

GOVERNANCE POLICY GUIDELINES

FOR CHAK MEMBER

DISPENSARIES AND HEALTH CENTERS

NOVEMBER 2008

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ACKNOWLEDGEMENTS

This policy was developed through a broad based participatory process that involved representatives from various member health units, development partners and other key stakeholders as well as the CHAK Secretariat.

CHAK would like to thank all those who directly and indirectly contributed to its development, in particular those who participated in the Corporate Governance Policy Development Workshop, which was held on 12th – 14th August 2008 at the CHAK Guest House and Training Centre, Nairobi, as well as the Health Systems Strengthening Policy Documents Review Workshop, which was held on 21st – 24th October 2008 at Lake Nakuru Flamingo Lodge, Nakuru.

CHAK also appreciates the technical support of Jackson Maalu from the University of Nairobi, CHAK Secretariat Management Team and Technical Staff.

CHAK Executive Committee provided the necessary enabling environment for policy development and participated in the draft policy review and its approval.

We thank CDC and CHF International for providing the resources that were needed to support the participatory process of policy development, its publication and dissemination.

FOREWORD

Christian Health Association of Kenya is a national ecumenical network of Protestant Churches' health facilities and programmes from all over Kenya. CHAK member network and Secretariat are committed to providing comprehensive and sustainable quality health services to all people in Kenya inspired by the example of Christ of providing compassionate and wholistic services to the people in need. As we do so, we desire to be responsible stewards who respect international conventions, professional ethics and national health sector policies and standards.

Governance and management have been identified as one of the major challenges facing Church Health Facilities in Kenya. In order to achieve optimal resource mobilization and utilization, we need to strengthen governance and management systems of our health facilities. This calls for commitment to good corporate governance ideals presented in this document which promote transparency and accountability by all stakeholders involved in decision making.

Conflicts in the running of Church Health facilities witnessed between Sponsor/Church, Management, and Community often arise due to lack of clarity in the process and procedures of governance decision making and the relationship and communication between the various stakeholders.

This document is a generic Governance Policy Manual to guide the formation, induction, development, performance and accountability of the Board of Directors/Governors of CHAK member lower level health facilities (Dispensaries and Health Centres). It is available for adoption in part or whole by CHAK member Churches and Health facilities to strengthen existing Governance Policies or to become the Health Facilities Governance Policy Manual.

The Government of Kenya through the Kenya Gazette Notice No. 123 of 21st December 2007, Legal Notice No. 401 created the Government Financial Management, Health Sector Services Fund, which makes it mandatory for all public health facilities in Kenya to have a Health Facility Management Committee for governance oversight. As the Government takes this positive step towards strengthening governance of public health facilities, the Church Health facilities must maintain their leadership by strengthening and ensuring documentation of their own governance and management policies.

CHAK offers this policy technical resource to it's member hospitals and would be available to support it's adoption and implementation. We are all called upon to be good stewards of the resources, talents and opportunities that God has blessed us with.

Rt. Rev. Joseph Wasonga, CHAK Chairman

CHAPTER 1: POLICY RATIONALE AND FRAMEWORK

1.1 Introduction

Christian Health Association of Kenya (CHAK) is an association of Protestant Churches and their hospitals and programmes based all over Kenya. It was established in the 1930s as a hospital's committee for the National Council of Churches of Kenya (NCKK) and was later changed to Protestant Churches Medical Association (PMCA) in 1946. In 1982, PMCA's mandate was expanded to facilitating the role of the Protestant Church in the provision of health care services in Kenya, and thereafter became known as CHAK. As of October 2008, CHAK had a network of 468 member health units and member churches countrywide. These include 25 hospitals, 49 health centres, 336 dispensaries and 53 churches and church health programmes as well as 9 nursing training colleges, all affiliated to 33 denominations of the Protestant Church in Kenya.

CHAK's highest body of authority is its Annual General Meeting (AGM), which meets annually to make major policy decisions and receive reports from the Secretariat. CHAK's Board of Trustees is composed of senior church leaders appointed by the AGM. The AGM also elects the Executive Committee (EXCO) every two years, which is responsible for formulating policies, approving operational plans and budgets and as well as ensuring regular financial and programmatic monitoring and evaluation. The Secretariat is charged with the day-to-day running of the Association under the leadership of its General Secretary. It has 4 departments: Health Services Support, Institutional and Organizational Development, HIV&AIDS Programme Department as well as Finance and Administration, all of which are supported by an ICT and M&E unit.

The core functions of the Secretariat are:- advocacy and lobbying on behalf of its membership with the Government and other key stakeholders, capacity building for health workers in its member health units, development, coordination and implementation of various HIV&AIDS programmes and interventions, procurement, installation and maintenance of medical equipment, facilitating access to essential drugs and medical supplies through the Mission for Essential Drugs and Medical Supplies (MEDS), development, coordination and implementation of programmes on

health systems strengthening, representing its membership in several health sector policy development, planning and coordination committees in the health sector as well as resource mobilization.

1.2 Rationale and Purpose of the Policy Guidelines

Corporate governance is the process through which institutions and organizations are directed, controlled, and held accountable. It is concerned with effective systems and structures that facilitate proper decision-making, accountability, control and efficiency in the organization. These systems and structures seek to promote leadership and operational guidance that is honest, trustworthy, reliable, credible, transparent, accountable, responsible and with a focused intelligence. CHAK recognizes that good corporate governance and management are essential to achieving efficiency and sustainability of its member health facilities. Through its Institutional and Organizational Department, CHAK provides capacity building for governance and management bodies in its various member health facilities, in areas such as human resource management, corporate governance and financial management. In addition, CHAK supports the development of sound management policies, guidelines and tools for its member health units through its Health Systems Strengthening programme.

The need to strengthen accountability and control mechanisms in hospitals is well exemplified in the 2007 Government Financial Management (Health Sector Services Fund) Regulations 2007, which were published in the Kenya Gazette Supplement No. 123 on 21st December 2007 as Legal Notice No. 401. These Regulations provide for the establishment of a Health Sector Services Fund, whose purpose in part is to provide grants to strengthen faith based health facilities through their respective secretariats. The Regulations require all health facilities, including faith based hospitals, to establish a Health Management Committee which shall be responsible for overseeing the administration of the funds allocated to their respective facility or generated from user fees and donations. It is therefore advisable that all member health units comply with these requirements, so as to facilitate the strengthening of the partnership with the Government as well as enhance stewardship in the management of resources and accountability to the owning Church, partners and other key stakeholders.

It is on the above premise that CHAK has developed these policy guidelines, the purpose of which is to strengthen current governance and management systems in its member health units. These policy guidelines set out the core principles underpinning corporate governance and management of hospitals and are aimed at providing a comprehensive framework for the implementation of sound governance measures and assist in periodically monitoring and evaluating their effectiveness. CHAK highly recommends that all member hospitals partially or fully adopt these policy guidelines as the basis of implementing sound governance and management systems and measures in their respective facilities, provided that their revised policy does not conflict with the owning Church Constitution as well as existing relevant national laws, policies and regulations.

1.3 Development of the Policy Guidelines

The development of these policy guidelines involved the following stages:

- Identification of the issues by CHAK as the umbrella organization for all mission hospitals affiliated to the Protestant Churches in Kenya
- Stakeholders' workshop to develop the policy guidelines
- Compilation of draft policy guidelines
- Detailed review of the draft by a stakeholders forum that included EXCO
- Approval of the final policy document by EXCO
- Dissemination of the approved policy guidelines to CHAK member hospitals, member Churches and other stakeholders

1.4 Pillars of Good Corporate Governance

Various governance authorities and best practices across countries and across contexts identify the following as key pillars in corporate governance.

- Laying solid foundation for management and oversight
- Structure Board of Directors (BOD) to add value to the Hospital
- Recognition and protection of the rights and obligations of all stakeholders
- Strategy and values
- Corporate performance, viability and financial sustainability

- Timely and balanced disclosures
- Remunerate fairly and responsibly
- Strengthen internal control procedures
- Assessment of performance of the Board of Directors
- Recognition and management of corporate risk
- Social and environmental responsibility
- Corporate compliance with Laws and regulations
- Corporate communication

The above pillars are categorized as shown below and form the basic framework around which the policy guidelines were developed. They are as follows:

- Board structure and operations
- Core business definition
- Strategy and operational controls
- Fiscal responsibility
- Human resources responsibilities
- Compliance to existing national laws as well as relevant regulations and policies

CHAPTER 2: STRUCTURE AND OPERATIONS OF THE HEALTH FACILITY COMMITTEE

2.1 Introduction

The structure of the board provides for clear definition and clarification of issues to do with its composition and leadership as well as inherent guidelines on its operations in dispensing its mandate. Key considerations that ought to be taken into account include board formation and structure, its orientation and development, managing its relationships with various key stakeholders, conflict resolution, composition and working of board committees, the conduct of board meetings, definition of the roles of each of the board officials and members, and methods of evaluating the board's performance of the board as well as that of each of its officials and members. **For Dispensaries and Health Centers, the equivalent of the board is the Health Facility Committee (HFC).**

2.2 HFC Formation and Structure

The formation and structure of the Health Facility Committee (HFC) should be based on a policy that provides for an appropriate mix of skills to provide the necessary breadth and depth of knowledge and experience to meet the HFC's responsibilities and objectives. Pertinent aspects to be considered in its formation and structure together with policy recommendations are as follows:

ASPECT	POLICY RECOMMENDATIONS FOR DISPENSARIES AND HEALTH CENTERS
2.2.1 Appointment of HFC Members	Members to the HFC shall be appointed by a mandated committee of the owning Church.
2.2.2:Qualification of HFC members	All members of the HFC shall: <ul style="list-style-type: none"> • Be people of spiritual and moral integrity based on their past record of performance and commitment • Have a minimum of KCSE certificate level of education or its equivalent • An exception to the above academic requirement shall be allowed in some areas of the country where the literacy levels are low
2.2.3:Appointment and Functions of the HFC Chairperson	The owning Church shall appoint the Chairperson from among the members of the HFC The Chairperson shall:

	<ul style="list-style-type: none"> • Be a person of spiritual and moral integrity based on his/her past record of performance and commitment • Have a minimum of KCSE certificate level of education or its equivalent. <p>The roles and responsibilities of the Chairperson shall be:</p> <ul style="list-style-type: none"> • To convene and chair all meetings of the HFC • To provide positive and proactive leadership and direction • To serve as spokesperson for the health facility • To provide feedback and accountability to the health facility’s owning Church • To be a signatory to the health facility’s designated Bank account
<p>2.2.4 Appointment and Functions of the HFC Treasurer</p>	<p>The owning Church shall appoint a Treasurer, who shall have a minimum of KCSE level of education.</p> <p>The roles and responsibilities of the Treasurer shall be:</p> <ul style="list-style-type: none"> • To assist the health facility in-charge to maintain financial records and prepare financial reports • To present financial reports to the HFC • To review budget proposals and present the same to the HFC • To be a signatory to the health facility’s designated Bank account
<p>2.2.4: Composition of the HFC</p>	<p>The HFC shall be balanced taking into account factors such as age, gender, profession, and stakeholder representation.</p> <p>In addition, there shall be professional balance to ensure representation in diverse areas such as Medical/Nursing, Church Minister/Pastor, teacher, provincial administration and community leaders</p> <p>The recommended minimum and maximum age for HFC members should be 25 and 75 years respectively, taking into account each individual’s physical and mental abilities</p> <p>Notwithstanding the above, the competence of each individual shall be a key consideration for the selection of HFC members</p> <p>As a key stakeholder, the owning Church should be represented in HFC as considered necessary.</p>

	The MOH shall be represented in the HFC as an ex-officio member
2.2.5: Functions of the HFC Secretary	<p>The health facility in-charge shall serve as the Secretary to the HFC</p> <p>The roles and responsibilities of the Secretary shall include:-</p> <ul style="list-style-type: none"> • Taking minutes during all HFC meetings • Maintaining all records of the HFC's deliberations • Ensure implementation of the decisions of the HFC • Prepare reports for presentation to the HFC • Represent the health facility in all technical meetings • Submit service statistics to MOH and CHAK • Ensure compliance with MOH regulations and guidelines • Serve as the team leader of the staff in the health facility • Ensure timely and appropriate referrals of patients
2.2.6: Size of the HFC	<p>The HFC shall have either 5 or 7 members</p> <p>An odd number is recommended for purposes of breaking deadlocks when voting over issues.</p>
2.2.6: Tenure of HFC members	<p>Members shall serve for a period of 3 years and a maximum of 2 terms</p> <p>Members who are appointed by virtue of their office shall continue to serve as members of the HFC for as long as they are serving in office.</p>
2.2.7: Termination of membership	<p>There should be a provision for termination of HFC member</p> <p>Any unexplained absence from the HFC for more than 3 consecutive meetings shall lead to an enquiry to facilitate a decision on termination of membership</p> <p>However, membership may be terminated before the end of a member's term where he/she commits misconduct or violates any of the regulations of the owning Church's and/or the health facility.</p> <p>Termination should be phased in such a way that at no time shall the HFC consist only of new members</p>

2.2.8: Reappointment of HFC members	<p>Efforts should be taken to ensure that there is rotation and/or phased renewal arrangement.</p> <p>The owning church should ensure that some members of the HFC are re-appointed for purposes of continuity</p>
2.2.9: Compensation	<p>Members of the HFC shall serve on a voluntary basis as a contribution to their community</p> <p>The health facility shall arrange for tea and lunch during all meetings as appropriate</p> <p>Where feasible, transport expenses by road public means shall be reimbursed to the members</p>
2.2.10: Member integrity	<p>Members of the HFC shall observe spiritual and moral integrity at all times during their term in office</p> <p>They shall serve in the best interests of the health facility and avoid making decisions that shall amount to a conflict of interest</p>
2.2.11: Designated Bank account	<p>Every health facility shall open a designated Bank account whose signatories shall be appointed by the HFC in consultation with the owning Church</p>

2.3 Orientation and Development of the HFC

It is important that all newly appointed members of the HFC receive proper orientation after their appointment, to enable them to fully understand their roles and responsibilities. In addition, there should be opportunities for regular updates and capacity building trainings and seminars, to ensure that they acquire the necessary skills and competencies to perform their tasks well and according to the accepted standard. The following are the critical areas that must be taken into consideration:-

- Each HFC member shall receive a letter of appointment from the owning Church, which shall be the appointing authority of all HFC members
- At the inauguration of the HFC, all newly appointed members shall be properly orientated on their roles and responsibilities
- During the course of their term in office, opportunities shall be created for regular updates and capacity building trainings and seminars in relevant areas of their work
- In addition, some of the HFC members shall be given the opportunity to participate in the trainings provided by CHAK and MEDS

2.4 Roles and Responsibilities of the HFC

The following are the roles and responsibilities of the HFC:

- Approve staffing levels and conduct staff recruitment
- Plan for motivation, compensation and retention of staff
- Review and address feedback on the health facility's services
- Support fundraising and resource mobilization for the health facility's programmes and development
- Ensure compliance with existing national health policies and regulations
- Approve work plans and budgets including any development projects
- Open and operate a designated Bank account for the health facility in consultation with the owning Church
- Provide oversight and supervision of the health facility's operations
- Ensure that the basic books of accounts and financial records of income, expenditure, assets and liabilities of the health facility are maintained
- Prepare and submit a report to the owning Church at least annually
- Ensure regular reporting of service statistics to the MOH and CHAK

- Review annual staff appraisals
- Ensure effective financial controls in the day-to-day operations of the health facility
- Ensure an annual external financial audit is conducted and the report discussed and submitted to the owning Church and other relevant partners

2.5 HFC – Church Relations

It is important that there exists a healthy working and communication relationship between the HFC and the owning Church to facilitate the day-to-day operations of the health facility. The following are the policy recommendations regarding relationship between the HFC and the owning Church:

- The owning Church shall:
 - Appoint the members of the HFC and shall facilitate their orientation
 - Appoint the health facility in-charge in consultation with the HFC
 - Approve and support any health facility’s development projects
 - Participate in defining the vision, mission and values of the health facility
 - Collaborate with the health facility in providing evangelization through healing
- There shall be regular communication and feedback between the HFC and the owning Church.

2.6 HFC – Staff Relations

The following are the policy recommendations regarding relations between the HFC and the health facility staff:

- There shall be distinct roles and responsibilities between the HFC and its members on the one hand, and the health facility in-charge and the staff on the other.
- The HFC shall recruit all staff in the health facility other than the health facility in-charge, in consultation with the owning Church. It shall be responsible for the appointment, development, compensation, motivation and discipline of the health facility staff.
- The HFC shall not be involved in the day-to-day running of the health facility.

- All engagements between the HFC and the health facility shall be through the health facility in-charge.
- There shall be regular and effective communication between the HFC and the health facility staff.
- Any staffing issues shall be presented to the HFC by the health facility in-charge.
- Any MOH deployed staff shall be under the management of the HFC in consultation with the District Medical Officer in-Charge (DMOH).

2.7 HFC – Community Relations

The following are the policy recommendations regarding relations between the HFC and the community served by the health facility:

- The HFC shall have representation from the community to facilitate feedback and good relations in the community being served.
- As much as possible, the health facility shall provide community out reach services through community health workers.
- The health facility shall create linkages and networking with community health workers and other community based initiatives.

2.8 Conflict and Conflict Resolution

The following are the policy recommendations for resolution of conflicts:

- There shall be clearly defined relationships, roles and responsibilities for the owning Church, HFC and the health facility staff.
- The communication channel shall be from the health facility to the HFC to the owning Church and vice versa.
- Decisions by the HFC shall be communicated to the health facility staff through the health facility in-charge.
- In the event of a conflict, the owning Church shall seek the support of CHAK and/or the MOH to facilitate conflict resolution.

2.9 HFC Meetings

The following are the policy recommendations regarding the nature and structure of HFC meetings:

- HFC meetings shall be held at least quarterly. Special meetings may be held depending on the need.

- Members shall be given at least two weeks (14 days) notice of all HFC meetings.
- The meetings shall be convened by the Chairperson through the HFC Secretary.
- The schedule of all HFC meetings should be set annually or ahead of time.
- The HFC Secretary should send formal invitations to all members after consultation with the Chairperson.
- Special meetings may be convened to deal with urgent issues that arise provided that at least 7 days notice is given to all members.
- All members shall be allowed to freely express their views during deliberations on the meeting agenda.
- The duration of each HFC meeting shall not exceed three hours.
- The quorum for HFC meetings shall be 3 where the HFC is made up of 5 members or 5 where the HFC is made up of 7 members.
- The meeting agenda shall be decided by the Chairperson in consultation with the HFC Secretary.
- All decisions by HFC shall be recorded in minutes which shall be reviewed, approved, confirmed and signed in subsequent meetings. Their records shall be well maintained in the HFC file or minute record book.
- Sensitive matters discussed during all HFC meetings shall be kept strictly confidential by all members.
- The HFC shall conduct a self evaluation from time to time using the **HFC Evaluation Tool** annexed hereto and marked Appendix 1.

CHAPTER 3: POLICY IMPLEMENTATION AND REVIEW

3.1 Management Responsibility

- a) CHAK shall provide technical support in the dissemination, adoption and implementation of these policy guidelines.
- b) The Management of the health facility shall be responsible for coordinating the implementation of these policy guidelines in their respective facilities.

3.2 Policy Implementation and Dissemination

- a) These policy guidelines shall be implemented in consultation with the owning Church and other relevant stakeholders.
- b) These policy guidelines shall be disseminated to the HFC, the Management, the owning Church and other relevant stakeholders, using the full range of information and communication system available to each facility.

3.3 Monitoring and Evaluation

- a) CHAK shall facilitate the monitoring, evaluation and review of these policy guidelines.
- b) All lower level member health facilities shall develop an Monitoring & Evaluation (M&E) system to monitor the effective implementation of these policy guidelines.

3.4 Policy Guidelines Review

- a) These policy guidelines shall be reviewed periodically as the need arises and revised where necessary, in consultation with the owning Church.

CHAPTER 4: MISCELLANEOUS

4.1 Amendments

- a) Any additions, alterations or amendments to these policy guidelines shall be in writing and subject to the approval of EXCO.
- b) Where a lower level member health unit adopts these policy guidelines, any additions, alterations or amendments to its governance policy shall be in writing and subject to the approval of its HFC, in consultation with its owning Church.

4.2 Approval for Dissemination

These policy guidelines have been approved for dissemination, adoption and implementation by **EXCO meeting on the 19th day of November the year 2008.**

APPENDIX 1: HFC EVALUATION TOOL

On a scale of 1-5, valuate your board on the following issues

(5=Very Good, 4 Good, 3 Average, 2 Fair, 1 Poor. NA=Not Applicable)

TOTAL possible score: 100

	INDICATOR	5	4	3	2	1
1	The roles of the HFC and the facility are well defined and respected					
2	The HFC participates fully in visioning and strategic planning					
3	Each HFC member has an up to date job description and has signed it					
4	The HFC sets fund raising goals and is involved in the generation of resources					
5	The HFC's nominating process ensures that membership is appropriately diverse					
6	HFC members receive initial orientation and ongoing training, including mentoring					
7	The HFC regularly reviews the policy documents					
8	The HFC has a process for handing urgent matters between meetings					
9	The board has an attendance policy and an annual calendar of meetings					
10	Meetings have written agendas and materials are distributed in advance of the meeting					
11	The HFC has a process for managing and resolving conflict					
12	An external financial audit or review occurs annually					
13	The HFC is involved in accurate reporting of programs and financial resources					
14	The HFC has a process to regularly review staff performance					
15	The HFC has comprehensive personnel policies that have been reviewed by a professional					
16	Each HFC member feels involved and interested in the HFC's work.					
17	The HFC takes time regularly to understand the health facility issues as well as any concerns from the patients					
18	Care is taken that necessary skills and professional expertise are present on the HFC					
19	The HFC understands and adheres to the health facility policies and procedures.					
20	The HFC is involved in interpretation and communication to the community and church					

Please list three to five points on which you think the HFC should focus its attention in the next year. Be as specific as possible.

- 1
- 2
- 3
- 4
- 5

APPENDIX 2: HFC MEETINGS EVALUATION TOOL

	Ok	Needs improvement	Suggestions for improvement
1. The agenda was clear, supported by the necessary documents, and circulated prior to the meeting			
2. All board members were prepared to discuss materials sent in advance.			
3. Reports were clear and contained needed information			
4. We avoided getting into administrative/management details			
5. A diversity of opinions was expressed, and issues were dealt with in a respectful manner			
6. The chair guided the meeting effectively			
7. Members participated responsibly			
9. Next steps were identified and responsibilities assigned			
9. All HFC members were present			
10. The meeting began and ended in time			
11. The meeting venue was conducive to work			
12. We enjoyed being together			

GLOSSARY

Below is a glossary of terms that have been used in this policy document. The users of these policy guidelines may modify the interpretations given to these terms to suit their respective needs, provided that they do not distort their meaning as used in the document.

1. Accountability

It refers to the acknowledgement and assumption of responsibility for actions, decisions and policies within the scope of an individual's duties and responsibilities and encompassing the obligation to report, explain and be answerable for the resulting consequences of his/her actions.

2. Authority

It refers to a claim of legitimacy, justification and right to exercise power that an individual has by virtue of his/her duties and responsibilities. It includes the power to make decisions and to command or require another to do certain things

3. Beliefs and Values

These refer to the underlying principles about what an institution believes to be moral, ethical and right. They form the foundation of an institution and guide the behavior of its employees and the nature of activities that it engages in.

4. Code of Conduct

It refers to a standard of moral and ethical behavior that is expected or prescribed by an institution.

5. Conflict of Interest

It refers to a situation in which a person in a position of trust has competing professional or personal interests that directly or indirectly compromise his/her ability to fulfill his/her duties impartially and in the best interests of his/her employer. A conflict of interest exists even if no unethical or improper act results from it.

6. Disclosure

It refers to the giving out of timely and accurate information and accountability reports, either voluntarily or to be in compliance with legal regulations or workplace rules. These reports include management circulars as well as annual and interim financial statements.

7. Diversity

It refers to disagreements and opposing points of view that are by members of the HFC when deliberating of issues.

8. Duty of care

It refers to the duty of members of the HFC to adhere to a reasonable standard of care expected of others in a similar position, while exercising their powers and discharging their duties and responsibilities. This means that they must at all times act in good faith and in the best interests of the institution, by exercising the due care and diligence that a reasonably prudent person would exercise in comparable circumstances.

9. Empower

It refers to develop the capacity of individuals with the necessary skills and information and delegating duties and responsibilities to enable them to act, communities.

10. Evaluation

It refers to the process of measuring the performance of institutions and its employees against established and desired benchmarks that are based on the institution's values, standards, goals, and objectives.

11. Executive relationship

It refers to the relationship between the HFC, the Chairperson, and the owning Church.

12. Governance

It refers to a structure and process to direct and monitor decisions made that pertain to the management of the affairs of an institution.

13. In-charge

It refers to the officer appointed by the HFC and approved by the owning Church to provide overall leadership of the Health facility.

14. Intellectual property

It refers to intangible creations of the mind such as musical, literary, and artistic works; inventions; and symbols, names, images, and designs used in commerce, including copyrights, trademarks, patents and related rights.

15. Mission

It refers to the underlying reason for the existence of an institution or corporation. In the context of the Christian organizations, it also refers to the underlying calling to expand the Kingdom of God through evangelism.

16. Policy

It refers to a deliberate plan of action by the HFC, to guide decisions and achieve rational outcomes. While law can compel or prohibit behaviour, a policy merely guides actions toward those that are most likely to achieve a desired outcome.

17. Proactive

It refers to the ability of an individual to anticipate and see a situation as an opportunity, regardless of how threatening or how bad it looks; and to influence the system constructively instead of merely reacting to it.

18. Procedure

It refers to a set of guidelines developed by an institution on how internal policies are to be interpreted, executed and implemented, to ensure that the most desirable results are obtained irrespective of the circumstances.

19. Protocol

It refers to the terms of reference and set criteria for conducting specific activities in an institution.

20. Prudence

It refers to the caution exercised in the manner in which an individual conducts himself/herself as it pertains to organizational and individual performance.

21. Strategic leadership

It refers to how an institution intends to realize its goals and objectives when taking advantage of opportunities and addressing challenges that arise.