



KENYA FORESTRY RESEARCH INSTITUTE

INTERGRATED ISO 9001:2015 and ISO 14001:2015

**STANDARD OPERATING
PROCEDURES**

These Standard Operating Procedures have been developed and approved for use in the Institute ensure effective service delivery and sound environmental management in line with ISO 9001:2015 and ISO 14001:2015 standards

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TERMS, DEFINITIONS & ACRONYMS

- AO - Administrative Officer
- APP - Annual Procurement Plan
- ARD - Assistant Regional Director
- ASK - Agricultural Society of Kenya
- AV- Audio visual
- BAC – A committee of the Board of Directors of KEFRI tasked with the oversight function.
- BDK – Balance due to KEFRI
- BDO - Business Development officer
- BoD- Board of Directors
- BU –Bring Up
- CA – Centre Administration
- CAJ – Commission on Administrative Justice
- CHERP- Central Highlands Eco region Research Programme
- CS – Cabinet Secretary
- CSR- Corporate Social Representative
- DDA - Deputy Director Administration
- DD-CAQA - Deputy Director Corporate Affairs and Quality Assurance
- DD HR – Deputy Director, Human Resource
- DDF – Deputy Director Finance
- DD-FPHTI- Deputy Director Forest Productivity, Health and Tree Improvement
- DDs- Deputy Directors
- DN- Delivery Note
- DOSHS - Directorate of Occupational Safety & Health Services
- DRDs - Deputy Regional Directors
- Effluent – Wastewater
- EFT – Electronic Funds Transfer
- EIA –Environmental Impact Assessment
- EMCA -Environmental Management and Coordination Act
- EMS - Environmental Management System
- EOSHEPRAP – Environmental and Occupational Safety and Health Emergency Preparedness Response Action Plans
- ERCC- Eco-region Research Consultative Committee
- ERP - Enterprise Resource Planning
- eTIMS- electronic Tax Invoice Management System
- FRSS – Forest Research Support Service
- FSC - Forester in Charge of Seed Collection
- GEM – General Enterprise Manager
- GIMIS - Government Investment Information Systems

- GL- General Ledger
- GME- General Manager Enterprises
- GR – Goods Return
- GRN/SRN - Goods Received Note /Service Received Note
- HA –Head of Archives
- HBR&LC- Head Biosciences Research and Lab Coordination Program
- HGeomatics – Head Geographical Information System & Remote Sensing
- H-ICT – Head of Information Communication and Technology
- HKM – Head of Knowledge Management
- HM&E – Head of Monitoring and Evaluation
- HoA – Head of Administration
- HoD- Head of Division/ Unit/ Centre/ Sub-Centre/ Section
- HoR –Head of Registry
- HOS - Head of Section
- HQ- Head Quarters
- HRD - Human Resource Department
- HRMACs - Human Resource Management Advisory Committees
- HRSS – Head of Research Support Section
- ICT – Information Communication and Technology
- ICTO – Information Communication and Technology Officer
- IFRS – International Financial Reporting Standards
- IPSAS – International Public Sector Accounting Standards
- IFMIS -Integrated Financial Management Information System
- IMS -Integrated Management System
- IO- Instrumentation Officer
- IPM – Integrated Pest Management
- ISTA– International Seed Testing Association
- KeHRMAC –KEFRI Human Resource Management Advisory Committee
- KEPHIS – Kenya Plant Health Inspectorate Services
- KFSC- Kenya Forestry Seed Centre
- KM – Knowledge Management
- KSTCIE - Kenya Standing Technical Committee on Import and Export
- LH – Laboratory Head
- LPO/LSO - Local Purchase Order/ Local Service Order
- M&E – Monitoring and Evaluation
- MIA- Manager Internal Audit
- MLT - Medical Laboratory Technologist
- MOA -Memorandum of Agreement
- MOH - Ministry of Health

- Morbidity- the incidence or prevalence of a disease
- Mother tree- tree used as a producer of high-quality seed
- MOU- Memorandum of Understanding
- MR - Management Representative
- MSCM – Manager Supply Chain Management
- NACADA - National Authority for Campaigns Against Drug & Substance Abuse
- NACC - National AIDS Control Council
- NCPWD – National Council of Persons with Disability
- NEMA - National Environment Management Authority
- NTSPC - National Tree Seed Production Coordinator
- OB – Occurrence Book
- OECD - Organization for Economic Co-operation and Development
- OSHA- Occupational Safety and Health Act 2007
- PC - Performance Contract
- PCA- Payment Change Advice
- PD – Programme Director
- PDF- Portable Document Format
- PHO - Public Health Officer
- PI - Principal Investigator / Project Manager
- PPADA - Public Procurement and Asset Disposal Act
- PPADR - Public Procurement and Asset Disposal Regulations
- PPE –Personal Protective Equipment
- PPIP- Public Procurement Information Portal
- PPRA - Public Procurement Regulatory Authority
- PR - Purchase Requisition
- PV-Payment Voucher
- Ramet – The individual member of a clone
- RBCs- Regional Bioscience Coordinators
- RC – Revenue Clerk
- RCO - Registered Clinical Officer
- RD - Regional Director.
- RDs- Regional Directors
- RMP&RI– Resource Mobilization, Partnerships and International Relations
- RN - Return Note
- RNO - Registered Nursing Officer
- Rootstock -The lower portion of the graft that develops into the root system of
- RPO - A recovery point objective (RPO) is the maximum amount of data loss that would be acceptable to an organization.
- RSCMO -Regional Supply Chain Management Officer

- RTGS – Real Time Gross Settlement
- RTO - A recovery time objective
- S11 – Issue Note
- S3 - Stores ledger and stock control card
- S5- Bin card
- Scion -The aerial plant part, often a branchlet that is grafted onto the root-bearing
- SCMA - Supply Chain Management Assistant
- SCMO-Supply Chain Management Officer
- SCSCMO – Sub Centre Supply Chain Management Officer
- SDD CS – Senior Deputy Director Corporate Service
- SDD-R&D - Senior Deputy Director Research and Development
- SLA – Service Level Agreement
- SR- Stores Requisitions
- SRC - Salaries and Remuneration Commission
- TM – Training Manager
- TO – Training Officer
- TSEM – Tree Seed Enterprise Manager
- VBC-Vote Book Control
- Waste receptacle – Temporary central waste holding facility within KEFRI premises.

RESEARCH AND DEVELOPMENT

STANDARD OPERATING PROCEDURES

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PROCEDURE 1: FORESTRY RESEARCH AND DEVELOPMENT

1.0 Purpose

To ensure effective and efficient development of forest research technologies.

1.1 Scope

The procedure shall cover all activities geared towards the effective and efficient development and implementation of forestry technologies for sustainable forests.

1.3 Responsibility

SDD-R&D, DDs, and RDs shall ensure adherence to this procedure.

2.0 STEPS

2.1 Research concept development

- 2.1.1 The SDD-R&D through the DDs of the respective thematic research and development areas shall within the 3rd quarter of every financial year call for submission of research concepts.
- 2.1.2 Upon receipt of the request, the RDs shall constitute pre-ERCC to review ongoing research projects and evaluate new concepts and proposals.
- 2.1.3 The RDs shall send the pre-ERCC outcome and reports to the DDs and SDD-R&D for review, evaluation, and recommendation within 1 month.
- 2.1.4 The respective DDs shall provide feedback on the pre-ERCC outcome to the RDs.
- 2.1.5 Upon receipt of the feedback, the RDs shall constitute the ERCC considering the potential support areas identified by the DDs.
- 2.1.6 During the ERCC, scientists shall present results from existing projects, and new concepts for potential projects recommended by the DDs and SDD-R&D.
- 2.1.7 The stakeholders shall also be accorded the opportunity to have input in the proposed research activities
- 2.1.8 Respective thematic DDs shall communicate the feedback to RDs on the submitted concepts as per the communication procedure
- 2.1.9 The DDs shall ensure that stakeholders' feedback is incorporated into the research projects.
- 2.1.10 The proposals approved during following the ERCC shall be presented by respective thematic DDs to the pre-consultative and consultative meetings for consideration and approval by Management
- 2.1.11 The approved concepts shall be incorporated into the Research and Development annual workplan and individual scientists' performance contracts for implementation

2.2 Research Proposal Development

- 2.2.1 Upon funding approval of research concepts, scientists shall proceed with full proposal development for approved research concepts in consultation with the Biometrics and GIS section.
- 2.2.2 The proposals shall be as per the prescribed template
- 2.2.3 The proposal shall include methodology, research protocol, and data management plan.

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2.2.4 The Principal Investigators (PIs) shall submit the proposals to the DDs through RDs for consolidation into multidisciplinary research projects.

2.3 Execution of Research

2.3.1 The project PIs in liaison with the respective RDs shall coordinate the research team in implementing the research.

2.3.2 During implementation, the research team shall review the work plan in line with the available resources and assign roles.

2.3.3 The PIs shall design the experiment and develop appropriate data collection tools in consultation with the Biometrician.

2.3.4 The PIs shall develop an operational work plan and budget for approval and apply for funds to implement the research.

2.3.5 The PIs shall set up trials/tests/experiments/studies to answer the research question once approval for utilization of the research funds is granted.

2.3.6 A pre-test of the data collection tools shall be carried out, from which the PIs shall, as applicable, adjust their trials/tests/experiments/studies and data collection tools.

2.3.7 For research plots, an experimental register shall be developed detailing the date of establishment and silvicultural operations, and emerging issues shall be maintained for each demonstration plot.

2.3.8 The PIs shall collect, enter data, and consult the Biometrics section to analyze the data using the appropriate statistical tools.

2.3.9 The PIs shall submit quarterly progress reports to the respective DDs through the Regional office.

2.3.10 Research involving laboratory testing shall be done as per the laboratory management procedures.

2.3.11 At the end of the financial year, the PIs shall prepare a report highlighting the findings, challenges, and recommendations for further research.

2.3.12 The PIs shall document the research findings and outputs in appropriate publications.

2.3.13 These shall include technical reports, technical & research notes, guidelines, journal papers, book chapters, and policy briefs.

2.3.14 In the case of policy briefs, the DDs shall liaise with relevant stakeholders for further discussion and policy formulation.

2.3.15 In case new technologies are developed, the PIs shall liaise with relevant agencies/stakeholders/partners to validate the technologies/innovations and explore technology incubation.

2.3.16 The PIs in liaison with the knowledge management shall update the Technology Register Form for all the technologies developed.

2.3.17 The PIs shall liaise with management for the applicable; Intellectual Property Rights registration, subsequent internal commercialization, and dissemination as per the knowledge management procedure.

2.3.18 In the case of donor-funded projects, the research shall be executed as per the grant agreements and requirements.

2.3.19 The RDs and ARDs shall maintain and update the register of forestry technologies developed in their respective regions using the register of forestry technologies

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2.4 Introduction of Alien Species

- 2.4.1 The PI shall inform the Director in writing of the necessity of introducing proposed alien species.
- 2.4.2 The PI through the Director shall apply to the Kenya Standing Technical Committee on Imports and Exports (KSTCIE) with supporting documentation, justifying the importation's necessity and safety.
- 2.4.3 KSTCIE shall respond to the application with specific conditions on importation.
- 2.4.4 The Director shall present the KSTCIE report to KEPHIS to facilitate the provision of import permit
- 2.4.5 Upon approval, KEFRI shall import the alien species in compliance with the set conditions of the importation permit.
- 2.4.6 Upon the species' arrival at KEFRI the PI shall take the species into an open or closed quarantine facility for observation and further research and shall submit copies of compliances to KEPHIS on the condition of the quarantined species.
- 2.4.7 The Director shall commission the PI to conduct pilot trials/multiplication/breeding/testing of the alien species as may be necessary for containment.
- 2.4.8 The Director shall seek the release permit from KSTCIE and upon receipt of a release permit may release the alien species into the field.
- 2.4.9 The Director shall commission an Environmental Impact Assessment (EIA) to monitor and evaluate the performance of the new species as a legal requirement.

2.5 Management of Invasive Species

- 2.5.1 The RDs in consultation with the forester and the silviculturist shall ensure early detection of invasive species, through risk monitoring, incidence communication from stakeholders, and random field spot-checks.
- 2.5.2 RDs in consultation with the IPM team shall be responsible for developing relevant data collection and mapping tools for the location and quantifying the severity of the invasive species.
- 2.5.3 The areas of incidence of these species shall be described at the population level about size, density, diversity, and nature of spread e.g., clumping, or spread. The description shall designate areas of importance such as drinking wells, wildlife habitats for threatened and endangered species, and land adjacent to National Parks, Monuments, etc.
- 2.5.4 The IPM team shall draft research-based management plans and conduct the research as appropriate.
- 2.5.5 Upon the validation of applicable control mechanisms, research technologies on management procedures (biological, chemical, mechanical) shall be disseminated to respective stakeholders through the channels identified.
- 2.5.6 For each identified invasive species, the compendium of invasive species shall be updated and maintained by IPM for subsequent follow-up for management and control.

2.6 Dissemination of Forestry Technologies

- 2.6.1 The Institute shall prioritize the dissemination of forest technologies through training, demonstration plots, and field days.
- 2.6.2 Demonstration plots shall be established in secured public and private lands according to the respective Technical Orders (TO) for the tree species.

- 2.6.3 All existing demonstration plots shall be maintained appropriately through weeding, slashing, pruning, and thinning for best practices.
- 2.6.4 The SDDR&D shall facilitate scientists to participate in seminars, workshops, and scientific conferences
- 2.6.5 Colloquiums shall be held at least twice a year in every region for continued information dissemination amongst scientists and technical staff.
- 2.6.6 RDs shall coordinate and facilitate open days, farmer's field days, and participation in national and county events, trade fairs, exhibitions, and ASK shows. These shall be channels used for outreach and dissemination to stakeholders.
- 2.6.7 Other dissemination channels shall include print, electronic, and social media, and marking of relevant international days
- 2.6.8 Stakeholder feedback shall be obtained during dissemination fora and shall be handled as per the Procedure for handling customer feedback.

3.0 Documented Information Retained

1. ERCC stakeholder feedback documentation
3. Research concepts note /proposal template
4. Research Protocol Template Form
5. Technology Register Form
6. Closed quarantine facility monitoring form
7. Open quarantine facility monitoring form
8. Research proposal feedback form
9. Register of developed technologies

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PROCEDURE 2: TREE SEED PRODUCTION AND QUALITY TESTING

1.0 Purpose

To ensure that KEFRI produces quality tree seed for tree growing programs nationwide.

1.2 Scope

This procedure shall apply to seed collection, handling, and quality control.

1.3 Responsibility

The DD-FPHTI in consultation with RDs, NTSPC, Manager KFSC, TSEM, and GEM shall ensure the implementation of this procedure

2.0 STEPS

2.1 Production of Quality Tree Seeds

2.1.1 The FSC in consultation with the RD shall identify and document potential seed sources.

2.1.2 The DD-FPHTI in consultation with NTSPC and Manager KFSC shall approve the seed sources for registration by the Director KEFRI.

2.1.3 The approved seed sources shall be available in all seed management units for use

2.2 Seed Collection and Other Field Activities

2.2.1 The National Tree Seed Production Coordinator shall convene a consultative forum with GME, TSEM, Manager KFSC, RDs, and foresters in charge of seed collection within KEFRI to review achievements for the previous year's activities and set targets for the following financial year.

2.2.2 The DD-FPHTI shall submit the annual targets for approval by KEFRI Management as part of the FPHTI Annual work plan.

2.2.3 RDs and FSC shall then prepare activity-based work plans for their respective regional centers and submit applicable documents.

2.2.4 The NTSPC shall coordinate the acquisition of seed collection permits from the relevant authorities for seed sources on private land or in wildlife areas.

2.2.5 The NTSPC shall approve the activity-based based work plan for resource disbursement.

2.2.6 The FSC and associated seed collection team shall use the approved work plans and budgets to apply for seed collection funds

2.2.7 RDs and FSCs shall ensure that seeds are collected from identified and approved sources.

2.2.8 The FSC shall ensure seed collection and the safety of equipment is in good condition.

2.2.9 The FSC shall conduct a cutting test before every seed collection to determine the seed maturity and any infection and record the test results in the seed collection report form.

2.2.10 Based on the cutting test results the FSCs shall collect seeds from at least 30 seed trees to minimize the dangers of narrowing down the genetic variation and maintaining genetic diversity.

2.2.11 Seed collection forms shall be filled in the field during seed collection and seeds labeled appropriately to comprise the seed collection report.

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2.2.12 All collected seeds shall be kept in a temporary store which shall be well ventilated to avoid deterioration.

2.3 Seed Processing

2.3.1 The FSC shall ensure that seeds are processed immediately after collection and where applicable dried to avoid deterioration.

2.4 Seed Extraction

2.4.1 The collected seeds shall be extracted according to species requirements as per the tree seed handbook or any other current guidelines.

2.4.2 Seeds shall be dried according to the species requirements as per the tree seed handbook or any other current guidelines.

2.4.3 Applicable seed processing details shall be recorded in the seed collection report.

2.5 Seed Storage / Transfer

2.5.1 The FSC shall ensure that once the seed is dry, it is immediately put in appropriate storage material (for most seeds, air-tight plastic containers) and either handed over to the seed receiving clerk/supplies officer at the center or dispatched to the seed receiving clerk at KFSC MUGUGA.

2.5.2 Any seed stored at the respective seed collection centers shall be duly reported to the NTSPC.

2.5.3 Any lots dispatched to KFSC for further processing, quality control monitoring, and storage shall be dispatched with a seed collection report

2.5.4 The seed receiving clerk/supplies officer at every seed store shall ensure that all incoming seeds are weighed and entered in the seed register and allocated the appropriate batch number and seed test number.

2.5.5 The receiving clerk/supplies officer shall further ensure that all such seeds are subjected to quick moisture determination and cutting tests.

2.6 Seed testing at Seed Collection Center

2.6.1 The FSC/RD shall ensure samples are submitted to the lab for applicable seed tests at the seed collection center.

2.6.2 The officer in charge of seed quality assurance/seed testing shall ensure applicable seed tests are undertaken and results shared with KFSC.

2.6.3 The FSC shall also ensure samples for quality control are also dispatched to KFSC Muguga.

2.6.4 Upon receipt of the samples and subsequent testing, KFSC Muguga shall share their seed test results with the respective FSC for comparison

2.6.5 Seed testing for germination capacity and quality shall be done before storage and periodically during storage.

2.6.6 Based on observations during seed testing, seed health tests shall be done at the IPM labs to ensure only clean, pest and disease-free seeds are stored.

2.6.7 Proficiency testing shall be conducted across all seed testing labs biannually as per the procedure for bioscience and laboratory coordination.

2.7 Seed Quality Control

- 2.7.1 Seed quality control testing shall be undertaken at the KFSC laboratory at Muguga.
- 2.7.2 The Manager KFSC shall ensure that seed samples are tested as guided by International Seed Testing Association (ISTA) guidelines and in compliance with the Seed Testing Instructions at Kenya Forestry Seed Center Laboratory.
- 2.7.3 Every quarter the Manager KFSC shall submit seed quality reports to DD-FPHTI, NTSPC, and TSEM.
- 2.7.4 The Manager KFSC shall ensure seed quality results are shared with the officer in charge of seed quality assurance, and the NTSPC shall ensure the results are shared with the FSC quarterly.
- 2.7.5 The Manager KFSC Seeds shall advise the DD-FPHTI and NTSPC on seed lots to meet the minimum required standards for distribution, and those that shall be quarantined for not meeting viability and quality standards.
- 2.7.6 The NTSPC shall clear seed lots that meet viability and quality standards with the TSEM for distribution.
- 2.7.7 Subject to results from further quality testing, the Manager KFSC shall advise the DD-FPHTI and NTSPC for the disposal of seeds that do not meet quality standards.
- 2.7.8 The DD-FPHTI shall prepare a report for the seed distribution and disposal committee for appropriate action.

2.8 Seed Quality Control Laboratory Analysis and Measuring Equipment

- 2.8.1 Control of seed quality laboratory analysis and measuring equipment shall be done according to the Bioscience research and laboratory coordination program procedure, Procedure 1.

3.0 Documented information retained

- 1. [Quarterly seed collection work plan](#)
- 2. [Seed collection report](#)
- 3. [Seed results sharing form](#)
- 4. [Technical and Financial seed collection report](#)
- 5. [Seed dispatch form](#)
- 6. [Tree Seed Germination test form](#)
- 7. [Tree Seed Moisture Content form](#)
- 8. [Tree Seed Weight Determination form](#)
- 9. [Tree seed purity form](#)
- 10. [Tree seed cutting test form](#)

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PROCEDURE 3: TREE NURSERY ESTABLISHMENT AND MANAGEMENT

1.0 Purpose:

To ensure the production and supply of quality tree seedlings for target tree species for research, agroforestry, commercial forestry, fruit tree production, and conservation.

1.1 Scope:

This procedure shall apply to all nursery operations for KEFRI tree nurseries.

1.2 Responsibility

The RDs and ARDs shall be responsible for producing quality seedlings in KEFRI tree nurseries in their respective ecoregions.

2.0 STEPS

2.0 Production of general tree seedlings

- 2.1.1 The DD-FPHTI, RDs, and ARDs in consultation with the Enterprise Manager, shall determine and prioritize desirable tree species and seedling quantities to propagate in KEFRI nurseries for research and production for commercial purposes.
- 2.1.2 The forester in charge of the tree nursery shall prepare a calendar of events for the financial year.
- 2.1.3 Thematic area PI/forester in charge of the tree nursery in liaison with the RD/ARD shall develop a budget for procurement of supplies for production and nursery inputs/ tools and equipment and submit it to the DD FPHTI and/or enterprise manager for funding
- 2.1.4 The forester/PI/OIC in liaison with the supply chain management officer shall procure the required supplies for production, tools, and equipment inputs as per the specification
- 2.1.5 The forester shall ensure nursery operations are carried out at appropriate times of the year: nursery preparation, collection of forest soils, sand, and manure; potting and preparation of sowing and seedling beds, seed sowing, pricking out, labeling, IPM weeding, watering, sorting, root pruning and hardening off.
- 2.1.6 The Forester shall keep a catalog of tree seedlings at the nursery
- 2.1.7 The forester in liaison with the Enterprise manager shall update 50% of seedlings raised into the ERP system and the tree seedlings production form. Distribution of seedlings (30 per FY) to internal staff shall be recorded in the staff seedling issuance form.
- 2.1.8 The forester shall sell seedlings according to the procedure for the sale of seeds and seedlings
- 2.1.9 The forester shall maintain up-to-date records of all the nursery operations and submit MONTHLY and consolidate annually to thematic area PI, ARD, RD.
- 2.1.10 The PI/forester in charge of the nursery shall (restructuring) ensure there is proper use of alternatives to plastics while undertaking potting activities. These alternatives may include but are not limited to Swaziland beds, Unigro trays, and root trainers.
- 2.1.11 The waste generated from the nursery shall be disposed of as per the procedure for handling and disposal of non-hazardous waste.

2.1.12 Research on difficult-to-propagate tree species shall be done to identify mechanisms impeding successful propagation and records of the experiments maintained.

2.1.13 Protocols for the propagation of such species shall be developed and maintained at the nurseries

3.0 Documented information retained

1. [Tree Seedlings Issuance Form](#)
2. [Tree Nursery Seedling Production Form](#)
3. [Staff seedling issuance form](#)
4. [Tree Seedling Gate pass](#)

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PROCEDURE 4: TREE BREEDING AND GERmplasm IMPROVEMENT

1.0 Purpose

To ensure effective and sustainable production and supply of improved tree germplasm for afforestation, reforestation, and rehabilitation programs.

1.1 Scope

This procedure shall apply to the establishment and management of all seed orchards, seed stands, and tree improvement activities.

1.2 Responsibility

The DD-FPHTI and tree breeders shall be responsible for ensuring this procedure is implemented.

2.0 STEPS

2.1 Establishment of seed stands and seed orchards

- 2.1.1 The basic material for the establishment of the seed orchard shall be derived from selected stands, selected single mother trees, and progeny trials or from other seed orchards.
- 2.1.2 The ecological conditions of the provenance or origin of the basic material shall be known and documented.
- 2.1.3 The site for establishment shall be where the ecological conditions are like the species requirements.
- 2.1.4 Conditions of the site of establishment shall be conducive for uniform pollination of all trees.
- 2.1.5 Seed orchards shall have a minimum distance of at least 100 meters (about 328.08 ft) from trees of the same species or from trees of a species that can form hybrids with the species in question.
- 2.1.6 Seedling seed orchards shall be established from seeds collected from at least 15 but preferably 30 mother trees of the target species.
- 2.1.7 Such seedling orchards shall occupy at least 2.0 hectares.
- 2.1.8 The initial spacing shall be as per the requirements of the target species and ecological conditions of the Eco regions.
- 2.1.9 The planting design shall be such that the seedlings of different families and clones are randomly distributed. The treatment shall be as specified in the experimental files.
- 2.1.10 Clonal seed orchards shall be established with a minimum number of at least 15 but preferably 30 clones with at least 20 ramets per clone.
- 2.1.11 The distribution of clones during establishment shall consider future thinning measures necessary for good crown development.
- 2.1.12 At least 90% of the clones with an equal number of ramets shall be represented at all stages of seed orchard establishment and thinning.
- 2.1.13 The clones shall be marked so that their identification shall be possible during all ages of the orchard.
- 2.1.14 Seeds shall also be collected from conservation stands. These are trees that are threatened or endangered and require preservation against extinction.

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2.1.15 Records of established seed orchards and seed stands shall be maintained at the respective centers

2.2 Maintenance and Management of Seed Sources

- 2.2.1 The maintenance of seed sources shall include weeding, removing harmful agents, and protecting against fires and slashing shall be done to facilitate access and seed collection.
- 2.2.2 All seed sources shall be labeled and branded as per branding procedure.
- 2.2.3 The seed sources shall be fenced, where necessary, to prevent vandalism.
- 2.2.4 Thinning of seed sources other than seed orchards can be done either selectively or systematically.
- 2.2.5 Systematic thinning aims at reducing the number of trees per hectare, to stimulate general development and facilitate future fruit/seed production. Undesirable phenotypes and/or promoting good phenotypes are obtained by selective thinning.
- 2.2.6 Management of seed sources shall aim at improving the quality, quantity, and ease of collection of the seed produced (management protocols for different categories of seed sources).

3.0 Documented information retained.

1. Silvicultural treatment report
2. Seed sources registers
3. Nursery performance records of the grafts

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PROCEDURE 5: DEVELOPMENT OF FOREST PRODUCTS

1.0 Purpose

To ensure effectiveness and efficiency in the development and promotion of forestry products towards entrepreneurship

1.1 Scope

The procedure covers all forest product development and enterprise activities that are geared towards the efficient development and promotion of forest products for sustainable forest resource utilization and enterprise development.

1.2 Responsibility

The DD-FPED and the RDs shall be responsible for ensuring this procedure is implemented.

2.0 STEPS

2.1 Forest Products and Entrepreneurship Development

- 2.1.1 DD-FPED in collaboration with researchers shall identify and document priority timber and non-timber forest products that can be commercialized in all eco-regions.
- 2.1.2 New tree products shall be identified and prioritized, and key tree species shall be identified for product development and incubation.
- 2.1.3 Resource mapping of the potential plants/resources to determine quantities available shall be done and documented.
- 2.1.4 Value chain analysis of prioritized products shall be carried out to identify major market characteristics.
- 2.1.5 The basic materials for the development of forest products shall be obtained sustainably from existing forests, woodlots, and farms.
- 2.1.6 Development of sale agreements/ memoranda of agreements or authority shall be done with resource owners before extraction.
- 2.1.7 The raw materials shall be analyzed for quality and active compounds identified.
- 2.1.8 The active compounds shall be used in product formulation using standard procedures
- 2.1.9 The formulation shall be refined and optimized using standard procedures.
- 2.1.10 Work instruction or protocols on forest products development of successful products shall be developed and updated for reference.
- 2.1.11 The developed forest products shall be displayed, and an inventory of the products developed and updated.
- 2.1.12 Developed forest products shall be submitted to KEBS for standardization and approval.
- 2.1.13 Key innovations shall be patented.
- 2.1.14 The information on developed products shall be disseminated and promoted through field days and exhibition.
- 2.1.15 Interested stakeholders and SMEs shall apply for training to the Director for various product development technologies that can be commercialized.

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- 2.1.16 Upon approval, successful applicants shall be trained on the process of developing the forest products
- 2.1.17 Monitoring and evaluation of the trained SMEs shall be done to ascertain the level of uptake and address any shortcomings if necessary
- 2.1.18 On an annual basis, the percentage of products upscaled to SMEs shall be determined and documented.

3.0 Documented information retained

- 1. Material source register
- 2. [Inventory of developed forest products](#)
- 3. Work instructions on forest product development
- 4. Sale agreements /MoAs

SUPPLY CHAIN MANAGEMENT

STANDARD OPERATING PROCEDURES

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PROCEDURE 1: PROCUREMENT

1.0 Purpose

The objective is to promote positive customer experience management through a system that is fair, equitable, transparent, competitive, and cost-effective.

1.1. Scope

This procedure shall apply to the entire procurement and assets management cycles at KEFRI.

1.2 Principal Responsibility

The MSCM shall ensure adherence to this procedure.

2.0 STEPS

2.1 General

The process of procuring shall constitute the following:

1. Registration of suppliers for goods, works and services
2. Preparation of Annual Procurement Plan (APP)
3. Raising of a PR
4. Preparation of Quotation or Tender Document
5. Circulation of quotation to registered firms or advertisement of tenders
6. Opening of quotations/tenders
7. Evaluation of quotations/ tenders
8. Preparation of professional opinion
9. Markey survey before award
10. Preparation and signing of contracts
11. Raising and dispatch of LPO/LSO
12. Appointment of contract implementation team or inspection and acceptance committee where applicable.
13. Preparation of inspection and acceptance reports
14. Receiving of goods and services
15. Requisition of goods from the store by user departments
16. Issuance of goods to users
17. Payment processing
18. Supplier evaluation for long-term service contracts

Each of these activities shall be adhered to as prescribed below:

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2.2 Registration of suppliers for goods works, and services

- 2.2.1 The MSCM shall publicize the intention to register suppliers once every two years and ensure the tender document is uploaded on the KEFRI website and PPIP.
- 2.2.2 The notice for registration shall not apply to Youth, Women, and Persons living with disabilities registered by the National treasury whose registration shall be immediate upon registration request.
- 2.2.3 The Institute shall allow the prospective candidates at least 14 days to prepare and submit the application for registration through the ERP Supplier portal.
- 2.2.4 The Director shall, on the recommendation of the MSCM in writing, appoint an ad hoc tender opening committee to open the request for registration documents within 14 days of the advertisement.
- 2.2.5 Upon completion of the opening exercise, the committee shall forward the minutes of the tender opening to MSCM within 3 days of the tender opening.
- 2.2.6 The Director shall, on the recommendations of the MSCM in writing, appoint an ad hoc evaluation committee to evaluate the documents.
- 2.2.7 The evaluation committee shall verify the applications and record the results of the evaluation of the application for registration using the registration criteria in the document and submit an evaluation report to MSCM within 30 days of appointment.
- 2.2.8 The MSCM shall prepare a professional opinion to the Director for approval/rejection upon receipt of the evaluation report.
- 2.2.9 The MSCM shall maintain and continuously update the list, upon approval by the Director, of registered suppliers, waste disposal agents, contractors, and consultants in various categories of goods, works, and services according to its procurement needs.
- 2.2.10 The registration list shall be generated through portals, websites, and market knowledge. The same shall also be requested from another government procuring entity in line with PPADA, 2015.
- 2.2.11 The MSCM shall ensure that all successful suppliers are onboarded to the list of active vendors.

2.3 Preparation of Annual Procurement Plan (APP)

- 2.3.1 At the beginning of the fourth quarter of every financial year, the MSCM shall request departments, divisions, units, and regional centres to submit their respective procurement plans in line with the approved budget of the subsequent financial year through the ERP system.
- 2.3.2 Upon receipt of APPs from departments, divisions, units, and regional centres, the MSCM shall ensure their consolidation into an institutional APP through the ERP System.
- 2.3.3 The MSCM shall submit the institutional APP to the Director who shall then present it to the Board of Directors for approval before the start of the subsequent financial year.
- 2.3.4 Upon approval, the MSCM shall submit a copy to PPRA and Treasury by 31st August every year and ensure circulation of the approved APP to the head of the various divisions, regional centres, and thematic areas for implementation.

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- 2.3.5 The MSCM shall ensure that environmental aspects are considered during the processing and implementation of APP e.g. use of mail instead of printing of hard copies to minimize of usage of paper and electricity thus conserving natural resources and forests.

2.4 Procurement of Goods and Services

- 2.4.1 The head of the user department/division shall raise a PR through the ERP system which shall be duly approved for the MSCM/RSCMO/SCSCMO to start processing.
- 2.4.2 The PR shall have the following as attachments where applicable: Feasibility studies, survey report; specifications, bills of quantities, technical drawings, or terms of reference; reasonable estimate of the goods, work, and services, and any other necessary information about the procurement.
- 2.4.3 Upon receipt of the PR from respective user departments/divisions, the MSCM shall assign the responsible officers at Supply Chain Management for further processing.
- 2.4.4 The process of assigning the PR shall be undertaken within a day.

2.5 Processing of Request for Quotations

- 2.5.1 Upon assigning the PR, RFQs shall be floated within 5 days. The RFQ shall be as per the templates issued by PPRA from time to time.
- 2.5.2 The MSCM/RSCMO/SCSCMO shall ensure the circulation of quotations to registered firms on a rotational basis and shall ensure a register of all quotations sent out is maintained.
- 2.5.3 The Director/RD/ARD shall appoint an ad hoc committee to open the quotations as stipulated in the RFQ document.
- 2.5.4 The ad hoc committee members shall prepare and submit the duly signed quotations opening minutes to the MSCM/RSCMO/SCSCMO within one day of opening.
- 2.5.5 The Director shall appoint an ad hoc evaluation committee to evaluate the quotations and submit the evaluation report to the MSCM/RSCMO/SCSCMO within 10 days.
- 2.5.6 The MSCM/RSCMO/SCSCMO, upon receipt of the quotation evaluation report, shall review the report and prepare a professional opinion to the Director/RD/ARD for consideration for approval.
- 2.5.7 The MSCM/RSCMO/SCSCMO shall factor in environmental factors while processing RFQs.

2.6 Raising, Circulation, Opening, and Evaluation of Tenders

- 2.6.1 The Director shall ensure the preparation of an invitation to tender according to PPADA, 2015 and PPADR, 2020.
- 2.6.2 Tenders may be publicized through My Gov. Publication (or as may be directed by the government from time to time) or through the KEFRI website and the PPIP.
- 2.6.3 The Director KEFRI shall appoint the tender opening committee for each procurement.
- 2.6.4 The bids shall be opened as specified for each tender.
- 2.6.5 The secretary shall ensure that all parties involved in the opening sign all received bids and keep a record of the proceedings.
- 2.6.6 Late tenders shall be rejected.

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- 2.6.7 The tender opening committee shall prepare tender opening minutes which shall be forwarded to the MSCM within 3 days of tender opening.
- 2.6.8 The evaluation committee appointed by the Director shall evaluate and compare responsive tenders within 30 days.
- 2.6.9 The MSCM upon receipt of the tender evaluation report, shall review the report and prepare a professional opinion to the Director for approval/rejection of the procurement.
- 2.6.10 Upon the Director's approval, the MSCM shall communicate the outcome in writing to all those who participated in the tender and offer a standstill period of 14 days
- 2.6.11 The successful tenderer shall accept or reject the contract award within 3 days from the date of notification of the award.
- 2.6.12 Upon receipt of the acceptance letter the MSCM shall formalise the contract.

2.7 Raising and Dispatch of LPOs/LSOs

- 2.7.1 Upon approval of the professional opinion or contract signing, the MSCM shall instruct the officer responsible to raise LPOs/LSOs through ERP accordingly within one day.
- 2.7.2 The officer responsible shall indicate the expected date of delivery of the procured goods and services on the LPO and at the same time emphasize compliance with IMS requirements.
- 2.7.3 The officer responsible shall ensure that LPOs/LSOs are dispatched to the winning bidders within one day of full approval.
- 2.7.4 In dispatching the LPO/LSO, the officer responsible sends through email to minimize lead time and save on fuel and printing-related costs.

2.8 Low-value procurement

- 2.8.1 The Institute shall use a low-value procurement procedure if the items are not being procured regularly, are not covered by a framework contract, and if no benefit would accrue to KEFRI in terms of time or cost
- 2.8.2 The thresholds to be observed shall be as follows;
 - a) Maximum level of expenditure under goods is KES. 50,000 per item per financial year.
 - b) Maximum level of expenditure under works is KES. 100,000 per item per financial year
 - c) Maximum level of expenditure under services is KES. 50,000 per item per financial year
- 2.8.3 The SCM officer undertaking the procurement shall be issued with an Electronic Tax Receipt (ETR) where applicable.

2.9 Performance Appraisal of Registered Firms

- 2.9.1 Registered firms shall be appraised by the criteria in the KEFRI Procurement Policy and Standard Operating Procedures 2023 as the need arises.
- 2.9.2 Appropriate action shall be taken for suppliers who do not meet the performance appraisal threshold.

2.10 Market Surveys

- 2.10.1 The SCM Division shall have a section dedicated to carrying out market surveys. The function shall conduct continuous market surveys and develop an internal database.
- 2.10.2 The market surveys shall include other institutions like the Supplies Branch who have procured similar goods, works, or services.
- 2.10.3 The internal database together with the one provided by the PPRA shall be used by KEFRI for price comparisons and establishment of market trends.
- 2.10.4 The database shall be referenced when making awards.
- 2.10.5 Competitive processes may be admitted as market surveys.

2.11 Processing of Supplier Payment

- 2.11.1 Upon receipt of hardcopy invoices from suppliers, the officer responsible shall prepare a purchase invoice request through the ERP system.
- 2.11.2 The officer shall then forward the invoice, certificate of inspection and acceptance, and copy of LSO/LPO to the finance division for processing of payment within seven days of receipt of all supporting documents.

2.12 Maintaining SCM Records

- 2.12.1 The MSCM/RSCMO/SCSCMO shall ensure that relevant records in the supply chain division are maintained including folioing and referencing as per the record control procedure.
- 2.12.2 The MSCM/RSCMO/SCSCMO shall monitor and analyze the payment turnaround time of procured items every quarter

4.0 APPLICABLE RECORDS

1. LPO Template
2. Purchase Requisition Template
3. LSO Template
4. List of prequalified or registered suppliers
5. Market survey report
6. Supplier appraisal/evaluation form
7. Request for Quotation Form
8. Evaluation Report Template
9. Professional Opinion Template
10. Inspection and Acceptance Template
11. Stores Requisition Form
12. Tender Opening Register
13. Quotation Opening Register
14. Bidder Representative attendance register
15. Quotation Register Template
16. Procurement Plan Template

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PROCEDURE 2: INVENTORY CONTROL, STORES AND ASSET MANAGEMENT

1.0 Purpose:

Ensure effectiveness and consistency while managing inventory, assets, and stores across KEFRI.

1.1 Scope:

This procedure shall apply to the entire inventory control, store management, distribution, and assets management at KEFRI.

1.2 Responsibility

The MSCM shall ensure adherence to this procedure.

2.0 STEPS

2.1 General

The following shall constitute the process of store management:

1. Quality control or verification.
2. Receiving and issuance of goods
3. Storage of goods and stock control.
4. Maintaining relevant documentation.

Each of these activities shall be adhered to as prescribed below.

2.2 Quality Control or Verification

- 2.2.1 The Director/RD/ARD shall appoint an ad hoc committee for inspection and acceptance which shall comprise of a Chairman and at least two other members from different departments.
- 2.2.2 The SCM Officer in charge of Stores shall coordinate with suppliers to confirm the delivery date and communicate the same to the Inspection and Acceptance Committee two days before delivery of goods. Goods shall only be received between 8:30 am – 4.00 pm from Monday to Friday.
- 2.2.3 Upon the delivery of goods, the Inspection and Acceptance Committee shall inspect and where necessary test the goods received to ensure compliance with the terms and specifications of the contract.
- 2.2.4 The committee shall accept when satisfied that delivered goods, works and services are satisfactory and issue inspection and acceptance certificates, interim or completion certificates, or good received notes as appropriate and by the contract.
- 2.2.5 All works and major projects shall be accepted by the Contract Implementation Committee where applicable.
- 2.2.6 Services rendered within and without KEFRI shall be inspected and accepted by the user who shall provide evidence of service delivery.
- 2.2.7 The inspection and acceptance committee shall ensure that goods delivered comply with ISO 14001:2015 requirements and the prevailing legal requirement on the non-use of plastic bags.

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- 2.2.8 A purchase return order shall be raised by the SCMO in charge of stores within one day, giving reasons for rejection of the deliveries.
- 2.2.9 A gate pass shall be raised to facilitate the exit of rejected goods from KEFRI premises.
- 2.2.10 Once goods are inspected and accepted by the Inspection and Acceptance Committee, they shall be deemed accepted, stored, and fit for use.

2.3 Receiving and Issuance of Goods

- 2.3.1 A Purchase Invoice shall only be raised upon acceptance of the goods and endorsed by the SCMO in charge of stores.
- 2.3.2 The SCMO in charge of stores shall ensure that all stock item records are maintained in the ERP system.
- 2.3.3 Goods shall be issued from the store within one day upon receipt of a duly approved ERP Stores requisition form from the user department.

2.4 Storage of Goods and Stock Control

- 2.4.1 The SCMO in charge of stores shall ensure goods are kept in clean and secure stores.
- 2.4.2 The SCMO in charge of stores shall ensure all procured stock items are captured in the ERP system.
- 2.4.3 Where applicable, the SCMO in charge of stores shall re-use packaging materials e.g. carton boxes.

2.5 Maintaining relevant documentation

The SCMO in charge of stores shall ensure that all relevant records are kept in line with the record control procedure.

3.0 APPLICABLE RECORDS

1. Purchase Return Note
2. Gate Pass
3. Stores Requisition Form
4. Delivery Note
5. Consignment notes
6. Copies of invoices
7. Goods inspection records
8. Goods issuance records
9. Inspection and Acceptance Form
10. Asset allocation and transfer form
11. Invoice Register Template
12. Quarterly Stock Taking form

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PROCEDURE 3: CONTRACT MANAGEMENT

1.0 Purpose

Ensure that all institutional contracts entered are performed as per the terms and conditions contained therein.

1.1. Scope

This procedure shall apply to all contracts entered into by KEFRI.

1.2 Responsibility

M-SCM shall be responsible for the preparation of all contract documents using the prescribed standard contract forms issued by PPRA for the respective goods, works, non-consultancy services, or consultancy services. The legal department and the user shall review the contract documents as drafted.

2.0 STEPS

2.1 General

2.1.1 The Director shall appoint a Contract Implementation Team for every complex and specialized procurement contract.

2.1.2 The members shall be drawn from: The Procurement Division; the requisitioner; the relevant technical department/division; and a co-opted member from another procurement entity or outsourced consultant where applicable

2.1.3 The Contract Implementation Team shall be responsible for:

- a) Monitoring the performance of the contractor.
- b) Ensuring that the contractor submits all documentation as prescribed
- c) Ensuring that KEFRI meets all its payment obligations on time
- d) Ensuring that there is the right quality within the time frame and where required
- e) Review any contract variation requests that are justified by the relevant technical department in writing and backed by supporting evidence, make recommendations, and submit them to the M-SCM for processing.
- f) Managing handover or acceptance as prescribed
- g) Making recommendations for contract termination where appropriate
- h) Ensuring that the contract is complete, before closing the contract file including all hand-over procedures, and transfers of title, if need be, and that the final payment is made
- i) Ensuring that all contract administration records are complete, up to date, filed, and archived
- j) Ensuring that the contractor acts by all the provisions of the contract
- k) Ensuring discharge of performance guarantee where required
- l) Managing any variations, amendments, terminations, and contract close out.

2.1.4 User departments shall be responsible for the overall management and supervision of contracts in their departments and shall submit contract management and project completion reports to the Director.

2.1.5 The M-SCM shall prepare monthly progress reports on the procurement contracts of KEFRI and submit them to the Director.

Applicable records

1. Dully signed contract
2. CIT Minutes
3. Monthly progress reports

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PROCEDURE 4: DISPOSAL

1.0 Purpose

Ensure the institute effectively gets rid of unserviceable, obsolete, obsolescent, or surplus stores, equipment, or assets.

1.1. Scope

This procedure shall apply to the disposal of all unserviceable, obsolete, obsolescent, or surplus stores, equipment, or assets within KEFRI.

1.2 Principal Responsibility

MSCM shall ensure adherence to this procedure.

2.0 STEPS

2.1 GENERAL

2.1.1 The following shall constitute the process of disposal

1. Disposal Planning
2. Composition of a disposal committee
3. Establishment of a method of disposal
4. Setting rules of disposal
5. Maintaining relevant documentation

2.1.2 Each of these activities shall be adhered to as prescribed below;

2.2 Disposal Planning

- 2.2.1 The head of the user department/division shall submit the departmental disposal plan to the M-SCM for consolidation 30 days after the close of the financial year.
- 2.2.2 The consolidated annual disposal plan prepared by the M-SCM shall be submitted to the Director for approval.
- 2.2.3 The M-SCM shall consolidate the list of items earmarked for Disposal and forward it to the Disposal Committee.
- 2.2.4 The Director shall disclose the reserve price to the prospective buyers based on the prices set in the technical report.

2.3 Composition of a Disposal Committee

2.3.1 The formation of the Disposal Committee shall be guided by the Public Procurement and Asset Disposal Act, 2015, and Public Procurement and Disposal Regulations, 2020.

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2.4 Method of Disposal

- 2.4.1 The disposal committee shall be guided by, section 165 of the Public Procurement and Asset Disposal Act, 2015, Regulation No. 177 of the Public Procurement and Disposal Regulations, 2020. NEMA shall advise on the disposal of all radioactive and electronic waste.
- 2.4.2 The KEFRI employee in charge of obsolete, surplus, and unserviceable assets shall bring the matter to the attention of the disposal committee through the head of the procurement unit.
- 2.4.3 The disposal committee in liaison with the relevant technical experts shall verify the obsolete items, set reserve price, and give lot numbers as appropriate.
- 2.4.4 The MSCM shall disclose the reserve price to the prospective bidders.
- 2.4.5 Where there is no responsive bidder, the Director, based on recommendations of the disposal committee, shall revise the reserve price to ensure expeditious disposal of assets.
- 2.4.6 The disposal committee shall compile a report for boarded items to be disposed of and submit its recommendation to the Director for approval.

2.5 Setting rules for disposal

- 2.5.1 While setting the rules for disposal, the disposal committee shall be guided by, Section 164 of the Public Procurement and Asset Disposal Act (2015), Regulation No. 177 of the Public Procurement and Disposal Regulations 2020.
- 2.5.2 The MSCM shall ensure that the process of evaluation of bids is transparent, and the highest bidder shall be awarded.
- 2.5.3 Despite the provisions of section 166 (1) of the Act, KEFRI may dispose of unserviceable, obsolete stores, assets, and equipment to its employee, or a member of its board or committee where: The time and cost required to dispose to any other person are disproportionate to the value of the unserviceable, obsolete, goods or the employee has the store's item or equipment to be disposed of and may be given the priority to purchase the same.
- 2.5.4 Assets, stores, and equipment are to be disposed of by taking into consideration the net book value or minimum acceptable price set by the technical expert under section 164(3) of the Act, where applicable, at the time of disposal based on government policy.
- 2.5.5 After every disposal, the Disposal Committee shall prepare and submit a report to the Director, who shall submit the same to the KEFRI Board. For disposing of a building or land, KEFRI shall get National Treasury approval and upon disposal submit a disposal report to the National Treasury.
- 2.5.6 The M-SCM shall prepare quarterly reports on the implementation of the annual asset disposal plan and submit it to the Director who shall table it for review by the Board.
- 2.5.7 For hazardous waste that cannot be incinerated or internally disposed of, Section Heads shall package the waste as prescribed and deposit it in the designated hazardous waste receptacles awaiting collection by licensed disposal agents as contracted by SCM.
- 2.5.8 The MSCM shall contract licensed disposal agents annually for the annual disposal of hazardous waste.
- 2.5.9 The Heads of Supplies shall conform to the requirements of the Environmental Management and Coordination (Waste Management) Regulations, 2006 during the contracting agents for disposal of the biomedical and hazardous wastes.

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2.6 Maintaining relevant documentation

The MSCM shall ensure that all relevant documentation is maintained.

3.0 DOCUMENTED INFORMATION RETAINED

- 1. Disposal Plan Template
- 2. Recommendation report

ADMINISTRATION

STANDARD OPERATING PROCEDURES

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PROCEDURE 1: RECORDS MANAGEMENT

1.0 Purpose

This procedure ensures the records services are managed efficiently by the integrated management system's provisions.

1.1. Scope

This procedure covers all KEFRI record units and archives.

1.2 Responsibility

The Head of Administration shall be responsible for the implementation of this procedure.

2.0 STEPS

2.1 General

The Record Management Units shall manage incoming and outgoing mail as follows: -

2.2 Inward mail management

- 2.2.1 Incoming emails and documents at KEFRI shall be through: Emails; Post Office; Courier; Hand delivery; and intra-KEFRI
- 2.2.2 If electronically received, the HOU/RMO shall ensure that it is printed on double sides of the paper.
- 2.2.3 Upon receipt of mail, the Head of Unit (HOU)/Records Management Officers (RMO) shall sort it out into personal and official mail.
- 2.2.4 The HOU/RMO shall also sort out official mail into classified and unclassified mail.
- 2.2.5 Classified mail shall be delivered to the Secret Records Management Unit at the Headquarters while those at the Regional Centers and Sub-Regional Centers shall be delivered to the RDs and ARDs offices, respectively.
- 2.2.6 Unclassified official mails shall be opened and recorded in the inward register.
- 2.2.7 The recorded mail shall be filed in the respective subject file and forwarded to the Director/RD/ARD for note and marking for action.
- 2.2.8 The marked mail shall be reverted to the records office for circulation to the action officer(s) within the same day.
- 2.2.9 When circulating the files to action officers, the RMO shall ensure the use of the file movement register, indicating the folio number on the action sheet and that the action officer signs against the action folio.
- 2.2.10 In case of bring-up, the action officer shall indicate on the action sheet the date when it shall be brought back for attention.
- 2.2.11 The HOU/RMO shall record the request in the BU diary and present it to the action officer who requested it as per the date indicated in the action sheet
- 2.2.12 Management of returned files shall be as per the records management procedure manual for the Public Service, 2010.

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- 2.2.13 In case of misfiling of correspondence, the folio shall be transferred from the file to the relevant subject file using the folio transfer slip.
- 2.2.14 Information posted on the notice boards such as memos and circulars, shall be displayed only on designated notice boards and shall be removed within 7 days of expiry of the subject.
- 2.2.15 Displays of any nature shall strictly be placed on designated noticeboards.
- 2.2.16 The HOU/RMO shall ensure that personal mails are placed in respective pigeonholes or dispatched to respective recipients within the same day.
- 2.2.17 In case mails are placed in pigeonholes, the respective officers shall be notified as per the communication procedure within the same day

2.3 Documents of External Origin

- 2.3.1 Documents received from external origin shall be received in the records management unit.
- 2.3.2 The RMO shall record the document in the external document register.

2.4 Outward Mail Management

- 2.4.1 Outward-bound mail shall be received at the main records management unit for dispatch.
- 2.4.2 Upon receipt, the RMO shall confirm the completeness of the mail including attachments.
- 2.4.3 The mail shall be sorted out depending on the mode of dispatch.
- 2.4.4 The mail shall be weighed and franked as applicable.
- 2.4.5 The mail shall be packaged as per the Public Service of Manual, 2010.
- 2.4.6 The RMO shall ensure the posting or delivery of the mail as per the records management procedure manual for the Public Service of Manual, 2010.
- 2.4.7 All outward-bound mail shall be recorded in the outward mail Register.

2.5 Archives

- 2.5.1 All closed records shall be appraised as provided for in the Records Management Procedure Manual for the Public Service of May 2010 and the Kenya National Archives and Documentation Services Act Chapter 19 revised edition 2015 at the various registries.
- 2.5.2 The appraised records shall be recorded in the records transfer register and transferred to the archives.
- 2.5.3 Upon receipt of the records, the records shall be sorted, arranged, and stored appropriately.
- 2.5.4 A Records Retention and Disposal Schedule shall be developed and implemented in the management of records by RMO.
- 2.5.5 The HA/RMO shall ensure the protection of documents from loss and damage
- 2.5.6 The HA/RMO shall ensure there is a records index for ease of records retrieval.
- 2.5.7 The HA/RMO shall ensure that any file requested from the archives shall be done through the file request form.

2.6 Waste Management

- 2.6.1 All waste generated shall be handled as per the procedures for handling hazardous and non-hazardous waste.

3.0 Documented information retained

1. [Inward Mail Register.docx](#)
2. [File Movement Register.docx](#)
3. [Outward Mail Register.](#)
4. [Delivery Book](#)
5. Records Retention and Disposal Schedule
6. [BRING UP-DIARY.docx](#)
7. [FOLIO TRANSFER SLIP.docx](#)
8. [FILE REQUEST FORM.docx](#)
9. [Record Transfer Register.docx](#)
10. [Action sheet](#)
11. [Documents of external origin inventory](#)
12. [Record transfer register – Archives](#)
13. [HR registry](#)

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PROCEDURE 2: OUTSOURCED SERVICES

1.0 Purpose

This procedure provides guidelines for handling outsourced services within KEFRI facilities.

1.1 Scope

This procedure shall cover the provision of guarding services for facilities and resources, cleaning services, and ground maintenance services within all KEFRI Centers.

1.2 Responsibility

The HoA shall ensure the overall implementation and maintenance of this procedure.

2.0 STEPS

2.1 General

2.1.1 Outsourced service at KEFRI shall entail: Security, customer care at the main gate, grounds maintenance, cleaning services and handling of incidents.

2.2 Contract Implementation

2.2.1 The HoA shall receive communication of the award of tender from the MSCM as per the communication procedure.

2.2.2 The HoA/AO/SO shall hold a briefing session with the managers of the outsourced service providers on the service level agreements.

2.2.3 The HoA/AO shall ensure that induction is carried out for both internal and contracted outsourced service providers.

2.2.4 The outsourced service Supervisors shall prepare a duty roster and deployment schedule for the various workstations and present them to HoA/AO.

2.2.5 The HoA/AO shall ensure that outsourced staff are issued with working tools and office space

2.2.6 The officers report on duty and sign the attendance register at the security office.

2.2.7 The supervisor shall deploy the staff as per the duty roster.

2.2.8 The HoA/AO shall supervise the service level agreement implementation through weekly and impromptu inspections of the operations.

2.2.9 The HoA/AO shall prepare monthly and quarterly reports as per the monthly reports and forward them to the Director/RD/ARD and analysis where applicable.

2.3 Handling of Security Incidences

2.3.1 The officer on duty shall conduct a security survey of the area assigned to ascertain: -

1. If everything is in order, he/she takes over.
2. If something is detected not to be in order, he/she shall report it to the supervisor and record it in the OB.
3. In case the guard is required to assist with the investigation, the supervisor shall assign another guard to man the incident place.

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- 2.3.2 If the guard provides access control, the guard shall continually control access and monitor abnormal activities or incidences.
 - 1. In case of a security incident, the guard shall determine its gravity and need for escalation.
 - 2. In case the incident is not serious, the guard resolves it.
 - 3. If the incident is serious, the guard shall involve the supervisor and record it in the Occurrence Book.
- 2.3.3 The supervisor shall in liaison with the SO/HoA handle the incident as appropriate including escalating it to Management and/or involving the law enforcement agencies.
- 2.3.4 The investigator shall receive reports of crime or incidents from security officers, members of staff, the public, and CCTV footage.
- 2.3.5 The investigator shall visit the scene of the crime and cordon it off.
- 2.3.6 The investigator shall interrogate the suspects and witnesses; record the statement and open a file for each case.
- 2.3.7 Where applicable, video recording or CCTV footage is used.
- 2.3.8 The investigation shall be reported using the security investigation form.
- 2.3.9 The investigator shall hand over the findings and statements to the Director in case of Headquarters, RDs in case of Regional Centers, and ARDs in case of Sub-Regional Centers.
- 2.3.10 The case can be resolved internally if it does not require the involvement of the Police or externally if it requires the involvement of the Police.
- 2.3.11 Every quarter, the HoA/SO shall analyze the data on security registers and advise management through a monthly security report form.
- 2.4.3 Staff working over the weekends and public holidays shall have their names registered at the gate before entry into KEFRI facilities.

2.4 Customer Care at the Gate

- 2.4.1 All customers visiting KEFRI shall be inspected and registered at the gate.
- 2.4.2 Any equipment, product, or baggage being brought into the institute shall be inspected and registered in the equipment register.
- 2.4.3 No polythene bags shall be allowed at all KEFRI facilities.
- 2.4.4 Prohibited items shall not be allowed on the institute premises.
- 2.4.5 Where applicable, visitors shall be issued with a customer feedback form and visitors pass in exchange for a valid legal identification document.
- 2.4.6 All customers using vehicles shall have their vehicles inspected including oil leakages and issued with a visitor pass in addition to the above
- 2.4.7 All visitors shall be directed to the reception/service points by the security guards
- 2.4.8 The security guards at the gate shall ensure customers return visitors' passes and duly fill out customer feedback forms upon exit after service delivery.
- 2.4.9 Any client exiting with an institute equipment/product shall have a gate pass for the same.
- 2.4.10 Every quarter, HoA in liaison with the Secretary of the complaints handling committee, shall carry out an analysis of the number of visitors vis-a-vis the number of feedback forms filled to establish the percentage of visitor feedback obtained.

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2.5 Grounds maintenance

- 2.5.1 The HoA/AO shall monitor services as per SLA through weekly and impromptu checks.
- 2.5.2 The non-hazardous waste shall be measured and recorded weekly by the ground's maintenance supervisor as per the SLA and stored in the receptacles.
- 2.5.3 The HoA/AO shall monitor trend analysis of waste generation and advise the management accordingly.
- 2.5.4 The HoA shall inform the Supply Chain Management department once the receptacles are $\frac{3}{4}$ for disposal of the same as per the disposal procedures.

2.6 Outsourced Cleaning Services

- 2.6.1 AO/HJ/Supervisors shall prepare a cleaning duty roster for all janitors at Headquarters and respective centers/sub-centers at the beginning of every financial year
- 2.6.2 AO/HJ/Supervisors shall ensure that the cleaning materials requirements are requested as per procurement procedure according to the approved work plan.
- 2.6.3 The AO/HJ shall prepare cleaning schedules for each office block at the beginning of every month and update them daily after reviewing the work done.
- 2.6.4 HJ/Supervisors shall report to work before 6.15 am and oversee the signing in and out of the cleaners at 6.30 am and 3.30 pm, respectively.
- 2.6.5 Supervisors shall issue cleaning detergents and disinfectants as required.
- 2.6.6 The cleaners shall proceed to their designated areas.
- 2.6.7 AO/HJ/Supervisors shall ensure the cleaning of KEFRI facilities as per the duty roster.
- 2.6.8 If the standards of cleanliness are not as per the cleaning schedule, the AO/HJ/Supervisors shall direct the cleaners to redo the work immediately.
- 2.6.9 The supervisors shall make regular checks on the cleanliness of the public areas and guide the cleaners on ways to improve.
- 2.6.10 AO/HJ/Supervisors shall ensure segregated waste at the source is transferred to the respective bin for subsequent transfer to main receptacles.

2.7 Separation and handing over

- 2.7.1 Upon expiry of contract (s), the parties shall initiate the clearance process as per SLA.
- 2.7.2 The outgoing firm shall hand over to the incoming firm accordingly.

2.8 Access to Facilities

- 2.8.1 HoA/HJ shall ensure the preparation of a duty allocation roster.
- 2.8.2 The janitor on duty shall open the main entrance to buildings within the Institute at least 10 minutes before the official morning working hours.
- 2.8.3 If an officer requires access to their respective office earlier than the set working hours, or beyond official working hours, the officer shall liaise with Janitor on duty 1 day before for appropriate access arrangements.
- 2.8.4 After official closing hours, the Janitor on duty shall ensure that all doors and windows are locked. He/She shall ensure that the lights and fans are switched off and the water taps are turned off.

- 2.8.5 The HoA/HJ shall receive and assess office key requests.
- 2.8.6 If the request is approved, the HoA/HJ shall issue keys to the officer
- 2.8.7 If the request is not approved, the HoA/HJ shall give comments and communicate to the respective officer
- 2.8.8 The AO/HJ shall prepare and maintain a key issue/handover register of all members of staff who hold any office keys.
- 2.8.9 Any officer who loses their keys shall report in writing the loss to the HoA for necessary action.
- 2.8.10 The HoA shall receive the letter on key loss and make a decision on the action to be taken.
- 2.8.11 In the event of vacating the office, the officer shall hand over the keys to the HoA /HJ and confirmation of the correct key from the register shall be done.
- 2.8.12 The HoA/HJ shall receive the key handed over and clear the officer.

3.0 Documented information retained

Security/customer care

1. Duty Roster
2. Visitor Register
3. KEFRI MOTOR Vehicle Register
4. Visitors Motor Vehicle Register
5. Left Items Register
6. Staff Working Over Weekends/Holidays and After Working Hours Register
7. Contracted service providers working over the weekends/holiday register
8. Visitors pass
9. Customer feedback form
10. Occurrence Book
11. security report form
12. Solid Waste Measurement Form
13. Monitoring resource form
14. Schedule 1
15. schedule 2
16. Key issue/handover register
17. SLA
18. Staff personal vehicle log form

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PROCEDURE 3: OFFICE ADMINISTRATION

1.0 Purpose

To ensure that offices are managed efficiently in KEFRI.

1.1 Scope

This procedure covers all KEFRI offices.

1.2 Responsibility

The Office Administrators shall be responsible for the implementation of this procedure.

2.0 STEPS

2.1 Office customer care

- 2.1.1 The OA shall receive both internal and external customers and enquire what the customer needs are.
- 2.1.2 The OA shall request the external customer to write the visitor's book
- 2.1.3 Customer's needs shall be addressed by the OA or referred to the head of department/division
- 2.1.4 At the beginning of every quarter OA shall apply for office petty cash and ensure purchase office and departmental hospitality items
- 2.1.5 The OA shall ensure purchase of necessary items as per the departmental procurement plan
- 2.1.6 The OA shall maintain and update the departmental calendar
- 2.1.7 The OA shall also supervise Auxiliary staff under them and ensure proper office housekeeping.

2.2 Office communication

- 2.2.1 The following means of communication shall apply to all OAs: Telephone; E-communication (emails); Letters and Memos; Publicity materials; and Diary.
- 2.2.2 OA communicating internally or externally shall use the available telephone placed in their respective offices or provided by switchboard operators.
- 2.2.3 All outgoing calls shall be channeled through the telephone operator/switchboard operator
- 2.2.4 OA shall ensure that all official email communications shall be channeled through the official departmental email accounts i.e., the kefri.org domain.
- 2.2.5 OA shall respond to email correspondents immediately and direct them to the intended recipients for action.
- 2.2.6 OA shall prepare short responses to emails requiring immediate action.
- 2.2.7 All letters, memos, and other correspondence shall be handled as per the registry management procedures using the right prescribed format on official letterhead with the right corporate colors.
- 2.2.8 OA shall ensure that all correspondences are filed in the respective subject files.
- 2.2.9 All OAs shall always maintain confidentiality to information in office (disclosure of information before being made public) in the performance of their duty.
- 2.2.10 The OA shall maintain and update the office diary accordingly.
- 2.2.11 The OA shall ensure that stationery and other supplies are available.

2.3 Meetings organizations

- 2.3.1 The OAs shall be responsible for booking meetings, arranging venues, and raising notices to meet 7 days before the meeting as per enterprise procedure.
- 2.3.2 OAs shall ensure that notifications electronically on meetings are done to avoid inconveniences.
- 2.3.3 OAs shall ensure the meetings are held as per the communications procedure

3.0 Documented information retained

- 1. Internal memo template
- 2. Attendance registers
- 3. Minutes Template
- 4. Official letterhead

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PROCEDURE 4: TELEPHONE OPERATION

1.0 Purpose

To ensure that telephone operation services are managed efficiently.

1.1 Scope

This procedure covers all KEFRI telephone operations.

1.2 Responsibility

The HoA shall be responsible for the implementation of this procedure.

2.0 STEPS

2.1 Switchboard management

- 2.1.1 The receptionist/telephone operator shall test the telephone every morning for functionality and if they are not functional contact the service provider for service.
- 2.1.2 If the malfunctioning is a technical error, the receptionist/telephone operator shall call the contracted telephone technician.
- 2.1.3 The receptionist/telephone operator shall always give priority to external incoming calls and ensure that all outgoing calls are recorded in the outgoing call register.
- 2.1.4 Within KEFRI, officers communicating with each other shall do so using the available telephone extensions in respective offices.
- 2.1.5 The Administrator/receptionist/telephone operator shall coordinate the installation and repairs of extension telephone lines and phone heads in all offices.
- 2.1.6 The installation and repairs of Internet Protocol (IP) phones shall be handled as per ICT procedures
- 2.1.7 The receptionist/telephone operator shall also receive external customers and direct the customer to the respective office.
- 2.1.8 For dignitaries visiting the Institute, the receptionist/telephone operator shall accompany them to the respective office.

3.0 Documented information retained

- 1. Outgoing call register

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PROCEDURE 5: FLEET MANAGEMENT

1.0 Purpose

The purpose of this procedure is to provide efficient transport services to the KEFRI

1.1 Scope

This procedure shall apply to all transport services at KEFRI.

1.2 Principal Responsibility

The HoA shall ensure adherence to this procedure.

2.0 STEPS

2.1 Allocation of Transport Services

- 2.1.1 Transport requisitions for local travel shall be made 1 day before travel using the transport requisition form online
- 2.1.2 Before a field trip, an officer shall fill in the transport requisition form at least 3 days before the journey and submit it to the HoA/AO(T) to facilitate the approval and allocation.
- 2.1.3 If the request is rejected, the officer shall be advised accordingly.
- 2.1.4 Where applicable, officers traveling to the same route shall be advised to carpool.
- 2.1.5 Before the commencement of the trip, the designated driver shall ensure that the journey is duly authorized and has all the required travel documents.
- 2.1.6 During the journey, the driver shall observe all the traffic rules and regulations as stipulated in the Traffic Act (Cap 403), the public service code of regulations, and KEFRI’s Transport Policy.
- 2.1.7 At the end of the journey, the driver shall close the work ticket capture the relevant information, and park the motor vehicle at the designated area as stipulated in the public service code of regulations and KEFRI’s Transport Policy.
- 2.1.8 The driver shall surrender the duly filled old work ticket and fuel requisition form at the end of every month before acquiring a new work ticket for the new month.

2.2 Sourcing for Fuel Service Providers

- 2.2.1 KEFRI shall competitively source for fuel suppliers and sign contracts with fuel suppliers as per the procurement procedure
- 2.2.2 The fuel supplier shall issue fuel cards for all KEFRI vehicles and generators.
- 2.2.3 All KEFRI vehicles shall be fueled at specific fuel stations procured as per the procurement procedure unless under special circumstances where the specific stations procured are not available.
- 2.2.4 In areas where the main fuel suppliers are not available, KEFRI shall prequalify the nearest fuel outlets and have them issue fuel cards

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2.3 Fuel Requisition

- 2.3.1 At Headquarters, AO(T) shall receive duly approved fuel requests from each department
- 2.3.2 AO(T) shall raise fuel Purchase Requisition for each department for approval
- 2.3.3 The approved Purchase Requisition shall be submitted to the Supply Chain to raise LPO/LSO for the purchase of fuel.
- 2.3.4 The LPO/LSO shall be forwarded to the Finance Department for payment
- 2.3.5 After payment, the Card shall be loaded with fuel cards and ready for use.
- 2.3.6 The driver shall report to the HoA/AO(T) when he/she needs to fuel the vehicle.
- 2.3.7 The driver shall fuel the vehicle and make fuel entries on the work ticket and transport fuel form.
- 2.3.8 HoA/AO(T) shall monitor and ensure that the driver fuels as authorized by signing the transport fuel form and receiving all receipts.
- 2.3.9 HoA/AO(T) shall continuously monitor fuel consumption to avoid misuse by checking the mileage covered after each fueling.
- 2.3.10 Any officer requesting transport for a field trip shall indicate the fuel source and amount required as per his/her budget.
- 2.3.11 Upon receipt of the transport requisition form, HoA/AO(T) shall initiate the fuel requisition process as per supply chain procedures and the fueling requisition process shall apply.
- 2.3.12 The officer in charge of any field activity shall authorize fueling of the vehicle while on a field trip and no driver shall fuel while in the field without such formal authority.

2.4 Monthly Records and Fuel Analysis

- 2.4.1 HoA/AO(T) shall ensure monthly analysis of the record of journeys is done using the monthly analysis forms for all motor vehicles by the 10th day of the subsequent month and data entered in the respective Logbooks.
- 2.4.2 All stations shall forward the analyzed monthly reports to Headquarters by the 15th of every month.

2.5 Motor Vehicle Maintenance: Services, Repairs, and Parts Replacement

- 2.5.1 The Driver shall monitor and report defects using a work requisition form to HoA/AO(T) who shall invite Engineers from the Ministry of Public Works - Transport & Mechanical Department to diagnose and confirm the defects for major repairs.
- 2.5.2 For minor repairs not exceeding KSh. 35,000, repairs shall be done by a prequalified service provider as per the procurement procedure without involving the Ministry of Public Works.
- 2.5.3 Upon receipt of the works requisition form and diagnosis report, AO/AO(T) shall raise a PR for approval based on the available cost Center budget as per the procurement procedure
- 2.5.4 The SCM shall inform HoA/AO(T) to initiate repairs and ensure motor vehicle service requirements are adhered to, to prevent harmful fumes that influence the environment
- 2.5.5 Upon repair /replacement, HoA/AO(T), shall invite Engineers to confirm and issue a report that shall be used to pay the service provider.
- 2.5.6 The driver shall monitor mileage and notify HoA/AO (T) at least 1000 km before the motor vehicle is due for servicing.

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2.5.7 If the service is not done appropriately, the HoA/AO(T) shall inform the MSCM for appropriate action to be taken.

2.6 Waste Generated

- 2.6.1 The driver shall ensure that all waste generated in the vehicle during the journey is disposed of as per the procedure for handling and disposal of nonhazardous waste.
- 2.6.2 The driver shall ensure that all vehicles are fitted with appropriate waste disposal bins.
- 2.6.3 All KEFRI staff traveling using official KEFRI vehicles shall not throw waste into the environment while the vehicle is moving.

2.7 Transportation during medical emergency

- 2.7.1 In case of a medical emergency at work, transport shall be provided to ferry the affected staff to a medical facility.
- 2.7.2 In case of a medical emergency after working hours, any member of staff residing within a radius of 10 kilometers from the workstation may be provided with transport to a medical facility depending on the availability of vehicles.

2.8 Motor accident

- 2.8.1 The Driver shall report any accident/incident to the nearest police station and acquire a police abstract.
- 2.8.2 The Driver shall report the incident/accident to HoA/AO(T) in writing attaching the police abstract.
- 2.8.3 HoA/AO(T) shall assess the report and recommend action to be taken.
- 2.8.4 In case an incident/accident is due to the driver's negligence/fault HR shall be notified to act as per the HR procedure.
- 2.8.5 The insurance claim form shall be filled in and forwarded to KEFRI's Insurer.
- 2.8.6 HoA/AO(T) shall update the motor vehicle accident report accordingly
- 2.8.7 HoA/AO(T) shall receive authorization from insurance to take the vehicle for repairs.
- 2.8.8 When the vehicle is repaired a notification shall be received to collect the vehicle
- 2.8.9 The vehicle shall be inspected, and an inspection report shall be submitted for the closure of the motor vehicle accident report.

2.9 Renewal of Insurance for Motor Vehicles

- 2.9.1 HoA/AO(T) shall fill a purchase requisition for the valuation of motor vehicles 3 months before the current insurance expires
- 2.9.2 HoA/RD/ARD shall authorize and confirm the budget for valuation
- 2.9.3 HoA/AO(T) shall receive notification from MSCM to pick the LPO/LSO for valuation.
- 2.9.4 HoA/AO(T) shall liaise with the awarded firm to conduct a valuation of the vehicles and submit a valuation report and vehicle valuation summary.
- 2.9.5 HoA/AO(T) shall raise purchase requisition for renewal of insurance based on the valuation report or entry of a new vehicle into the asset register.
- 2.9.6 HoA/AO(T) shall authorize and confirm the budget for valuation.

- 2.9.7 HoA/AO(T) shall receive notification from MSCM on the readiness of the LPO/LSO for insurance renewal
- 2.9.8 HoA/AO(T) shall liaise with the insurer to send the insurance covers for the vehicles.
- 2.9.9 HoA/AO(T) shall ensure that insurance stickers are received and verified, and the vehicle insurance list is updated.

2.10 Management of Project Motor Vehicles

- 2.10.1 The project coordinators shall be responsible for the management of the respective project motor vehicles by following the relevant clauses of this procedure and guidelines set out by the development partners

2.11 Heavy Machinery

- 2.11.1 When a client requests the services of a heavy machine, the plant operator shall be sent to assess the nature of the work requested where applicable.
- 2.11.2 The plant operator shall determine the number of hours required to complete the work.
- 2.11.3 Once the cost implications have been determined, a quotation is sent to the customer for his/her consideration.
- 2.11.4 Memorandum of Understanding (MOU) terms shall apply for institutions collaborating with KEFRI
- 2.11.5 The money received shall be paid as revenue to KEFRI.

3.0 Documented information retained

1. Transport requisition form
2. Monthly motor service form
3. Vehicle monthly fuel returns
4. Fuel Requisition and Authority Form
5. Work Ticket
6. Daily Work Ticket for Heavy Machinery
7. Logbook
8. Defect reports after service
9. Works Requisition Form
10. Job card

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PROCEDURE 6: INFRASTRUCTURE DEVELOPMENT AND FACILITIES MAINTENANCE

1.0 Purpose

This procedure provides guidelines for ensuring that KEFRI facilities are efficiently and effectively developed and maintained.

1.1 Scope

This procedure shall apply to the development and maintenance of all infrastructure and equipment in KEFRI.

1.2 Responsibility

The HoA shall ensure adherence to this procedure

2.0 STEPS

2.1 Infrastructural Development Projects

2.1.1 The following shall be the broad steps for undertaking infrastructural development and facilities maintenance:-

1. Infrastructural Development
2. Facilities Maintenance

2.1.2 HoA shall ensure all planned infrastructural development projects are included in the Division's procurement plan and submitted to the MSCM as prescribed in the procurement procedure

2.1.3 HoA shall initiate the development of requisite documents and external approvals (drawings, bills of quantities).

2.1.4 HoA shall initiate the process of acquisition of suitable land for the establishment of planned infrastructural development projects as outlined in the annual work plan.

2.1.5 The Director shall maintain land ownership documents.

2.1.6 HoA shall initiate the process for procurement of a Consortium of Consultants, the undertaking of an EIA, and the engagement of a Contractor by the procurement procedure.

2.1.7 Selected service providers shall commence the project as per the project management life cycle developed by the Contractor under the supervision of the Consultants and the HoA.

2.1.8 HoA shall ensure site meetings every month or as need arises are undertaken to oversee progress until the completion of the project as per Contract Management Procedure.

2.1.9 HoA in consultations with the Consultants shall ensure project handover and closure is done at the end of the project implementation period.

2.1.10 HoA shall continuously monitor defects.

2.2 Repair and Maintenance

2.2.1 The Superintendent/AO shall prepare a 5-year building repair and maintenance schedule.

2.2.2 All repair and maintenance requests shall be initiated by filling in a work requisition form and forwarded to the HoA/RD for approval.

2.2.3 If the request is not approved, the HoA/RD shall give reasons within the same day.

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- 2.2.4 Upon approval, the HoA/RD shall direct the respective Superintendent/AO to implement the work.
- 2.2.5 Any materials required for the work shall be requested as per the procurement procedure.
- 2.2.6 Relevant artisans shall then be assigned through a job card to undertake the repairs or maintenance works.
- 2.2.7 For repairs and maintenance by outsourced service providers, the end-user department shall liaise with the HoA/RD to source the same as per the procurement procedure.
- 2.2.8 The outsourced service provider shall sign a permit to work as required by the Occupational Safety and Health Act, 2007
- 2.2.9 Job cards shall be signed as appropriate at the end of repair works
- 2.2.10 The administrator shall maintain KEFRI lawns and compounds, and waste generated is handled as per the procedure on non-hazardous waste.
- 2.2.11 KEFRI infrastructural projects shall be branded as per the branding procedure.
- 2.2.12 Every quarter the Superintendent/AO shall submit a report on the repairs and maintenance to the HoA/RD.

2.3 Asbestos Replacement

- 2.3.1 KEFRI shall progressively phase out all asbestos roofing sheets in all KEFRI premises as per the National Guidelines on Safe Management of Asbestos.

3.0 Documented information retained

1. Contract for local labor/field research
2. Job card
3. Works requisition form
4. Reports on repairs and maintenance
5. Maintenance Schedule
6. Annual work plan and Budget
7. Land ownership documents
8. [Permit to work](#)

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PROCEDURE 7: ALLOCATION AND MANAGEMENT ESTATES

1.0 Purpose

To ensure proper allocation and management of KEFRI Estates.

1.1 Scope

This procedure shall cover all KEFRI premises.

1.2 Responsibility

The HoA shall ensure adherence to this procedure.

2.0 STEPS

This procedure shall cover KEFRI staff houses and the use of KEFRI facilities.

2.1 Allocation of Staff Houses

- 2.1.1 Staff shall submit their requests for housing allocation through the online ERP portal or in writing to the Director/RD/ARD for consideration.
- 2.1.2 The requests shall be forwarded to the Housing Allocation Committee for consideration during the committee meetings.
- 2.1.3 During the committee meetings, the Secretary Housing Committee shall present the requests received online for consideration.
- 2.1.4 The Housing Allocation Committee shall meet bi-annually/as necessary to review the applications for residential houses and allocate depending on availability and work.
- 2.1.5 During allocation, the Housing Allocation Committee shall consider the nature of duty performed by the requesting staff.
- 2.1.6 Those performing duties considered to be critical for example; Clinic duties, drivers to Director, SDD R&D & CS, Security, Secretary to Director/SDD R&D & CS, and any other criteria the Committee shall deem necessary shall be given priority during allocation.
- 2.1.7 If the application is approved, the Housing Allocation Committee Secretary shall communicate in writing within 5 working days after the Committee's meeting.
- 2.1.8 If the request is not successful, it shall be kept on the waiting list for future consideration and the Housing Allocation Committee Secretary shall communicate the same in writing within 5 working days after the Committee's meeting.
- 2.1.9 The tenant shall complete the tenancy agreement form before occupancy.
- 2.1.10 A tenant shall be required to pay the prescribed monthly rent and utility bills accordingly.
- 2.1.11 Proof of payment shall be provided during clearance upon exit from the house.
- 2.1.12 Tenants shall maintain the houses in good condition as outlined in the tenant agreement form

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2.2 Staff House Vacation

- 2.2.1 Any tenant who wishes to vacate the house shall provide a 1-month notice to the Director/RD/ARD in writing and clear with the building inspector/AO in charge of estate management before the end of the notice period.
- 2.2.2 On retirement, the staff shall clear with the AO – Estate Management/RD/ARD and Human Resource Management as per the HR clearance procedure.
- 2.2.3 Upon separation from employment, the house shall be vacated within 3 months and cleared via a clearance form.
- 2.2.4 If the staff is given an extension on retirement, he/she shall pay the rent in advance.
- 2.2.5 Upon transfer of staff who wish to vacate the house, the clause on house vacation shall apply.
- 2.2.6 If the staff wishes to retain the house in the former station, he/she shall not be allocated another house in the current station.
- 2.2.7 Upon separation, the tenant shall settle all utilities due (water/electricity), provide proof of payment, and hand over the house in good tenantable condition.

2.3 Dispute Resolution

- 2.3.1 Human Resource Grievance Handling Procedures shall apply when addressing disputes or grievances related to staff housing.

3.0 Documented information retained

1. Tenancy agreement form.
2. Request form.
3. House clearance form.
4. Request for repairs and maintenance form.

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PROCEDURE 8: MONITORING AND MEASURING OF RESOURCES

1.0 Purpose

To ensure that resources are maintained to guarantee their continuing fitness for their purpose.

1.1 Scope

This procedure covers all KEFRI administration activities

1.2 Responsibility

The HoA shall ensure the implementation of this procedure

2.0 STEPS

2.1 Resources Monitoring

- 2.1.1 Resources to be monitored at KEFRI shall include; electricity, water, fuel (motor vehicles/generator), gas, papers, outgoing telephone calls, repairs, and maintenance of vehicles.
- 2.1.2 The HoA upon receipt of monthly bills shall prepare trend analysis using a resource monitoring template and in every quarter report to the management and give feedback to the users.
- 2.1.3 The HoA shall monitor other resources on prudence utilization every quarter using the resource monitoring form.
- 2.1.4 In case of water utilization, the HoA shall ensure the installation of water meters for efficient monitoring
- 2.1.5 The HoA shall implement a mechanism on the appropriate use of resources (signage to - switch off lights when not in use, when necessary, print on both sides, repair water leakages and carpooling among other mitigation measures).

2.2 Mitigation Measures.

- 2.2.1 The HoA shall reduce the cost of electricity bills by installing green energy e.g., solar panels as a substitute.
- 2.2.2 The HoA shall reduce the cost of water bills by sinking boreholes, installation of water meters, and harvesting rainwater.

3.0 Documented information retained (records)

1. Resource monitoring form

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PROCEDURE 9: HANDLING AND DISPOSAL OF EFFLUENT

1.0 Purpose

This procedure ensures that the effluent generated at KEFRI facilities is safely discharged according to legal requirements.

1.1 Scope

This procedure shall apply to all KEFRI facilities which generate effluent.

1.2 Responsibility

Heads of Administration shall be responsible for ensuring this procedure is effectively implemented.

2.0 STEPS

2.1 Handling of Effluent.

- 2.1.1 The HoA shall ensure the construction and maintenance of effluent receptacles in all KEFRI facilities where there is effluent generation.
- 2.1.2 The Laboratory Heads shall monitor the monthly pH of laboratory effluent and ensure laboratory effluent is neutralized before discharging to the main sewer or septic
- 2.1.3 The Head of the Laboratory shall sensitize all staff to refrain from any act that directly or indirectly causes or may cause immediate or subsequent water pollution.
- 2.1.4 The HoA shall monitor the levels of already neutralized effluent from the Labs / the main septic tank and record in the effluent measurement and monitoring form monthly
- 2.1.5 When the septic is $\frac{3}{4}$ full, the HoA shall initiate the exhaustion process as per the procurement procedure.
- 2.1.6 In centers where effluent goes to municipal sewer systems, the HoA shall liaise with the municipal council on connection to the main sewer line.

3.0 Documented information retained (records)

- 1. Laboratory effluent measurement and monitoring form
- 2. Septic effluent measurement and monitoring form

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PROCEDURE 10: EMERGENCY PREPAREDNESS AND RESPONSE

1.0 Purpose

The Purpose of this procedure is to identify potential and actual emergencies and accidents that can have an impact on the environment and how KEFRI shall respond to them.

1.1 Scope

This procedure covers actual and potential environmental emergencies and accidents emanating from KEFRI activities.

1.2 Responsibility

1. The Head of Administration (HoA) shall ensure that this procedure is adhered to.
2. The Head of the Laboratory shall ensure laboratory emergencies are effectively managed

2.0 STEPS

2.1 Emergency Preparedness

- 2.1.1 The HoA shall develop and update the list of foreseeable incidences and emergencies with the potential to cause negative environmental impact.
- 2.1.2 The HoA shall assess emergency preparedness competence for persons working in areas prone to incidences and accidents
- 2.1.3 The HoA shall forward the environmental emergency preparedness training needs (fire marshal and first aiders) through respective Regional Directors to the DD-HR
- 2.1.4 The HoA shall annually conduct various drills to test the effectiveness of the work instructions and response plans for fires, and chemical spills, and submit a report to MR for necessary action(s).
- 2.1.5 The HoA shall monitor and record occurrences of environmental accidents and emergencies in various workstations, recommend corrective measures using the Environmental Emergencies and Accidents Occurrences form, and submit to the MR.
- 2.1.6 The HoA shall conduct fire drill annually and submit the report to respective RD/ARD and MR
- 2.1.7 The Head of the Laboratory shall conduct chemical spills drill annually and submit the report to respective RD/ARD and MR
- 2.1.8 The HoA and Head of Laboratory shall maintain an inventory of available personal protective equipment and first aid kits using the respective forms
- 2.1.9 HoA shall ensure that all fire-fighting equipment is serviced as per their schedule and kept at easily accessible points.
- 2.1.10 Respective DRs and ARDs shall maintain a fire duty rooster during the fire season in their respective regions
- 2.1.11 The emergency shall be addressed as per Work Instructions 1.

3.0 Documented information retained (records)

1. Environmental emergencies and accidents occurrences form
2. Inventory of available personal protective equipment and first aid kits form

3. Maintenance schedule of fire-fighting equipment form
4. Fire duty roster
5. List of foreseeable incidences
6. Work instructions 5: emergency preparedness and response to forest / electrical /careless lighted cigarette/ combustible material.
7. Work instruction 1: emergency preparedness and response to fuel/grease/oil/chemical spills and hazardous materials
8. Chemical oil spill drill report

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Work Instruction 1: Emergency preparedness and response to fuel, grease, oil, chemical spills, gas leaks, and hazardous materials

Scope

This work instruction shall cover all areas of KEFRI operations including those that:

1. Handle and store oil, grease, gas, and fuel, and dispose of their wastes to prevent leaks or spillages to the environment.
2. Handle and store chemicals, toxic and hazardous materials such as laboratories and chemical stores to prevent leaks and spillage to the environment

Preparedness:

The HoA in consultation with respective RD and ARD shall annually create awareness on environmental emergency preparedness.

1. The section heads shall install and maintain warning signage with the words “WARNING” or “CAUTION” written legibly in English and Kiswahili.
2. The section heads shall identify materials and equipment necessary to mitigate the effects of any chemical/oil spillage or gas leakage.
3. The HoA shall avail materials and equipment to mitigate the effects of any spillage or leakage.
4. The section heads to ensure spill containments and gas valves are well positioned and in good working condition.
5. The heads of sections shall ensure that personnel working in areas with the potential of spills or leakage are trained on handling spillage or leakage to minimize environmental pollution.
6. The section heads in consultation with respective Regional Directors shall ensure safe storage, handling, and movement of chemical/oil/gas within workstations to prevent spillage or leakage.
7. The section heads in consultation with respective Regional Directors and security and safety office shall conduct spillage/leakage drills at least once a year in each Center
8. For research laboratories, the RBCs in consultation with section heads and respective RD and ARDs shall conduct spillage/leakage drills at least once a year in each Center

Response:

In case of an emergency from a spill of chemical, toxic, and hazardous material or gas leakage:

1. Inform the relevant Section Head and Heads of administration, or a person in authority.
2. Wear appropriate protective clothing.
3. Evacuate personnel from the spill/leakage-affected area.
4. Isolate and cordon the affected area.
5. Contain the spread of the spill by following instructions in the Material Safety Data Sheets (MSDS).
6. Carry out appropriate corrective measures as contained in the MSDS.
7. In case of an injury from spillage provide first aid, as necessary.

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In case of an emergency from a spill of oil, grease, and fuel:

1. Inform the Heads of administration at the Center and the relevant section head.
2. Isolate and cordon spill/affected area.
3. Contain the spread of the spill e.g., by pouring soil, sawdust, and rags.
4. Scrub to clean the oil/fuel stains using powder laundry detergent or oil-absorbent hydrocarbons with a minimal amount of water.
5. Store any contaminated absorbent materials in the appropriate receptacle awaiting disposal.

In case of gas leakage:

1. Inform the relevant Section Head and HoA, or a person in authority.
2. Wear appropriate protective clothing.
3. Evacuate personnel from leakage affected area.
4. Isolate and cordon the affected area.
5. Switch off the emergency gas valves

Mitigation:

The Respective RDs, ARDs, and Heads of Administration shall restore the affected areas

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Work Instructions 2: Emergency preparedness and response to fire

Scope:

This work instruction will cover all KEFRI facilities, demonstration plots, and estates

Preparedness:

1. The HoA in consultation with the respective RD or ARD shall create awareness of environmental emergency preparedness and response to all types of fires to all staff annually.
2. Regional Directors/ARD and section heads shall install and maintain fire hazard indicators in all forest sites and workplaces.
3. DD-HR shall ensure that personnel working in KEFRI forest sites/premises are trained on both forest/premises firefighting techniques.
4. The foresters in consultation with respective RDs and ARDs shall ensure forest firebreaks are kept clean during high fire seasons.
5. HoA shall ensure that all fire-fighting equipment is serviced at least annually and kept at easily accessible points.
6. The HoA and respective RDs and ARDs shall conduct fire drills at least once a year in each Centre.
7. The Regional Director/ ARD/ HoA shall maintain a fire-duty roster.
8. The Regional Directors/ARD/HoA shall partner with relevant institutions to boost capacity to cope with fires.

Response in case of fire:

1. Raise the alarm by shouting "FIRE, FIRE"
2. Evacuate to safety and ensure that everyone is gathered at the designated assembly point
3. Ensure that no person stops in the way or going to collect any personal belongings.
4. Inform the Regional Director/ARD/ HoA/ security officer or any other KEFRI officer who is within the vicinity.
5. If your workplace has hazardous machinery, ensure that you shut it down.
6. Use appropriate fire-fighting equipment to contain the fire.
7. Take a roll call of all staff after the fire incident.
8. In case of an injury from fire, the first aiders shall provide first aid as necessary.
9. In case the fire gets out of hand call 911, or any fire-fighting brigade nearby using the numbers below;
 1. Gede Fire station - 0720228050/04230635
 2. Turbo - 0722968638
 3. Kitui - 999 or 911
 4. Nyeri 061301628- 0721211999
 5. Muguga Fire brigade 020 222181
 6. Kibwezi Police 0728364988
 7. Karura Fire brigade 020 222181

8. Kakamega Police 020 3529027
9. Londiani 052202222-0721358999
10. Maseno Police 020 3529027
11. Marigat 0202724154

Mitigation in case of fires:

1. In case the forest is destroyed by fire, the RD/ARD shall re-establish/rehabilitate the affected forest or forest patches.
2. In case of office fire, the HoA shall institute a survey to evaluate the extent of the damage and make reports to the insurance and relevant authorities.
3. HoA shall initiate repairs in consultation with the insurance as per the repair and maintenance procedure.

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PROCEDURE 11: OCCUPATIONAL HEALTH AND SAFETY

1.0 Purpose

The Purpose of this procedure is to ensure a safe and healthy workplace for all employees and interested parties in KLEFRI

1.1 Scope

This procedure shall apply to all employees, contractors, subcontractors, and other interested parties.

1.4 Principal Responsibility

The HoA and DDCAQA shall be responsible for ensuring this procedure is adhered to.

2.0 STEPS

2.1 Safety and Health Provisions

- 2.1.1 Every workplace shall have effective provision for sufficient and suitable lighting.
- 2.1.2 Effective means shall be provided and maintained for draining off the wet floors on all premises.
- 2.1.3 Effective and suitable provisions shall be made for securing and maintaining adequate ventilation in all the workrooms.
- 2.1.4 The workplace shall not be so overcrowded as to cause a risk of injury to the health of the persons employed therein.
- 2.1.5 The floor of every workroom shall be cleaned at least twice a week
- 2.1.6 Accumulations of dirt and refuse shall be removed from the floors and benches of workrooms, staircases, and passages
- 2.1.7 All plants, machinery, and equipment whether fixed or mobile shall only be used for work which they are designed for and be operated by a competent person.
- 2.1.8 All chains, ropes, and lifting tackle shall be of good construction, sound material, adequate strength, and free from defect.
- 2.1.9 Sufficient and suitable sanitary conveniences for the persons employed in the workplace shall be provided, maintained, and kept clean
- 2.1.10 Every refrigeration plant capable of being entered by an employee shall have all control valves situated outside the cold storage room and have all doors of the cold storage room capable of being opened easily and quickly from the inside and outside.
- 2.1.11 In all KEFRI stores and warehouses, all goods, articles, and substances shall be stored or stacked in such manner as shall ensure their stability and prevent any interference with the adequate distribution of light, ventilation systems, the unobstructed use of passageways
- 2.1.12 Machinery, equipment, personal protective equipment, appliances, and hand tools used in all workplaces shall be issued in compliance with the prescribed safety and health standards and be appropriately installed, maintained, and safeguarded
- 2.1.13 All openings in floors shall be securely fenced.
- 2.1.14 There shall be safe access to every place where anyone shall work.
- 2.1.15 All highly inflammable substances shall be kept either in a fire-resisting store or in a safe place outside any occupied building.

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- 2.1.16 Every workplace shall be provided with adequate means of escape conspicuously marked by a notice printed in RED LETTERS, properly maintained, and kept free from obstruction.
- 2.1.17 All emergency exit doors shall be constructed to open outwards and shall not be locked or fastened.
- 2.1.18 Material safety data sheets shall be provided for all chemicals and other hazardous substances in use on the premises.
- 2.1.19 An adequate supply of drinking water at suitable points conveniently accessible to all employed persons shall be provided.
- 2.1.20 Every workplace shall provide and maintain a readily accessible first-aid box.
- 2.1.21 Every workplace shall cause a thorough safety and health audit of the workplace to be carried out at least once in every period of twelve months by a safety and health advisor.
- 2.1.22 Every workplace shall have suitable facilities for a person employed whose work is done standing.
- 2.1.23 Every workplace shall issue a permit to work to the outsourced service provider or for non-routing repair and construction works.

2.2 Safety and Health Committee

- 2.2.1 There shall be a Safety and Health Committee. The chairperson and Secretary shall be duly appointed by the Director whose term shall be three years renewable once.
- 2.2.2 The committee shall meet quarterly to discuss OSH matters
- 2.2.3 The committee shall conduct quarterly safety and health inspections in their respective regions

2.3 Incidents and Accidents

- 2.3.1 Every workplace shall have a fire assembly point which shall be painted green.
- 2.3.2 Every workplace shall provide adequate and suitable facilities for washing which shall be conveniently accessible and shall be kept in a clean and orderly condition.
- 2.3.3 Inspection and testing of all firefighting equipment in every workplace shall be carried out at least once every twelve months as per the emergency preparedness and response procedures
- 2.3.4 Every workplace shall provide and conspicuously display means for extinguishing fire which shall be free from any obstruction and readily accessible and serviced at least once a year
- 2.3.5 The Section Heads in KEFRI shall record incidents or accidents using incident/accident form and forward them to the chairperson of the Health and Safety committee for investigation.
- 2.3.6 The OSH Committee members shall report the findings to the Director/RD/ARD using the prescribed accident investigation report form for further action.

3.0 Documented information retained

1. Health and Safety Committee Minutes
2. Accident Inspection Reports
3. Incident/Accident investigation form
4. permit to work form

PROCEDURE 12: HANDLING AND DISPOSAL OF NON-HAZARDOUS WASTE**1.0 Purpose**

To ensure that non-hazardous waste generated from KEFRI operations is properly handled, segregated, and disposed of in a manner that minimizes environmental pollution.

1.1 Scope

This procedure shall apply to all KEFRI activities, which generate non-hazardous solid waste with significant environmental impact.

1.2 Responsibility

The HoA, RDs, and ARDs shall have the principal responsibility of constructing receptacles and providing color-coded bins. HoDs shall ensure this procedure is adhered to in their respective sections, and MSCM shall ensure that waste is properly disposed of.

2.0 STEPS**2.1 Categories of non-hazardous solid waste**

2.1.1 This procedure shall ensure proper management and disposal of waste for various categories including plastic, organic, glassware, metal, ceramic, electronic, used oil waste (generator, kitchen, and grass cutter/lawn mower).

2.1.2 All staff shall segregate solid waste according to color-coded waste bins as per the table below:

Waste Category	Color code
Paper	Blue
Plastic	Yellow
Glass	White
E-waste	Black
Rubber, tyre, ceramic	Dedicated room
Organic	Green
Metal	Grey
Used cooking oil	Black drums
Used car spare parts	Black drums
Sanitary waste	Sanitary bins
Face masks, biomedical and hazardous waste	Red

2.1.3 All color-coded waste bins shall meet the following requirements:

1. They shall be in sound condition.
2. They shall be constructed using appropriate material to prevent leakage
3. They shall be closed except when adding or emptying waste materials from the container.
4. They shall be kept clean of any spilled material.
5. They are handled and stored so as not to cause rupture or leakage.
6. The bins shall be well-labeled as per the branding policy.

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- 2.1.4 Janitors shall collect, weigh, and dispose of the segregated solid wastes into the respective designated waste receptacles.
- 2.1.5 The janitors shall weigh plastic, paper, glass, metal, and ceramic and record the waste measurements weekly using the solid waste measurement form.
- 2.1.6 HoA shall monitor waste levels and establish trend analysis quarterly, report to the management, and give feedback to the users.
- 2.1.7 Ceramic waste shall be crushed and buried in designated areas.
- 2.1.8 Sanitary waste shall be disposed of through contracted service providers as per the procurement procedure.
- 2.1.9 Cooking oil produced at various catering outlets shall be decanted into securely sealed drums and disposed to the public as per CSR procedure or used for soap production.
- 2.1.10 Organic waste shall be collected using a biodegradable waste liner, composted in a compost pit, and used as manure in the nurseries.
- 2.1.11 Plant materials such as non-viable seeds shall be disposed of on recommendation and approval of the seed disposal committee. The disposal method shall be by composting.
- 2.1.12 Plastic waste generated from the nurseries (potting bags) shall be reused or disposed of as per the procurement procedure.
- 2.1.13 The Heads of Supply Chain Management shall ensure the quantities of oil, grease, and fuel stored at any one time do not over-expose the environment to risks (spills, fires, etc.) by ensuring that the stored quantities do not exceed the following amounts: Oil-20 liters, Petrol-100 liters, Diesel-180 liters, Parafin-15 liters, Grease-5 kg.
- 2.1.14 In case of oil or fuel leakages or spills, emergency preparedness respective work instructions shall apply.
- 2.1.15 Waste from the timber workshop shall be sold to interested parties as per the Enterprise procedure.
- 2.1.16 The Workshop Manager shall minimize the wood waste generated are re-used by laminating waste timber pieces.
- 2.1.17 MSCM shall contract registered waste disposal agents once the levels are at three-quarters of the receptacles.
- 2.1.18 KEFRI staff shall **NOT** dispose of any waste on a public highway, street, road, or recreational area or in any public place except in designated public waste receptacles.

1.0 Documented information retained

- 4. Solid waste measurement form
- 5. Non-viable seed disposal form

INTERNAL AUDIT STANDARD OPERATING PROCEDURES

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PROCEDURE 1: INTERNAL AUDITING

1.0 Purpose

This procedure shall ensure efficiency and consistency in the planning and execution of internal audit activities in compliance with the legal requirements and professional standards.

1.1 Scope

This procedure shall apply to all internal audits undertaken within KEFRI (Kenya Forestry Research Institute) except for the EMS and QMS audits.

1.2 Responsibility

The Internal Audit Manager shall ensure adherence to this procedure.

2.0 STEPS

2.1 General steps

The following shall be the broad steps for undertaking internal audits within KEFRI:

1. Planning the internal audit activities.
2. Executing the internal audits.
3. Reporting the internal audit results.
4. Follow up on prior audit issues.
5. Documenting internal audit evidence.

Each of the above steps shall be executed as described below.

2.2 Planning the Internal Audit Activities

- 2.2.1 The MIA shall ensure annual internal audit planning is carried out based on annual risk assessment as set out in a three-year internal audit strategic plan.
- 2.2.2 The MIA shall develop the Annual Internal Audit Work Plan and Budget for audits to be conducted during the subsequent financial year and present the proposed Plan and Budget to the BAC by 31st December for consideration and approval.
- 2.2.3 The MIA shall present the Department’s approved Plan and Budget to the Consultative Meeting for adoption before the start of every financial year.
- 2.2.4 The MIA shall ensure the implementation of the approved Plan and Budget.
- 2.2.5 The MIA shall submit the Plan implementation progress report to the BAC quarterly.

2.3 Executing the Internal Audits

- 2.3.1 The MIA shall constitute audit teams to undertake the audit engagements as per the approved Annual Internal Audit Work Plan.
- 2.3.2 To ensure adequate capacity, the MIA shall consider the staff number and skills, scope of the assignment, timeframe of the assignment, and the complexity of the tasks, while constituting audit teams.
- 2.3.3 The team leader shall, in consultation with the MIA, ensure detailed engagement planning for each audit assignment is undertaken.

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- 2.3.4 The team leader shall consider A list of required information; an audit engagement schedule; an audit program; and an audit planning memorandum while engagement planning.
- 2.3.5 The MIA shall prepare an engagement letter as well as review of the list of required information and dispatch it to the HoD as per the Communication procedure, 10 working days before the commencement of the assignment.
- 2.3.6 The team leader shall ensure that all logistical arrangements are put in place before the audit assignment begins.
- 2.3.7 At the start of the audit assignment, the audit team shall hold an entry meeting with the Management of the Division/ Unit/ Center/ Sub-Center/ Section to discuss the audit objectives, scope, methodology, duration, and mode of communication.
- 2.3.8 The HoD shall provide all necessary information to aid the execution of the audit assignment.
- 2.3.9 The audit team shall carry out the audit assignment according to the applicable legal requirements, professional standards, policies, and procedures.
- 2.3.10 The team leader shall ensure the audit team prepares potential audit findings detailing the observations, criteria, root causes, risks, and proposed recommendations.
- 2.3.11 Upon completion of the audit, the audit team shall hold an exit meeting with the Management to discuss the potential audit findings.
- 2.3.12 The audit team leader shall send the potential audit findings to the Management within two (2) working days for Management’s response.
- 2.3.13 Upon receipt of potential audit findings, Management shall provide comments and action plans to address the audit findings as well as the person responsible and the target date for implementation of the audit recommendations, within five (5) working days.
- 2.3.14 Management shall indicate whether they agree or disagree with the audit findings and recommendations.

2.4 Reporting Internal Audit Results

- 2.4.1 The team leader shall prepare a draft Audit Report on the key findings, recommendations and agreed management actions within 6 days and submit it to the MIA together with the audit working file, for review.
- 2.4.2 The working file shall include Photocopies of audit evidence; relevant working papers either in soft or hard copies; Filled audit programs; filled audit engagement schedule to evidence timeliness; and a filled list of requests for information.
- 2.4.3 Upon review, the MIA shall submit the final audit report within 6 days to the Director-KEFRI for action, and the copies of the reports shall be retained by the Registry procedure.
- 2.4.4 Upon review of the Audit report, the Director-KEFRI shall issue Management letters to the relevant HoD for appropriate action and the copies shall be retained by the Registry procedure.
- 2.4.5 The MIA shall present the Audit Report on the high-risk areas of the processes audited to the BAC for deliberation in the subsequent quarter.
- 2.4.6 The MIA shall communicate the resolutions of the BAC to the HoDs in writing within 7 working days after the meeting for implementation.
- 2.4.7 The MIA shall follow up on the status of the implementation of BAC resolutions every quarter.

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2.5 Follow-Up on Audit Issues

- 2.5.1 The MIA shall ensure that the Follow-up Database is updated by the team leader after every audit assignment.
- 2.5.2 The MIA shall every quarter update the Directorate and BAC on the status of implementation of prior audit recommendations.

2.6 Documenting internal audit evidence

- 2.6.1 Upon completion of each audit, the team leader shall ensure sufficient audit evidence is filed in the current or permanent audit file.
- 2.6.2 The current audit file shall be retained until the next cycle of the audit of the specific process is complete and/or follow-up of audit issues done and closure confirmed.
- 2.6.3 The permanent audit file shall be retained according to the KEFRI records management policies and procedures and for a minimum of 7 years.

2.7 Ad Hoc Audit

- 2.7.1 Upon receipt of a request as per the Communication procedure, the MIA shall assess the request's need and, where it merits an audit, constitute an audit team to carry out an ad hoc audit assignment.
- 2.7.2 The audit team shall carry out, document, and prepare a report of the Ad Hoc Audit assignment by Clauses 2.3, 2.4, 2.5, and 2.6 of this procedure.
- 2.7.3 The MIA shall communicate back in writing if the request does not merit an audit.

3.0 Documented information retained

1. Annual Internal Audit Work Plan and Budget.
2. Audit entrance meeting minutes
3. Audit exit meeting minutes.
4. List of requests for information
5. Audit Engagement schedule
6. Audit Planning memorandum
7. Audit Program
8. Potential Audit Findings
9. Internal Audit Report
10. Audit follow-up report.

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PROCEDURE 2: INTERNAL AUDIT QUALITY ASSURANCE AND IMPROVEMENT

1.0 Purpose

This procedure ensures the internal audit processes improvement, and that quality is maintained while executing internal audits in compliance with the legal requirements and professional standards.

1.1 Scope

This procedure shall apply to all internal audit activities in the Institute.

1.2 Responsibility

The Internal Audit Manager shall ensure the full implementation of this procedure.

2.0 STEPS

2.1 General steps

The following shall be the steps for undertaking the quality assurance and improvement programs:

1. Internal quality assurance and improvement programs
2. External quality assurance and improvement program.

Each of the above steps shall be executed as described below.

2.2 Internal quality assurance and improvement programs

- 2.2.1 The Internal Audit Manager shall develop a client satisfaction survey questionnaire to establish the auditees' satisfaction index on internal audit performance and reporting.
- 2.2.2 The link for the questionnaires shall be shared with the internal auditors for implementation during each audit engagement.
- 2.2.3 On completion of each audit engagement, the team leader shall send the link for the questionnaires to the auditees and the potential audit findings, two (2) days after the exit meeting.
- 2.2.4 The auditees shall complete the questionnaires and submit them to the MIA via e-mail within 5 days of receipt.
- 2.2.5 The team leaders shall ensure that at least 3 auditees from each department/division/regional Center or Sub-Center being audited fill in the questionnaires.
- 2.2.6 At the end of every quarter, the MIA shall review the client satisfaction survey responses and discuss the comments with the internal auditors during the quarterly staff meetings.
- 2.2.7 At the end of every financial year, the MIA shall analyze the questionnaires and prepare a report for presentation to the BAC and Management.
- 2.2.8 The MIA shall establish and maintain a database for monitoring the improvement of the client satisfaction index and implementation of client satisfaction survey recommendations.

2.3 External quality assurance and improvement program

- 2.3.1 After every 5 years, the MIA shall plan and engage an external independent quality assessor to provide review services of the internal audit activities.
- 2.3.2 The report from the external independent quality assessor shall be presented to the BAC and Management.

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2.3.3 The MIA shall monitor and ensure full implementation of the recommendations of the external quality assessment.

3.0 DOCUMENTED INFORMATION RETAINED

- 1. Online Client satisfaction survey questionnaire template.
- 2. Client satisfaction survey reports.
- 3. External quality assessment report.

FINANCE

STANDARD OPERATING PROCEDURES

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PROCEDURE 1: PLANNING AND BUDGETING

1.0 Purpose

The purpose of this procedure is to ensure effective monitoring of income, expenditure, and performance for decision-making

1.1 Scope

This procedure shall apply to the preparation, submission, approval, implementation, and monitoring of the KEFRI annual budget

1.2 Responsibility

The DD-F shall ensure the effective implementation of this procedure

2.0 Steps

2.1 Budget preparation

- 2.1.1 The National Budget for the subsequent financial year shall start in August through a Circular from the CS National Treasury detailing the guidelines, format, and timeline to be used in the budget process.
- 2.1.2 Upon receipt, the Director shall direct the Budget Committee through SDD-CS to begin the budgeting process.
- 2.1.3 The Budget Committee shall prepare a Performance Programme Review for the last three years and a Programme Budget for the next three years including a list of capital projects.
- 2.1.4 The two documents shall be submitted to the Parent State Department for review and consolidation in the Department Budget.
- 2.1.5 The Institute Budget Committee shall participate in the Sector Budget for final compilation and resource allocations.
- 2.1.6 The National Treasury sets the Recurrent and Development budget ceiling to be presented and shared within the Sector Budget.
- 2.1.7 The CS National Treasury shall present the Budget Policy Statement to the National Assembly by February 27 of each fiscal year.
- 2.1.8 Upon submission of the budget to Parliament, the Parliamentary Department committee shall invite the Institute to justify its budget.
- 2.1.9 The Parliamentary Department committee shall forward its findings & recommendations to the Parliamentary Budget Committee for appropriation by Parliament.
- 2.1.10 The National Treasury shall prepare printed Estimates by June to show the allocations of all entities that participated in the budget preparation.
- 2.1.11 Upon receipt of estimates from the Parent Ministry, the Director shall call a Consultative Committee meeting.
- 2.1.12 The SDD-CS shall guide heads of Thematic areas, Departments, Divisions, and Sections to prepare and submit their respective revenue and expenditure estimates for discussion in the consultative meeting.

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- 2.1.13 In coming up with the proposals, consideration shall be given to the previous year’s achievements and the current year’s projections.
- 2.1.14 The heads of the various thematic areas, departments, divisions, and sections shall defend their respective itemized budgets in the consultative meeting to be held in June of every financial year
- 2.1.15 The consultative meeting shall review the presented estimates in line with any relevant government circular, priority areas, and approved budget
- 2.1.16 All expenditures per activity shall then be compiled into the KEFRI Master budget upon rationalization in the consultative meeting
- 2.1.17 The SDD-CS shall liaise with the Director to table the compiled master budget before the BOD for approval of its implementation
- 2.1.18 Upon approval, the DDF shall ensure the posting of the itemized budget allocation to various vote heads in the ERP systems
- 2.1.19 If not approved, it is returned to Finance with a recommendation on the revised position. The revised budget is implemented.
- 2.1.20 The SDD-CS shall communicate to cost centers through a circular on the approved budgets for implementation.
- 2.1.21 Supplementary budget shall be implemented in line with the National Treasury guidelines
- 2.1.22 Both Supplementary and reallocation shall be approved by BOD before implementation
- 2.1.23 Reallocation of funds shall be reviewed based on the following guidelines;
 - a) Reallocation shall not exceed 10% of sub-vote/ budget item
 - b) Capital expenditure can only be reallocated to other capital expenditures.

2.2 Budget Implementation

- 2.2.1 The accountant in VBC shall receive payment vouchers, claims, and imprests in the ERP system
- 2.2.2 The accountant shall confirm whether the intended expenditure is within the cost center allocation.
- 2.2.3 If the intended expenditure is within the budgetary allocation, the accountant shall process and forward it to the next level of processing.
- 2.2.4 If the intended expenditure has been charged to the wrong cost center or wrong vote, the payment shall be rejected in the system and communicated within 24 hrs. as per the communication procedure.
- 2.2.5 The DDF shall prepare quarterly expenditure returns for monitoring budget utilization and take the necessary corrective measures in case of variance.

3.0 Documented Information Retained

- 1. Printed Estimates
- 2. Government Circular
- 3. Approved Budget
- 4. Institute Circulars

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PROCEDURE 2: PAYMENT PROCESSING

1.0 Purpose

The purpose of this procedure is to ensure smooth processing of payments in an organized and timely manner for internal and external customers

1.1 Scope

This procedure shall apply to the payments of all invoices, claims, salaries & wages, salary advances & in-advances, statutory deductions, and payroll deductions at KEFRI.

2.0 Steps

2.1 Payment processing

- 2.1.1 Accountant receives paying documents from service providers, staff, SCM, and HR department as follows:
1. Suppliers: Invoices, LPOs, GRNs, Purchase Requisitions, and Inspection & Acceptance.
 2. Claims: duly approved claims, appointment letters, and attendance sheets detailing expenditure incurred.
 3. Staff salaries & wages, salary advances & in advances: payroll summaries & deductions, shall roll and PCAs
- 2.1.2 Accountant checks the completeness of the documents for accuracy, appropriate approvals & validity of payment.
- 2.1.3 If satisfied with the documentation, the accountant shall generate a PV and process it.
- 2.1.4 The PVs and Claims shall follow the steps in Clause 2.2 (budget implementation) - Planning & Budgeting, and Clause 2.1 (payment at cash office) –Treasury Management of this procedure.
- 2.1.5 In the event the payment documents are incomplete, the payee, HR, and SCM department shall immediately be notified as per the communication procedure within 24 hours.

3.0 Documented Information Retained

1. Payment voucher
2. Claim voucher
3. Payroll
4. Casuals muster roll Form
5. Field Payment Voucher Form
6. Contract for Local Labour Form
7. Official Receipt
8. Meal Claim Form
9. Claim for board Allowances

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PROCEDURE 3: IMPREST MANAGEMENT

1.0 Purpose

The purpose of this procedure is to advance payments to facilitate the operation of Spending Units, officers traveling on official duties and special activities that may not be catered for using the normal procurement processes, and account for the interest upon completion of activities.

1.1 Scope

This procedure describes the issuance and surrenders of all types of imprests; travel, special, and standing imprests for the Institute

1.2 Responsibility

The DD-F shall ensure adherence to this procedure

2.0 STEPS

2.1 Imprest Application

- 2.1.1 The applicant shall log into the staff portal and initiate the application process.
- 2.1.2 An automatically generated number is assigned to the imprest warrant by the system.
- 2.1.3 The applicant shall fill in both necessary and mandatory fields such as the cost center, budget line, project code, activity code, description of the activity, type of interest, mode of payment, amounts, and activity dates.
- 2.1.4 The applicant shall be required to attach and upload a duly approved work plan and budget as one PDF document and submit it to the AIE holder.
- 2.1.5 Accountant shall receive imprest warrant, check the completeness of the documents for accuracy & appropriate approvals, and authorize for processing
- 2.1.6 In the event the imprest documents are incomplete, the imprest shall be rejected and the reason for rejection given.
- 2.1.7 The imprest warrants shall follow the steps in Clause 2.2 of Planning & Budgeting, and Clause 2 of Treasury Management procedure.
- 2.1.8 The approval of the imprest warrant for processing shall be done within 24 hrs.

2.2 Imprest Accounting/Surrender

- 2.2.1 After accomplishing the task for which the imprest was requested, the applicant shall log in to the staff portal and initiate the surrender process.
- 2.2.2 The officer shall select the imprest that is being surrendered and attach the necessary surrender documents: back-to-office report, receipts, field payments forms, and work tickets as one PDF document, upload, and submit to the AIE holder.
- 2.2.3 In case of over-expenditure, the applicant requests reimbursement via a letter, and a claim shall be lodged if approved.
- 2.2.4 In the event of under-expenditure, the applicant banks the balance in the relevant bank account before processing the imprest surrender and a receipt shall be issued to BDK.

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- 2.2.5 Accountant shall receive imprest surrender, and verify the completeness of the documents for accuracy & appropriate approvals and process.
- 2.2.6 In the event the documents are incomplete or unjustifiable, the surrender shall be rejected, and the reason given.
- 2.2.7 The imprest surrender voucher shall be forwarded to the vote book for reversal of commitment and actual expenditure budget posting.
- 2.2.8 The imprest accountant shall post the vouchers in the imprest ledger. The imprest holder shall no longer be captured as a debtor to the Institute
- 2.2.9 A list shall be compiled of imprest defaulters, within the stipulated period, and forwarded to the HR department to recover from the payroll.
- 2.2.10 The approval of imprest surrender shall be done within 24 hrs.
- 2.2.11 The DDF shall monitor and analyze the payment turnaround time on imprest, payments vouchers, and claims every quarter

3.0 Documented information retained

- 1. Imprest warrant
- 2. Temporary Imprest/Advance Form
- 3. Imprest accounting/surrender voucher
- 4. Back to Office Report Form
- 5. Board Travel Imprest Form

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PROCEDURE 4: ASSET MANAGEMENT

1.0 Purpose

To ensure that all assets are effectively and efficiently controlled, utilized, safeguarded, and managed

1.1 Scope

The procedure covers the process of identification, verification, categorization, valuation, and reporting of asset position

1.3 Responsibility

The DD-F shall ensure adherence to this procedure

2.0 Steps

2.1 Assets acquisition and accounting

- 2.1.1 The acquisition of assets shall be done by the Procurement processes, Budget implementation, Payment processing, Imprest, and Treasury Management procedures.
- 2.1.2 Upon purchase and receipt of assets, each asset shall be allocated a pre-numbered tag identifying it as "Property of the Institute"
- 2.1.3 Monthly reconciliation shall be done on assets to ensure proper categorization of assets and Fixed Asset Register updated accordingly.
- 2.1.4 If any asset is wrongly categorized, the accountant shall prepare a journal voucher and seek approval to correct the error.
- 2.1.5 On a quarterly and annual basis, the accountant shall prepare a fixed asset movement schedule showing the category of assets, costs, additions, disposal, accumulated depreciation, and charges
- 2.1.6 The asset register shall be updated when the assets have been disposed of, become obsolete, or stolen. Disposal of assets shall be by the PPAD Act.
- 2.1.7 At the end of the Financial Year any gain or loss from the disposal of assets shall be recognized in the Statements of Financial Performance.
- 2.1.8 Where an asset is moved from one office/region to another, an asset transfer form shall be used and the asset register updated
- 2.1.9 Annually, all the assets in the register shall be physically verified to confirm their existence. Assets disposed of, become obsolete, or stolen shall be removed from the assets register.
- 2.1.10 The Institute shall undertake revaluation of its property (land, buildings, and heavy machines including heavy vehicles) every five years per category of property, plant, and equipment.

3.0 Documented Information Retained

1. Asset register
2. Intangible asset register
3. Revaluation schedule
4. Asset reconciliation report
5. Asset Transfer Form

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PROCEDURE 5: REVENUE MANAGEMENT

1.0 Purpose

The purpose of this procedure is to ensure effective and efficient collection and reporting of all revenues at the Institute

1.1 Scope

This procedure shall apply to the recording and reconciliation of Institute revenue.

1.2 Responsibility

The DD-F shall ensure adherence to this procedure

2.0 STEPS

2.1 Revenue receiving and reporting

- 2.1.1 The Institute shall receive revenue from the following sources: - consultancy services, laboratory services, sale of seeds and seedlings, accommodation & conference facilities, sale of forest products, and disposal of assets & stores
- 2.1.2 The accountant shall receive supporting documentation from Enterprise, Administration, and Project Investigators to generate invoices.
- 2.1.3 Such documentation shall include the following: Contract, LPO, LSO, work order, notice of award, and any other relevant communications.
- 2.1.4 Water billings shall be done on the 5th of every month.
- 2.1.5 Upon raising the invoices, the accountant shall dispatch, and the debtor's ledger updated.
- 2.1.6 Quarterly, the accountant shall generate an Accounts Receivable Aging Report.
- 2.1.7 Delinquent customer accounts shall be identified and forwarded to DDF and GME for further action.
- 2.1.8 The accountant shall submit monthly revenue returns for reconciliation and consolidation to DDF and GME.
- 2.1.9 Monthly, the accountant shall reconcile the Pesa-flow statement receipts with the amount reflected in the KEFRI Revenue bank account.
- 2.1.10 The DDF shall be responsible for the custody and issuance of manual receipt books.
- 2.1.11 Used receipt books shall be returned to the accountant before issuance of new ones.
- 2.1.12 The accountant shall compute and file VAT returns for all vatiable purchases and incomes as stipulated in VAT ACT 2013 on or before the 20th of each Month

3.0 Documented Information Retained

1. Official receipts
2. Invoices
3. Revenue and VAT return schedules
4. Bank deposit slips and Bank statements
5. Product catalogue
6. Pesa-flow statements

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PROCEDURE 6: TREASURY MANAGEMENT

1.0 Purpose

The procedure shall guide treasury activities related to cash management, bank management, and income management

1.1 Scope

This procedure describes how cash shall be managed, revenue receipting, and the process of settling payments in the cash office

1.2 Responsibility

The DD-F shall ensure adherence to this procedure

2.0 STEPS

2.2 Payments at cash office

- 2.2.1 Upon receipt of the approved payment voucher, claim, or imprest, the cashier shall confirm the liquidity position in the appropriate bank account.
- 2.2.2 The accountant shall print all approved PVs, Claims, and Imprest warrants and attach original supporting documents
- 2.2.3 The accountant shall then draw a cheque for a PV, record it in the cheque register, and forward it to various signatories for signing within 24 hours
- 2.2.4 After the cheque is duly signed, the accountant shall inform the payees within 24 hours to collect the cheques as per the communication procedure
- 2.2.5 In exceptional cases where circumstances warrant payment through cash, the accountant shall withdraw cash, and the payee acknowledges receipt by signing the PV.
- 2.2.6 For Quick Pay and MPESA, a payment Schedule shall be prepared and sent to the bank.
- 2.2.7 The bank shall disburse money to respective payees upon approval by signatories.
- 2.2.8 The accountant shall ensure paid PVs, claims, imprests, and all other relevant supporting documents are filled and kept in safe custody.
- 2.2.9 In case of insufficient funds, payments shall be held in abeyance and the same communicated to the respective payees.

2.3 Receipting

- 2.3.1 KEFRI income shall be received in the form of Cheques, RTGS, EFT, and Mobile banking and acknowledged by the issuance of an official receipt
- 2.3.2 Manual receipting shall be used only when/where the ERP accounting system is unavailable, where the original is issued to the customer.
- 2.3.3 All receipt books shall be pre-numbered in numerical sequence and be used in that order. They shall be kept in the safe by DDF who shall authorize their use.
- 2.3.4 Mobile banking shall be receipted upon receiving a confirmation message to paybill mobile phone and/or Pesaflo statement account

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2.4 Bank Management

- 2.4.1 The accountant shall monitor the performance of bank accounts to ascertain receipt and payment transactions at any given time
- 2.4.2 Any income identified in the form of grants or otherwise, shall be acknowledged with the issuance of a receipt
- 2.4.3 In case of income being deposited in the wrong account, the accountant shall initiate the transfer process to the right account
- 2.4.4 A Journal Voucher crediting the respective grant/income account shall be raised and passed
- 2.4.5 every month a report on bank balances shall be generated to guide decision-making and ensure no bank account is overdrawn
- 2.4.6 Bank accounts shall be monitored annually to identify any dormant/ inactive bank accounts. Such accounts shall be reported to the DD-Finance for further deliberation with management.

3.0 Documented Information Retained

- 1. Payment Vouchers
- 2. Imprest Voucher
- 3. Claims Voucher
- 4. Payment Schedule
- 5. Claim for Board Allowances
- 6. Journal Voucher Form

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PROCEDURE 7: FINANCIAL REPORTING

1.0 Purpose

The purpose of this procedure shall be to ensure timeliness, relevance, transparency comparability, understandability, and accuracy in financial reporting.

1.1 Scope

This procedure shall apply to the preparation of the Institute's Financial Statements.

1.2 Responsibility

The DD-F shall ensure adherence to this procedure

2.0 Steps

2.1 Financial Ledgers and Reporting

- 2.1.1 At the end of every month, the accountant shall ensure that cashbooks have been posted, balanced off and bank statements are available
- 2.1.2 The accountant shall prepare bank reconciliations by the 10th of the following month and submit them for approval
- 2.1.3 Monthly Bank Reconciliation balances, accounts payables, and accounts receivables with over 90 days shall be remitted to The National Treasury via GIMIS by the 15th of the following month
- 2.1.4 The accountant shall extract the trial balance, and check its accuracy and completeness. In case of any discrepancies, a Journal Voucher shall be done and passed to correct the error.
- 2.1.5 The following financial statements shall be generated from the trial balance on a quarterly and annual basis:
 1. Statement of Financial Position
 2. Statement of Financial Performance
 3. Statement of Cash Flow,
 4. Statement of changes in Net Assets,
 5. Statement of Comparison of Budget and Actual,
 6. Fixed Assets schedule, and
 7. Notes to the Financial Statement.
- 2.1.6 The monthly payroll summary shall be received from the HR department for reconciliation and further processing by the 26th of the following month.
- 2.1.7 After preparation of the Financial Report, the DDF shall forward it to the SDD-CS for review and recommendation.
- 2.1.8 SDD-CS shall forward the Financial Report to the Director for tabling in the subsequent BOD meeting for information, discussion, and adoption.
- 2.1.9 Quarterly Financial Report shall be submitted to The National Treasury, Parent Ministry, and Controller of Budget by the 15th of the subsequent month after the end of the quarter.
- 2.1.10 The Annual Financial Report shall be submitted to the Office of the Auditor General, National Treasury, Parent Ministry & Controller of Budget by 30th September.

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2.1.11 After the Audit of the Annual Financial Statement the Institute shall file Corporation Tax with the Kenya Revenue Authority on or before the sixth month after the end of an accounting period.

2.2 Year-End Closing Procedures

- 2.2.1 The director shall appoint a cash board survey team at the end of the financial year to verify the balances shown in cash books.
- 2.2.2 Cash Board of Survey shall be completed by the 15th of July after the closure of the financial year.
- 2.2.3 The forms used in the cash survey shall be prepared and duly signed by team members.
- 2.2.4 The Cash Board of Survey Report shall be forwarded to the Director.
- 2.2.5 The Finance and SCM Division shall conduct stock take at the end of every financial year to ascertain the physical stock and value of inventory.

3.0 Documented Information Retained

- 1. Bank Reconciliation Statement Form
- 2. Board of Survey Report Form
- 3. The Journal & Ledgers
- 4. Cash books
- 5. Expenditure schedules
- 6. Trial Balance
- 7. Financial report
- 8. Monthly Payroll Summary
- 9. Annual Stock-Taking Form

RESOURCE MOBILIZATION STANDARD OPERATING PROCEDURES

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PROCEDURE 1: RESOURCE MOBILIZATION

1.0 Purpose

To provide clear guidelines and steps for resource mobilization and ensure effective, efficient, and sustainable acquisition and management of resources for KEFRI Research & Development.

1.1 Scope

This procedure shall apply to all KEFRI staff, partners, and stakeholders involved in the resource mobilization process. It shall cover the identification, acquisition, management, and reporting of resources

1.2 Responsibility

The Resource Mobilization, Partnerships, and International Relations (RMP&IR) department shall have the principal responsibility of implementing this procedure

2.0 STEPS

2.2 Donor identification and research

- 2.2.1 At the beginning of the financial year, the RMP&IR (Resource Mobilization, Partnerships, and International Relations) shall develop and share donor research and development priorities, guidelines, and requirements with scientists
- 2.2.2 RMP & IR shall conduct quarterly assessments to identify partners, resource needs, requirements, and eligibility in line with KEFRI strategic objectives.
- 2.2.3 The RMP&IR office shall also identify potential funding opportunities that align with KEFRI mandates and objectives and share them with research scientists through SDD-R&D, scientist's emails, and other communication channels

2.3 Proposal development

- 2.3.1 Upon identification of a potential call for a proposal from various channels, The RMP&IR office in liaison with the Heads of thematic areas, RDs, and PIs shall form the proposal development teams and coordinate the formulation of funding proposals.
- 2.3.2 The team shall develop concept notes and full proposals using the proposal/concept note template as per the Research and Development or as per donor requirements.

2.4. Submission and follow up

- 2.4.1 The RMP&IR office in liaison with Heads of thematic areas, RDs, and PIs shall submit funding proposals to the identified donor or calls within the specified deadline.
- 2.4.2 The RMP&IR office shall ensure a follow-up with the donor's feedback and additional information if required.

2.5. Agreement and contracting

- 2.5.1 The RMP&IR office shall ensure to negotiate terms and conditions of funding agreement with donors.

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2.5.2. The RMP&IR office shall ensure that contractual agreements are developed and signed before commencing the activity, ensuring clarity on roles, responsibilities, and reporting requirements.

3.0 DOCUMENTED INFORMATION RETAINED

- 1. BOT Template
- 2. Data Base Template
- 3. Reporting Template
- 4. Partnership Survey
- 5. Data Base Template
- 6. MOA Template
- 7. MOU Template

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PROCEDURE 2: PARTNERSHIPS, LINKAGES AND INTERNATIONAL RELATIONS

1.0 Purpose

To foster effective and strategic partnerships both locally and internationally and oversee KEFRI's engagements in Research & Development

1.1 Scope

This procedure shall apply to partnership activities within KEFRI.

1.2 Responsibility

The Resource Mobilization, Partnerships, and International Relations (RMP&IR) Office shall have the principal responsibility of implementing this procedure.

2.0 STEPS

2.1 Development of Memorandum of Understanding / Memorandum of Agreement with partners

- 2.1.1 RMP& IR shall identify the agencies and organizations that serve the target population.
- 2.1.2 RMP&IR shall hold meetings with the leadership of these organizations and define the objectives that the partnership aims to achieve.
- 2.1.3 RMP &IR shall develop a draft MOU/MOA with specified roles and responsibilities of each party
- 2.1.4 RMP &IR shall share the draft with partners and the KEFRI legal office.
- 2.1.5 The RMP&IR office with the partner shall hold a meeting to review the final draft.
- 2.1.6 RMP & IR shall send the final document to the heads of organizations for signing.
- 2.1.7 RMP&IR shall, in liaison with Biometrics, conduct a survey to determine partnership satisfaction rating and implement recommendations annually
- 2.1.8 The summary of partner rating as per 2.1.7 shall be reported using the partnership rating form.
- 2.1.9 RMP&IR shall develop and update a partnership database and share it with research scientists at the end of each financial year

2.2. International Relations

- 2.2.1. The RMP&IR office shall identify potential international partners and opportunities.
- 2.2.3. The RMP&IR office shall coordinate the formulation of partnership proposals.
- 2.2.4. The RMP&IR office shall submit partnership proposals to relevant international organizations and agencies.
- 2.2.5. The RMP&IR office shall operationalize the projects through work plans and activities.
- 2.2.6. The RMP&IR office shall identify opportunities for staff exchange programs and international training/conferences/fora.
- 2.2.7. The RMP&IR office shall review and update the database of international partners annually and share it within the organization.

3.0 DOCUMENTED INFORMATION RETAINED

1. Fund-raising proposals

2. Annual work plans
3. Partnership and International Relations database
4. Fund-raising proposals
5. KEFRI donor funds trend sheet
6. Annual work plans
7. Project Reports:
8. Regular reporting on project activities

HUMAN RESOURCE STANDARD OPERATING PROCEDURES

KENYA FORESTRY RESEARCH INSTITUTE		
TITLE: STANDARD OPERATING PROCEDURES	REF: KEFRI/SOP/MR/02	ISSUE DATE: 27/09/2024

PROCEDURE 1: STAFF RECRUITMENT AND SELECTION

1.0 Purpose

To ensure that KEFRI acquires competent and talented staff to enable it to attain its strategic objectives.

1.1 Scope

This procedure shall apply to all forms of staff recruitment from identification of skills/staffing gaps to employment of the staff.

1.2 Responsibility

The DD HR shall ensure adherence to this procedure.

2.0 STEPS

2.1 Planning

- 2.1.1 The Director shall ensure the development of an annual human resource plan based on comprehensive job analysis by 30th June every year to address emerging issues and needs;
- 2.1.2 The DDHR shall ensure automation of the recruitment and selection process
- 2.1.3 The Heads of Departments shall notify the Director of the staffing gaps through the recruitment module, which shall be supported with satisfactory justification for the recruitment.
- 2.1.4 DD HR shall confirm that the positions declared vacant are within the approved establishment.
- 2.1.5 The DD-HR shall consolidate the staff recruitment requests and forward them to the Director for approval.
- 2.1.6 The Director shall declare to the Board all vacant posts within the establishment which are to be filled substantively, or in an acting capacity.
- 2.1.7 The DD HR shall ensure that the approved human resource plan is tied to the approved budget.
- 2.1.8 The Board shall advertise all vacant positions in Grade KEFRI 1 to KEFRI 4 and the Director shall advertise the positions in Grades KEFRI 5 to KEFRI 12 under delegated mandate.
- 2.1.9 Vacant posts shall be advertised internally/externally subject to the existing Institute's Policy.
- 2.1.10 The Institute shall observe diversity, disability and gender mainstreaming balance on appointment, and promotion, and ensure that at least a third (1/3) are of either gender.

2.2 Short Listing, interview, and selection

- 2.2.1 Shortlisting shall be done fairly and competitively as guided by the KEFRI Human Resource Policies.
- 2.2.2 Interviews, selection and offer of appointment shall be done fairly and competitively as guided by the KEFRI Human Resource Policies.
- 2.2.3 An appointment offer shall only remain valid for three months from the date of offer to the first (1st) candidate.
- 2.2.4 DD HR shall ensure that the filled positions are updated on the authorized staff establishment.

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2.3 Record of Previous Employment and Qualifications

- 2.3.1 DD HR shall ensure that candidates provide the Institute with information on all previous employment and give consent for background checks.
- 2.3.2 DD HR shall ensure the authentication of the provided information before engagement or during probation.
- 2.3.3 When an employee is rehired, the DD HR shall ensure a link to all previous employment information to the new record.
- 2.3.4 The employee shall make an initial declaration of income, assets, and liabilities by completing the prescribed form.
- 2.3.5 Where an employee is or becomes a relative of another employee while both are employed by the Institute, the employee shall make a declaration of the same and such employee shall not be administratively or managerially subordinate to the other.
- 2.3.6 All newly appointed employees on permanent terms shall undergo a probationary period of 6 months.
- 2.3.7 During the period, the Head of Departments shall submit detailed progress reports and recommendations indicating the employee's performance.
- 2.3.8 Based on the recommendations of the respective human resource committees, DD HR shall advise the Director whether the employee shall be confirmed, the probationary period extended, or the appointment terminated.
- 2.3.9 If the probationary period is extended, the employee's performance shall be reviewed again after 3 months.
- 2.3.10 If the probationary service is unsatisfactory, the appointment shall be terminated.
- 2.3.11 Staff employed on contract terms shall not be subject to a probationary period, however, appraisals shall be made of their performance annually.
- 2.3.12 New employees shall be issued with a Personal Data Sheet in which they shall enter specified data including nomination of their Next of Kin which can be updated from time to time.
- 2.3.13 DD HR shall ensure that the personal data of all employees is captured in the employee management system and the same shall be updated from time to time.
- 2.3.14 Each employee shall be required to sign a Declaration of Secrecy form under the Official Secrets Act, Cap. 187 on appointment and termination of the service.

2.4 Employment Card

- 2.4.1 Each employee shall be issued with an official employment card within 7 days after joining.
- 2.4.2 In the event of loss of the employment card, an employee shall apply for a replacement upon payment of a specified fee to be determined by the Director.
- 2.4.3 If a replacement is due to a change of designation or marital status, no fee shall be charged.
- 2.4.4 On employment termination, an employee shall surrender his employment card to the Institute as per the KEFRI separation procedure.

2.5 Duties

2.5.1 DDHR shall issue job descriptions to all employees through their appointment letters

2.5.2 HODs, RDs, and ARDs shall assign duties to all employees under them

3.0 Documented Information Retained

1. Approved staff establishment
2. Approved Human Resource Annual budget
3. Recruitment Plan Template
4. Employee Probation Form
5. Job Advert Template
6. Duty allocation form
7. Feedback to candidates

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PROCEDURE 2: DISCIPLINE MANAGEMENT

1.0 Purpose

To ensure that KEFRI maintains a consistent and fair handling of disciplinary issues.

1.1 Scope

This procedure shall apply to handling all disciplinary matters in the Institute

1.2 Responsibility

DD HR shall ensure adherence to this procedure.

2.0 STEPS

2.1 Handling Gross Misconduct Offences: Formal Procedure

- 2.1.1 In the event an officer commits a minor offence, a first warning letter shall be issued to the officer.
- 2.1.2 The employee shall signify in writing that he has read and understood the letter's contents.
- 2.1.3 A warning letter shall be in force for six (6) months.
- 2.1.4 The warning letter shall state the exact nature of the offences and indicate future disciplinary action which shall be taken against the officer if the offence is repeated.
- 2.1.5 A copy of the written warning, signed by the officer upon receipt, shall be placed in the officer's personal file and uploaded to the employee-manager database.
- 2.1.6 A second written warning shall be given to an employee who, having committed a minor offence earlier, shall repeat a similar offence during the period when a first warning shall still be in force.
- 2.1.7 A third written and final warning shall be issued when the employee commits the same or another offence of similar severity, during the period when a second warning shall still be in force.
- 2.1.8 The warning shall be deemed invalid after six (6) months from the date of the third and final warning and following satisfactory improvement in performance or behavior but shall not be removed from the employee's file/database.
- 2.1.9 Where an officer fails to reform despite or where he or she commits an offence of similar severity even after receiving the third and final warning letter the supervisor shall report in writing to HOD who shall then forward the report to the DD HR. The report shall state the nature of the offence, the date and time of occurrence, place and persons involved.
- 2.1.10 In the event of major vent or gross misconduct, the misconduct might be serious enough to justify dismissal without any warning. In such a case, the respective HRAC sub-committee may direct that the culprit be required to show cause why a severe disciplinary action shall not be meted against him.
- 2.1.11 The DD HR shall issue the officer with a show cause letter stating the particulars of the alleged misconduct and invite him/her to respond in writing to the allegations and the grounds, if any, on which he/she relies to exonerate himself/herself.

- 2.1.12 Where an employee deserts duty or his whereabouts are unknown, the show cause letter shall be addressed to the employee's last known contact address by registered mail, and he shall be given at least seven days to respond.
- 2.1.13 An officer shall be given 21 days to respond to the charges against him/her.
- 2.1.14 On the expiry of the period specified above, whether or not the officer has responded, the case shall be presented to the respective HRAC committees to deliberate, conduct disciplinary hearings and make recommendations.
- 2.1.15 If HRMAC thinks an investigation is needed before the hearing, the Director shall form a committee to investigate the matter.
- 2.1.16 The disciplinary hearing shall be conducted expeditiously, efficiently, lawfully, reasonably and in a procedurally fair manner by Article 47 of the Constitution and the Fair Administrative Action Act No. 4 of 2015.
- 2.1.17 The respective HRMAC, after hearing the matter, shall prepare a report on the same.
- 2.1.18 An investigation shall be conducted as per the KEFRI Human Resource and Procedures Manual.
- 2.1.19 The report of the investigation shall be submitted to the respective HRMAC and shall contain: Evidence collected by the team, including any statements by witnesses; analysis of the evidence and statements; a statement on whether the charges against the officer have been proved; and Details on any matter that may affect the gravity of the case, if any.
- 2.1.20 The report shall not contain any recommendation on the form of punishment to be inflicted on the accused officer.

2.2 Handling gross misconduct offences: Informal procedure

- 2.2.1 HODs shall bring to the attention of staff the standard required and the consequences for failure to meet those standards.
- 2.2.2 If criminal proceedings are preferred against an employee for offences which do not directly relate to the Institute, the Director may interdict the employee, pending internal investigations.

2.3 Investigation

- 2.3.1 Investigations shall be carried out by committees appointed in writing by the Director stating the terms of reference and specific timeline within which to carry out the investigation.
- 2.3.2 The employee under investigation shall be interviewed by the investigating committee.
- 2.3.3 The investigating committee shall record details of any matters which may aggravate or mitigate the case.
- 2.3.4 After listening to all witnesses and studying all the documents, the committee shall sum up the case and record its findings as evaluated against the evidence.
- 2.3.5 The investigation report submitted to the relevant respective HRMAC shall not contain any recommendation on the form of punishment to be inflicted on the accused officer
- 2.3.6 Where further investigations are required as provided for in the regulations, such investigations shall be conducted by the set procedure.
- 2.3.7 The respective HRMAC may resolve to surcharge the employee in full or an amount proportionate to the offence.

- 2.3.8 In all surcharge cases, a show cause letter shall be issued, and the employee is allowed to submit their defence and the due process of the surcharge shall be followed as per the KEFRI_Human Resource Policies.
- 2.3.9 The Deputy Director of HRM shall present cases to the Board in the format prescribed.
- 2.3.10 Summary dismissal shall be considered if an employee displays gross misconduct as defined under the Constitution 2010, Employment Act 2007 and Public Officers Ethics Act 2003 or as may be amended.
- 2.3.11 A letter narrating the facts of the case and giving reasons why dismissal is recommended shall be sent to the employee and a copy of the letter placed in his or her file. The employee shall be provided with an opportunity to respond within twenty-one (21) days.
- 2.3.12 In conveying the dismissal's decision, the employee shall be informed of his right of appeal within six (6) weeks from the date of the letter signifying dismissal.
- 2.3.13 An employee whose termination is through summary dismissal shall be entitled to payment of any terminal benefits by the provisions of the pension scheme and prevailing laws.
- 2.3.14 In case the employee wishes to exercise their right to appeal, the DD HR shall direct that the appeal be sent to the Director within fourteen (14) days of the date of the appeal letter.
- 2.3.15 All appeals and reviews shall be addressed to the Board, through the Director who shall give comments and a recommendation on issues raised.
- 2.3.16 While forwarding his/her appeal or application for review, an employee may submit an advance copy to the Board.
- 2.3.17 An appeal shall be accompanied by copies of all material evidence or documents that the appellant wishes to rely on.
- 2.3.18 The Board or Director may accept an appeal or application for review out of time if, in the opinion of the Board or Director, the circumstances warrant it.
- 2.3.19 Decisions on appeals shall be promptly conveyed and the employee informed of the right of application for review.
- 2.3.20 The decision of the BOD shall be final.

2.4 Handling of minor offences

- 2.4.1 The supervisors shall deal with minor offences informally and without delay. The supervisors shall give first and second verbal warnings and take note of this informal discussion.
- 2.4.2 The supervisor shall confirm the outcomes of any discussions in writing to the employee and shall retain any note of these informal discussions or meetings.
- 2.4.3 These discussions are undertaken to ensure that the employee understands the nature of the concerns and the institute's expectations of improvements in their conduct.
- 2.4.4 The supervisor shall consider the disciplinary matter resolved if the outcome of the use of the informal approach is satisfactory.
- 2.4.5 The supervisor shall, as per the communication procedure, report to the Director in writing indicating the staff's shortcomings, previous offences and actions taken, a disciplinary matter discussed with an employee informally.

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- 2.4.6 Upon receipt of the disciplinary report, DD HR shall invoke the formal procedure of discipline handling by issuing a show cause letter.
- 2.4.7 Based on the explanation, DD HR shall issue a first warning and a second warning in case of another offence. Any further offence shall be treated as a serious offence.

2.5 Investigations

- 2.5.1 In cases where it has been decided that investigations be conducted, the following shall apply:
- 2.5.2 The DD HR shall ensure that an investigation into the circumstances of the alleged misconduct is undertaken.
- 2.5.3 DD HR shall inform the staff promptly of the allegation and that an investigation to establish the facts is being undertaken.
- 2.5.4 Upon receipt of the findings of the investigation recommended that there is a disciplinary case to answer, DD HR shall organize a formal hearing.
- 2.5.5 Where the investigation finds that there is no case to answer, the DD HR shall advise the affected parties accordingly.
- 2.5.6 Where a formal hearing has been organized, DD HR shall direct that the staff involved appear before the Disciplinary Committee and can be accompanied by people of their choice.
- 2.5.7 The DD HR shall ensure the implementation of the decision of the Disciplinary Committee.

2.6 Dismissals/ Retirement in Public Interest

- 2.6.1 In cases where dismissal or retirement in the public interest has been decided upon, the DD HR shall communicate to the affected staff in writing that a decision has been made to dismiss them from service while allowing them to appeal within fourteen (14) days from the date of the letter.
- 2.6.2 The DD HR shall also ensure that the affected staff understands the consequences of dismissal in a language they understand. Records of the proceedings shall be noted.
- 2.6.3 In case the staff does not appeal, DD HR shall direct the staff to clear with the institute.
- 2.6.4 The DD HR shall ensure that the administration of last pay is done according to the existing policies and procedures and the officer is issued with a certificate of service.
- 2.6.5 In case the employee wishes to exercise their right to appeal, the DD HR shall direct that the appeal be sent to the Director within 14 days from the date of the appeal letter.
- 2.6.6 The decision following the appeal shall be final and there shall be no further internal right of appeal.
 - 1. Employee Clearance Form
 - 2. Employee Exit Questionnaire
 - 3. Certificate of Service
 - 4. Employee Data Sheet
 - 5. Emergency Contact Form
 - 6. Next of Kin Form
 - 7. Handover Form

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PROCEDURE 3: EMPLOYEE PERFORMANCE AND WELFARE MANAGEMENT

1.0 Purpose

To ensure that KEFRI motivates and retains competent employees for efficient and effective service delivery.

1.1 Scope

This procedure shall apply to performance management, staff appraisal, employee counselling, employee relations, health and medical, pension administration, mentoring and coaching and staff handover and exit.

1.2 Responsibility

DD HR shall ensure adherence to this procedure.

2.0 STEPS

2.1 Staff Appraisal

- 2.1.1 The DD HR shall direct the Heads of Department to set performance targets with staff working under them within the first quarter of every financial year as per performance contracting procedure.
- 2.1.2 The DD HR shall direct the HoDs to undertake a mid-term evaluation of individual employees within their respective sections in the third quarter of the financial year.
- 2.1.3 At the end of every financial year, the DD HR shall direct HODs, and RDs to appraise staff performance as per the agreed targets based on the performance indicators and forward the appraisals to the HRD by the Mid July each year.
- 2.1.4 Upon receipt of performance appraisals, the DD HR shall ensure that the information is summarized in the prescribed format.
- 2.1.5 DD HR shall table the performance appraisals and their summaries to the relevant performance evaluation committees for further assessment and recommendation in the first quarter of the financial year.
- 2.1.6 DD HR shall ensure that the reviews from the relevant committees are incorporated in the recommendations and forwarded to the KeHRMAC in the second quarter of the financial year.
- 2.1.7 The chairperson KeHRMAC shall present the evaluation recommendations to the Director for onward forwarding to the BoDs for approval.
- 2.1.8 DD HR shall implement the recommendations of the BoDs within the fourth quarter of the financial year and communicate to the staff the outcomes of the performance evaluation.

2.2 Employee Counselling

- 2.2.1 This shall start when in the opinion of Management, a staff requires counselling, or the staff voluntarily requests for counselling.
- 2.2.2 The DD HR shall communicate informally with the affected staff and set a date and venue for the counselling session.

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- 2.2.3 The DD HR shall guide the affected staff through counselling therapy to the conclusion of the matter.
- 2.2.4 In the event where the staff problem is found to be so advanced that DD HR may not address it effectively, DD HR shall refer the matter to the relevant professional counsellors.
- 2.2.5 DD HR shall ensure necessary support is provided to the staff undergoing counselling.
- 2.2.6 Unless otherwise stated, the counselling process shall be confidential and may not be documented to protect the privacy of the affected staff.

2.3 Employee relations

- 2.3.1 The aggrieved staff shall report the complaint to the immediate supervisor. In case the complaint involves other employees, the staff shall first try to resolve the matter by direct approach to the employees involved.
- 2.3.2 Upon receipt of the complaint, the immediate supervisor shall convene a meeting within 14 days to resolve the grievance.
- 2.3.3 If after the action is taken by the immediate supervisor to resolve the grievance and the staff is still dissatisfied with the matter, he/she can proceed to the formal procedure. If the complaint is against the supervisor, the matter shall also proceed to formal procedure.
- 2.3.4 The supervisor shall report unresolved grievances that have been handled to the DD HR for formal resolution.
- 2.3.5 The aggrieved staff who are dissatisfied with the immediate supervisor's action shall report the grievance in writing.
- 2.3.6 Upon receipt of the grievance, the DD HR shall convene a meeting within a month with the parties involved and the complainant can be accompanied by an employee of their choice or union representative to resolve the grievance.
- 2.3.7 If the grievance is not resolved, the DD HR shall forward the summary of the grievance to the Directorate for resolution within 7 days.
- 2.3.8 DD HR shall implement the recommendations of the Directorate and communicate in writing with the staff affected.
- 2.3.9 If the staff is still dissatisfied with the outcome of the formal stage, they can appeal within fourteen (14) days to the Director
- 2.3.10 Based on the Director's decision, DD HR shall implement their recommendations and communicate in writing to the affected staff.
- 2.3.11 The decision of the BOD shall be final.

2.4 Accident Compensation

- 2.4.1 The employee/ respective supervisor shall report an accident to the DD HR stating the nature and injuries sustained within 7 days.
- 2.4.2 The DD HR shall ensure that the insurance company is notified within 30 days of the accident.
- 2.4.3 DD HR shall ensure that the affected employees submit all relevant documentation for onward forwarding to the insurance company after full recovery.

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- 2.4.4 DD HR shall ensure that a follow-up has been made with the insurance company to pay compensation.
- 2.4.5 The DD HR shall ensure that all occupational accidents and near misses shall be handled as per the Health and Safety procedure.

2.5 Pension Administration

- 2.5.1 The DD HR shall ensure all permanent and pensionable employee deductions towards pension are effected monthly.
- 2.5.2 The DD HR shall ensure that pre-retirement training is organized at least 5 years to retirement.
- 2.5.3 The DD HR shall notify the employees due for retirement 1 year in advance of their effective date of retirement in writing.
- 2.5.4 The DD HR shall ensure that the employees due for retirement proceed on 1 month terminal leave during the notice period.
- 2.5.5 The DD HR shall ensure that the employees clear with the institute upon elapse of the notice.
- 2.5.6 Upon clearance, DD HR shall forward the employees' file to the pension secretariat for processing of their pension dues.
- 2.5.7 The DD HR shall ensure that the employees are paid their final dues subject to recovery of any government liability and issued with certificate of service.
- 2.5.8 DD HR shall ensure that the retired staff are provided with transport to their retirement home as per the transport policy.

2.6 Mentorship and Coaching

- 2.6.1 The DD HR shall ensure identification of mentors/coaches by the respective HR Committees for the respective careers.
- 2.6.2 The DD HR shall arrange for capacity building of the mentors/coaches for the respective careers quarterly.
- 2.6.3 Staff that require mentoring/coaching shall be required to apply to the Director at the beginning of the financial year.
- 2.6.4 The DD HR shall ensure that mentors/coaches and mentees/coaches are matched appropriately.
- 2.6.5 The DD HR shall prepare for orientation of mentors/coaches and mentees/coaches on the mentoring process.
- 2.6.6 The DD HR shall ensure mentees/coaches identify their development needs and work plan developed.
- 2.6.7 DD HR shall ensure that periodic progress reports are submitted quarterly.
- 2.6.8 The mentoring/coaching process shall be concluded in a period of 6 months and shall there be need to extend; the same can be extended for a further maximum of 6 months.
- 2.6.9 The DD HR shall evaluate and follow up bi-annually after the mentoring/ coaching process ends.

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2.7 Staff hand over and exit

- 2.7.1 The DD HR shall ensure staff exiting any positions through resignations, termination, retirement, or transfer prepares hand over report within two weeks after receipt of their exit notices or transfer letters.
- 2.7.2 The DD HR shall liaise with the respective supervisors of the staff exiting to ensure that the latter hands over their work and any of the Institute's property in their custody to the incoming officers or their supervisor where there is no immediate replacement.
- 2.7.3 The supervisor shall ensure that the handover report is signed by the exiting staff and the incoming officer or supervisor, and a copy forwarded to the Director.
- 2.7.4 The supervisors shall release the officers after handing over to report to their new stations/offices and inform the Director accordingly. For staff resigning or being terminated, they shall exit as per the employee separation procedure.
- 2.7.5 The supervisor of the incoming officer shall notify the Director of the reporting of a new officer and arrange for the takeover process.
- 2.7.6 The supervisor of the incoming officer shall ensure that the takeover report is signed by both the incoming officer and staff exiting or supervisor and a copy forwarded to the Director.

2.8 Employee Satisfaction

- 2.8.1 The DDHR shall ensure employee satisfaction is carried out every 2 years to assess the satisfaction level of staff in the Institute
- 2.8.2 The DDHR, in liaison with Biometrics section, shall identify a team to carry out the survey and forward to the Director for approval
- 2.8.3 The nominated team shall carryout the survey in all KEFRI centers and submit a report to the Director for consideration.
- 2.8.4 Upon receipt of the recommendation from the Director, the DDHR shall in consultation with heads of departments develop a strategy on improving the satisfaction level among the employees and implement accordingly
- 2.8.5 The DDHR shall provide feedback to all employees regarding the outcome of the survey

1.0 Documented information retained

1. Staff Performance Appraisal Form K4-K2
2. Staff Performance Appraisal Form K8-K5
3. Staff Performance Appraisal Form K12-K9
4. Clearance Form
5. Certificate of Service
6. Hand/Take-over form
7. Exit questionnaire

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PROCEDURE 4: TRAINING AND DEVELOPMENT

1.0 Purpose

To identify training and development needs to equip staff with necessary knowledge, skills and abilities for superior performance and retention.

1.1 Scope

This procedure shall apply to all KEFRI staff and shall cover all steps from training needs assessment, monitoring and evaluation and impact assessment of the training.

1.2 Responsibility

The DDHR is responsible for ensuring employee training and development.

2.0 STEPS

2.1 General

- 2.1.1 The Institute shall offer training opportunities to its employees to improve their work performance and personal development.
- 2.1.2 All training shall be based on identified training needs. Funds allowing, all members of staff shall have at least five (5) days' training in a year while newly recruited or transferred employees shall be inducted within Three (3) months of the transfer date or joining the Institute.
- 2.1.3 An employee who has been on training shall be eligible for his normal annual leave only for the year he resumes duty in addition to the leave days officially carried forward before proceeding on training.
- 2.1.4 The Institute shall not sponsor employees for undergraduate degree courses or other courses mandatory for their current job qualifications.
- 2.1.5 Supervisors shall assess the impact of the training on employees during the annual appraisal.

2.2 Training Strategy

- 2.2.1 DD HR shall draw up and maintain an Annual Training Plan for the Institute.
- 2.2.2 The Institute's training strategy shall ensure a competent workforce for long range career development and succession planning within the Institute.

2.3 Training Needs Assessment (TNA)

- 2.3.1 DD HR shall conduct TNA every year guiding the training within the Institute.
- 2.3.2 All Heads of Departments shall prepare training projections based on the TNA to guide the HRT&D committee in nominating employees for training and update the same in the system for adoption.

2.4 Course Approval

- 2.4.1 The Director shall grant course approval to employees proceeding on authorized training in accordance with service regulations.
- 2.4.2 Employees shall be required to obtain course approvals before commencement of training.

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2.5 Progress Reports

- 2.5.1 All members of staff shall be expected to provide official training progress reports to the DD HR by the end of each school term or by the end of the course, whichever is earlier.
- 2.5.2 The Institute shall not release the next instalment unless such a report is satisfactory.
- 2.5.3 The Training Evaluation Report shall be carried out at the end of the training.

2.6 In-House Training Programmes

- 2.6.1 DD HR shall design specific in-house training programmes as a method of developing training interventions which address identified training needs.
- 2.6.2 In addition, training shall be provided under institutional training both locally and internationally.
- 2.6.3 Selection of trainees for all training programmes shall be based on identified needs with emphasis on training for performance improvement that addresses national, Institute's and individual goals.

2.7 Criteria for Training Funds Allocation

- 2.7.1 The HRT&D Committee shall consider the following while allocating training funds:
- 2.7.2 The number of staff in each department weighted against the Training Budget;
- 2.7.3 The Institute training priority areas as identified by the TNA;
- 2.7.4 Merit: Those employees who clearly deserve training shall be given priority. There shall be no discrimination in the allocation;
- 2.7.5 Value adding: The training shall add value to the employee's job by improving his/her performance.
- 2.7.6 Results of the Training Needs Assessment: Training that does not match with the Training Needs Assessment especially the supervisors' recommendations shall not be considered;
- 2.7.7 Time between two courses: Members of staff shall be expected to utilize the skills learnt after training before they are considered for training.
- 2.7.8 The skills utilization period after a short course shall be one year and two years after a long course.

2.8 Sponsorship for Education and Professional Training

- 2.8.1 Subject to availability of funds, the Institute shall endeavor to assist its employees acquire additional qualifications relevant to their jobs through sponsorship for various courses and programmes.
- 2.8.2 The Training Needs Assessment shall be aligned to the Performance Management System.
- 2.8.3 The following shall be the conditions for Sponsorship
- 2.8.4 Only permanent employees shall qualify for Academic/Professional training sponsorship by the Institute.
- 2.8.5 The Institute shall sponsor members of staff for courses approved by the HRT&D Committee.
- 2.8.6 Members of staff on probation shall be expected to wait for confirmation before they can benefit from the Institute's training funds.
- 2.8.7 In addition to the payment of salary and allowances, the following items of expenditure shall be met by the Institute:
- 2.8.8 Pre-departure medical examination, passport, visa, vacation, and inoculation fees;

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- 2.8.9 All course fees (other than residence fee or other charges for lodging) including registration, admission, tuition, examination, project/ dissertation, thesis, laboratory, and similar fees – if the same are not met by the sponsor;
- 2.8.10 Local transport and traveling to and from the airport of departure and arrival in Kenya at the rates already set.
- 2.8.11 Economy class passage to and from the county in which the course is held; and
- 2.8.12 Medical insurance contribution, where applicable.

2.9 Training Levy

- 2.9.1 An employee selected to attend a local or external course lasting more than four (4) weeks shall be deducted 10% for local and 20% for external courses respectively from his basic salary for the full duration of the course.
- 2.9.2 The amount recovered shall be treated as the employee’s contribution towards the cost of training.
- 2.9.3 The training levy shall be paid regardless of whether the course is sponsored by the Government of Kenya or by Development Partners through bi-lateral arrangements.

2.10 Management and Co-ordination of Training

- 2.10.1 The HRT&D Committee shall manage and coordinate employee training.
- 2.10.2 This Committee shall be responsible for the following as regards training;
- 2.10.3 Consideration and approval of the Institute’s training plans and staff development strategies.
- 2.10.4 Consideration of training projections and analysis of training needs and setting up a hierarchy or priorities within the overall training projections.
- 2.10.5 Assessment of availability of training resources and their optimum utilization.
- 2.10.6 Identification and selection of suitable employees for various training programs.

2.11 Apportionment of the training funds.

- 2.11.1 The HRT&D Committee shall hold their meetings quarterly and at least four times a year.
- 2.11.2 The main meeting shall be in the first quarter of the financial year, which shall be the planning meeting.
- 2.11.3 It is at this meeting that the annual training allocations shall be made.

2.12 Conditions Applicable to Employees on Training

- 2.12.1 An employee attending a course shall be deemed to be on duty and all regulations pertaining to his employment shall be applicable.
- 2.12.2 Provided that his study reports and conduct are satisfactory, an employee shall be considered for promotion as and when suitable vacancies occur subject to competition and/or the provisions of the respective Career Progression Guidelines.
- 2.12.3 An allowance to purchase books, training instruments and apparatus, among others, shall be provided to an employee based on the recommendation from the Head of the Institution where the course shall be held.
- 2.12.4 An employee shall be eligible for housing allowance and medical cover during the course period.

2.13 Provision for Annual Leave

- 2.13.1 Attendance of a course which has no provision for vacations shall count as if an employee shall be on duty for the purpose of his eligibility for leave.
- 2.13.2 An employee undertaking a full-time course of study at an academic institution shall normally be granted the student's vacation but may be required to resume duty during vacation provided he is entitled to a minimum of one (1) months' vacation in a year.
- 2.13.3 Such an employee shall not be eligible for any additional leave in respect of the period of the course.
- 2.13.4 He shall, however, be eligible for any days carried forward before proceeding with training.
- 2.13.5 An employee attending a course outside the country shall be eligible for his normal annual leave due only for the year he returns to the country.
- 2.13.6 The employee shall resume duty immediately upon the course's completion or the expiry of the training period.

2.14 Training Reports

- 2.14.1 All employees sponsored for training shall submit ongoing training reports and certificates at the end of the training and any other related documents.
- 2.14.2 Special attention shall be given to how the skills acquired can be shared with other employees to maximize the training's impact.
- 2.14.3 Staff from any training shall be required to fill in the training summary report template for knowledge sharing purposes.

2.15 Self-Sponsored Courses

- 2.15.1 Employees undertaking part-time self-sponsored courses shall be exempted from paying 10% training levy.
- 2.15.2 In cases where an employee had proceeded on a self-sponsored course approved by the Director and while attending the course the employee manages to secure funding from the Institute, he shall be required to pay 10% training levy for the specific duration of the sponsorship.
- 2.15.3 However, sponsorship shall not cover any outstanding fees prior to the scholarship.
- 2.15.4 An employee attending an approved course which has an examinable component may be granted days off to sit for the main examination. Such a request shall be accompanied by an official timetable issued by the examining body or institution.

2.16 Reimbursement of Training and Examination Fees

- 2.16.1 An employee who on his own initiative and at his own time undertakes and passes a professional course relevant for his career growth and which is administered by a recognized training institution, shall be eligible for reimbursement of 50% of the amount spent on tuition and examinations provided: -
1. The course is relevant to his career progression;
 2. The course is recommended by the HRT&D Committee and approved by the Director;
 3. The course is not an undergraduate degree;

4. The employee has not been sponsored for the same course before; and
5. The employee needs the original certificate for the course and a training report.

2.17 Refund of Training Expenses

2.17.1 An employee on training may be called upon to refund any sum of money expended on him in case of the following: -

1. If through own acts of omission or commission, unacceptable conduct and general indiscipline, the employee displays unsatisfactory progress and is consequently discontinued from the course.
2. If he fails to resume duty at the expiry of the course without reasonable excuse.

2.18 Conference and Seminars

Employees attending conferences, seminars, workshops, and study tours, whether locally or abroad, usually of up to 4 weeks duration, shall be regarded as traveling on duty and shall receive appropriate allowances in accordance with prevailing government guidelines.

2.19 Security Bond

2.19.1 An employee who attends a training course lasting more than six (6) months shall be required to enter into a formal agreement binding him to serve the Institute. The period of the bond shall be determined by the duration of the course as follows:

Course Duration	Bond Period
6 months - 1 year	1 year
Above 1 - 2 years	2 years
Above 2 - 3 years	3 years
Above 3 years	As per the duration of the course but shall not exceed 5 years

2.19.2 The amount of bond for employees sponsored for full-time courses shall be the total cost of the training plus the gross salary for the period, less 10% and 20% recovered as training levy.

2.19.3 The employee shall be required to redeem the bond amount in full in case of default.

2.20 Skills Inventory

2.20.1 The Institute shall develop, update, and maintain a skills inventory for all employees to identify the available competencies.

2.20.2 The skills shall be required to plan for training or recruitment to address the identified gaps and for succession management.

2.21 Subscription to Professional Bodies

2.21.1 The Institute shall support employees to become members of 1 relevant professional body.

2.21.2 The employee shall meet the cost of registration and the initial subscription.

2.21.3 Thereafter, the Institute shall meet the subsequent subscriptions, practicing certificate and cost of continuing professional developing training.

1.0 Documented information retained

1. Training and Evaluation Questionnaire
2. Training and Development Projection form
3. Training and Development Report
4. Training and Development Effectiveness report
5. Course Evaluation Form
6. Study Leave Training Bond
7. Training Evaluation Form
8. Training Projection Form

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PROCEDURE 5: COMPENSATION AND BENEFITS MANAGEMENT

1.0 Purpose

To ensure that KEFRI staff are paid salaries and allowances promptly for efficient and effective service delivery.

1.1 Scope

This procedure shall apply to salary management in the Institute.

1.2 Responsibility

DD HR shall ensure adherence to this procedure.

2.0 STEPS

2.1 Salary management

- 2.1.1 The DDHR shall maintain the salary grades as the Institute shall sometimes determine with the approval of relevant agencies.
- 2.1.2 The Director shall conduct periodic salary surveys to determine changes in the cost of living and terms of employment being offered by comparable Institutes.
- 2.1.3 Such surveys shall form the basis of consultation by the Institute with the relevant Government authority for salary reviews.
- 2.1.4 The salary for each employee shall be specified in the appointment letter.
- 2.1.5 DD HR shall communicate to the employees in writing on appointment of the Basic salary and benefits, at which time; the employee shall also be informed of their grades and designation.
- 2.1.6 Any subsequent change in basic salary, grade, or designation shall be communicated to the employees in writing.
- 2.1.7 DD HR shall communicate to employees through a circular letter on any change in benefits that affects all or any category of employees.
- 2.1.8 An employee on the first appointment shall be paid a salary with effect from the date of reporting.
- 2.1.9 Each employee shall have a stated monthly basic salary quoted before any statutory deductions.
- 2.1.10 DDHR shall ensure that all payment of salaries is done through the automated system
- 2.1.11 Salary shall be paid monthly in arrears and shall be denominated and paid in Kenya shilling (KES).
- 2.1.12 The salary of an employee shall be net of statutory deductions and other deductions that may be agreed upon or imposed by the employee or the Institute respectively.
- 2.1.13 A statement/pay slip indicating the gross salary, deductions made, and the resultant net salary shall be made available to every employee each month.
- 2.1.14 Salary shall be paid through the Bank and all employees shall be required to open Bank Accounts and submit the details to the Director.
- 2.1.15 In case an officer wishes to change the pay point; he shall be required to provide clearance certificates from respective banks/SACCOs.

- 2.1.16 Employees of the Institute shall not over-commit their salaries beyond two-thirds (2/3) of their basic salaries and the DD HR shall ensure compliance.
- 2.1.17 Statutory deductions such as PAYE, NSSF, NHIF, HELB, Affordable Housing Levy, and other legal taxes, as well as deductions arising from court orders/attachments, shall be made from an employee's salary without his/her authorization.
- 2.1.18 Voluntary deductions such as remittances to co-operatives, and insurance firms, among others, shall be effected provided the employee gives written authorization.
- 2.1.19 On termination of employment, the final benefits shall be made on confirmation that the employee has been cleared and issued with a Clearance Certificate.

2.2 Salary Increment

- 2.2.1 Annual increment shall be paid on the 1st day of the quartile within which the employee was appointed.
- 2.2.2 If an employee is granted unpaid leave which is not increment earning, his incremental date shall be re-computed based on the month he resumes duty.
- 2.2.3 On first appointment an officer shall enter the salary structure at the minimum point of the respective salary scale, however, an officer may be granted incremental credit for previous remuneration and relevant experience.
- 2.2.4 This shall be at the rate of one increment for each complete year of approved experience provided the maximum salary of the grade assigned to the post is not exceeded.
- 2.2.5 The grant of incremental credits shall be as guided by the KEFRI Human Resource Policy and Procedures Manual Annual salary increment and increment on promotion shall be done as per the KEFRI Human Resource Procedures and Policies Manual
- 2.2.6 Determination of salary for an employee transferred from public service shall be by application of the provisions of the KEFRI human resource procedures and Policy manual.
- 2.2.7 An employee who has not been receiving an allowance, grant, or other payment to which he is entitled shall not retroactively receive such allowance, grant, or payment unless he has made a written claim within six months of eligibility.
- 2.2.8 The Director shall authorize the following deductions from the salaries of employees:
1. Any amount of which is authorized by any written law (Statutory Deductions).
 2. Any amount due as a contribution to a provident fund, pension fund superannuation scheme, or any other scheme approved by the Institute.
 3. Any amount for damage done to, misuse, or loss of the property of the Institute which may be occasioned by default of an employee or any amount due for indebtedness to the Institute;
 4. Any deduction resulting from court orders subject to deductions not exceeding one-half of an employee's monthly salary and/or having the net effect of one's salary falling below a third of his basic salary.
 5. Where an employee is liable to refund any amount to the Institute, any amount shall be deducted from the salary or any sums due to the employee in a manner as the Director may deem fit subject to labor laws provisions.

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2.3 Salary Advance

- 2.3.1 Staff in need of salary advance shall apply through the staff portal
- 2.3.2 The Director, subject to availability of funds, may grant salary Advance to an employee.
- 2.3.3 An employee shall be granted a Salary Advance once within twelve (12) months which shall be fully recovered within the twelve (12) months.

2.4 Salary in Advance

- 2.4.1 Staff in need of salary in advance shall apply through the staff portal
- 2.4.2 An employee shall be paid one (1) month's net salary before the end of the month owing to unforeseen financial hardships and the same recovered in full at the end of the same month.
- 2.4.3 Salary in Advance shall only be granted up to a maximum of three (3) times in a year.

2.5 Telephone Airtime Allowance

- 2.5.1 Eligible members of staff of the Institute shall be provided with telephone airtime at rates determined by government guidelines from time to time.

2.6 Acting Allowance

- 2.6.1 When an employee is appointed to act in a higher position, the acting allowance shall be paid at the rate of twenty percent (20%) of his substantive salary (Basic pay) or as may be determined by the government from time to time.
- 2.6.2 Acting Allowance shall be paid to an employee when he acts in a higher post for a continuous period of 30 days or more; inclusive of weekends and public holidays.
- 2.6.3 When an employee has ceased to act in the higher post is required after not more than 15 days to act again in the same or another post and had not qualified for acting allowance on the first occasion, the number of days he acted on the first instance shall count towards the qualifying period of 30 days on the second occasion.
- 2.6.4 An employee on acting appointment shall be eligible for facilitative allowances attached to the higher post but not remunerative allowances.
- 2.6.5 Absence of less than 30 consecutive days due to an employee being on urgent or annual leave or sick leave, shall not be regarded as a break in an acting appointment provided the employee is required to act again on the same post immediately after he resumes duty.
- 2.6.6 The appointment on an acting basis shall normally be limited to a continuous period of 6 months or until the vacant post is filled whichever is earlier but may be extended by BOD/Management if the post remains vacant.
- 2.6.7 Acting appointments shall not be approved to take effect from a date earlier than one (1) month before the date on which the recommendation is submitted to the Director
- 2.6.8 The payment of acting allowance shall be subject to recommendation by the HRMAC and approval by the Board's schedule of delegated powers.
- 2.6.9 When a post falls temporarily vacant due to the absence of the substantive holder, an acting appointment shall not be made unless the period of such absence exceeds 30 days.

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- 2.6.10 A recommendation for an acting appointment for 30 days or less shall be considered in the absence of the substantive holder.
- 2.6.11 Acting Allowance shall not be paid against any post falling within the common establishment.
- 2.6.12 In all cases, an employee shall be appointed to act in writing by the Board or any other employee to whom the Director may delegate such responsibility.
- 2.6.13 Employees on probationary, contract, and internship terms of appointment are not eligible for acting appointments.

2.7 Special Duty Allowance

- 2.7.1 Special Duty Allowance shall be payable to an employee who has been appointed to assume, in addition to his duties, other duties of a higher salary post, or at the substantive level, duties of a separate and distinct nature, where additional duties constitute more responsibilities than his own for a continuous period of 30 days or more.
- 2.7.2 Special Duty Allowance shall also be payable when an employee is required to take over duties of a higher post but is disqualified from an acting allowance because of any of the following: Lack of required professional qualifications and Lack of necessary experience.
- 2.7.3 Special Duty Allowance shall be payable at the rate of 15% of the employee’s basic salary or as may be determined by the government from time to time.
- 2.7.4 The maximum period for payment of Special Duty Allowance is six (6) consecutive months or until the position is filled, whichever is earlier.
- 2.7.5 Where the position is not filled within this period, the Director may extend the period not exceeding six (6) months or until the position is substantively filled, whichever is earlier.
- 2.7.6 Employees shall not be called upon to perform duties of a post that is more than two (2) grades higher than the employee’s substantive grade.
- 2.7.7 Special duty allowance shall not be paid when an employee who has been appointed to perform duties in a higher post is absent from duty for more than thirty (30) days.
- 2.7.8 An employee performing the duties of a higher post shall be eligible for subsistence and travel allowance payable to the office of that post.
- 2.7.9 However, the employee shall not qualify for remunerative allowances assigned to the higher post.

2.8 Hardship Allowance

- 2.8.1 An employee stationed in designated hardship areas shall be granted hardship allowance based on guidelines from the government from time to time.

2.9 Extraneous Allowances

- 2.9.1 Extraneous allowance shall be payable to employees designated by government guidelines at prescribed rates.

2.10 Leave Allowance

- 2.10.1 An employee shall be required to take a minimum of Fifteen (15) days of his/her annual leave entitlement to qualify or to be eligible for leave allowance.
- 2.10.2 All employees shall be eligible for leave allowance once a year, which shall be paid through the payroll.
- 2.10.3 Leave allowance shall be paid at the rates determined by the Government from time to time.
- 2.10.4 An employee stationed designated hardship and who proceeds on leave twice a year and takes not less than ½ of entitlement shall be eligible for full payment of leave allowance twice per year.

2.11 Commuter allowance

- 2.11.1 All employees shall be eligible for commuter allowance provided they are not facilitated with Institute transport.
- 2.11.2 The rates of the allowances shall be as per the prevailing government guidelines.
- 2.11.3 It shall be an offense for an employee in receipt of commuter allowance to use an Institute vehicle to and from the office.

2.12 Risk Allowance

- 2.12.1 Employees such as accountants and drivers carrying large sums of cash from or to the bank may be paid risk allowance as determined by the government from time to time.
- 2.12.2 The Board with the advice of the Director may consider other carders that qualify for Risk Allowances

2.13 Entertainment Allowance

- 2.13.1 Officers in eligible grades shall earn a non-accountable monthly entertainment allowance as stipulated in government guidelines.

2.14 House Allowance

- 2.14.1 All permanent and contracted employees shall be eligible to receive house allowances applicable to their grades based on government guidelines issued from time to time.

2.15 Retreat Allowance

- 2.15.1 Employees carrying out specific duties, in a retreat outside their duty, shall be paid a retreat allowance as provided for in the prevailing government guidelines.
- 2.15.2 Workshops meant to review, develop, and produce reports shall be treated as retreats and shall be for a maximum of 10 days.
- 2.15.3 No employee shall be involved in more than one role in a workshop at a given time.

2.16 Non-Practicing Allowance

- 2.16.1 The Government shall identify and designate various cadres of public servants as eligible for payment of non-practicing allowance.
- 2.16.2 Any Institute staff falling under such cadres shall be eligible for payment of Non-Practice Allowance at prevailing Government rates.

2.17 Responsibility Allowance

2.17.1 Responsibility Allowance shall be paid to the Director, SDDs, DDs, HoDs, RDs, and ARD at the rate approved by the BoD.

3.0 Documented information retained

1. One-Third Rule Form
2. Clearance Form

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PROCEDURE 6: STAFF SEPARATION

1.0 Purpose

To ensure that staff leaving the Institute exit professionally and acceptably.

1.1 Scope

This procedure shall apply to all KEFRI staff exiting the service

1.2 Principal responsibility

DD HR shall ensure adherence to this procedure.

2.0 STEPS

2.1 General

- 2.1.1 Except in the case of death, only formal written communication from either the employee or the Institute shall constitute an intention to separate.
- 2.1.2 All employees leaving the service of the Institute shall be required to complete a clearance form, an exit interview form and the prescribed declaration of wealth form, the official secret acts form and submit the same to the DDHR.
- 2.1.3 Before the last day of service, the employee shall be expected to clear and hand over to the officer taking over/ or immediate supervisor.
- 2.1.4 The DD HR in liaison with the Head of ICT shall ensure that all applicable information communication & technology system authorizations and access control are deactivated, internal and external financial authorizations, demobilized access to Institute safes are withdrawn (where applicable) with effect from the last working day.
- 2.1.5 Upon termination of an employee's services from the Institute, the immediate supervisor shall ensure that the employee has surrendered among others, the institute assets in their possession, and settle any outstanding Institute debts.
- 2.1.6 The Institute shall issue a certificate of service to all employees leaving the Institute upon complete clearance.
- 2.1.7 Benefits including pension contributions under the Retirement Benefits Scheme shall be paid by this manual, the Trust Deed, and Rules and provisions of the Retirement Benefits Act.
- 2.1.8 In all cases of separation (except death), the Director shall always ensure that exit interviews are conducted.

2.2 Retirement

- 2.2.1 An employee shall retire on the following grounds: -
 1. Early retirement on attaining the retirement age of fifty (50) or fifty-five (55) years for research scientists;
 2. On attaining the mandatory sixty (60) years or sixty-five (65) years for research scientists and persons living with disability;

3. At any time on the following grounds; medical grounds, re-organization and abolition of office, and Public Interest.
- 2.2.2 The mandatory retirement age shall be guided by prevailing government guidelines.
- 2.2.3 Payment of retirement benefits shall be processed within the specified period by the provisions of the Retirement Benefits Act, Trust Deed and Rules, and the Pensions Act.
- 2.2.4 Where it has been brought to the Director's attention that an officer is unfit for continued service due to ill health, the officer may be considered for retirement on medical grounds in line with the existing service regulations.
- 2.2.5 An employee may be retired either on the abolition of the office he holds or upon the re-organization of the office for efficiency in service delivery. Such action shall be approved by the Government.
- 2.2.6 The Director, after having considered every report in his possession made regarding an employee, thinks that it is desirable, he shall notify the employee, in writing, specifying the complaints because of which his retirement is contemplated.
- 2.2.7 If an employee fails to show cause why he shall not be retired in the public interest, the Director shall forward the report of the case to the Board to decide
- 2.2.8 In cases where an employee has attained the mandatory retirement age, the DDHR shall notify the individual at least twelve (12) months before the date of retirement.
- 2.2.9 In cases where the retiring employee is eligible for retirement benefits under the Pensions Act, a claim for such benefits shall be processed as per the existing regulations.
- 2.2.10 The Institute shall provide a contributory pension scheme which shall be paid to the staff upon termination of service, in conformity with the set guidelines.
- 2.2.11 Admission into the Scheme shall be open to all employees serving on pensionable terms.
- 2.2.12 For Employees whose services were transferred to KEFRI from other public institutions, their benefits shall be processed by the provisions of the Pensions Act, for the period before the transfer of service.

2.3 Resignation

- 2.3.1 Employees shall resign voluntarily from service by giving at least one (1) month's notice or paying an equivalent one-month gross salary instead of notice.
- 2.3.2 Any employee wishing to resign shall submit his intention to resign in writing indicating the effective date of resignation to the Director. Resignation is subject to acceptance.
- 2.3.3 Employees whose resignation has been accepted as explained above shall be entitled to benefits, accrued leave, and pension/gratuity as may be applicable;
- 2.3.4 Any employee who resigns shall cease to belong to the Institute's medical insurance scheme with effect from the date of resignation;
- 2.3.5 On resignation, an employee shall be required to refund all outstanding monies/liabilities owed
- 2.3.6 Any amount due to the employee shall be withheld and applied towards any sums due to him/her;
- 2.3.7 The Institute shall not accept a resignation if the resignation is aimed at avoiding anticipated or ongoing disciplinary cases;

- 2.3.8 Where an officer resigns from the Institute, the officer shall be entitled to benefits by the: Terms and conditions applicable or contained in the contract of service; Provisions of the relevant law or regulations governing payment of terminal benefits;
- 2.3.9 The Director shall accept or decline resignation in writing for all other employees while the Institute shall accept/decline resignation in respect of the Director.

2.4 Termination of Contract

- 2.4.1 The Board shall terminate the contract of an employee for various causes including, but not limited to neglect of duty, misappropriation of assets, or poor performance, at any time before the expiry of the contract period.
- 2.4.2 An employee whose contract shall be terminated shall be paid service gratuity by the terms of the employment contract.

2.5 Death in Service

- 2.5.1 The termination of a deceased employee's employment shall be effective from the date of death.
- 2.5.2 Accrued benefits shall be paid to the deceased's legal representative.

2.6 Clearance Certificate

- 2.6.1 Before the payment of final dues all employees shall be required to obtain a clearance certificate confirming that they have returned all assets to the Institute and cleared outstanding liabilities.
- 2.6.2 At the request of an employee exiting service, a Certificate of Service shall be issued.
- 2.6.3 On processing of terminal benefits, the employee leaving employment shall be required to sign an Indemnity Certificate confirming that he has received his final dues and that there are no outstanding obligations on the part of the Institute.
- 2.6.4 Where an employee resigns from the Institute voluntarily, a panel of at least three (3) senior employees shall conduct an exit interview.
- 2.6.5 The employee may request a senior staff member to attend or replace a member of the appointed to undertake the interview.
- 2.6.6 An exit questionnaire shall be issued to all staff leaving the Institute and the results documented

3.0 Documented information retained

1. Employee Clearance Form
2. PSC Declaration Assets, Income, and Liability Form
3. Certificate of Service
4. Emergency Contact Form
5. Employee Data Sheet
6. Exit Questionnaire
7. Handover Form
8. Next of Kin Form

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PROCEDURE 7: STUDENT ATTACHMENT AND INTERNSHIP PROGRAMME

1.0 Purpose

To ensure effective transfer of knowledge and skills to students on attachment and internship at KEFRI.

1.1 Scope

This procedure shall apply to the management of student attachment and internship programs at KEFRI.

1.2 Principal responsibility

DD HR shall ensure adherence to this procedure.

2.0 STEPS

2.1 Attachment

- 2.1.1 The DD HR shall receive applications from continuing students seeking attachment at the institute and ensure review of the applications is done based on the relevance of the course to the institute's activities, availability of vacancy, status of the applicant, and a requirement by their institution.
- 2.1.2 Where applications are received at the Regional Center, the RD (Regional Director) shall ensure this procedure is adhered to accordingly.
- 2.1.3 The students shall be attached every quarter.
- 2.1.4 Relevant HoDs, thematic leaders, or Regional Directors shall confirm the availability of vacancy to DD HR.
- 2.1.5 Upon receipt of applications, the DD HR shall approve the attachment requests.
- 2.1.6 The student shall be required to submit a duly filled NITA attachment contract form.
- 2.1.7 The DDHR shall authorize the issuance of a letter of acceptance as per the communication procedure to the successful applicants for an attachment period of three (3) months which shall not be renewable.
- 2.1.8 The DD HR/RDs/ARDs shall ensure that the duly filled-in indemnity form and accident Insurance covers are submitted by the student upon reporting for attachment.
- 2.1.9 The student shall report to the TO/Administrator for registration. The TO/Administrator shall organize for induction program within the first month of attachment.
- 2.1.10 The TO /Administrator shall hand over the student to their relevant supervisors for assignment of duties.
- 2.1.11 Upon completion of the attachment, the student shall compile and forward the attachment report to their supervisor.
- 2.1.12 The supervisor shall fill in the student dispatch report to accompany the student's attachment report and forward it to the DD HR.
- 2.1.13 Upon receipt of the student dispatch report from the supervisor, the DD HR shall ensure that the student is issued with a recommendation letter.
- 2.1.14 The TO /Administrator shall compile quarterly attachment reports and forward them to DD HR for approval and submission to NITA.

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2.2 Internship

- 2.2.1 The DDHR upon receiving a list of interns posted to the Institute, he/she shall deploy them in line with the Gaps identified in various departments
- 2.2.2 The DDHR shall proceed to issue deployment letters which shall be for twelve (12) months.
- 2.2.3 On acceptance the interns shall be required to submit all the relevant documents as per the posting letter.
- 2.2.4 Upon reporting, the DDHR shall compile a report and submit it to the PSC for further action.
- 2.2.5 The DD HR shall ensure the interns undergo induction.
- 2.2.6 The supervisors shall be required to appraise the interns and forward the appraisal report to the DDHR every quarter for onward submission to the PSC
- 2.2.7 The DD HR shall issue a recommendation letter upon expiry of the internship period or request by the intern, the intern shall be required to fill an internship exit form.

3.0 Documented information retained

- 1. Indemnity Form
- 2. Student Dispatch Report
- 3. Student Exit Questionnaire

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PROCEDURE 8: CLINICAL SERVICES

1.0 Purpose

The purpose of this procedure is to ensure timely, efficient, and effective provision of clinical services.

1.1 Scope

This procedure shall apply to the provision of all clinical services within KEFRI.

1.2 Responsibility

The Clinical Officer shall ensure the implementation and adherence of this procedure.

2.0 STEPS

2.1 General

- 2.1.1 The clinic shall remain open from 8 am to 4 pm during working days. The clinical officer shall be on call for emergency cases 24 hours on all working days.
- 2.1.2 Upon opening the clinic, the RNO shall ensure that the facility is well-cleaned, the equipment is functional and the pharmacy is stocked with essential drugs.
- 2.1.3 On arrival of a patient at the clinic, the Medical Records Clerk shall retrieve the patient's file and forward it to the CO within 10 minutes.
- 2.1.4 If the patient does not have an active file, the Medical Records Clerk shall register them and open a file within 10 minutes.
- 2.1.5 All the filing cabinets shall be under lock and key at all times and secured by the Medical Records Clerk.
- 2.1.6 Upon retrieval/ opening of the file, the Medical Records Clerk shall usher the to the waiting area to be served on a first come first served basis except in emergency cases.
- 2.1.7 For emergency cases, the Medical Records Clerk shall usher the patient to the consultation room for examination by the RCO.
- 2.1.8 In case of RCO's absence, emergency issues shall be handled by the RNO.
- 2.1.9 The RCO shall clerk the patient in line with the provision of the procedure manual for COs / clinical guidelines and direct the RNO on the treatment course in the patient's file.
- 2.1.10 In cases where the RCO deems it necessary to undertake further investigations, he/she shall refer the patient as appropriate to the medical laboratory for investigation.
- 2.1.11 In the case of referral of a patient, the nurse shall accompany the patient – if necessary - to offer continued care, attend to any emergency, and hand over the patient to the next healthcare giver.
- 2.1.12 The RCO shall ensure that other nursing/ medical laboratory procedures are executed as per relevant sections of the procedure manual for nurses/ medical laboratory technologists.
- 2.1.13 Based on the determined treatment, the clinician or the nurse may recommend follow-up as necessary which shall include return dates or home visits.
- 2.1.14 The RCO shall also organize group/individual health education talks quarterly within KEFRI.
- 2.1.15 The RCO shall ensure the submission of weekly and monthly reports to MOH
- 2.1.16 The RCO shall ensure the submission of quarterly reports to NACC and NACADA.

2.1.17 Biomedical waste shall be handled as per procedure for handling of hazardous waste

3.0 Documented information retained

1. [Clinic Invoice](#)
2. [Prescription Form](#)
3. [Clinic Continuation Form](#)
4. [Laboratory Request Form](#)
5. Prescription
6. A daily morbidity record MOH-717 A
7. Daily morbidity record MOH-705A
8. Daily morbidity record MOH-705B
9. Specified reporting tools for NACC, and NACADA offices
10. Patients file
11. [Sick sheet](#)
12. [Referral letter](#)

FOREST RESEARCH SUPPORT SERVICES

STANDARD OPERATING PROCEDURES

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PROCEDURE 1: KNOWLEDGE MANAGEMENT

1.0 Purpose

The Purpose of this procedure is to ensure efficient identification, maintenance, and availability of quality, sufficient, and relevant knowledge in KEFRI.

1.1 Scope

This procedure shall apply to KEFRI staff

1.2 Responsibility

DD-FRSS shall ensure this procedure is implemented.

2.0 STEPS

2.1 Knowledge Submission

2.1.1 The Head-KM in liaison with the Head ICT shall ensure that the KEFRI Knowledge Management System is always running with appropriate backup schedules, security setup, and tools for submission, processing, storage, and sharing of knowledge, and organize regular training on the use of the KEFRI knowledge base.

2.2 Visibility and Impact Tracking

- 2.2.1 Head KM shall identify metrics to be used for tracking visibility and impact.
- 2.2.2 In consultation with communication and biometrics and geomatics sections, the head KM shall develop data collection tools.
- 2.2.3 Head KM shall collect data with the developed tools.
- 2.2.4 In consultation with the biometrics and geomatics section head KM shall analyze the data and develop a report twice a year.
- 2.2.5 Head KM shall share this report with all KEFRI staff via the KM system.

2.3 Tacit Knowledge Sharing and Capture Opportunities Initiated by KM Unit

- 2.3.1 Work plan and budget of opportunities to share and capture tacit knowledge shall be developed by Head KM and submitted to DD FRSS for approval
- 2.3.2 Head KM in liaison with targeted sections/departments/individuals shall plan for the activities to share and capture tacit knowledge
- 2.3.3 Head KM shall prepare tools, programmes and procedures for capturing and sharing tacit knowledge
- 2.3.4 Head KM in liaison with targeted section/department/individuals shall implement the activity.
- 2.3.5 Head KM shall develop knowledge products from the tacit knowledge captured.

2.4 User-initiated tacit knowledge sharing and capture opportunities

- 2.4.1 Departments/sections/individuals shall request the Head KM through DD FRSS for facilitation of a knowledge sharing and/or capture activity using the Request for Facilitation form
- 2.4.2 Head KM shall evaluate the activity and accept or reject it with justification/remarks on the form.

- 2.4.3 If accepted, the Head KM in liaison with the department/section/individual shall plan for the activity.
- 2.4.4 Tools, programs, materials, and procedures for sharing and/or capture shall be prepared by the head KM.
- 2.4.5 Head KM in liaison with targeted section/department/individuals shall hold the activity.
- 2.4.6 Head KM shall develop knowledge products from the tacit knowledge captured and submit to the Knowledge Base

2.5 User Support

- 2.5.1 KEFRI staff and stakeholders request assistance/support on how to submit/use/share/capture knowledge by phone, email, walk-in, or fill a user support request form on the knowledge base.
- 2.5.2 Head KM verifies the request and for phone, email, and walk-in fills the user support request form on their behalf
- 2.5.3 Head KM attends to the request through liaison with the user
- 2.5.4 Head KM assists the user
- 2.5.5 Head KM develops a Q&A summary and updates the Q&A database on knowledge base

2.6 Data/Information/Knowledge Needs and Gaps Analysis

- 2.6.1 Work plan and budget for data/information/knowledge needs and gaps analysis shall be developed by Head KM and submitted to DD FRSS for approval.
- 2.6.2 Head KM shall develop data collection tools to carry out the identification of gaps in data/information/knowledge every 3 years in consultation with Biometrics and Geomatics officers.
- 2.6.3 Head KM shall share the data collection tools with KEFRI staff
- 2.6.4 Head KM in liaison with Head Biometrics and Geomatics shall analyze data.
- 2.6.5 Head KM shall prepare a final report and present it to KEFRI staff.
- 2.6.6 Head KM shall develop knowledge products and submit them to the knowledge base together with the final report.

3.0 DOCUMENTED INFORMATION RETAINED

1. New Knowledge Contribution Form: This form is found online here:
<http://km.kefri.org:8085/Main/ContributeKnowledge>
2. User support request form: This form is found online here:
<http://km.kefri.org:8085/Main/NewUserSupportRequest>
3. KM Facilitation Request Form: This form is found online here:
<http://km.kefri.org:8085/Main/NewKMFacilitationRequest>

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PROCEDURE 2: MONITORING AND EVALUATION

1.0 Purpose

To ensure systematic and efficient Monitoring and Evaluation (M&E) of KEFRI activities, projects, thematic areas and departments to enhance performance and accountability

1.1 Scope

This procedure shall apply to all KEFRI staff involved in the implementation and management of activities, projects

1.2 Responsibility

The SDD R&D shall ensure this procedure is adhered to.

2.0 STEPS

2.1 Planning and Preparation

- 2.1.1 At the beginning of each financial year, The HM&E in liaison with the SDDR&D, DDs, Heads of departments, and Principal investigators shall develop a comprehensive M&E plan for the annual work plans outlining objectives, indicators, data collection methods, and timelines.
- 2.1.2 The M&E plan shall be reviewed and approved by the SDDR&D.
- 2.1.3 The SDDR&D shall ensure the allocation of sufficient resources (human, financial, and technological) for M&E activities.
- 2.1.4 Budget approval for M&E activities shall be sought from the SDDR&D.

2.2 Data Collection

- 2.2.1 Upon approval of the M&E plan, HM&E shall develop data collection tools (questionnaires, observation checklists, etc.) in collaboration with the Biometrics and Geomatics unit.
- 2.2.2 HM&E shall coordinate M&E data collection activities throughout the financial year.

2.3 Data Analysis and Reporting

- 2.3.1 The HM&E in liaison with the Head Biometrics shall analyze the collected data.
- 2.3.2 The HM&E shall prepare Quarterly and annual M&E reports highlighting key findings, lessons learned, and recommendations.
- 2.3.3 Draft reports shall be reviewed by the SDDR&D before finalization.
- 2.3.4 The SDDR&D shall ensure the dissemination of M&E findings to KEFRI staff and other stakeholders.
- 2.3.5 Reports shall be made available on the KEFRI knowledge management system.

2.4 Follow-Up

- 2.4.1 Based on M&E findings, the HM&E shall develop an action plan for addressing identified issues and implementing recommendations.
- 2.4.2 The action plan shall be approved by the SDDR&D.
- 2.4.3 The HM&E in liaison with M&E team members shall monitor the implementation of the action plan.
- 2.4.4 Regular updates on progress shall be reported to the SDDR&D.

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2.5 Review and Improvement

- 2.5.1 The HM&E shall conduct periodic reviews of the M&E procedure to ensure its effectiveness and relevance.
- 2.5.2 HM&E shall document and share findings with the SDDR&D.
- 2.5.3 Based on the review findings, the HM&E shall update the M&E procedure to enhance its efficiency and effectiveness.
- 2.5.4 Updated procedures shall be communicated to all KEFRI staff.

3.0 Documented Information Retained

- 1. M&E plans
- 2. Quarterly M&E reports
- 3. Annual M&E report
- 4. Data collection tools

General Rider

This M&E procedure serves as a template for all other activities in Research and Development and Corporate Services within KEFRI. By replacing the specific terms and roles appropriately, this procedure can be adapted for various purposes to ensure systematic planning, execution, monitoring, and evaluation of different activities across the institute.

For instance, for a Research and Development activity, replace "HM&E" with the Deputy Director (DD) or Principal Investigator (PI), and for Corporate Services activities, replace "HM&E" with the respective Head of the Unit. The structure and steps of planning, data collection, analysis, reporting, follow-up, and review remain consistent and ensure a standardized approach to achieving accountability.

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PROCEDURE 3: LIBRARY MANAGEMENT

1.0 Purpose

To ensure effective and efficient provision of library services to KEFRI stakeholders

1.1 Scope

This procedure shall apply to all libraries within KEFRI.

1.2 Responsibility

DD-FRSS shall ensure this procedure is adhered to.

2.0 STEPS

2.1 Collection Development

- 2.1.1 KEFRI staff shall submit purchase suggestions of information materials through their respective departments to the Head Librarian
- 2.1.2 In consideration of resource allocation towards the purchase of information material and library policy, the head librarian shall either raise a purchase request, seek donation avenues, or seek access collaboration in liaison with the relevant departmental head for budgetary commitment.
- 2.1.3 DDFRSS and (or) the budgetary affected HoDs shall approve the purchase of the information materials
- 2.1.4 Head Librarian shall, in liaison with the DD-SCM, ensure procurement of information materials
- 2.1.5 Head Librarian shall lobby and accept donations of information materials that are relevant to the KEFRI mandate
- 2.1.6 The Head Librarian in liaison with the Head KM Section shall ensure that KEFRI publications are deposited in the library
- 2.1.7 Head Librarian shall undertake accession of information materials and application of ownership marks.

2.2 Technical Services

- 2.2.1 Head librarian shall ensure classification and cataloging of information materials as per the applicable classification scheme provided for by KEFRI library policy
- 2.2.2 The head librarian shall ensure the selection and digitization of appropriate materials for online access in line with library policy
- 2.2.3 Publications submitted to the library as well as digitized materials shall be uploaded to the KEFRI Institutional Repository
- 2.2.4 The head librarian shall coordinate the shelving of new and returned information materials.

2.3 Information Services

- 2.3.1 The Head Librarian shall develop appropriate user services.
- 2.3.2 Head librarian shall conduct training on retrieval and use of electronic and nonelectronic information materials to KEFRI staff
- 2.3.3 The head librarian shall conduct weeding regularly in line with library policy to ensure the collection is current and relevant to KEFRI's mandate

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2.3.4 The head librarian, in liaison with the Archivist and procurement department, shall determine information materials for disposal and applicable disposal methods.

3.0 DOCUMENTED INFORMATION RETAINED

1. accession register for monographs
2. accession register for periodicals
3. library information material purchase request
4. library usage register
5. library service request form: the online form is available here: <https://www.kefri.org/elibrary/index.php/request-scan-service/>
6. library reference service form
7. selective dissemination of information (sdi) services form
8. literature search request form: online form is available here: <https://www.kefri.org/elibrary/>
9. library information material weeding form
10. library online user feedback form: available here: <https://www.kefri.org/elibrary/>
11. online ask-a-librarian form: available here: <https://www.kefri.org/elibrary/index.php/ask-a-librarian/>

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PROCEDURE 4: BIOMETRICS AND GEOMATICS

1.0 Purpose

To ensure effectiveness, timeliness and consistency in undertaking end-user support and handling of Biometrics and Geomatics Services

1.1 Scope

This procedure shall apply to the provision of end-user support on Biometrics and Geomatics activities within KEFRI

1.2 Responsibility

The HRSS shall ensure this procedure is adhered to.

2.0 STEPS

2.1 General

- 2.1.1 The HRSS or eco-regional representative shall receive a request from an end-user using the Biometrics and Geomatics service request form.
- 2.1.2 Upon receipt, the HRSS/eco-regional representative shall assign the request to the appropriate Biometrics/Geomatics technical staff.
- 2.1.3 The Biometrics/Geomatics technical staff shall discuss with the end user and agree on their needs, timelines, and methodology.
- 2.1.4 In adherence to Biometrics and Geomatics work instructions the Biometrics/Geomatics technical staff shall attend to the end user request.
- 2.1.5 Upon completion of the end user request, the Biometrics/Geomatics technical staff shall forward a completion report to the end user with a copy to the HRSS.
- 2.1.6 Every quarter, the HRSS/eco-regional shall document the end-user request and their respective implementation status

3.0 DOCUMENTED INFORMATION RETAINED

1. KEFRI Biometrics and Geomatics Service Request Form
2. Completion report

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PROCEDURE 5: PRODUCTION OF TECHNICAL PUBLICATIONS

1.0 Purpose

The Purpose of this procedure is to ensure effective and efficient production of KEFRI publications

1.1 Scope

This procedure shall apply to the production of technical publications within KEFRI

1.2 Responsibility

DD-FRSS shall ensure that this procedure is adhered to.

2.0 STEPS

2.1 Peer Review

- 2.1.1 The Secretary of the Editorial Committee in liaison with DD-FRSS shall receive manuscripts for editing.
- 2.1.2 The Secretary of the Editorial Committee shall coordinate the review of the manuscript by KEFRI Guidelines for Reviewing Publications.
- 2.1.3 The Secretary of the Editorial Committee shall forward comments/ suggestions from the Editorial Committee to the author through the RDs with copies to SDD R&D and DDFRSS

2.2 Publishing

- 2.2.1 Once the manuscript is ready for publishing the author shall send it to SDD R&D for approval for printing.
- 2.2.2 If approved the SDD R&D shall forward the final manuscript to Publication Office for final typesetting.
- 2.2.3 The author shall give final approval of the dummy version for publishing.
- 2.2.4 The Publications Office in liaison with DD-SCM shall coordinate sourcing for publishers by the procurement procedure.
- 2.2.5 Publishing of other internal documents, including policy documents and annual reports shall be managed at respective responsible offices.
- 2.2.6 The Information Office shall deposit two published hard copies and soft copies to the Hq library.
- 2.2.7 The Information Office shall submit a soft copy to the Head KM unit for storage and archiving in the KM System.
- 2.2.8 Other hard copies shall be sent to the Eco-Region Research Programmes and DDs for thematic areas for dissemination.

2.3 Externally Published Technical Publications

- 2.3.1 For externally published technical publications, the author shall provide a soft copy or copy of the publication to the Publication Office.

3.0 DOCUMENTED INFORMATION RETAINED

- 1. List of produced publications per year
- 2. Published Publications

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PROCEDURE 6: STAKEHOLDER TRAINING

1.0 Purpose

The Purpose of this procedure is to ensure effective and efficient delivery of training to KEFRI stakeholders.

1.1 Scope

This procedure shall cover all KEFRI stakeholder training geared towards the dissemination of technologies in forestry and allied natural resources including local, national, and international training courses.

1.2 Responsibility

The DD FRSS shall ensure adherence to this procedure.

2.0 STEPS

2.1 General

- 2.1.1 DD FRSS shall assess and identify the specific training needs of stakeholders, ensuring that the training is relevant and beneficial.
- 2.1.2 DD FRSS shall create a comprehensive course program that addresses the identified needs, including objectives, topics, and schedules.
- 2.1.3 DD FRSS shall identify key stakeholders and send invitations to ensure their participation in the course, aiming for a diverse and relevant group of attendees
- 2.1.4 DD FRSS shall develop a detailed budget for the course, covering all necessary expenses such as materials, venue, and facilitators' fees.
- 2.1.5 In liaison with the MSCM, DD FRSS shall ensure that all necessary training materials are procured by the established Procurement Procedure
- 2.1.6 DD FRSS shall identify and invite experts and resource persons who are knowledgeable and experienced in the course topics.
- 2.1.7 DD FRSS shall ensure the courses are conducted as per the developed program, ensuring all activities are carried out smoothly and objectives are met.
- 2.1.8 DD FRSS shall compile a detailed report on the course, including feedback from participants.

3.0 DOCUMENTED INFORMATION RETAINED

- 1. Stakeholder training registration form
- 2. Training Reports
- 3. Training Programme

ENTERPRISE

STANDARD OPERATING PROCEDURES

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PROCEDURE 1: HOSPITALITY MANAGEMENT

1.0 Purpose

This procedure is to ensure that hospitality services achieve revenue generation set targets.

1.1 Scope

This procedure shall apply to all KEFRI hospitality facilities.

1.2 Responsibility

The GME shall ensure adherence to this procedure

2.0 STEPS

2.1 General

- 2.1.1 The caterers shall ensure quality services in the hospitality facilities as per the respective service charters.
- 2.1.2 The cateress shall manage the hospitality facilities at their respective enterprise Units.
- 2.1.3 The cateress shall prepare the costing of dishes and list them in a menu.
- 2.1.4 The cateress shall review the prices of items on a needy basis and approve them by the GME for implementation.
- 2.1.5 The cateress shall ensure food is provided to the clients as provided in the displayed service charters and menu in the restaurants.
- 2.1.6 All meal and conference rooms requests shall be raised through the ERP staff portal before service is offered for KEFRI internal meetings and Workshops.
- 2.1.7 The cateress shall approve all meal requests made through the ERP system before the service is rendered for internal meetings and workshops.
- 2.1.8 External clients shall raise the service requests through KEFRI's E-commerce platform or official Enterprise Emails.
- 2.1.9 The cateress shall respond to the requests by raising a quotation as per the client's specifications.
- 2.1.10 The quotation raised by the cateress shall be approved by the GME or His/her appointee before sending it to the client.
- 2.1.11 The cateress shall initiate Invoice generation from accounts as per the Finance Revenue Management and Treasury management procedures. The cateress shall then send the Invoice to the client through the authorized KEFRI channels.
- 2.1.12 External clients shall provide a certified LSO/commitment letter before service is rendered. Receipting of these services shall be done within 30 days as per the Finance Revenue Management and Treasury Management procedures
- 2.1.13 All clients booking grounds hire shall either book through KEFRI's E-commerce platform or fill out an Enterprise facility requisition form for service to be rendered.
- 2.1.14 All clients booking for grounds hire shall be given an acceptance letter approved by the GME or his/her appointee upon receipt of the payment as per the Finance Payment Processing Procedure.

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- 2.1.15 All payments shall be deposited through the KEFRI accepted payment modes as per the Finance Payment Processing procedure.
- 2.1.16 Guest room attendants shall be on call to attend to clients' requirements & requests as stipulated in the Enterprise service delivery charters.
- 2.1.17 Telephone numbers shall be displayed in the rooms to contact attendants in case of assistance.
- 2.1.18 All clients checking in the guest rooms shall fill in the guest registration form.
- 2.1.19 All procurements, receiving, and storage of perishables and non-perishable goods shall be done in accordance with the Public Procurement and Asset Disposal Act 2015 and KEFRI procurement and warehousing procedure.
- 2.1.20 All staff working in accommodation and catering services shall undergo medical checks every six months as per the Food, Drugs, and Chemical Substances Act
- 2.1.21 The cateress shall initiate the process for renewal of the Guest house and Restaurant License every year as per the Food, Drugs and Chemical Substances Act
- 2.1.22 The disposal of used cooking oil and organic waste shall be handled as per the procedure for handling and disposal of non-hazardous waste.
- 2.1.23 The cateress shall ensure that fumigation of hospitality facilities is done every quarter to mitigate insects and rodents.
- 2.1.24 Every quarter, the cateress shall report an analysis of the usage of electricity and cooking gas as per the Resource monitoring procedure.
- 2.1.25 In case of unsatisfactory service, complaints shall be raised through customer feedback form or designated KEFRI official online channels.
- 2.1.26 The cateress in liaison with the GME shall study, discuss, and rectify the complaint or forward it to complaint committee for deliberation as per the procedure of handling customer feedback.
- 2.1.27 The cateress shall fill in the customer complaints register, submit reports to GME and provide feedback to the client as per communication procedure.
- 2.1.28 The cateress shall document and prepare reports on revenue collection to the GME on a monthly and quarterly basis.

3.0 Documented Information Retained

1. Complaints Register
2. Guest Registration form
3. Customer feedback forms
4. Enterprise facility requisition form
5. Annual marketing and advertising work plans
6. Quotation and Invoice
7. Price catalogue

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PROCEDURE 2: SALE OF TREE SEEDS AND SEEDLINGS

1.0 Purpose

This procedure is to ensure that KEFRI's Sale of Tree Seeds & Seedlings services achieve revenue generation set targets.

1.1 Scope

This procedure shall apply to all KEFRI's Tree Seeds & Seedlings revenue facilities and Centers.

1.2 Responsibility

The GME shall ensure adherence to this procedure

2.0 STEPS

2.1 General

- 2.1.1 The Assistant Manager Seed Center/RDs/ARDs shall ensure quality service in the sales and distribution of superior tree seeds and seedlings to clients at their respective centers.
- 2.1.2 All dispatch of tree seeds from the KFSC to Regional and Sub-regional centers for sale shall be done through the ERP system.
- 2.1.3 All stock of tree seeds/seedlings for sale shall be updated and adjusted through the ERP system by the store clerk with the approval of the assistant manager KFSC/RD/ARD or their appointee whenever stock is added or removed.
- 2.1.4 The sales clerk at the Regional/Sub-regional center shall initiate the dispatch of tree seeds for sale through the ERP system from the KFSC upon approval by the Workshop Manager /RD/ARD or their appointees.
- 2.1.5 The Assistant Manager KFSC shall approve the transfer of the tree seeds dispatched to Regional/Sub-regional Centers upon receiving the request in the ERP system.
- 2.1.6 All Regional Centers and Sub-centers shall purchase seeds from the KFSC for use in their respective seedlings' nurseries as per tree seed production and quality testing procedure.
- 2.1.7 All KEFRI internal transfers of tree seeds & Seedlings shall be requested through the staff portal upon which the cost center head shall approve.
- 2.1.8 The Assistant Manager KFSC/RD/ARD or their appointees shall approve the order and forward the same to the cashier for receipt as per the Finance Payment Processing Procedure.
- 2.1.9 The sales clerk/Nursery attendant shall issue the tree seeds or seedlings accompanied by a printed certified receipt, delivery note, and gate pass.
- 2.1.10 External Clients shall raise the service requests through KEFRI's E-commerce platform or official Enterprise Emails.
- 2.1.11 The Salesclerk/Nursery attendant shall respond to the requests by raising a quotation as per the client's specifications.
- 2.1.12 The quotation raised by the sales clerk/Nursery attendant shall be approved by the Assistant Manager/RD/ARD or His/her appointee before sending it to the client.

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- 2.1.13 The Salesclerk/Nursery attendant shall issue an approved invoice as per the Finance Revenue Management and Treasury management procedures upon confirmation for service by the client through a certified LPO/Commitment letter before service is rendered.
- 2.1.14 Upon the client’s payment the sales clerk/Nursery attendant shall issue the tree seeds or seedlings as per clause 2.9 above.
- 2.1.15 All payments shall be deposited through the KEFRI accepted payment modes as per the Finance Payment Processing procedure.
- 2.1.16 The Tree Seeds cold rooms shall be serviced at least once every six months
- 2.1.17 Tree seeds stored for distribution shall undergo bi-annually retesting for viability checks.
- 2.1.18 All non-conforming tree seeds & seedlings shall be handled as per the tree seed production and quality test procedure, tree nursery establishment & management procedure
- 2.1.19 The weighing machines shall be calibrated as per the Bioscience Research and Laboratory Coordination program procedure.
- 2.1.20 The Assistant Manager KFSC shall ensure that all seed species are well packaged and labeled before sale as per the KEFRI Branding guideline
- 2.1.21 The seed Packaging labels shall be legibly printed, and the following information captured; KEFRI logo and contact, name of species, provenance, quantity (Kg), batch Number, seed test number, seed pre-sowing treatment
- 2.1.22 To recall non-conforming seeds from the client, Assistant Manager KFSC/RD/ARD or the appointee shall either visit the client site to identify the issue or recall the seeds for retesting.
- 2.1.23 The tree seeds recalled shall be retested as per the tree seed production and quality testing procedure.
- 2.1.24 If the tree seed batch tested is non-conforming, the client shall be issued with tree seed from another batch and provenance or issued with substitute species
- 2.1.25 In case of unsatisfactory service, complaints shall be raised through customer feedback form or designated KEFRI official online channels.
- 2.1.26 The Assistant Manager KFSC/RD/ARD in liaison with the GME shall study, discuss, and rectify the complaint or forward it to the KEFRI’s complaint committee for deliberation as per the customer complaints and feedback procedure.
- 2.1.27 The Assistant Manager KFSC shall comply with the legal requirements on transactions in tree seeds, including provision for the testing, certification, and importation & exportation of quality tree seeds.
- 2.1.28 The Assistant Manager KFSC/RD/ARD shall document and give revenue collection reports to the GME monthly and quarterly.

3.0 Documented Information Retained

1. Timber tally sheet
2. Invoice and Delivery Note
3. Price catalogue
4. Gate pass

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PROCEDURE 3: WOOD AND NON-WOOD FOREST PRODUCT PROCESSING AND SERVICES

1.0 Purpose

This procedure is to ensure that KEFRI's sale of wood and non-wood forest product processing and services.

1.1 Scope

This procedure shall apply to wood and non-wood forest product processing and services

1.2 Responsibility

The GME shall ensure adherence to this procedure

2.0 STEPS

2.1 General

- 2.1.1 The workshop manager shall source the required wood/non-wood raw materials for the workshop operation
- 2.1.2 The workshop manager through GME shall request for approval of purchase of trees from the Director KEFRI as per the communication procedure.
- 2.1.3 The extraction of trees shall be recorded on a log delivery form filled out by the store clerk at the workshop
- 2.1.4 The sawn timber shall be recorded on the timber tally sheet and filled by the store clerk or entered in the ERP system and approved by the workshop manager.
- 2.1.5 For timber sales, the tallying of the timber shall be done in the presence of the customer or their appointed representative and recorded on the Timber Tally sheet, and a sales order generated for payment as per the Finance Payment processing Procedure.
- 2.1.6 Furniture product requested by the client shall be recorded in the ERP system as a sales order by salesclerk or in an order form submitted to the workshop manager for review and approval
- 2.1.7 The quotation shall be generated by the salesclerk and approved by the workshop manager before it is issued to the client.
- 2.1.8 Upon acceptance, the client shall make partial or full payment as per Finance Payment Processing Procedure
- 2.1.9 For partial payments, the client shall make a commitment as per Finance Revenue Management and Treasury management procedures
- 2.1.10 For wood and bamboo processing services, the request shall be recorded in the Job Card.
- 2.1.11 Upon completion of the wood and bamboo processing services, the salesclerk shall fill in the tally sheet under supervision
- 2.1.12 The salesclerk shall raise order form for payment of the service rendered and forward it to the cashier for payment.
- 2.1.13 The payment for wood and bamboo processing service shall be paid as per Finance Payment Processing Procedure
- 2.1.14 All tree seed requisitions to the workshop shall be handled as per Sale of Tree seeds and Seedlings procedure

- 2.1.15 The GME in liaison with the PD shall identify and document successfully researched non-wood forest products that can be commercialized.
- 2.1.16 The GME in liaison with the PD shall nominate a technician to produce the non-wood forest products under the supervision of the workshop manager.
- 2.1.17 The workshop manager shall market the non-wood forest products as per the Enterprise marketing procedure.

3.0 Documented Information Retained

1. Sales order
2. Workshop Order Form
3. Forest products development protocols
4. Quotations

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PROCEDURE 4: WORKSHOP MANAGEMENT

1.0 Purpose

The Purpose of this procedure is to ensure that workshop management process is optimized to achieve set revenue targets.

1.1 Scope

The procedure shall apply to the wood and non-wood forest product development processes

1.2 Responsibility

The GME shall ensure adherence to this procedure

2.0 STEPS

2.1 General

- 2.1.1 Non-hazardous waste material generated from product processing shall be measured in sacks and given to farmers rearing pigs and chicken as CSR.
- 2.1.2 The trend analysis of waste generated shall be done quarterly and disposed of as per the procedure of handling non-hazardous waste
- 2.1.3 Waste timber pieces shall be graded and used in the development of laminated wood products as a waste reuse process.
- 2.1.4 Bark wastes and non-utilizable saw dust waste shall be disposed of using the procedure of handling non-hazardous solid waste disposal procedures
- 2.1.5 Workshop fires and Machine operational accidents shall be handled as per Emergency Preparedness Procedure
- 2.1.6 Warning signages shall be affixed on machines to minimize cases of occupational accidents
- 2.1.7 In case of unsatisfactory service, complaints shall be raised through customer feedback form or designated KEFRI official online channels.
- 2.1.8 The Workshop Manager in liaison with the GME shall study, discuss, and rectify the complaint or forward it to KEFRI's complaint committee for deliberation as per the customer complaints and feedback procedure.
- 2.1.9 For non-conforming nonwood forest products, the workshop manager shall re-call the products for retesting.

3.0 Documented Information Retained

1. Production Protocols
2. Workshop Customer Feedback Form

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PROCEDURE 5: MARKETING & ADVERTISING

1.0 Purpose

To ensure that KEFRI enterprise marketing & advertising services achieve revenue generation set targets.

1.1 Scope

This procedure shall apply to KEFRI enterprise marketing & advertising.

1.2 Responsibility

The GME shall ensure adherence to this procedure

2.0 STEPS

2.1 General steps

- 2.1.1 The Business Development Officer (BDO) in liaison with the GME Shall prepare marketing and advertising work plans and budgets at the start of each financial year.
- 2.1.2 The BDO shall liaise with all Enterprise Line Managers in developing and implementing their marketing strategies.
- 2.1.3 The BDO shall develop create and design publicity materials in consultation with Enterprise line managers for all enterprise units and approved by the GME for implementation.
- 2.1.4 The BDO shall document, analyse and send reports to the GME quarterly.
- 2.1.5 The GME shall monitor and assess the marketing activities undertaken quarterly.
- 2.1.6 The GME shall annually assess the impact on publicity and marketing activities.

3.0 Documented Information Retained

- 1. Annual marketing and advertising work plans
- 2. Quarterly and annual reports

BIOSCIENCE AND LABORATORY STANDARD OPERATING PROCEDURES

KENYA FORESTRY RESEARCH INSTITUTE		
TITLE: STANDARD OPERATING PROCEDURES	REF: KEFRI/SOP/MR/02	ISSUE DATE: 27/09/2024

PROCEDURE 1: BIOSCIENCE AND LABORATORY COORDINATION

1.0 Purpose

To provide technical support services to bioscience research and related activities within the Institute.

1.1 Scope

This procedure shall cover all bioscience research and related activities within KEFRI.

1.2 Responsibility

The DD-FRSS and HBR&LC shall ensure that this procedure is implemented.

2.0 STEPS

2.1 General

2.1.1 The HBR&LC shall circulate the approved work-plan and budget to RBCs for implementation.

2.1.2 Laboratory items and services shall be procured through annual procurement framework agreements as per procurement procedures

2.2 Laboratory testing services

2.2.1 The respective LHs shall ensure any samples for testing received from clients are handled, stored, retained, and disposed of in a manner necessary to protect the integrity of the sample.

2.2.2 Test samples shall be received in the laboratory only after payment of requisite fees, where applicable, as determined by the LH.

2.2.3 Internal clients can pay in kind, such as by purchase of consumables, as determined by the LH.

2.2.4 Upon receipt of test samples, the laboratory staff shall verify and compare the test samples submitted to the test method to ensure suitability.

2.2.5 All samples received shall be recorded on a sample receipt form and allocated a unique laboratory number that shall include the short forms of Center name/laboratory name/financial year/serial number.

2.2.6 The sample serial numbering shall begin afresh every financial year.

2.2.7 The LHs shall ensure proper filing of the sample receipt forms for sample traceability.

2.2.8 Analysis shall be carried out as per requisite analysis protocols.

2.2.9 The LHs shall ensure that all test results are reported to the clients accurately, unambiguously, objectively, and within the timelines specified for the given sample test.

2.2.10 Sample test results shall be provided to the client using the laboratory sample analysis report form.

2.2.11 Every quarter, the LHs shall carry analysis of laboratory samples testing turnaround time

2.3 Proficiency testing

2.3.1 Proficiency tests for quality assurance across KEFRI laboratories shall be conducted annually in quarter 3 for common laboratories.

2.3.2 The proficiency tests shall be carried out by HBR&LC in liaison with respective heads of the common laboratories

2.3.3 The common laboratories shall include Soil laboratories and seed laboratories.

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- 2.3.4 Blind samples shall be sent by the HBR&LC through the RBCs to each participating laboratory for testing and results returned to the HBR&LC within the time specified for the test on the proficiency testing form.
- 2.3.5 The HBR&LC in consultation with the RBCs and LHs shall evaluate the test results for proficiency, and corrective measures identified and implemented for non-conforming results.
- 2.3.6 Summary of the proficiency test results shall be recorded using the proficiency testing form

2.4 Calibration, verification, maintenance, and repair of laboratory equipment.

- 2.4.1 The HBR&LC in consultation with RBCs, LHs, and the Supplies Section shall ensure that equipment is calibrated, serviced, and maintained annually as per the calibration, service, and maintenance schedules.
- 2.4.2 For equipment requiring repair, the LH through the RBCs shall fill out the equipment repair form and forward the form to HBR&LC who shall liaise with the Instrumentation Officer (IO) for subsequent repair.
- 2.4.3 Upon receipt of the repair request, the IO shall do the requisite repairs and verify equipment functionality as defined in the Original Equipment Manufacturer (OEM) manual.
- 2.4.4 If the equipment cannot be repaired internally, the IO shall forward the equipment repair form through HBR&LC to the Supplies Section who shall then proceed to procure the repair services as per control of outsourced services procedure.
- 2.4.5 After repair of the broken-down equipment, the IO, LH, and RBCs shall verify the functionality of the equipment as defined in the Original Equipment Manufacturer (OEM) manual.

3.1 Documented information retained

- 1. Laboratory Sample Receipt Form
- 2. Laboratory Sample Analysis Report Form
- 3. Laboratory Equipment Repair Form
- 4. Laboratory Proficiency Testing Form

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PROCEDURE 2: HANDLING AND DISPOSAL OF LABORATORY EFFLUENT

1.0 Purpose

To ensure that effluent generated at KEFRI laboratories is safely discharged according to legal requirements.

1.1 Scope

This procedure shall apply to all KEFRI laboratories.

1.2 Responsibility

The HoA and HBR&LC shall have the principal responsibility of ensuring that this procedure is effectively implemented.

2.0 STEPS

2.1 General

- 2.1.1 The Heads of Administration shall ensure the construction and maintenance of effluent disposal infrastructure in all KEFRI laboratories where there is effluent generation.
- 2.1.2 The internal EMS champions shall undertake to sensitize all staff to refrain from any act, that directly or indirectly causes, or may cause immediate or subsequent water pollution.
- 2.1.3 All laboratory effluent shall be directed to effluent neutralization receptacles for treatment through pH neutralization before discharge.
- 2.1.4 The RBCs shall appoint a designated technologist to monitor the monthly pH of laboratory effluent in the pH neutralization plant.
- 2.1.5 The monthly pH shall be recorded in the laboratory effluent measurement and monitoring form.
- 2.1.6 Only effluent with a pH of 6.5-8.5 shall be discharged from the neutralization plant.
- 2.1.7 The HBR&LC shall ensure biannually testing effluent by licensed testing agents in compliance with EMCA requirements.

3.0 Documented information retained

- 1. Laboratory Effluent Measurement and Monitoring Form

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PROCEDURE 3: HANDLING AND DISPOSAL OF HAZARDOUS WASTES

1.0 Purpose

To ensure the safe handling and disposal of hazardous waste in compliance with legal requirements to avoid the risk of environmental pollution

1.1 Scope

This procedure shall apply to all KEFRI sections handling hazardous wastes

1.2 Responsibility

Heads of Divisions that handle or generate hazardous waste and Head of Supply Chain Management shall be responsible for this procedure's effective implementation.

2.0 STEPS

2.1 Storage of hazardous wastes

2.1.1 Section Heads shall use work instructions on storage of biohazardous, hazardous, biomedical, and toxic wastes and ensure that every container or package for storing such waste is secure and labeled in easily legible characters, written in English and Kiswahili as required by EMCA (Waste management) Regulations 2006 Section 24.

2.1.2 The Heads of Administration and Regional Directors in consultation with the MR shall ensure that there are adequate storage facilities for hazardous waste.

2.2 Disposal of hazardous wastes

2.2.1 Section Heads shall use work instructions for the disposal of biomedical and hazardous wastes and ensure that every container or package for disposal of such waste is secure and labeled in easily legible characters, written in English and Kiswahili.

2.2.2 Section Heads shall develop or apply labels for warning or caution statements for hazardous wastes, which may include any of the following as appropriate:

2.2.3 The words "WARNING" or "CAUTION;"

2.2.4 The word "POISON" (marked indelibly in red on the contrasting background)

2.2.5 The words "DANGER! KEEP AWAY FROM UNAUTHORIZED PERSONS"

2.2.6 A pictogram of a skull and crossbones

2.2.7 Section Heads shall monitor the quantities of hazardous waste using the hazardous waste measurement form.

2.2.8 KEFRI shall operate an incinerator under the Bioscience Research and Laboratory Coordination Program

2.2.9 The incinerator shall be operated according to Work Instructions on incineration of hazardous waste

2.2.10 For hazardous waste that cannot be incinerated or internally disposed of, Section Heads shall package the waste as prescribed and deposit it in the designated hazardous waste receptacles awaiting collection by licensed disposal agents contracted by the Supplies Division

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- 2.2.11 Expired chemicals shall be deposited in designated secured toxic chemicals receptacles awaiting collection by licensed disposal agents contracted by the Supplies Division.
- 2.2.12 Used glass and metal chemical containers shall be deposited in the designated respective waste receptacles awaiting collection by licensed disposal agents contracted by the Supplies Division.
- 2.2.13 The Heads of Supplies shall contract licensed disposal agents annually for annual disposal of hazardous waste, expired chemicals, and used chemical containers
- 2.2.14 The Heads of Supplies shall conform to the requirements of the Environmental Management and Coordination (Waste Management) Regulations, 2006 during the contracting agents for disposal of the biomedical and hazardous wastes.
- 2.2.15 In case of accidental chemical spills, work instructions for emergency preparedness and response to chemical spills and hazardous materials shall be used.

3.0 Documented information retained

- 1. Hazardous Waste Measurement Form

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Work Instruction 3: Storage Of Biomedical And Hazardous Waste

Scope

This work instruction shall cover all areas of KEFRI operations that store biomedical, biohazardous, hazardous, and toxic wastes such as laboratories, clinic, stores, and garages.

Preparedness:

To ensure appropriate disposal of biomedical and hazardous wastes and prevent environmental pollution, the section Heads shall:

1. Ensure staff handling biomedical and hazardous wastes are competent or trained
2. Provide appropriate labels for all biomedical and hazardous wastes.
3. Provide secure storage for biomedical and hazardous waste.

Instructions:

1. Follow the procedure for handling and disposal of hazardous waste when storing Biomedical and hazardous wastes.
2. Ensure that every container or package for storing Biomedical and hazardous wastes is secure and labeled in easily legible characters.
3. Ensure labels are written in English and Kiswahili as required by EMCA.
4. Place all biomedical and hazardous waste in the designated temporary storage facility and ensure they are securely stored before disposal.
5. Avoid any spillage of biomedical and hazardous wastes into the environment.
6. In case of an accidental chemical spill of biomedical or hazardous wastes follow the work instruction for emergency preparedness and response to chemical spills.

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Work Instruction 4: Disposal Of Biomedical And Hazardous Waste

Scope

This work instruction shall cover all sections of KEFRI that are charged with the disposal of Biomedical, biohazardous and hazardous wastes such as clinic, stores, and laboratories

Preparedness:

To ensure appropriate disposal of Biomedical and hazardous wastes and prevent environmental pollution, the Section Heads in clinic, stores, and laboratories shall put in place the following:

1. Ensure all biomedical and hazardous wastes are labeled as per procedure on handling and disposal of hazardous waste.
2. Ensure availability of appropriate disposal containers for biomedical and hazardous wastes.

Instructions:

1. Ensure that every container or package for disposal of biomedical and hazardous wastes is secure and labeled in easily legible characters, written in English and Kiswahili as the words “**WARNING**” or “**CAUTION**,” the word “**POISON**” (marked indelibly in red on a contrasting background; and the words “**DANGER! KEEP AWAY FROM UNAUTHORIZED PERSONS**,” and a pictogram of a skull and crossbones.
2. The Section Heads shall monitor the quantities of hazardous waste using hazardous waste measurement form
3. KEFRI shall operate an incinerator under Bioscience Research Program
4. The incinerator shall be manned by the appointed incinerator operators
5. The Section Heads of Labs, Clinic and Medical laboratory shall sterilize all biohazard and biomedical wastes and subsequently forward such packages to the waste receptacle using the Hazardous Waste measurement form for incineration. In instances where the incinerator is out of service, such sterilized packages shall be forwarded to the Head Supplies Division using the Hazardous Waste measurement form for subsequent disposal through contracted licensed disposal agents
6. The Heads of Supplies shall conform to the requirements of the Environmental Management and Co-ordination (Waste Management) Regulations, 2006 during contracting agents for disposal of the biomedical and hazardous wastes.
7. In case of spills or accidental disposal of hazardous wastes follow steps in work instruction 2: Emergency preparedness and response to fuel/grease/oil/chemical spills and hazardous materials to avoid environmental pollution.

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Work Instruction 5: Incineration Of Hazardous Waste

Scope

This work instruction shall cover all areas of KEFRI that generate biohazardous, biomedical and other hazardous wastes

Instructions:

1. All hazardous waste incineration shall be centrally conducted biannually in quarters 2 and 4 at the incinerator at KEFRI Headquarters.
2. The Section Heads of research laboratories, clinics and medical laboratories shall sterilize all biohazardous and biomedical wastes and subsequently forward such packages to the hazardous waste receptacle using the Hazardous Waste Measurement Form for incineration.
3. In instances where the incinerator is out of service, such sterilized packages shall be forwarded to the Head Supplies Division using the Hazardous Waste Measurement Form for subsequent disposal through contracted licensed disposal agents.
4. The Section Heads of laboratories in the regions shall forward the sterilized biohazardous waste to the KEFRI Headquarters through the RBCs for incineration
5. Materials to be incinerated shall include all sterilized biohazardous, biomedical and clinic wastes and empty plastic chemical containers.
6. The HBR&LC shall appoint a designated technologist as the incinerator operator and ensure that the operator is appropriately trained, equipped with full working gear and adequate personal protective equipment (PPE).
7. The operator shall operate the incinerator according to the standard instruction manual displayed visibly at the incinerator.
8. The operator shall keep records of all incineration activities

CORPORATE AFFAIRS & QUALITY ASSURANCE

STANDARD OPERATING PROCEDURES

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PROCEDURE 1: COMMUNICATION

1.0 Purpose

To ensure effective and timely information sharing within the organization and external parties.

1.1 Scope

This procedure shall apply to all information shared with internal and external parties

1.2 Responsibility

DD-CAQA shall ensure that this procedure is adhered to.

2.0 STEPS

2.1 General Communication

- 2.1.1 The DD-CAQA shall develop a communication strategy to guide communication within the Institute
- 2.1.2 Internal communication shall be carried out using memos, emails, virtual platforms, letters, and telephone
- 2.1.3 All memos issued within KEFRI shall be in the prescribed standard format
- 2.1.4 All letters shall be handled as per the records management procedure
- 2.1.5 All official email communication shall be through official accounts i.e. officer@kefri.org.
- 2.1.6 Extension telephones in respective offices shall be used and handled as per the Telephone Operation Procedure
- 2.1.7 The intercom shall be used to share information in case of emergencies and to make general announcements
- 2.1.8 Approved KEFRI content, including publications, advertisements, and upcoming events, shall be uploaded to the website and social media pages.
- 2.1.9 All uploads shall be brought down from the website within 7 days upon expiry of the subject matter
- 2.1.10 All inquiries made via social media pages shall receive a response within 1 working day.
- 2.1.11 Communication officers shall maintain and manage KEFRI social media pages.
- 2.1.12 No departmental social media pages shall be created within KEFRI
- 2.1.13 Communication to external parties shall be channeled to the Director for approval.
- 2.1.14 Once approved the information shall be sent out as per the most appropriate medium depending on the target audience and message
- 2.1.15 If the information is to be sent out via newspaper/radio/TV a PR shall be raised as per the procurement procedure

2.2 Meetings

- 2.2.1 Official meeting invitations shall be done through official emails giving sufficient notice of at least 7 days, unless otherwise.
- 2.2.2 The following shall be included in the invitation: meeting agenda, previous minutes, time and venue
- 2.2.3 All meetings shall meet the set quorum (two-thirds of attendees) within 10 minutes of the scheduled time, failure to which the meeting shall stand adjourned.

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- 2.2.4 All meeting attendees shall sign the attendance register for each official meeting.
- 2.2.5 The meeting minutes shall be circulated within 7 days using the prescribed format

2.3 Service Delivery Charter

- 2.3.1 The Service Delivery Charter shall include a description of the products and services provided by KEFRI, requirements, cost, and timelines.
- 2.3.2 The Charter shall be displayed prominently in the Institute and uploaded on the website
- 2.3.3 Respective heads of departments shall ensure adherence to the provisions and requirements documented in the service charter are adhered to
- 2.3.4 The Service Delivery Charter shall be translated into Kiswahili, sign language, audio and braille
- 2.3.5 The Service Charter shall be monitored annually by CA&QA
- 2.3.6 Service charters shall be reviewed as emerging issues arise

2.4 Crisis Management

- 2.4.1 In the event of a crisis DD-CAQA shall appoint a Communications officer to gather facts /information concerning the crisis
- 2.4.2 Once facts have been gathered and confirmed, DD-CAQA shall inform the Director of the crisis. The crisis shall be classified as minor or major.
- 2.4.3 The Director shall make appropriate communication to the BoD about the situation at hand
- 2.4.4 DD-CAQA caused the Crisis management committee comprising representatives of relevant divisions and the affected HOD to undertake a thorough investigation of the crises
- 2.4.5 If the crisis affects staff, the information shall be shared through appropriate official channels such as meetings, email, notice board, or official WhatsApp groups.
- 2.4.6 If the crisis affects external parties' information shall be shared through appropriate channels such as the institute's social media pages, website, and mass media
- 2.4.7 All parties shall be kept abreast of the evolving situation until the matter is resolved
- 2.4.8 The Crisis management committee shall monitor the evolving situation and constantly report to DDCAQA who shall report to the Director
- 2.4.9 Upon resolution of the crisis a report shall be prepared and presented to the Director for forwarding to BoD
- 2.4.10 The crisis report shall be filed for future reference

3.0 DOCUMENTED INFORMATION RETAINED

1. Letter Template
2. Memos
3. Meeting attendance register
4. Minutes Template
5. Helpline contact list
6. Crisis register

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PROCEDURE 2: EVENT MANAGEMENT

1.0 Purpose

To ensure the smooth running of events/activities affiliated with KEFRI to achieve maximum publicity/visibility

1.1 Scope

This process shall apply to internal and external events/activities

1.2 Responsibility

DD-CAQA, RDs, and ARDs shall ensure that this procedure is adhered to

2.0 STEPS

2.1 General

- 2.1.1 An upcoming event shall be communicated to the DD-CAQA/RD/ARD at least 7 days before an internal event and 1 month before an external event
- 2.1.2 DD-CAQA shall assign a Communications officer to take the lead in the planning and execution of the event
- 2.1.3 Depending on the magnitude of the event, an Organizing Committee (OC) shall be constituted to plan and coordinate the event logistics.
- 2.1.4 The Committee shall consist of officers from all relevant departments such as Finance, SCM, Enterprise, Administration
- 2.1.5 The OC shall hold planning meetings chaired by DD-CAQA/RD/ARD or their alternate and the deliberations shared with the Director for approval
- 2.1.6 The OC shall come up with a checklist which shall include: a task list, guest lists, media invite, event program, speech/talking notes, and budget to be shared with the Director for approval
- 2.1.7 Event coverage achieved shall be uploaded on the website and social media handles in real time
- 2.1.8 If external media covered the event, media monitoring shall take place and the coverage achieved documented using a media monitoring reporting form
- 2.1.9 Post-event report shall be prepared and shared with DDCAQA/RD/ARD and the Director

3.0 Documented Information Retained

- 1. Checklist
- 2. Event program
- 3. Media invite
- 4. Media monitoring report

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PROCEDURE 3: HANDLING OF CUSTOMER FEEDBACK

1.0 Purpose

Ensure that all customer feedback (complaints/compliments) received is managed in a timely, transparent, and fair manner

1.1 Scope

This procedure shall apply to complaints/feedback received from both internal and external stakeholders.

1.2 Responsibility

DD-CAQA and DD-HR shall ensure that this procedure is adhered to

2.0 STEPS

2.1 General

- 2.1.1 Customer complaints and feedback in the Institute shall be received through various channels including customer feedback forms issued upon a visit to the Institute, email, letters, suggestion box, CAJ, social media, etc.
- 2.1.2 Suggestion boxes shall be opened biweekly, and the complaints/suggestions received analyzed and results shared with the respective department heads for auction
- 2.1.3 Complaints/ suggestions received via customer feedback forms, email, and social media shall be analyzed biweekly and results shared with the respective department heads for auction
- 2.1.4 Complaints received shall be handled by the public complaint committees which shall be constituted in all KEFRI centers every 3 years and approved by the Director.
- 2.1.5 The Chairpersons and Secretaries of the Committee shall have access to the Complaints ERP module where all complaints received shall be logged
- 2.1.6 The respective Chairpersons of the Committees shall receive the complaint and convene committee meetings to deliberate the complaint/s quarterly or when need arises
- 2.1.7 If the complaint is beyond the Centre Committee's ability to resolve, it shall be cascaded to the HQ committee. The Committee at HQ can either resolve the complaint or escalate the situation to the Director for further action
- 2.1.8 Once the complaint is resolved the Committee shall present the resolution to the complainant in writing
- 2.1.9 In case the complainant is dissatisfied with the Committee's resolution he/she shall complain to CAJ
- 2.1.10 Quarterly, the respective complaints committees shall do an analysis report on complaints and feedback received.
- 2.1.11 Regional Centers complaints handling committee secretaries shall submit their respective quarterly reports to the DD-CAQA by the 5th of the preceding month
- 2.1.12 The Committee at HQ shall compile the quarterly reports and send them to CAJ by the 15th of the preceding month using the format prescribed by CAJ

2.1.13 The DD-CAQA in liaison with the Biometrics section shall conduct a Customer Satisfaction Survey every 2 years to establish the satisfaction level and ensure implementation of the survey recommendations

3.0 DOCUMENTED INFORMATION RETAINED

1. Customer Complaints & Compliments register
2. Customer feedback form
3. Template
4. Service charter template
5. Customer Feedback Analysis Template

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PROCEDURE 4: CORPORATE SOCIAL RESPONSIBILITY

1.0 Purpose

To ensure that we conduct CSR activities in a responsible and transparent manner

1.1 Scope

This procedure shall apply to both internal and external engagements

1.2 Responsibility

DD/CA&QA, RDs, and ARDs shall ensure this procedure is effectively implemented

2.0 STEPS

2.1 Corporate Social Responsibility

- 2.1.1 CSR requests shall be received at the registry, and forwarded to the Director who shall mark the request to the respective process owners for guidance or implementation
- 2.1.2 CSR requests at regional centers shall be channeled through their respective registry and approved by the RD/ARDs for action.
- 2.1.3 Approved CSR activities shall be funded from the respective cost center
- 2.1.4 Respective heads of departments/regions shall ensure that the CSR activities are documented in the CRS register and submitted to DDCA&QA
- 2.1.5 Quarterly, the DDCA&QA shall ensure the compilation of a report on the CSR activities undertaken.
- 2.1.6 The CSR reports shall include a brief narrative, a list of attendance, and pictorial evidence.

2.2 Gift Issuance

- 2.2.1 When a guest is issued with a gift, the issuing officer shall register it in the gift register
- 2.2.2 All gifts exceeding the value of Kes.5,000 shall be declared by the receiving officer and registered in the gift register

1.0 DOCUMENTED INFORMATION RETAINED

- 1. CSR Activities register
- 2. Template
- 3. Gift register

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PROCEDURE 5: BRANDING

1.0 Purpose

To ensure brand visibility through uniformity and consistency in all KEFRI activities, assets, products, and services.

1.1 Scope

This process shall apply to all public relations collateral such as stationery, packaging materials, infrastructure, motor vehicles, publicity materials, corporate apparel (t-shirts, lab coats, overalls, caps, flash discs, etc.), demo and trial plots and signages

1.2 Responsibility

DD-CAQA and the Head of Administration shall ensure that this procedure is adhered to

2.0 STEPS

2.1 General

- 2.1.1 KEFRI corporate colors shall be forest green, terracotta brown, white, and black and shall be as they appear on the official logo
- 2.1.2 All branding activities shall be implemented as per the Branding guideline
- 2.1.3 All branding requests shall be channeled through the ERP branding module for approval by the HOD/RD/ARD or Director, where necessary
- 2.1.4 The HOD/RD/ARD shall oversee the implementation of the request and ensure that it conforms to the Branding policy
- 2.1.5 Upon completion of the activity, the implementing office shall share pictorial evidence with DDCAQA

3.0 DOCUMENTED INFORMATION RETAINED

1. Branded items dispatch register
2. Branding request form
3. Branding report template

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PROCEDURE 6: MEDIA COVERAGE

1.0 Purpose

To ensure that media coverage activities are undertaken in a timely and effective manner

1.1 Scope

This procedure shall cover all information shared both internally and externally

1.2 Responsibility

DD-CAQA shall ensure that this procedure is adhered to

2.0 STEPS

2.1 External Media Relations

- 2.1.1 Upon receipt of information about an upcoming event, DDCAQA shall appoint a Communications officer to act as the event liaison officer
- 2.1.2 A media invite shall be prepared by the Communication liaison officer and shared with the respective department hosting the event
- 2.1.3 Once the media invite is approved by the department head, the same shall be shared with the Director for final approval and sent out 24 hours before the event
- 2.1.4 Follow-up shall be made, to confirm receipt and media attendance, as per communication procedure
- 2.1.5 Info-packs shall be prepared for distribution to the media.
- 2.1.6 The packs shall include background information on the Institute and information on the subject matter
- 2.1.7 Where need be, the Communications liaison officer shall request media facilitation
- 2.1.8 The Communication liaison officer at the event shall ensure the event coverage is reported to the public through the mainstream media present at the event
- 2.1.9 The Communication liaison officer shall carry out media monitoring and prepare a post-event report.
- 2.1.10 Quarterly, social media posts in all social media platforms shall be monitored to determine post reach, interactiveness, and social media growth.
- 2.1.11 A report on social media monitoring shall be submitted to the DDCAQA every quarter

2.2 Internal Videography And Photography

- 2.2.1 The department hosting an event shall send a request to DDCAQA for videography/photography services at least 3 days before the event using internal videography and photography requisition form
- 2.2.2 DD-CAQA shall confirm receipt of the request and assign an AV officer to the event

- 2.2.3 The AV officer shall liaise with the department concerned to know the event details such as date, time, and nature of the event.
- 2.2.4 The AV officer shall ensure the event requirements are available
- 2.2.5 During the event, the AV officer shall share photos with the communication team to be updated in real-time
- 2.2.6 After the event, the AV officer shall edit and share the photos/videos with the Communication officer for use on social media OR with the concerned department/office for their use
- 2.2.7 The photos and videos shall be played on KEFRIs' television screens at all the receptions
- 2.2.8 The photos/videos shall also be archived for future use in the photo/video gallery

3.0 Documented Information Retained

1. Media Invite
2. Media monitoring template
3. Equipment Handover Form
4. Videography/ Photography request form
5. [Internal videography and photography requisition form](#)

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PROCEDURE 7: PRODUCTION AND DISSEMINATION OF INFORMATION, EDUCATION AND COMMUNICATION (IEC) MATERIALS

1.0 Purpose

To ensure uniformity of all publicity and dissemination materials

1.1 Scope

This procedure shall cover all KEFRI collateral.

1.2 Responsibility

DD-CAQA shall ensure that this procedure is adhered to

2.0 STEPS

2.1 Graphic Design

- 2.1.1 A design brief shall be communicated to the graphic designer at least 5 days before the deadline of the project/event using the graphic design request form
- 2.1.2 The design brief shall include the following information:
 - 1. Type of information to be shared, illustrations, Purpose, and target audience
 - 2. Key message
 - 3. Deadline for completion
 - 4. Any other information that the user may deem necessary
- 2.1.3 The graphic designer shall develop the preliminary designs/illustrations as per the brief given by the user
- 2.1.4 A brainstorming meeting shall be held to go through the preliminary designs/ illustrations provided and deliberate on the way forward to the final design
- 2.1.5 The designer shall improve on the designs/ illustrations and share the final workable designs with the user for final approval
- 2.1.6 Upon approval, the designer shall share with the user the following for the final output of the design:
 - 1. Designs in PDF and JPEG
 - 2. Design dimensions/specifications
 - 3. Fabric specifications (where necessary)
 - 4. Printing Specifications (for print artwork)
- 2.1.7 For print design, the artwork shall need a dummy approval done by the supplier for approval before final printing as per the procurement procedure
- 2.1.8 The designer shall create individual folders of all design work done for ease of access/reference

2.2 Publications – Annual report, Newsletters, Newsreels

- 2.2.1 Newsletters shall be published at the end of every quarter while Newsreels shall be published monthly and Annual reports at the end of each financial year

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- 2.2.2 DD-CAQA shall assign a Communication officer to oversee the collection of articles for the Newsletter, Newsreel from the regions, and collection reports from the respective divisions for the Annual report
- 2.2.3 The CAQA team and the Editorial committee shall meet on the last week of every month to edit the Newsreel and the last week of every quarter to edit the Newsletter.
- 2.2.4 The Annual report shall be compiled in the first quarter of every financial year.
- 2.2.5 DDCAQA shall request for HODs and RDs to submit their respective annual reports
- 2.2.6 Upon receipt the DDCAQA shall convene a team to compile and edit the report
- 2.2.7 After editing, the publications shall be submitted to the graphics designer for layout and design work
- 2.2.8 The dummy publications shall be shared with DD-CAQA for approval.
- 2.2.9 DDCAQA shall share the dummy Annual report with the Director for approval
- 2.2.10 Once approved a PR shall be raised for the printing of the Newsletter and Annual report as per procurement procedure.
- 2.2.11 A copy of the Newsletter and Annual report shall be shared with IT for uploading on the website.
- 2.2.12 The publications shall be shared with staff using the communication procedure

3.0 DOCUMENTED INFORMATION RETAINED

- 1. [Publicity materials dispatch register](#)
- 2. [Gift register](#)
- 3. [Brief](#)
- 4. [Graphic design request form](#)

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PROCEDURE 8: INTEGRATED MANAGEMENT SYSTEM INTERNAL AUDIT

1.0 Purpose

This procedure enhances an internal audit process that monitors implementation and evaluates the effectiveness of the Integrated Management System (IMS).

1.1 Scope

This procedure shall apply to IMS internal audits of all products and services in all KEFRI Centers

1.2 Responsibility

The Management Representative (MRS) shall ensure that this procedure is followed

2.0 STEPS

2.1 Planning and Scheduling for Internal Audits

2.1.1 At the end of every financial year, the MR shall prepare an internal audit schedule for adoption in the next financial year

2.1.2 While preparing the schedule, the MR shall take into consideration the following:

1. The scope of products and services the audit is to cover,
2. The geographical sites to be covered,
3. A suitable audit team,
4. Results of the previous audit findings or emerging issues for prioritization
5. The validity of the certification period.

2.1.3 Upon completion, the schedule shall be forwarded to the Director for approval

2.1.4 The approved internal audit schedule shall be shared with respective heads of departments/RDs/ ARDs adoption

2.2 Appointment of Auditors & Audit Notification

2.2.1 The MR shall appoint an audit team leader and a team of auditors from the trained IMS auditors.

2.2.2 In appointing the team leader and the audit team, the MR shall consider:

1. Auditors' ability to sufficiently audit either EMS or QMS
2. Objectivity of the Auditors
3. Application of the auditing principles
4. Audit Scope
5. Previous auditor evaluation reports

2.2.3 At least 14 days before the audit date, the MR shall issue an audit notification to process owners and auditees outlining the following:

1. Audit purpose, audit objective, audit scope, audit dates, audit criteria
2. Mode of communication
3. Audit confidentiality
4. Audit timetable
5. Auditors' requirements

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2.3 Auditors' Preparation

- 2.3.1 The appointed team leader shall convene an auditor meeting to review the audit criteria, and audit program and develop a checklist to act as a guide.
- 2.3.2 The audit checklist shall include all ISO 9001:2015 and ISO 14001:2015 normative clauses, standard operating procedures, IMS registers, objectives, and service charter
- 2.3.3 The audit team leader shall follow up with the auditees to agree on the proposed audit dates.
- 2.3.4 In case of any changes, the lead auditor shall update the MR's office
- 2.3.5 The audit team leader shall ensure familiarity with the audit scope and availability of the IMS audit working documents including:
 - 1. Opening and closing meeting agenda
 - 2. Attendance register checklist
 - 3. Audit reporting form
 - 4. Audit criteria
 - 5. Non-conformity form
 - 6. Service charters
 - 7. Legal compliance evaluation form
 - 8. Corrective Action Plan
 - 9. Any other applicable working documents

2.4 Execution of the audit

- 2.4.1 Before the audit execution, the team leader shall ensure its readiness.
- 2.4.2 During the opening meeting, the lead Auditor shall guide the meeting through the opening agenda items
- 2.4.3 The audit exercise shall be guided by the audit plan as stipulated in the audit notification during audit data collection
- 2.4.4 The auditors shall ensure that raw audit findings are briefly presented at every workstation and amicably agreed on before proceeding to the next auditee
- 2.4.5 Upon completion of the audit data collection, the lead auditor shall convene an auditor meeting to consolidate the audit findings and then call for a closing meeting
- 2.4.6 Evaluation to comply with legal requirements for both QMS and EMS shall be done during internal audits.
- 2.4.7 All risks, aspects, and objectives shall be monitored and all findings recorded

2.5 Audit Reporting

- 2.5.1 The team leader shall, within 3 working days after the audit, submit the audit report to the auditees and a copy to MR in the prescribed format.
- 2.5.2 The report shall include the audit report findings, checklist, legal compliance records, attendance register, opening and closing meeting agenda, corrective action plan, and non-conformity form
- 2.5.3 The auditees shall develop and forward a corrective action plan for areas of improvement and submit it to the audit team leader within 3 days of receipt of the audit report

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- 2.5.4 The auditees shall also fill out the non-conformity form for all non-conformities identified during the audit to the MR within 3 upon receipt of the audit report
- 2.5.5 The audit team leader shall submit the Non-conformity and Corrective Action Plan forms to the MR within 7 days upon completion of the audit exercise.

2.6 Audit finding classification

- 2.6.1 Audit findings shall be classified as positives, areas of improvement, and non-conformities
- 2.6.2 The non-conformities shall be either minor, major, or critical.
- 2.6.3 Critical non-conformities shall include those audit findings that have previously been classified as major because they do not conform to either ISO 9001 or 14001 standards or legal compliance obligations but have still not been adequately addressed
- 2.6.4 Major non-conformities shall include those audit findings that do not conform to the requirements of the ISO 9001:2015 and ISO 14001:2015 standards, legal requirements, findings that might lead to systemic failure and recurrence of previous minor non-conformities
- 2.6.5 Minor non-conformities shall include such audit findings that do not conform to the requirements of the standard operating procedures
- 2.6.6 Areas of improvement shall be documented for findings that have the potential to affect the stipulated process flows.

2.7 Analysis of the Audit

- 2.7.1 Upon receipt of all internal audit reports, the MR shall analyze the consolidated audit findings to establish areas of common deficiency and areas of improvement across the functional areas for presentation in the management review forum
- 2.7.2 The MR shall circulate the internal audit analysis and trend analysis reports to auditees
- 2.7.3 Where need be, the MR shall plan for follow-up and further assessment of outstanding matters

2.8 Evaluation of Auditors

- 2.8.1 The audit team leader shall present an evaluation form to the auditee at the beginning of an audit exercise.
- 2.8.2 The auditee shall fill out the evaluation form and send it directly, in confidence, to the MR office upon completion of an audit
- 2.8.3 The MR shall analyze the evaluation data and within 7 days give feedback to respective auditors

2.9 Audit follow up

- 2.9.1 Within 30 days from the end of the audit date, the MR shall cause the audit team leader to conduct an audit follow-up
- 2.9.2 During follow-up, the implementation of corrections and corrective actions and their effectiveness shall be verified.
- 2.9.3 The findings of the follow-up shall be documented in the Non-conformity form
- 2.9.4 The audit team leader shall submit to the MR the audit follow-up report within 3 days.

3.0 Documented Information Retained

1. Internal Audit report
2. Opening and closing meeting agenda
3. Evaluation of compliance with legal requirements
4. Internal Audit schedule
5. Internal Audit notification
6. Attendance register
7. Audit Checklist
8. Corrective Action Plan (CAP)
9. Auditor evaluation form
10. Non-conformity form

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PROCEDURE 9: CONTROL OF DOCUMENTED INFORMATION

1.0 Purpose

This procedure ensures effective determination, management, and control of Integrated Management System documents and records in KEFRI.

1.1 Scope

This procedure shall apply to all internally generated IMS documents and records in KEFRI.

1.2 Responsibility

Management Representative shall be responsible for ensuring that this procedure is adhered to

2.0 STEPS

2.1 Document generation and approval before use

- 2.1.1 All IMS documents within the Institute shall be developed by the ISO champions drawn from every division in consultation with the respective process owners.
- 2.1.2 Upon development of any document, the ISO champions shall review the documents with the respective process owner for verification and ownership.
- 2.1.3 All reviewed documents shall be submitted to the MR by the process owner to review suitability, facilitate approval and issuance
- 2.1.4 The MR shall forward the IMS documents to the Director for consideration and approval by signing a declaration at the beginning of each respective document.
- 2.1.5 The declaration shall have the following wordings:

Approved by:
 Director, KEFRI
 Signature: Date:

2.2 Document Identification

- 2.2.1 All IMS documents shall be indexed as follows;
- 2.2.2 The first part shall be KEFRI denoting that the document belongs to the Kenya Forestry Research Institute followed by a forward slash (/)
- 2.2.3 The second part shall be allocated as per the document type initial followed by a forward slash (/).
- 2.2.4 The third part shall be from the originating department followed by a forward slash (/) the department ensuring adherence to the document.
- 2.2.5 The fourth and final part shall be allocated a unique document number depending on the documents being controlled starting from 001. **Example:** Indexing the Institute’s IMS Policy: **KEFRI/Policy/MR/001:** - Denoting that the document belongs to the Kenya Forestry Research Institute, is a Quality & Environmental Policy Statement, is controlled from the Management representative’s office and is the first in ISO documentation hierarchy
- 2.2.6 The header and footer for every document shall be in the format described below using an example of Laboratory Standard Operating procedures, **KEFRI/LAB/SOP/section** explained as below:

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- 2.2.7 The first and the second parts denote that it is a KEFRI laboratory document.
- 2.2.8 The third part shall denote that the document is a Standard Operating Procedure
- 2.2.9 The fourth part shall denote the specific laboratory discipline. This could be soil, biotechnology, entomology, seed, etc.3.5 Sample serialization shall be as below:
KEFRI/LAB/SOP/FPD; KEFRI/LAB/SOP/SOIL; KEFRI/LAB/SOP/PATHOLOGY;
KEFRI/LAB/SOP/ENTOMOLOGY; KEFRI/LAB/SOP/BIOTECH

2.3 Identification of records

- 2.3.1 Records in KEFRI shall be broadly categorized into forms and registers
- 2.3.2 Identification of Registers: Registers within KEFRI shall be identified by the title and indexed as follows;
 1. The first part shall be KEFRI denoting that the document is the property of the Institute
 2. The second part shall be Reg. denoting that it is a register
 3. The third part shall provide for the initials of the respective Department/Division
 4. The fourth part shall be a number starting at 01
 5. The last part shall indicate the volume number. Example: KEFRI/Reg./ADM/01/Vol.1
- 2.3.3 Identification of Forms: Forms shall be identified by a title and indexing as follows;
 1. The first part shall be „KEFRI’ denoting that the form is the property of the Institute.
 2. The second part shall be „F’ denoting that it is a Form.
 3. The third part shall be the Department initial.
 4. The fourth part shall be a serial number depending on the number of forms in the Department.

2.4 Document Packaging

- 2.4.1 All IMS documents shall be packaged as either Policy, standard operating procedures, IMS manual, IMS registers, forms, and registers, or IMS objectives, as applicable.

2.5 Document Issuance and Circulation

- 2.5.1 All hard copy documents shall be properly filed and recorded as per registry management requirements.
- 2.5.2 Soft copies of all IMS documents shall be hosted online and shall be accessible to anyone with login rights.
- 2.5.3 The IMS policy statement shall be displayed at strategic locations within the Institute.
- 2.5.4 Upon uploading the documents, the MR shall ensure access to the documents by the respective process owners by filing in the IMS documents distribution list.
- 2.5.5 Every Division shall maintain its respective document distribution list containing the staff and relevant stakeholders who have been issued with the relevant procedures
- 2.5.6 The MR shall maintain a record of documents and forms in use using the documents and records master list respectively

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2.6 Retrievability and storage

- 2.6.1 For ease of access, current soft copies of IMS documents shall be hosted on the staff portal and the KEFRI website and shall be accessed upon giving the applicable system credentials
- 2.6.2 Hardcopies of Procedures, Objectives, Forms, and Registers shall be availed in all KEFRI libraries.
- 2.6.3 Soft records shall be maintained in a clearly labeled folder for ease of retrieval
- 2.6.4 System-generated records shall be identified by the unique numbers allocated by the MR

2.7 Retention and Disposal

- 2.7.1 The retention and disposal of all records shall be as per the Registry Management procedure

2.8 Document Review, Updating and Re-approval

- 2.8.1 Any member of staff can initiate review and updating of any IMS documents by filling in a change request form.
- 2.8.2 Upon filling in the form, the staff shall forward the filled form to the Process owner as per the communication procedure for verification.
- 2.8.3 Upon verification of the need for review, the process owner shall in liaison with the MR endorse the review.
- 2.8.4 The MR shall effect the changes to the affected document, archive the previous revision, and upload the reviewed document.
- 2.8.5 Where changes are made, the document shall be re-issued as the subsequent revision starting Revision 1. However, where such changes represent a significant shift in operations, the document shall be re-issued as the subsequent version starting from version **A** but revision **1**.
- 2.8.6 The document version and revision status shall be captured in the footer section of the document.
- 2.8.7 Re-approval of the documents shall proceed as per clause 2.6. in this procedure.

2.9 Document Protection

- 2.9.1 All editable versions of the IMS documents shall be maintained by the MR.

3.0 Documented Information Retained

1. Documents distribution list.
2. Documents change request form.
3. Documents Master list.
4. Forms and Registers master list.

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PROCEDURE 10: MANAGEMENT REVIEW MEETING

1.0 PURPOSE

To enable top management to undertake systematic reviews of the Integrated Management System (IMS) to ensure its continued suitability, adequacy, and effectiveness

1.1 Scope

This procedure shall apply to management review meetings in KEFRI Headquarters and all Regional and Sub-regional Centers

1.2 Responsibility

Management Representative shall ensure this procedure is adhered to

2.0 STEPS

2.1 Planning and scheduling

- 2.1.1 The Management Representative shall prepare a schedule for the Management review at the beginning of each financial year and forward it to the Director for approval
- 2.1.2 The Top Management in each KEFRI Center shall conduct a review of the IMS at least once a year as per the schedule to establish its continuing suitability, adequacy, and effectiveness
- 2.1.3 In case of an eventuality, the top/Center management shall hold a crisis management meeting to deliberate on the matter
- 2.1.4 The Management Review meetings shall be held in the 4th quarter of every year, with the headquarters management review being the final one to be held
- 2.1.5 The regional MRs 'shall submit their respective Management Review minutes with the headquarter MR within 7 days after holding their respective meeting
- 2.1.6 The meeting attendees shall comprise of representatives from all functions
- 2.1.7 The meeting shall be chaired by the Director at the Headquarter, RD at the Regional Head Offices, and by the ARDS at the sub-centers
- 2.1.8 The MR shall take minutes of the proceedings
- 2.1.9 The Management Representative shall prepare a presentation, preferably in PowerPoint, outlining each of the agenda and take members through each agenda item.
- 2.1.10 All HODs shall present reports on the implementation status or need for change of objectives, risks, opportunities, environmental aspects and legal requirements in their respective departments
- 2.1.11 The deliberations of the meeting shall be recorded as per the management review output agenda
- 2.1.12 The minutes shall be recorded in the format provided

2.2 Agenda

- 2.2.1 The following shall be the agenda of the management review meeting:
 1. The status of actions from previous management reviews;
 2. Changes in external and internal issues that are relevant to the management system

3. Changes in needs and expectations of interested parties including compliance obligation
4. Changes in significant environmental aspects of the organization
5. Changes in risks and opportunities
6. Extent to which quality and environmental policy & objectives have been met;
7. Customer satisfaction and feedback from relevant interested parties;
8. Process performance and conformity of products and services;
9. Audit results, Nonconformities, and their corrective actions;
10. Monitoring and measurement results;
11. Fulfillment of compliance obligations
12. Performance of external providers;
13. Adequacy of resources;
14. Relevant communications from interested parties including complaints
15. The effectiveness of actions taken to address risks and opportunities;
16. Opportunities for continual improvement
17. Any need for changes to the integrated management system

3.0 Documented Information Retained

1. [Management Review minutes template](#)

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PROCEDURE 11: CORRECTIVE ACTION, PREVENTIVE ACTION AND NON-CONFORMING PRODUCTS

1.1 Purpose

The purpose of this procedure is to ensure effective elimination and management of root causes of non-conformities to prevent recurrence

1.2 Scope

This procedure shall apply to all non-conformities and areas of improvement identified within KEFRI

1.3 Responsibility

The MR shall ensure that this procedure is adhered to while HODS shall ensure that identified non-conformities in their sections are effectively addressed

2.0 STEPS

2.1 General

- 2.1.1 Nonconformity in the Institute may be identified by customers, audit reports, survey reports, or members of staff.
- 2.1.2 The non-conformity could be the emergence of a matter that triggers an undesired outcome hence affecting to ability of KEFRI to conform to the quality and environmental management system requirements
- 2.1.3 Where a non-conformity is identified during internal audits, the procedure for internal audit shall be followed.
- 2.1.4 In case a non-conformity is identified by a staff member, the staff shall fill in the relevant sections of the Corrective Action Request (CAR) Form
- 2.1.5 The filled form shall be submitted to the respective HOD for root cause analysis, correction, and identifying the appropriate corrective action to prevent the recurrence of the non-conformity
- 2.1.6 The process owner shall, within one week of receipt of the Corrective Action Notice Form, review it to determine the effect of the nonconformity as reported.
- 2.1.7 The process owner shall within 1 week of receipt of notice ensure the determination of the root cause of nonconformities to eliminate it.
- 2.1.8 The process owner shall, within 1 week of receipt of the Corrective action request (CAR) evaluate the need for corrective action to ensure that nonconformities do not recur.
- 2.1.9 The process owner shall, within 1 week of receipt of the Corrective action request (CAR), evaluate the need for corrective action to ensure that nonconformities do not recur.
- 2.1.10 The process owner within 2 weeks of receipt of CAR shall determine the corrective action and submit the same to the auditor/MR.
- 2.1.11 The MR shall facilitate if the action requires a management decision.
- 2.1.12 After the MR / auditor endorses the corrective action, the process owner shall without undue delay implement the agreed corrective action.
- 2.1.13 The records of actions taken shall be maintained.

- 2.1.14 In case of non-conformities identified during an audit, the lead auditor shall review the effectiveness of the corrective action taken during subsequent internal audits.
- 2.1.15 For nonconformities identified out of an audit, the respective section heads shall periodically review the effectiveness of the corrective action undertaken to prevent recurrence.

3.0 Documentation Information Retained

1. Corrective action request form
2. Corrective action plan

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PROCEDURE 12: PERFORMANCE CONTRACTING

1.0 Purpose

The purpose is to ensure the effective implementation of the performance contract in KEFRI.

1.1 Scope

This procedure shall cover all departments and all staff in the Institute

1.2 Responsibility

1. The DDCAQA shall coordinate the development and implementation of Institutional PC
2. The DD-HR shall coordinate the development and evaluation of staff PC

2.0 STEPS

2.1 The Institutional Performance Contract

- 2.1.1 At the end of each financial year DDCAQA shall request HODs to submit their subsequent financial year's performance contract targets for vetting and consideration
- 2.1.2 Upon receipt, the DDCAQA shall compile the targets and develop the draft Institutional Performance Contract
- 2.1.3 DD-CAQA shall present the draft PC to the Directorate for review
- 2.1.4 The Director shall present the draft PC to the Board of Directors for guidance and adoption
- 2.1.5 Negotiation of the draft PC shall be done with the Parent Ministry and thereafter vetting of the PC by the Performance Management Unit of the National Government
- 2.1.6 Signing of the PC shall be between the Board of Directors and the CS Ministry
- 2.1.7 The signed PC shall thereafter be signed by the Director and Board Chairman
- 2.1.8 Quarterly reports of the PC targets shall be submitted to the PC secretariat for compilation by the respective departments
- 2.1.9 DDCAQA shall compile and submit quarterly reports on the implementation of PC
- 2.1.10 The DDCAQA shall ensure quarterly reports to the parent Ministry, Performance Contract Management Unit, and respective government agencies
- 2.1.11 At the end of the financial year, the PC secretariat shall compile all the reports in preparation for the evaluation

2.2 The Staff Performance Contract

- 2.2.1 The Institutional Performance Contract shall be shared with HoDs to select their respective performance targets
- 2.2.2 The HoDs shall develop their respective departmental PCs based on their work plans and sign with the Directorate
- 2.2.3 The staff shall derive their annual PC from their respective departmental performance targets
- 2.2.4 Each staff shall sign their PC with respective supervisors

- 2.2.5 The heads of the department shall ensure effective implementation and monitoring of their respective PC
- 2.2.6 Each staff shall submit their PC reports to respective supervisors at the end of every quarter
- 2.2.7 At the end of every financial year, the evaluation of every staff PC shall be done as per the staff appraisal procedure

3.0 DOCUMENTED INFORMATION RETAINED

1. [Staff performance contract template](#)
2. Departmental work plans
3. Signed Performance Contracts
4. Quarterly PC reports

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PROCEDURE 13: IDENTIFICATION AND ASSESSMENT OF RISKS AND ENVIRONMENTAL ASPECTS

1.0 Purpose

To identify risks and environmental impacts associated with KEFRI operations and assessment of their significance.

1.1 Scope

This procedure shall apply to KEFRI and all its operations.

1.2 Responsibility

1. Management representative shall ensure that this procedure is adhered to
2. Divisional heads shall be responsible for identifying risks and aspects associated with their respective activities

2.0 STEPS

2.1 Risk and Opportunities

- 2.1.1 To conduct risk assessment, respective HoDs shall identify their respective processes and activities
- 2.1.2 Issues associated with each of the identified processes and activities in 2.1.1 shall be listed and the following factors considered where relevant:
 1. Timeliness in serving customers
 2. Consistency in service delivery
 3. Customer satisfaction
 4. Business sustainability and continuity
 5. Applicable product standard requirements and statutory regulations
 6. Accuracy, courtesy, completeness, and accessibility in service delivery
- 2.1.3 Opportunities arising from the risks will also be identified where necessary
- 2.1.4 Actions to address the opportunities shall be identified and documented
- 2.1.5 Assessment of issues will subsequently be evaluated to determine an associated risk by way of evaluating the likelihood and consequence
- 2.1.6 The identified risks and opportunities shall be documented in the register

2.2 Environmental aspects

- 2.2.1 To conduct environmental aspects, respective HoDs shall identify their respective processes and activities that have an impact on the environment
- 2.2.2 Issues associated with each of the identified processes and activities above shall be identified.
- 2.2.3 To identify environmental issues, the following factors shall be considered where relevant:
 1. water pollution
 2. air pollution and noise
 3. biodiversity loss
 4. waste management and disposal
 5. contamination of land,
 6. natural resource use and depletion

7. applicable laws and regulations
 8. environmental impact.
- 2.2.4 Environmental aspects can be either positive or negative with the positive aspect denoted with a + sign during the assessment
- 2.2.5 Assessment of aspects shall subsequently be evaluated to determine the significant environmental aspects by way of evaluating the likelihood and consequence
- 2.2.6 A register of environmental aspects shall be developed and updated

2.3 Risk and Aspect Assessment

- 2.3.1 Upon identification of quality risks and environmental aspects, the respective HoDs shall identify their consequence and likelihood of occurrence to determine risk rating (significance).
- 2.3.2 This risk assessment shall be based on:
1. Consequence (C)
 2. Likelihood (L)
- 2.3.4 Risk rating (Significance) shall be obtained by the multiplication of Consequence (C) with Likelihood (L) as shown in the equation below:
- 2.3.5 Risks and aspects shall be assessed using the risk matrix below:

	Likelihood		
	1	2	3
Consequence	1	2	3
	2	4	6
	3	6	9

KEY

Likelihood

- 1- Remote, likely to occur once in a year
- 2- Occasional, likely to occur once in a quarter
- 3- Frequent, likely to occur once in a week

Consequence

- 1- Minor, unlikely to affect the environment or quality of service
- 2- Serious, very likely to affect the environment or quality of service
- 3- Critical, can have a catastrophic effect on the environment or quality of service

Risk rating (significance)

$$\text{Risk Rating (Significance)} = \text{Consequence} \times \text{Likelihood}$$

- 1-2 Low risk
3-5 Medium risk
6-9 High risk

2.4 Classification of risks and aspects

- 2.4.1 When the risk rating is low, the risk shall be acceptable and tolerated. This shall also be classified as insignificant environmental aspects

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- 2.4.2 When the risk rating is medium further controls and monitoring shall be required as per the risk register. This shall also be classified as significant environmental aspects
- 2.4.3 When the risk is high, immediate actions and more stringent controls shall be put in place to mitigate against the consequences of such risks. This shall also be classified as significant environmental aspects
- 2.4.4 Positive environmental aspects shall have a + sign denoting positive
- 2.4.5 The significance level shall be 2 in the assessment of environmental aspects

2.5 Review & control process

- 2.5.1 The outputs of the risk assessment are a list of priority risks and significant aspects that shall be classified per division and maintained in a risk and aspect registers
- 2.5.2 The risks and environmental aspects shall be reviewed every three years, or whenever there have been significant changes to KEFRI activities or services

3.0 DOCUMENTED INFORMATION RETAINED

- 1. [Risk and Opportunity register](#)
- 2. [Environmental aspect register](#)

ICT

STANDARD OPERATING PROCEDURES

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PROCEDURE 1: SYSTEMS ACQUISITION AND DEVELOPMENT

1.0 Purpose

To ensure effectiveness, efficiency, and consistency in the acquisition and development of application software

1.1 Scope

The procedure shall apply to the acquisition and development of all information systems in KEFRI.

1.2 Responsibility

The H-ICT shall ensure this procedure is adhered to.

2.0 STEPS

2.1 General

- 2.1.1 The H-ICT shall receive a written request from a user to provide an application software. This can be a database, web portal, website, digital repository, or an app. It can also be a proposal to a head of department on the need for an information system in the Institution.
- 2.1.2 H-ICT shall constitute a project team comprising of the end-user and ICT team to carry out a system preliminary investigation
- 2.1.3 The project team shall recommend the most appropriate method of acquiring the application software, and advise if there exists a system that can perform or be customized to perform tasks requested by the user.
- 2.1.4 The project team shall come up with a Preliminary Investigation report including budgetary sums and agree on the best acquisition or development methodology and approach.
- 2.1.5 For application software to be developed in-house, the project team shall develop Terms of Reference and establish minimum (hardware or software) requirements.
- 2.1.6 The ICT Officer responsible for application development ensures the development of the application through the System Development Life Cycle (Planning, Analysis, Design, and Implementation).
- 2.1.7 The Development teams shall utilize the continuous integration/continuous delivery (CI/CD) pipeline to write code, integrate it, run tests, deliver releases, and deploy changes to the software collaboratively and in real-time.
- 2.1.8 For systems and or COTS to be procured/developed externally, the H-ICT shall ensure adherence to the procurement procedure
- 2.1.9 The H-ICT shall ensure all the systems meet the user requirements before going live

3.0 Documentation information retained

1. System Requirements Specification (SRS) Document
2. Functional Requirements Document (FRD)

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PROCEDURE 2: DATA RECOVERY

1.0 Purpose

The purpose of this procedure is to establish and maintain data recovery practices sufficient to restore in-scope enterprise assets to a pre-incident and trusted state in KEFRI.

1.0 Scope

This procedure shall apply to the process of data backup and restoration on corporate endpoints and servers in KEFRI

1.1 Responsibility

The HICT shall ensure this procedure is adhered to and maintained.

2.0 STEPS

2.1.1 The HICT shall ensure that a Data Recovery Policy is put in place with the following high-level steps:

1. Plan – Create a detailed course of action to handle an overall backup strategy
2. Backup – Take backups from enterprise assets and transfer them to other data storage locations
3. Test – Ensure that the backup strategy is functioning as planned. This includes ensuring that the intended data is appropriately stored and recoverable within the timeframes established in the data recovery plan.
4. Recover – Execute the plan for recovery of data and get the right data back into the hands of the enterprise. Also feeds back into the planning phase.

2.1.2 At least two copies of recoverable versions of all critical data shall be made.

2.1.3 One copy shall be stored at the Data Center or the main processing facility whereas the other copy shall be stored at an off-site storage location.

2.1.4 The ICTO responsible for System Administration shall perform a backup before and after installing patches or upgrades or making any configuration changes on the system.

2.1.5 The ICTO responsible for System Administration shall restore data from a backup if there is a: Ransomware attack; malicious intrusion/attack; Data corruption (deletions/modifications) and End-user requests.

4.0 Documentation Information Retained

2. Data Recovery Policy
3. Back up schedule
4. Data backup and restoration register.

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PROCEDURE 3: HELPDESK AND END-USER SUPPORT

1.0 Purpose

To ensure effective, timely, and consistent technical support in resolving user requests for both external end-users and internal end-users (employees).

1.1 Scope

This procedure shall apply to the provision of guidance to users on the operation and use of ICT equipment and/or applications within KEFRI

1.2 Responsibility

The H-ICT shall ensure this procedure is adhered to.

2.0 STEPS

2.1 General

- 2.1.1 The HICT shall ensure that the Helpdesk function (ticketing system) is integrated with internal tools like email and Slack to collaborate on conversations across departments
- 2.1.2 Ticket Receipt - The ICT Officer staffing the Helpdesk shall receive a support request from the end user as per communication procedure or the ICT Ticket Application or phone.
- 2.1.3 Ticket recording – The ICTO staffing the Helpdesk shall acknowledge receipt of the ticket to the end-user and provide an estimated period for resolution.
- 2.1.4 End-user requests received via phone are logged into the ICT Ticket Application with all relevant details by the ICT officer who receives the call.
- 2.1.5 Ticket Classification – The ICTO shall determine the type of issue (e.g., application, hardware, and network) and assign a priority level based on the impact and urgency.
- 2.1.6 Initial Response - The ICTO shall perform initial troubleshooting steps (Apply a fix or provide a workaround) and/or escalate to the appropriate specialist if necessary.
- 2.1.7 Documentation – The ICTO shall document or update the issue, steps taken, and final resolution in the ICT Ticket Application.
- 2.1.8 Ticket Closure – the ICTO shall verify with the end-user that the issue is resolved and proceed to close the ticket in the ICT Ticket Application.
- 2.1.9 On a monthly basis, the HICT shall ensure analysis of downtime and uptime of internet, ERP and other ICT systems and application in the Institute

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Work Instruction 6: Creating, Updating, and Deactivation of User Accounts

Scope

This work instruction shall cover all system and user accounts in enterprise systems in KEFRI

Instructions

1. All KEFRI employees shall have accounts created for them to access various ICT-based services.
2. The ICT Department shall receive requests for creating, updating, and deactivation of user accounts as per the communications procedure.
3. The System Administrator creates a new user account in the ICT Systems after verification of the validity of the user requesting a new account from the HR Division as per the Communication Procedure.
4. The System Administrator shall modify and or remove permissions of a user account in the ICT Systems after receipt of the duly filled permission change form from the respective HoD.
5. The ICTO responsible for System Administration shall then create/update/deactivate the user account in the appropriate system and update the respective user, Head of Department, and HR Division as per the Communication Procedure.

3.0 Documentation Information Retained

1. ICT Ticket Application
2. Permission change form

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PROCEDURE 4: PREVENTIVE MAINTENANCE OF ICT EQUIPMENT

1.0 Purpose

To enhance equipment reliability, optimal performance, and longevity by carrying out regularly scheduled maintenance.

1.1 Scope

This procedure shall apply to all ICT equipment within the organization, including computers, Notebooks, Handheld devices, Servers, Switches, Routers, UPS, and equipment cabinets.

1.2 Responsibility

The H-ICT shall ensure this procedure is adhered to.

2.0 STEPS

2.1 General

- 2.1.1. The ICTOs shall develop a maintenance schedule twice a year (biannual) based on OEM recommendations and usage patterns and notify respective RDs and ARDs in advance of scheduled maintenance times.
- 2.1.2. Preventive maintenance – The ICTOs shall perform physical cleaning of ICT equipment by turning off and unplugging equipment before cleaning; Use compressed air to remove dust from keyboards, vents, and internal components and clean screens and surfaces with appropriate cleaning solutions.
- 2.1.3. Software Updates – The ICTOs shall check for and install updates for operating systems, drivers, and applications; Remove unnecessary files and programs to free up space; carry out hardware Checks including inspection of cables and connections for wear or damage; Test battery life on laptops and UPS systems and order replacements as per Procurement Procedure.
- 2.1.4. Documentation - The ICTOs shall record all maintenance activities, including date, actions taken, and any parts replaced and update inventory records to track the status and location of equipment and submit a Back-To Office Report to the HICT and respective RDs and ARDs as per Communication Procedure.
- 2.1.5. Disposal – ICT equipment identified as obsolete during the PM exercise shall be forwarded to SCM as per the Disposal procedure.

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Work Instruction 7: Software Patch Management

Scope

This work instruction shall cover all corporate endpoints (Desktop Computers, Notebooks, and Tablets) in KEFRI

Instructions

1. All endpoints shall be installed with endpoint security software that has a patch management module enabled.
2. The ICTO responsible for Networks and Infrastructure shall ensure that the endpoint security software is configured to deploy and install patches automatically
3. Priority patches shall be configured to be installed as soon as endpoints connect to the Internet to resolve automatically resolvable indicators
4. The ICTOs shall ensure that manually resolvable indicators are done as per procedure No. 5 Preventive Maintenance of ICT equipment.

Documentation Information Retained

1. ICT Back-To-Office Report

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PROCEDURE 5: ICT CHANGE MANAGEMENT

1.0 Purpose

To ensure effective management of changes within the ICT environment, minimizing risks and disruptions.

1.1 Scope

This procedure shall apply to all ICT systems and services, including hardware, software, and network in KEFRI

1.2 Responsibility

The HICT shall ensure that this procedure is adhered to.

2.0 STEPS

2.1 General

- 2.1.1** A user shall submit a Request for Change (RFC) to the HICT as per the Communication procedure detailing the Description, justification, impact analysis, and rollback plan.
- 2.1.2** The H-ICT shall constitute a Change Review team composed of the user, the HoD who shall be affected by the change, and the ICT staff who manage the respective service to determine the Impact (Minor, Major, Emergency) on systems and users), prioritization (impact and urgency), and risk assessment
- 2.1.3** Approval Process - Upon approval, the change review team shall plan for the change request, assist in the scheduling of changes by reviewing the proposed implementation date for potential conflicts with other scheduled changes or critical business activities, and communicate to affected users as per communication procedure.
- 2.1.4** The change review committee shall implement the change request after comprehensive testing. If the implementation of the change fails, the post-implementation testing fails or, the business case justification ceases to exist, the rollback plan shall be implemented.

3.0 Documented Information Retained

- 1. Change request form/Ticket
- 2. Business continuity plan
- 3. Disaster recovery plan

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PROCEDURE 6: ICT SECURITY INCIDENT MANAGEMENT

1.0 Purpose

To ensure consistency and effective approach to the management of ICT security incidents

1.1 Scope

This procedure shall apply to all ICT security incidents that occur within KEFRI’s Core ICT systems.

1.2 Responsibility

The H-ICT shall ensure this procedure is effectively adhered to.

2.0 STEPS

2.1 General

- 2.1.1 A staff can identify an ICT security incident or weakness or receive information on a security event or weakness and report the event or weakness to the H-ICT.
- 2.1.2 If the ICT security event is confirmed to be an incident, the H-ICT shall ensure that corrective action is undertaken to resume the normal security level and maintain the records of the incident and action taken in the ICT Security Incident Report.
- 2.1.3 The H-ICT shall investigate and ensure a detailed ICT security analysis is undertaken.
- 2.1.4 The H-ICT shall initiate corrective action to resume the normal security level and document lessons learned from the reported incident.
- 2.1.5 The H-ICT shall continuously monitor and evaluate ICT security incidents to use the lessons learned to enhance controls and limit the frequency, cost, or damages of future occurrences.

3.0 Documentation Information Retained

LEGAL STANDARD OPERATING PROCEDURES

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PROCEDURE 1: COMPLIANCE WITH LEGAL AND OTHER STATUTORY OBLIGATIONS

1.0 Purpose

To ensure proper identification and evaluation of applicable legal and other statutory obligations in KEFRI

1.1 Scope

This procedure shall apply to all activities covered in KEFRI

1.2 Responsibility

The Legal Officer shall be responsible for ensuring this procedure is effectively implemented

2.0 STEPS

2.1 General

- 2.1.1 The legal officer shall coordinate compliance with applicable legal and other statutory obligations in KEFRI.
- 2.1.2 Heads of every department shall ensure the identification of applicable legal and statutory obligations and requirements in their respective departments.
- 2.1.3 Applicable requirements shall be documented in the legal compliance register
- 2.1.4 The heads of departments shall ensure compliance with all legal requirements in their respective departments
- 2.1.5 The legal officer shall ensure regular updates of applicable existing and emerging legal and other requirements.
- 2.1.6 An evaluation of compliance with legal and statutory requirements shall also be done during internal audits as per the internal audit procedure.

3.0 DOCUMENTED INFORMATION RETAINED

- 1. Legal Compliance Register

REFERENCES

- Agreement on Sanitary and Phyto-sanitary Measures – WTO Agreement
- Arbitration Act Cap 49
- Biometrics and Geomatics work instructions
- Clinical guidelines
- Communication Policy
- Copyright Act (2017)
- Credit Management Policy
- Data Protection Act (2019)
- Data Protection Act, Chapter 411ccs
- Discipline Manual for the Public Service
- Diversity Policy for the Public Service
- East African Community Protocol on Sanitary and Phyto-sanitary measures (2015)
- EMCA 1999:2015 Environmental Management and Coordination Act Regulations on Solid Waste
- Employment Act 2007
- Enterprise Price catalogs
- Environmental Management and Conservation Act No. 8 of 1999 Revised 2012
- Environmental Management and Co-ordination (Amendment) Act, 2015
- Environmental Management and Co-ordination (Water Quality Management) Regulations, 2006
- Environmental Management and Co-ordination Act (Cap. 387);The Sustainable Waste Management Act Chapter 387C, 2022
- Environmental Management and Co-Ordination Act EMCA 2015 Part VI and VII (Environmental impact assessments, Audits and Monitoring)
- Food, Drugs and Chemical Substances ACT Cap.254 Revised Edition 2013 (2012)
- Forest Conservation and Management Act 2016
- GEA ICT Standards 2020
- Generally Accepted Accounting Principles (GAAP)
- GoK Code of Regulations
- GoK Printed estimates
- Government circulars
- Guidelines for E-waste Management in Kenya 2010
- Guidelines on managing training in Public Service, June 2016
- Human Resource Policy
- Human Resource Policies and Standard Operating Procedures for the Public Service
- ICT Service Delivery Charter
- Industrial Property Act 3, 2001
- International Standards for the Professional Practice of Internal Auditing (Standards)
- International Standards of Auditing
- Internship Policy and Guidelines for the Public Service

- ISO 19011:2011 Standard
- ISO 14001:2015 Standard
- ISO 19011:2018 Standard
- ISO 27001:2013 Standard
- ISO 27001:2017 Standard
- ISO 9001:2015 Standard
- ISO/IEC TR 15504:2013 –Information Technology Process Assessment Standard
- ISTA manual
- KEFRI Administration manual
- KEFRI Annual Budget
- KEFRI Annual performance contract
- KEFRI Anti-corruption Policy
- KEFRI Audit Committee Charter
- KEFRI Branding Policy
- KEFRI Career Progression Guidelines
- KEFRI CSR Policy
- KEFRI Enterprise Website
- KEFRI Financial Management Policies and Procedure
- KEFRI Human Resource Policies and Standard Operating Procedures
- KEFRI ICT Business Continuity Plan
- KEFRI ICT policy
- KEFRI Integrated Management System Manual
- KEFRI Internal Audit Charter
- KEFRI Internal Audit Policy and Standard Operating Procedures, 2024
- KEFRI Knowledge Management Policy
- KEFRI Laboratory Safety Manual
- KEFRI M&E Policy
- KEFRI Procurement Plan
- KEFRI Research Data Management Regulation
- KEFRI Resource Mobilization Strategy
- KEFRI Service Delivery Charter
- KEFRI Strategic Plan
- KEFRI Training and Development Policy
- KEFRI Transport Policy
- KEFRI Whistleblower Policy
- Kenya Bureau of Standards Product Standards
- Kenya Industrial Training Act 2007
- Kenya Labour laws
- Kenya National Archives and Documentation Services Act Chapter 19

- Knowledge Management Policy
- Land Act No. 6 of 2012
- Library policy
- M.O.H. clinical guidelines for management and referral of common conditions at Level 2 & 3 Primary healthcare.
- Management review output records
- Manual for Clinical Officers
- Manual for Public Service Training
- Manual for Tree Nursery Management
- Medium Term Expenditure Framework (MTEF) and Medium-Term Plan (MTP)
- National Commercial Tree Improvement Strategy (NCTIS)
- National Guidelines on Safe Management of Asbestos
- National Landscape and Ecosystem Restoration Strategy 2023-2032 (15 billion tree growing strategy)
- National Treasury Financial Circulars Printed Estimates
- NITA Act
- Occupational Safety and Health Act, 2007
- OECD Forest Seed and Plant Scheme Rules and Regulation
- Official Secret Declaration Act
- Partnership Act 2012 (Cap 29)
- Performance Rewards and Sanctions framework for the Public Service Guidelines to the Staff Performance Appraisal System (SPAS) in the Public Service
- Physical Planning Act Cap 286
- Plant Protection Act, Cap 324 1979
- PPAD 2015: The Public Procurement and Asset Disposal Act, 2015
- KEFRI Internal Audit Three-Year Strategic Plan
- Procedure Manual for Medical Laboratory Technologists
- Procedure manual for Nurses
- Product Catalogue and KEFRI Enterprise Website
- Public Finance Management Act, (2012) and its Regulations (2015)
- Public Officers Ethics Act
- Public Procurement and Asset Disposal Regulations, 2020
- Public Procurement and Assets Disposal Act. 2015
- Public Sector Accounting Standards Board – Kenya
- Public Sector Financial Regulations
- Records Management Standard Operating Procedures for the Public Service, 2010
- Science, Technology and Innovation Act, 2013
- Seed and Plant Varieties Act CAP 326
- Seed Testing Instructions at Kenya Forestry Seed Centre Laboratory (Draft)

- SOPs for Clinical Officers,
- SOPs for Medical laboratory technologists
- SOPs for Nursing Officers
- Staff Establishment
- Standards Act Cap 496 (Rev 2012)
- Procurement Policy and Procedures Manual
- The Induction Handbook for the Public Service
- The National Treasury and SRC Circulars
- The Public Officer Ethics Act (POEA), 2016
- The Seed and Plant Varieties Act, 2012 Cap 326
- The Seeds and Plant Varieties (Forest Tree Seeds) Regulations, 2021 (Draft)
- The seeds and Plant varieties Act, (CAP 326
- Traffic Act (Cap 403)
- Tree seed collection and handling: a reference manual for extension agents and
- Tree Seed Handbook of Kenya (2nd Edition)
- UNFCCC Paris Agreement
- W.H.O. approved guidelines on case management
- Wage order
- Work Injury Benefits Act, 2007

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