.

STRATEGIC PLANNING

3.37 It was agreed that strategic planning is vital to the continued success of the Society's activities. Its aim is to identify and set priorities for the future of Mkomani which will guide the organization in its development. The strategic planning process consists of reviewing the environment of the Society (including the needs of the communities which the Society serves) and the strengths, weaknesses, opportunities and threats it faces. This information allows it to identify its strategic options and select those for action, and also identify its longer-term resource requirements. It is a joint activity between the Board and staff in which the Board sets the overall aims and direction of the Society (based on the mission statement), and supports the staff in its work of assembling and analyzing the information in order to produce recommendations for Board review and decision. Some forward-looking activities are already in hand in considering the provision of dental, ophthalmic and ENT services. The exercise should be continued to completion, to consider these and other possibilities, and produce a Strategic Plan.

SOCIETY'S CONSTITUTION PROVIDED TO STAFF

3.38 The Society's constitution is a public document and is available to everybody. Staff can obtain the document as a matter of legal right and it was not thought appropriate for the Board to make any ruling in this matter.

STAFF GENERAL MEETINGS

3.39 It was agreed that it would be desirable for the Board to hold meetings periodically at clinic sites with staff on the job. This might be combined with an annual social gathering of all staff at which the Chairman would review the performance of the Society, present future expectations and plans, and comment generally on staff performance during the year.

THE BOARD SHOULD CONTINUE TO CONSIDER FAVOURABLY APPLICATIONS FOR FINANCIAL AND MATERIAL ASSISTANCE FROM STAFF MEMBERS

3.40 It was agreed that while the Society's policy was to be supportive to its staff, the extent of the assistance it could offer at any time depended absolutely on its financial position at that time.

ISSUES IDENTIFIED BUT NOT ADDRESSED

3.41 Because of time constraints, a number of issues that were identified in the meeting had not been addressed in detail. These were:

Fundraising: the point was made during the seminar that this can be done much more effectively when the results of a strategic planning exercise are available and also when an annual budget has been produced.

Determining staff establishment: the same point was made in relation to this item also.

Reporting to donors/contact with donors: in discussions on the governance of the Society, the point was made that financial and other reports to donors are drafted by staff for Board approval

CLOSING REMARKS

3.42 In a round-table poll of all participants at the end of the seminar, it was the unanimous view that such an opportunity to discuss freely and informally the issues of concern to the Society had been extremely valuable, and the seminar had been most productive.

4. ACTION POINTS ARISING FROM THE SEMINAR

4.1 During the seminar a number of items were identified which call for immediate or urgent action:

Immediate Action

1. The Board should complete the list of functions for Board members and others, paras 3.10, 3.13-3.16.

2. The Project Director should consult with Board members in order to identify the items of monitoring information required, and begin to produce the corresponding monthly monitoring reports as soon as possible, paras 3.28-3.30.

Urgent Action

3. Board policies for working with donor agencies, para 3.4.

4. The Society's responsibility for employees of other organizations being trained on its premises, para 3.5.

5. Booklets on ethical practice from the Kenya Doctors Association and the Kenya Nurses and Midwives Council; booklet on Policies and Standards for Family Planning produced by the Ministry of Health, para 3.6.

6. Sub-Committee to be formed to consider the governance of the Society and make recommendations to the Board, para 3.19.

7. Board to review the job descriptions of senior staff para 3.20.

8. Update specific details of the Constitution by November 1992, para 3.24.

9. Produce an Mkomani Staff Handbook; obtain document on personnel procedures from the Kenya Federation of Employers, para 3.25.

10. Staff to use the COPE instruments for assessing quality of services delivered, para 3.32.

11. Provide a suggestion box in each clinic and encourage patients and clients to use them, para 3.33.

12. Produce an Action Plan and Budget according to the following timetable, para 3.36:

September:	draft Action Plan submitted to the Board
October :	Action Plan approved
November :	draft budget submitted to the Board
December :	budget approved by the Board

4.2 In addition, a number of less urgent actions were identified:

13. Board review of the job descriptions of more junior staff, para 3.20.

14. Instituting an Annual Performance Evaluation of staff, para 3.21, and submitting the results to the Board, para 3.22.

15. Annual review of salaries, para 3.23.

16. A comprehensive review of the Constitution, para 3.24.

17. Arrange for a local medical expert to make periodic assessments of the quality of services being delivered in the clinics, para 3.32.

18. Instituting a procedure for identifying training priorities, para 3.34.

19. Conduct a Strategic Planning exercise to produce a Strategic Plan, para 3.37.

20. Periodic meetings of Board members at clinic sites with staff on the job and an annual social gathering, para 3.39.

4.3 IT MUST BE EMPHASIZED THAT THE BENEFITS OF THE SEMINAR TO MKOMANI CLINIC SOCIETY LIE NOT IN PRODUCING THIS LIST OF ACTION POINTS BUT IN IMPLEMENTING THEM.

ANNEX 1: SCOPE OF WORK

1. To review and assess board/staff relations and to identify key issues to be addressed in the seminar.

2. To plan the agenda for the seminar, in collaboration with project staff and the Board chairman.

3. To facilitate the Board and staff members' work in conducting the seminar.

4. To provide follow-up plans and/or activities which may result from the seminar.

5. To submit a written report to the FPMD Resident Advisor.

ANNEX 2: LIST OF PARTICIPANTS

Board Members

Dr. J.B.O. Okanga	Chairman
Mr. B.T. Parkar	Treasurer
Mr. S. Anjarwalla	Legal Advisor
Mrs. H. Anjarwalla	Project Advisor
Mrs. R. Odindo	

Senior Staff

Mrs. R. Wasunna	Project Director
Mrs. F. Mumba	Deputy Director
Dr. J. Onyango	Senior Project Doctor
Dr. E. Mpate	Project Doctor (Bomu clinic)
Dr. A. Twahir	Project Doctor (Mkomani)
Mr. M. Oluoch	Project Accountant
Mr. V. Were	Clinic Administrator (Bomu)
Mr. P. Meni	Clinic Administrator (Mkomani)

Facilitators

Mrs. S. Fenn	FPMD Resident Advisor, Kenya
Mr. P. Shipp	FPMD consultant
Mrs. E. Lule	Vice President, Africa Region, Pathfinder
Mr. N. Keyonzo	Associate Regional Director, Pathfinder

ANNEX 3

PROGRAMME FOR A MEETING OF
MKOMANI CLINIC SOCIETY BOARD AND SENIOR STAFF
AUGUST 8-9 1992

1. TIMETABLE

The weekend will be divided into seven working sessions as follows:

SATURDAY, AUGUST 8

9.00 - 10.30	SESSION 1
10.30 - 11.00	Refreshment
11.00 - 1.00	SESSION 2
1.00 - 2.00	Lunch
2.00 - 3.30	SESSION 3
3.30 - 4.00	Refreshment
4.00 - 5.00	SESSION 4
8.30	Dinner at the invitation of the Chairman

SUNDAY, AUGUST 9

9.00 - 10.30	NO SESSION
10.30 - 11.00	Refreshment
11.00 - 1.00	SESSION 5
1.00 - 2.00	Lunch
2.00 - 3.30	SESSION 6
3.30 - 4.00	Refreshment
4.00 - 5.00	SESSION 7

2. STYLE AND CONDUCT OF THE MEETING

The proposed style of the meeting is not as a formal meeting of the Executive Committee, nor a workshop with a Director and with preplanned tasks which must be accomplished according to a fixed schedule. Rather the meeting will be conducted as a guided seminar:

> a seminar in which all participants have equal status and are expected to make individual contributions to the discussions;
>
> guided by the Chairman whose role is to keep the meeting focused on useful work and to move on from one topic to the next as the discussions progress.

It is suggested that this style offers the flexibility and informality appropriate to the task of the meeting.

A number of facilitators will also attend the meeting, whose function is to provide relevant information on the topics under discussion as necessary, in order to assist the work of the seminar.

3. OBJECTIVE OF THE MEETING

The objective of the meeting is:

> To determine the appropriate functions of the Board, the tasks which these functions entail, and how they may be best performed.

In order to achieve this objective the meeting is invited to consider and agree on what the full range of the Board's functions should be, and then for each of these functions what must be done and how it should be done (by whom, when, with what resources, etc.)

4. MAIN AREAS OF DISCUSSION

The functions of a Board can be divided into two main groups:

- outward looking functions which set the place of the Society in the community it serves and how it governs itself. This group includes the basic values of the Society which should underlie all its activities, the mission statement which embodies these values, external relationships with other organizations, potential donors, strategic planning, etc. These functions are the responsibility of the Board members alone, although some of them (particularly values) have a considerable effect on staff activities.

- inward looking functions by which the Board assures itself that the operations of the Society are in accordance with its values, policies, and instructions. This group includes setting targets for the operations, setting limits on what is acceptable (e.g. quality, methods and procedures used, etc.), procedures for monitoring the performance of the Society's employees, etc. These functions are a responsibility of both the Board and staff.

5. PROGRAMME

In order for the discussions to cover the full range of functions of the Board, it is proposed to schedule the sessions as follows:

SESSION 1: INTRODUCTION

Welcome
Objective of the meeting (see Item 3 above)
Programme to be followed (see below)
Conduct of the meeting (see Item 2 above)

SESSIONS 2-4: BOARD FUNCTIONS

(Saturday) Set out the whole range of these functions and focus discussion on the outward looking items in the list.
These sessions will be attended by all Board members, with the Director and Deputy Director present as observers.

SESSIONS 5-7: BOARD/STAFF RELATIONSHIPS

(Sunday) Focus discussion on the inward looking items in the list.
These sessions will be attended by all Board members and senior staff.

For each main group, the first session (Session 2, Session 5) will start with an introduction to the topic area to assist participants in planning their work according to the time available. In each main group, the last session (Session 4, Session 7) is only one hour; participants will be invited to review the work that has been done, identify any work that remains to be done in the topic area, and plan how it is to be accomplished.

ANNEX 4
PROPOSED LIST OF FUNCTIONS OF THE PROJECT DIRECTOR IN RELATION TO THE BOARD

a) Responsible to the Board for the performance of the staff in the clinics.

b) Cheque signatory power.

c) Maintains administrative link between staff and Board.

d) Responsible for the implementation of the Board's policies and instructions relating to the clinics.

e) Submits regular monitoring information on clinic activities and finances to the Board and attends Board meetings to answer questions on it.

f) Submits an annual Action Plan to the Board for consideration and approval.

g) Submits an annual budget to the Treasurer for consideration and approval.

h) Submits plans, budgets and reports for donors to the Board for consideration and approval.

i) Carries out appraisals of senior staff, submitting the results to the Board and giving recommendations.

j) Responsible for the security of the clinics and their contents.