



**STANDARD OPERATING PROCEDURE**

**CHIEF DIRECTORATE: Strategy and Systems**

**DIRECTORATE: Communication Management**

**SOP Title**

*<Name the  
SOP>*

Compilation of Social Media Content

**SOP Number:**

*<Provide the reference  
number for the SOP>*

SOP/1

**PURPOSE:** *<Explain the objective the SOP is intended to achieve>*

To outline the process to compile and distribute news and information in the social media platforms

**SCOPE:** *<State the range of activities the SOP applies to as well as any limitations or exceptions>*

It covers Facebook, Tik-Tok, You Tube, WhattsApp and X

**RESPONSIBILITY:** *<State the officials, groups, contractors, & subcontractors, responsible for complying with the SOP>*

*<State the person or group responsible for assuring the appropriate officials are trained on the SOP>*

## **STANDARD OPERATING PROCEDURE:**

Communication Officials responsible for content development , approval , distribution and management of social media platforms.

**PROCEDURE:** <Explain the procedure in simple steps. Describe what to do, not how to do it> <State who does each step & how it is recorded to be certain whoever is performing the procedure can prove that they have done it. Think about what is needed before the procedure is started so that the person performing the function can do it correctly the first time>

No.	Task Name	Task Procedure	Responsibility	Time Frame	Supporting Documentation	Service Standard
1.	<b>Information gathering</b>	Newsgathering, taking of pictures, record videos and conduct interviews	Deputy Director/ Assistant Director/ Communication Officer	Duration of the event	Programme, speeches, guest list	<b>Duration of the event</b>
2.	<b>Content development</b>	Draft the write up with accompanying multi- media content (images and video clips)	Deputy Director/ Assistant Director/ Communication Officer	Duration of the event	Programme, speeches, guest list	<b>Duration of the event</b>
3.	<b>Content submission for approval</b>	Submit the drafted content to the approving authority via WhatsApp	Deputy Director/ Assistant Director/ Communication Officer	Duration of the event	None	<b>Duration of the event</b>
4.	<b>Review and approval</b>	The approving Authority reviews and approves the content	Director / Deputy Director	Two hours	None	<b>Two hours</b>
5.	<b>Distribution/ posting</b>	Social media manager post content, and ensures correct tagging, hashtags and platforms	DD/ASD/Communication Officer	One hour	None	<b>One hour</b>
6.	<b>Monitoring and Engagement</b>	Monitor feedback and public sentiment	Director /DD	Daily	None	<b>Daily</b>

## **STANDARD OPERATING PROCEDURE:**

**REVIEW AND REVISION:** <State how often the SOP is reviewed & under what circumstances it is to be revised>

The SOP will be reviewed as and when it is required.

**CONTINGENCIES:** <State what happens if the SOP cannot be followed & identify who needs to be notified>

Task	Risk Description	Probability H/M/L	Impact H/M/L	Control Description	Consulted Party
1. Content production and distribution.	<ul style="list-style-type: none"> <li>Delays in the production of content</li> </ul>	H	H	State of the art working tools including cameras, cell phones and 100gb of data	Chief Director
	<ul style="list-style-type: none"> <li>Negative reputation of the Directorate</li> </ul>	L	L	State of the art working tools including cameras, cell phones and 100gb of data	Chief Director

**REFERENCES:** <List related SOPs, any supporting documentation necessary to understand & correctly follow the procedure, including any applicable regulations & regulatory guidelines>

TYPE OF REFERENCE	REFERENCE
None	

**DEFINITIONS:** <Define words and acronyms that people reading the SOP would not generally know and that would require clarification. If a definition is needed and one exists in the regulations, use the regulation definition>

**STANDARD OPERATING PROCEDURE:**

None




**ATTACHMENTS:** <Attach any documents used in support of the SOP, e.g. flowcharts & work instructions>

None

**HISTORY OF CHANGE:** <State in sufficient detail what changes were made what parts of the SOP were effected & when the changes become effective>

None

**CERTIFICATION OF DUE PROCESS:**

Prepared by: <u>T.SONJICA</u>	 Signature	<u>20/04/ 2026</u> Date		
Certified by: <u>M Ngam</u>	 Signature	<u>20April 2026</u> Date		
Approval of SOP:	 _____	<u>1702</u> Delegated Authority Date <u>20/05/2026</u>		
Approval date	Commencement date	Review date		
<b>REVISION HISTORY</b>				
Revision Ref No.	Approved/ Rescinded	Date	Authority	Resolution Number or Minutes Reference