



THE REPUBLIC OF KENYA

MINISTRY OF HEALTH

KENYA COVID-19 EMERGENCY RESPONSE PROJECT

LABOR MANAGEMENT PROCEDURES

MAY 2020

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ABBREVIATIONS AND ACRONYMS

CAJ	-	Commission for the Administration of Justice
CERC	-	Contingent Emergency Response Component
CHV	-	Community health volunteer
CoC	-	Code of conduct
CoK	-	Constitution of Kenya
COVID-19	-	Corona virus disease – 2019
CS	-	Cabinet Secretary
EACC	-	Ethics and Anti-Corruption Commission
ESF	-	Environmental Social Framework -
ESS	-	Environmental and Social Standard
FAQs	-	Frequently Asked Questions
GBV	-	Gender-Based violence
GEMS	-	Geo-enabling Initiative for Monitoring and Surveillance
GRM	-	Grievance Redress Mechanism
HUTLCs	-	Historically Underserved Traditional Local Communities
ICT	-	Information Communication Technology
ICU	-	Intensive Care Unit
IDSR	-	Integrated Disease Surveillance and Response
IEC	-	Information Education and Communication
ILO	-	International Labor Organization
IPC	-	Infection prevention and control
KEMSA	-	Kenya Medical Supplies Authority
KMPDC	-	Kenya Medical Practitioners and Dentists Council
KNBTS	-	Kenya National Blood Transfusion Service
MOH	-	Ministry of Health
NERC	-	National Emergency Response Committee
NPHI	-	National Public Health Institutes
NYS	-	National Youth Service
OHS	-	Occupational Health and Safety
PAI	-	Project Area of Influence
PAS	-	Public Address System
PMT	-	Project Management Team
POEs	-	Ports of Entry
PPEs	-	Personal Protective Equipment
PS	-	Principal Secretary
PWDs	-	Persons with Disabilities
SEA	-	Sexual exploitation and abuse
THS-UCP	-	Transforming Health Systems for Universal Health Care Project
TTIs	-	Transfusion Transmissible Infections
VMG	-	Vulnerable and marginalized group
WHO	-	World Health Organization
WIBA	-	Workers Insurance and Benefits Act

1. INTRODUCTION

1. An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 212 countries and territories. As of May 01, 2020, the outbreak has already resulted in over 3.3 million cases and over 234,000 deaths. Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries.

2. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past four months, especially in China, and is expected to remain depressed for many months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there are is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, hence populations are the most vulnerable.

3. The Kenya COVID-19 Emergency Response Project aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project comprises of the seven components summarized below.

4. **Component 1. Medical Supplies and Equipment** [US\$ 8,472,519]: This component aims to improve the availability of supplies and equipment needed to respond to COVID-19 and other public health emergencies and strengthen the capacity of the MoH to provide timely medical diagnosis for COVID-19 patients. Support under this component will include but is not limited to the following areas: strengthening capacity of seven laboratories (including two zoonotic laboratories) to manage large scale testing for COVID-19 cases and other infectious diseases. Support will include procurement of specialized equipment (i.e. PCR machines, sequencer etc.) to allow screening of multiple pathogens:

- a. providing sample collection and packaging supplies, reagents and transport media, including shipment of samples to the National Public Health Reference Laboratories and other referral laboratories, providing sample collection and packaging supplies, reagents and transport media, including shipment of samples to the National Public Health Reference Laboratories and other referral laboratories;
- b. procurement of personal protective equipment (PPE), pharmaceuticals and non-pharmaceutical commodities and supplies required for infection prevention control; and
- c. strengthening clinical care capacity in selected hospitals to provide critical care for patients with severe illnesses. According to the WHO, while most patients with COVID-19

develop mild or uncomplicated illness, approximately 14% develop severe disease requiring hospitalization and oxygen support while 5%¹ require admission to an Intensive Care Unit (ICU). This support will, therefore, increase the capacity of the MoH and County Governments to manage severe cases through the procurement of ICU sets and dialysis beds.

5. **Component 2. Response, Capacity Building and Training** [US\$ 8,759,720]: This component aims to strengthen response capacity and build capacity of key stakeholders including health workers and communities. Support under this component will include but not limited to the following areas:

- a. coordination of activities at national and county level, including support towards National COVID-19 Steering Committee and the National COVID-19 Taskforce;
- b. training all health workers at all levels of the health system on relevant guidelines and protocols;
- c. adaptation and roll out of the 3rd Edition of IDSR technical guidelines;
- d. strengthening surveillance and screening at all points of entry, and at the community level including development and adaptation of an electronic community-based reporting system, and equipping all points of entry (POEs) with the necessities to function effectively;
- e. strengthening operational capacity of the PHEOC, Rapid Response and Contact Tracing Teams;
- f. cross hospital expert teleconferencing facilities in selected hospitals to enable clinicians share their knowledge and experiences in management of the diseases;
- g. establishment and operationalization of the NPHI; and
- h. increasing the number of health workers required to meet the additional demands for surveillance, rapid response and case management.

6. **Component 3. Quarantine, isolation and treatment centers** [US\$ 12,676,400]. This component will strengthen the health systems capacity to effectively provide infection prevention and control (IPC) and case management of COVID-19 cases. Key areas of support include construction/renovations and equipping the following facilities:

- a. Isolation rooms in all POEs;
- b. Isolation rooms in level 4 health facilities in the 14 high risk counties;² and
- c. strengthening capacity of Kenyatta National Hospital Infectious Disease Unit Mbagathi, Kenyatta University Teaching and Referral Hospital and Moi Teaching and Referral

¹ Team NCPERE. Vital surveillances: the epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) – China. Chin CDC Weekly. 2020;2(8):113-22.

² High risk counties include Busia, Garissa, Kajiado, Kiambu, Kilifi, Kisumu, Machakos, Migori, Mombasa, Nairobi, Nakuru, Turkana, Uasin Gishu, Wajir.

Hospital to manage infectious diseases – including structural changes to improve negative pressure airflow, floor and air quality, etc.

7. **Component 4. Medical waste management** [US\$ 3,387,600]: This component will ensure the safe disposal of waste generated by laboratory and medical activities. It will include:

- a. procurement of specialized incinerators for three national-level referral hospitals and other referral laboratories, where these are not available; and
- b. cost of construction of incinerator areas, licenses and training on incinerator use, and cost of medical waste packaging such as bags and safety boxes.

8. **Component 5. Community discussions and information outreach** [US\$4,960,059]: Advocacy, communication and social mobilization is an integral component of strengthening surveillance and response to health emergencies. This component will ensure there is a two-way communication between the government and the population. Regular communication is essential in building trust and increasing community support and engagement on the response to enable compliance with public health recommendations. Supported activities include:

- a. rapid community behavior assessment to gather information about different groups knowledge, attitudes, beliefs, and challenges related COVID-19 response;
- b. continuous behavior assessment and community sensitization through mobile feedback (text messages, social media platforms) and dedicated radio call-in shows both mainstream and indigenous languages to ensure preventative community and individual health and hygiene practices in line with national public health containment recommendations;
- c. design, production and distribution of Information Education and Communication (IEC) materials, and
- d. publishing electronic IEC materials through all media outlets, including translation of messages into various vernacular languages.

9. **Component 6: Ensuring availability of safe blood and blood products for transfusion services** [US\$ 10,000,000]: This support will go towards strengthening the capacity of the Kenya National Blood Transfusion Service (KNBTS) to provide safe blood and blood products. It will include the following.

- a. Enhancing blood collection and supply services through strengthening the coordination of national, Regional Blood Transfusion Centers (RBTCs)³ and satellite centers; procurement of consumables and supplies for blood collection; procurement of supplementary auxiliary equipment for the blood collection centers such blood mixers, blood bank refrigerators and blood donor coaches; and strengthening systems for blood mobilization, collection and retention.
- b. Automating blood transfusion service systems to enhance efficiency and traceability of blood and blood products between collection sites, RBTCs, and transfusing health facilities. This will involve assessing the existing blood bank computerized system (BECS) and the extent to which it meets the country's needs. Depending on the outcome of the

³ The KNBTS has six RBTCs in Nairobi, Embu, Nakuru, Mombasa, Eldoret and Kisumu and 25 satellite centers.

assessment, support will include expanding the BECs ICT system to satellite centres and facilities, or purchase and installation of a new software, procurement of ICT equipment and capacity building staff.

- c. Enhancing screening for transfusion transmissible infections (TTIs). In order to ensure that blood for transfusion is safe and free from TTIs, the project will expand the KNBTS testing capacity. This will include procurement of auxiliary and multiplex laboratory equipment, and purchase of reagents for screening of TTI and pathogen inactivation.
- d. Enhance efficiency and quality of blood and blood products. International blood transfusion standards recommend transfusion of blood products instead of whole blood apart from exceptional situations such exchange transfusion in new-borns or acute blood loss situation (trauma). The KNBTS is currently processing blood to blood components using manual system potentially compromising quality blood components and reduced efficiency⁴ of the blood processing. Support will include: full automation of blood component processing systems; maintaining cold rooms for blood storage; procurement and maintenance generators to ensure limited loss of the blood and blood products; and establishing a preventive maintenance plan for all the laboratory equipment in collaboration with the National Public Health Laboratory Equipment Maintenance Centre of Excellence.
- e. Strengthening quality assurance systems in line with international standards and best practices on blood safety. The KNBTS will pursue blood bank accreditation from the African Society for Blood Transfusion standards and further accredit two remaining testing centers to ISO 15189 standards. Support will also include trainings and mentorship of technical staff and enrollment of the testing centres into proficiency testing schemes contract integrated courier services for blood transfusion.

10. **Component 7. Project Implementation and Monitoring** [US\$ 1,743,702]: This support will finance activities for program implementation and monitoring by providing additional resources to strengthen coordination and management capacity of the project. Key areas of support include:

- a. Operational costs and logistical services for day-to-day management of the project;
- b. Monitoring and Evaluation (M&E) activities, including process evaluation to monitor implementation progress and address implementation challenges;
- c. Environmental and safeguards related activities, including establishment of a call centre to handle complaints and feedback to the public, linked to the PHEOC;
- d. Stakeholder engagement; and
Contracting of staff on short-term basis for any specialized skills not available in government.

11. The Kenya COVID-19 Emergency Response Project is being prepared under the World Bank's Environmental and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 2 Labour and Working Conditions borrowers can promote sound worker-management

⁴For example, with manual system, 6 units of blood (six donors) are required to make 1 therapeutic platelet dose compared to one unit using automated system. This not only reduces the cost of producing the blood products but also reduce the blood volume requirement.

relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. The commitments under ESS2 are outlined in the Labour Management Procedures (LMP).

12. The overall objective of this LMP is to define different types of project workers, including direct workers, contracted workers and supply chain workers, and to have a clear understanding of what is required to manage specific labor issues. This document may be adjusted as the project advances and as new categories of employees become involved in the various activities.

2. OVERVIEW OF LABOR USE ON THE PROJECT

13. ESS 2 categorizes project workers into: direct workers; contracted workers; community workers; and primary supply workers. The labor category of direct workers will be government civil servants (mainly those that belong to the MoH at the national and the County Governments levels and staff from other government ministries, departments and agencies (MDAs) deployed to provide requisite technical support to the project. While the civil servants are governed by the Employment Act of 2007 and a set of public service regulations and Human Resources Manuals, the consultants will be governed by a set of mutually agreed contracts. These consultants will be part of the Project Management Team (PMT) that has been established within the MoH.⁵

14. **Direct Workers.** The project will engage the following types of workers as “direct workers”:

- a. **Project Management Team (PMT):** A PMT has been set up within the MoH to manage the project. It has a dedicated Project Manager (PM) with overall responsibility for the effective functioning of the Project. Staff for cross-cutting functions (for example, procurement officers, project accountants, safeguards officers, M&E) will be shared between the Transforming Health Systems for Universal Health Care Project (THS-UCP) and the Project, with additional staff with appropriate skills set assigned as necessary.
- b. **Civil Servants:** Various MoH staff will be involved in the project including directors of various departments and all cadres of healthcare workers and support staff.
- c. **Temporary staff:** The project will hire **300 temporary workers for 6 months** for surveillance and response, **case management** clinical workers It will also hire drivers and para-medics for ambulance teams (the number of employees will be determined on need-basis).
- d. **Contractor Workers:** there will be contractor workers engaged in the construction of incinerators and civil works in relation to setting up of laboratories, isolation and quarantine centers, and modifying existing facilities, etc.
- e. **Consultants:** The PMT could be supported by national and/or international consultants, who will be hired on needs-basis. The consultants will be assigned to various functions including documentation of lessons learnt to inform future pandemic preparedness and response.

15. **Primary supply workers:** Procurement will be done for laboratories and to equip the quarantine, isolation and health facilities. There will also be supplies specific for Component 6 on blood transfusion. It is notable that most procurement will be carried out by KEMSA, UNICEF, or possibly directly by the World Bank. Some local suppliers will be required to provide IT and other equipment on need basis and upon agreed deliverables. The agreements will be spelt out in the respective contracts.

⁵ For further discussion, see the [World Bank’s Interim Note: COVID-19 Considerations in Construction/Civil Works Projects \(which supplements the COVID-19 Infection and Prevention Control Protocol\)](#).

16. **Community workers:** Community based surveillance, mobilization and sensitization activities will be carried out by community health volunteers (CHVs) given reimbursed travel and lunch expenses by the project.

17. **Other stakeholders working in connection with the project:** Stakeholders working in connection with the project, other than the above workers, will include staff from other national and county government offices who will support the activities at different levels and with varied time commitments. They will remain subject to the terms and conditions of their existing public sector employment, which are governed by Constitution of Kenya (CoK), 2010, Employment Act 2007 and existing Public Service Regulations. There will be no legal transfer of their employment or engagement to the project.

18. As the infection moves into a community phase, there is a likelihood that the government will deploy officers from the National Youth Service (NYS) to support the community surveillance and sensitization activities. It is not clear at this stage how many such officers will be deployed and to which areas, but historically they have been used for community outreach services.

3. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

19. Potential risks are those related to labor and working conditions, such as work-related discrimination, GBV/SEA and OSH risks. The PMT will assess and address these risks by developing recruitment guidelines, procedures and appropriate OHS measures and applying relevant provisions of the Employment Act 2007, public service regulations and HR manual. In addition, the PMT will train all workers engaged in project activities, on the guidelines and protocols on how to protect themselves and the communities from the spread of COVID-19. The following are the key labor risks anticipated during the implementation of the project.

- a. **Occupational Safety and Health (OSH) risks:** Potential risks during the construction phase of the sub-projects include slip and falls from manual handling of heavy objects, injuries from working on heights, burns from hot works (welding), electrocution, injury from moving machinery and dust from construction vehicles. There are also risks to COVID-19 infections for all workers engaged in project activities and possible mental health disorders/illnesses emanating from project related stress and burn-out. Furthermore, the project will support the refurbishment and/or construction of isolation and quarantine centers that may pose risks to workers and people present at the construction sites including patients and service providers. Component 6 on “Ensuring availability of safe blood and blood products for transfusion services “may pose risks of exposure to contaminated blood.
- b. **Sexual harassment, exploitation and abuse:** there are several concerns on the potential for GBV, increased risk of abuse and exploitation for vulnerable women workers, increased risk of sexual exploitation and violence of persons in quarantine/isolation centers and health facilities. Other abuses may be experienced by community members who may be subject to surveillance and follow-up, as well as health workers by co-workers, trainers and supervisors.

- c. **Child labor:** Although the risk is minimal (given the recruitment criteria for all government jobs) the risk may emerge through the contracted labor, e.g. construction of isolation and quarantine centers.
- d. **Forced labor:** Forced labor risk is unlikely as the project will work mainly with MoH staff. However, there may be risks related to construction works that are envisaged under Component 3: Quarantine, isolation and treatment centers including incinerators and rehabilitation of treatment centers (Mbagaathi, Moi and Kenyatta) the use of community volunteers for Component 5 on Community discussions and information outreach.
- e. **Labor disputes over terms and conditions of employment.** Likely cause for labor disputes include demand for limited employment opportunities; labor wages/rates and delays of payment; disagreement over working conditions (particularly overtime payments and adequate rest breaks); and health and safety concerns in the work environment. Further, there is a risk that employers may retaliate against workers for demanding legitimate working conditions, or raising concerns regarding unsafe or unhealthy work situations, or any grievances raised, and such situations could lead to labor unrest and work stoppage.
- f. **Discrimination and exclusion of vulnerable groups.** If unmitigated, vulnerable groups of people may be subject to increased risk of exclusion from employment opportunities under the project. Such groups include vulnerable and marginalized group, as well as women and persons with disabilities (PWDs). Sexual harassment and other forms of abusive behavior by workers or managers will also have the potential to compromise the safety and wellbeing of the vulnerable groups of workers and the local communities, while adversely affecting project performance.
- g. **Exposure to the virus:** this is an issue especially for the community health volunteers and other workers who may be exposed to the virus in line of duty including those from the NYS: due to crowded transport to their duty stations; lack of masks, particularly in remote areas or poor use of masks; and may not be able to hand wash as often as recommended.⁶

4. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

20. Kenya has a very elaborate legal framework on matters of labor and working conditions. The CoK 2010 provides a number of relevant clauses including *Article 2* which recognizes ratified treaties as part of the laws of Kenya. *Article 41 (on Labor Relations)* addresses the entitlements and guarantees afforded to workers, employers and the unions, and exercisable by them within Kenya's employment regime. These entitlements are anchored on key human rights and freedoms including the right to human dignity in *Article 28*; freedom from all forms of slavery, servitude and forced labor in *Article 30*; and the right of everyone to have their privacy respected as provided for in *Article 31*. *Article 27* on non-discrimination provides for equality and prohibits discrimination on various grounds including race, sex, pregnancy, marital status, health status, ethnic or social origin, color, age, disability, religion, conscience, belief, culture, dress, language or birth.

⁶Technical Note: Use of Military Forces to Assist in Covid-19 Operations Suggestions on How to Mitigate Risks, Version 1 (March 23, 2020).

21. The applicable international instruments in Kenya include: *International Convention on the Elimination of All Forms of Racial Discrimination*, 1965 (ICERD); *Convention on the Rights of the Child*, 1990, (CRC); *Convention on the Protection of the Rights of all Migrant Workers and Members of their Families*, 1990 (ICRMW); *Convention on the Rights of Persons with Disabilities*; (CRPD) and *Convention on the Elimination of All Forms of Discrimination against Women*, 1979 (CEDAW).

22. The instruments of the International Labor Organization (ILO) applicable in Kenya include:

- a. *Freedom of Association and Protection of the Right to Organize* (ILO Convention 87);
- b. *The Right to Organize and Collective Bargaining* (ILO Convention 98); *Forced Labor* (ILO Convention 29);
- c. *The Abolition of Forced Labor* (ILO Convention 105);
- d. *Minimum Age (of Employment)* (ILO Convention 138);
- e. *The Worst Forms of Child Labor* (ILO Convention 182); *Equal Remuneration* (ILO Convention 100); and
- f. *Discrimination (Employment and Occupation)* (ILO Convention 111).

23. The *Employment Act 2007* is Kenya's codifying legislative enactment on the laws governing employment. It addresses itself to regulating the tripartite relationship that exists between the employers, employees and the government including the State's mediator-role in safeguarding the entitlements of both parties. The *Act*, which has been amended several times; defines the fundamental rights of employees, and provides basic conditions of employment for employees, including the regulation of employment of children. As such, this *Act* most closely aligns with essential imperatives that are evident in the ESS2 Standard of the World Bank. The *Act* has a single subsidiary legislation titled the *Employment (General) Rules, 2014* that largely expounds on the terms and conditions of work - aside from other procedural aspects; with an entire schedule outlining the minimum rights bestowed upon employees, and another dedicated to the requisite elements of the *Policy Statement on Sexual Harassment*.

24. The *Employment Act* addresses the employer-employee power-dynamic, focusing on the employer-employee engagement from the insular perspective of a direct contractual arrangement between the two parties. The assumption is that all persons who fit the descriptions of 'employer' and 'employee' are governed by this law including those implementing development projects.

25. The law has different approaches to defining the categories of employees, such as: by nature, and length of the employee-engagements. The categories include casual employees (who are not engaged for a longer period than *24 hours* at a time), part-time, full-time employees, piece work (where the focus is the amount of work performed irrespective of the time occupied in its performance) and employees with probationary contracts (which address the formalities

and length of the probationary period).⁷ The Act also addresses the issues of the employees' nationality and origin; as is the case with migrant workers (referring to those migrating to Kenya specifically for purpose of the employment) and provides the requirements to be met by migrant workers before they are employed. In addition, the Act provides for the minimum terms and conditions of employment of an employee and grounds upon which a contract may be nullified. This is intended to discourage any arrangements that seek to undermine the statutory standards.⁸

⁷ The probation period is not more than 12 months' duration or part thereof

⁸ Sec 3 (6) of The Employment Act, No. 11 of 2007

5. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

26. The *Occupational Safety and Health Act*⁹ is Kenya's codifying law governing workplace safety and health. The law provides for "the safety, health and welfare of workers and all persons lawfully present at workplaces, and establishes the National Council for Occupational Safety and Health". This law is broadly concerned with potential hazards to persons in the workplace. These concerns would likely remain the same, if there's only one individual likely to be affected; and thus, the standards set under the Act are largely focused upon the environmental risks to persons at the workplace. Part VI (on Health-General Provisions), Part VII (on Machinery Safety), Part VIII (on Safety-General Provisions), Part IX (on Chemical Safety), Part XI (on Health, Safety and Welfare – Special Provisions) and Part XII (on Special Applications) provide for different occupational safety and health scenarios (in detail), with the intent of allowing for the management of the intended and unintended safety and health consequences that may be wrought by potential hazards. These safety and health consequences are more localized to individual workers, by virtue of their presence in the premise, than upon the wider society.

27. Employer-employee occupational safety and health collaborations will be through the *Safety and Health Committees*¹⁰ (that should be formed at each work place), which empower the worker with the ability to manage the intended and unintended health and social consequences from the work being done. In addition, there will be a need for the creation of public awareness, which will further empower all persons in the workplace to safeguard their own health through training and workplace publicity-campaign (mainly through signage) to generate social consciousness of potential occupational safety and health hazards.

28. The *Work Injury Benefits Act*¹¹ (WIBA) also addresses workplace safety and health, and has since been amended several times. It provides for compensation to employees for work-related injuries and diseases contracted in the course of their employment. The Act provides for the compensation of 'injured' employees as well as their dependants, who are adversely affected by work injuries. Part III (on *Right to Compensation*) addresses the entitlement and guarantee afforded in respect of compensation. This provision could be expanded to cover infection with COVID-19 contracted while at work.

29. The PMT could make reference to applicable international conventions, and directives for addressing health and safety issues relevant to COVID-19, such as:

- [ILO Occupational Safety and Health Convention, 1981 \(No. 155\)](#)
- [ILO Occupational Health Services Convention, 1985 \(No. 161\)](#)
- [ILO Safety and Health in Construction Convention, 1988 \(No. 167\)](#)
- [WHO International Health Regulations, 2005](#)

⁹ OSH Act No 15 of 2007

¹⁰ Factories and other Places of Work (Safety and Health Committees) Rules, 2004, under the Occupational Safety and Health Act, [Act No. 12 of 2007]

¹¹WIBA Act No 13 of 2007

- [WHO Emergency Response Framework, 2017](#)
- [EU OSH Framework Directive \(Directive 89/391\)](#)

30. Protection against possible risks as provided in Section 6 (2) of the OSH Act, 2007 and in view of COVID-19 related risk will be managed through:

- Provision and maintenance of procedures of work that are safe and without risks to health;
- Arrangements for ensuring safety and absence of risks to health in connection with the use, handling, storage and transport of articles, substances and materials especially those used for COVID-19 interventions;
- Provision of such information, instructions, training and supervision as is necessary to ensure the safety and health at work of every person employed at COVID-19 facility with a specific focus on those handling people in quarantine and isolation centers, and in health facilities;
- Maintenance of any workplace (health facility, quarantine and isolation centers) in conditions that are safe and without risks to health and the provision and maintenance of means of access to and egress from it that are safe and without such risks to health; and
- Informing all persons employed of: (i) any risks from new technologies; (ii) imminent danger; and (iii) appropriate recourse measures; and
- ensuring that every person employed participates in the application and review of safety and health measures.

31. For isolation, quarantine and health facilities managing COVID-19 cases, the measures provided in the WHO guidance¹² will be applied. Specifically, the following shall be streamlined:

- Appoint a dedicated team with responsibilities to identify and implement actions that can mitigate the effects of COVID-19 on the facility and community around it;
- Develop and provide information on good practices for preventing COVID-19 transmission, particularly observing recommendations on social distancing, and for training staff to recognize the symptoms of COVID-19 and understand their required response;
- Ask workers to stay away from work in cases where they exhibit any COVID-19 symptoms or have been in close contact with a confirmed COVID-19 patient during the previous 14 days;
- Provide enough water/soap handwashing facilities in all workplaces, and provide disposable tissues and garbage bins. People should be encouraged to speak up if they encounter non-conforming behavior;
- Adjust workplace designs and work processes to minimize close contact among workers. This may include working in shifts and/or expanding the work areas;
- Provide suitable personal protective equipment (PPE) to personnel performing the cleaning activities. Follow the manufacturers' instructions for use of cleaning and disinfection products;

¹²Tip Sheet Interim Advice OHS COVID19 April2020

- g) Assess and ascertain the suitability and safety of workers' accommodation. The company could allocate space for quarantine for staff who exhibit any signs of COVID-19 during working hours and in their residence if they live in a camp; and
- h) Manage the entrance into the premises (offices and camp sites) to ensure restricted movement and access to water/soap or sanitizer at the entrance for any person coming into the facility, and health workers to use after attending to any patient.

6. RESPONSIBLE STAFF

32. **The Project Management Team (PMT)** will be responsible for the overall project management and coordination, including compliance with safeguards requirements such those contained herein. The PMT will engage consultant(s) with expertise in environmental, social, OHS issues (the team should contact and work with Labor officers and OHS officers available in most counties countrywide). The PMT will be responsible for the following tasks:

- a) Undertake the overall implementation of this LMP;
- b) Engage and manage consultants and contractors in accordance with this LMP and the applicable Procurement Documents;
- c) Monitor project contractors and workers to ensure their activities are included in the LMP and the applicable Procurement Documents;
- d) Monitor the potential risks of child labor, forced labor and serious safety issues in relation to primary suppliers;
- e) Provide training to mitigate social risks of project workers;
- f) Ensure that the GRM for project workers is established and implemented and that project workers are informed about it;
- g) Monitoring the implementation of the Worker Code of Conduct; and
Report to the World Bank on labor and OHS performance and key risks and complaints.

33. The PMT will have social and environmental safeguards officers who will be responsible for promoting implementation of the LMP and OHS requirements within the project. The project manager and entire PMT has responsibility for the implementation of these components which are integral to the project. The team will be responsible for the following:

- a) Supervise workers' adherence to the LMP;
- b) Maintain records of recruitment and employment of contracted workers (including sub-contractors);
- c) Provide induction and regular training to contracted workers on environmental, social and OHS issues;
- d) Require primary supplier(s) to identify and address risks of child labor, forced labor and serious safety issues and undertake due diligence to ensure this is done;
- e) Develop and implement the GRM for contracted workers, including ensuring that grievances received from the contracted workers are resolved promptly, and report the status of grievances and resolutions regularly to the PMT and World Bank;
- f) Ensure all contractor and subcontractor workers understand and sign the CoC prior to the commencement of works and supervise compliance with the CoC;

- g) Ensure the abbreviated CoC (one-pager) is displayed in all project supported facilities (Annex 2); and
- h) Report to the PMT on labor and OHS performance.

34. Table 1 presents a summary of the project staff/entity responsible for various key responsibility areas.

Table 1: Summary of project staff and key responsibilities		
Responsibility area	Direct and contracted workers	Primary supply workers
Hiring and managing individual project workers	PMT PMT will oversee the work of consultants hired to support COVID-19 activities	n/a (outside the scope of ESS2)
OSH	Direct workers will follow OHS measures	<ul style="list-style-type: none"> • The PMT will assess the risk of serious safety issues by primary suppliers and as needed require them to develop procedures to address these risks
Child labor and forced labor	The contract does not allow child and forced labor	<ul style="list-style-type: none"> • Primary supplier to adhere to child labor requirements • PMT to review
Training	PMT/contractors	n/a (outside the scope of ESS2)
Code of conduct	The contract for direct workers will address relevant risks	
Grievance mechanism	PMT/Contractors/facility-in-charge	
Monitoring and reporting	PMT/consultants to monitor and report World Bank	Relevant PMT to monitor and report to PMT Coordinator PMT to report to World Bank.

35. It is notable that since the PMT has just been formed with new members being seconded from other agencies and/or ministries, the LMP protocols to be developed by the Management should clearly assign responsibilities to each of the members in providing the necessary oversight. For instance, there is a social safeguards officer in place who should oversee the implementation of the GRM and ensure appropriate stakeholder consultation. One of the officers (for instance, a COVID-19 focal point) should be responsible for monitoring, supervising, and reporting on health and safety issues relating to COVID-19 (including details of key responsibilities and reporting arrangements between the contractors hired to undertake some of the works such as repurposing buildings and establishing quarantine and isolation centers. Other functions would include:

- a. Raising awareness and training of workers in mitigating the spread of COVID-19;
- b. Monitoring, supervising, and reporting on health and safety issues relating to COVID-19 (COVID-19 focal point), including details of key responsibilities and reporting arrangements vis-à-vis the project's Supervising Engineer and the main contractor;

- c. Coordinating and reporting arrangements between contractors;
- d. Following up on the feedback mechanisms between the contractors and their workers and flagging out any issues for redress; and
- e. Reporting on a regular basis on the overall project progress.

7. POLICIES AND PROCEDURES

36. A summary of indicative procedures to develop and implement the LMP policies is provided below.

- a) **Occupational health and safety (OHS):** Pursuant to the relevant provisions of the national OSH Act, Employment Act, ESS2 (including WBG Environmental, Health and Safety Guidelines (EHSGs), and WB standard procurement documents, the MoH will manage the project in such a way that project workers are properly protected against possible OHS risks. The contractors will also be required to produce policies and procedures in line with these provisions. Key elements of OSH measures include: (i) identification of potential hazards to workers; (ii) provision of preventive and protective measures; (ii) training of workers and maintenance of training records; (iv) documentation and reporting of occupational accidents and incidents; (v) emergency preparedness; and (vi) remedies for occupational injuries and fatalities.
- b) **Child labor:** The minimum age of project workers for the project is set at 18 years and above. To prevent engagement of under-aged labor, all contracts shall have contractual provisions to comply with the minimum age requirements including penalties for non-compliance in-line with the relevant laws. The PMT is required to maintain labor registry of all contracted workers with age verification. More details are provided in Section 11.
- c) **Labor influx:** To minimize labor influx, the project will contractually require the contractors to preferentially recruit unskilled labor from the local communities and nearby areas. All contracted workers will be required to sign the CoC (see Annex 1 on the Guideline on CoC) prior to the commencement of work, which includes a provision to address the risk of GBV.
- d) **Labor disputes over terms and conditions of employment:** To avoid labor disputes, fair terms and conditions will be applied for project workers (guided by relevant laws). The project will also have GRMs for project workers (direct workers and contracted workers) to promptly address their workplace grievances (more details are provided in Section 10). Further, the project will respect the workers' right of labor unions and freedom of association, as set out in the *Employment Act 2007*.
- e) **Discrimination and exclusion of vulnerable groups:** The employment of project workers will be based on the principle of equal opportunity and fair treatment, and there will be no discrimination with respect to any aspects of the employment relationship, such as recruitment and hiring, terms of employment (including wages and benefits), termination and access to training. The project shall comply with the *Employment Act, 2007* on gender equality in the work place, which will include provision of maternity and sick leave. There will also be sufficient and suitable toilet and washing facilities, separate from men and

women workers. The contracts with third parties will include these requirements which will also be part of the monitoring system.

- f) **Security risks:** Some of the target counties (hotspots such as Mandera and high risk counties such as Wajir and Garissa as well as parts of Turkana) are located in areas with perpetual fears of insecurity. The MoH will work closely with the Ministry of Interior to ensure the security of the workers and the facilities involved in COVID-19 response.
- g) **Gender-based violence (GBV) and Sexual harassment, exploitation and abuse (SHEA):** Given the implementation context, sexual harassment, exploitation and abuse of co-workers is a likely risk. Thus, all staff and contracted workers should sign the code of conduct (CoC) outlining expected standards of behavior in this regard and attend an awareness session on the same including the consequences of such actions. The MoH will identify a qualified trainer/consultant to offer training in GBV and SEA (the development partners may be approached to offer support with this training). A separate GRM will be set up for addressing GBV and SEA complaints as described further below.

37. **Monitoring and reporting:** The PMT shall report on the status of implementation of the above policies and procedures on a monthly basis. The PMT will closely monitor labor and OHS performance of the project and report to the World Bank on a quarterly basis (see Section 10 for more details).

38. **Fatality and serious incidents:** In the event of an occupational fatality or serious injury, the PMT shall report to the World Bank as soon as it becomes aware of such incidents and inform the MoH in accordance with national reporting requirements. Corrective actions shall be implemented in response to project-related incidents or accidents. The PMT or, where relevant a consultant, may conduct a root cause analysis for designing and implementing further corrective actions.

39. **GBV/SEA incidents:** To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism shall have a different and sensitive approach to GBV-related cases and should be dealt with according to the complainant's informed consent. Where such a case is reported, the complainant should be provided with information about the available services including: confidential appropriate medical and psychological support, emergency accommodation, and any other necessary services as appropriate including legal assistance. The survivor should be provided support to access these services. Staff should immediately inform the survivor/complainant to go to a health center which specializes in free post-SEA health support (within 72 hours of the incident). All staff and GRM focal points should be informed that if a case of GBV is reported to them, the only information they should establish is if the incident involves a worker on the project, the nature of the incident, the age and sex of the complainant and if the survivor/complainant was referred to service provision. If a worker on the project is involved the incident should be immediately reported to the Program Manager who will provide further guidance after consulting with the World Bank.

8. AGE OF EMPLOYMENT

40. This project shall not hire anyone less than 18 years of age.

41. ***The process of age verification:*** Verification of the age of employees shall be undertaken prior to the engagement of labor and be documented. The National Identification Card (ID) or Passport will be used as indicative age verification means. For VMGs who may not have ID cards and/or passports, a verification by a recognized local leader will suffice to engage him/her.

9. TERMS AND CONDITIONS

42. The *Employment Act 2007* broadly addresses other issues including the minimum, statutory requirement of any employment arrangement in Part III on *Employment Relationship* (as read with Part V on *Rights and Duties in Employment*; and Part VI on *Termination and Dismissal*). By law, the employee is entitled to pertinent employment information and documentation pursuant to Section 14 on *Reasonably Accessible Document or Collective Agreement*. Part IV of the Act addresses itself on the *Protection of Wages* seeks to outline the minimum standards required of all salary policies. The law has expressly restricted the employer's ability to interfere with how the employees dispose of their earnings. Part V focuses on the *Rights and Duties in Employment* and outlines the employees' entitlements and the employers' responsibilities. Indeed, the provisions of this *Part* expressly "*constitute basic minimum terms and conditions of contract of service*". *Hours of work* are lawfully the employer's prerogative; however, there must be weekly *rest day(s)*. The *Act* also covers matters of leave for employees (detailed conditions as presented in Annex 3).

43. Part VI of the *Act* addresses the *Termination and Dismissal* matters. It outlines how employers and employees may terminate their contractual arrangements lawfully. *Termination notice(s)* are lawfully demanded of the party seeking to end the contractual arrangement in order to avoid ambushing the other party. The party seeking to terminate the employment contract may make a *payment in lieu of notice* or the employer may simply waiver the employee's obligation to make *payment in lieu of notice*.

44. Where the contractual arrangement ends on the basis of alleged employee wrong-doing; then there ought to be *due process* for the employee to defend his/her case and challenge the allegations. The employer is obligated to show justifiable cause for dismissal and the proof thereof. If the cause (and the proof thereof) is sufficiently grievous to meet the threshold for *summary dismissal*; then the employer may exercise the option to terminate the employee summarily (after *due process*). The termination must not amount to an unfair, unlawful and/or unreasonable dismissal for what is otherwise lawful, reasonable and the exercise of the employee's entitlements (such employee's pregnancy). Further, the *Act* obligates employers to make timely payments of separation and severance- all accrued salary/wages, allowances and benefits, pension and pension contributions and any other employee entitlements will be paid on or before termination of the working relationship.

45. For this project, the following provisions will inform all management of workers:
- a. **Direct workers:** The terms and conditions for direct workers in PMT, the consultants and workers at the project supported facilities will be governed by National Labor Laws. Workers who are on short-term employment will not have maternity or annual leave, etc. Their terms and conditions will be based on a specific assignment to be completed within a specified period at a pay rate per day. These terms and conditions should be discussed at recruitment; and
 - b. **Contracted workers:** The Employment Act and associated public service regulations are the guiding legislations on employment terms and conditions for contracted workers. The MoH shall therefore follow the provisions related to labor engagements and management.
46. **Minimum Wages:** The official minimum wage will be governed by the provisions of Salaries and Remuneration Commission (SRC). All efforts will be made to ensure that contractors do not underpay and overwork their workers, more so temporary (casual) workers.
47. **Hours of Work:** The normal hours of work of a project worker shall not exceed 8 hours a day. Hours worked in excess of the normal hours shall be entitled to relevant allowances.
48. **Rest per week:** Every worker shall be entitled rest on Saturday and Sunday. Workers shall also be entitled to rest on public holidays recognized as such by the Republic of Kenya.
49. **Annual leave:** Workers (apart from consultants and temporary workers) shall be entitled to 30 days' leave with pay for every year of continuous service. An entitlement to leave with pay shall normally be acquired after a full year of continuous service.
50. **Maternity and Paternity leaves:** A female worker shall be entitled, on presentation of a medical certificate indicating the expected date of her confinement, to 90-days maternity leave while male workers shall be entitled for paternity leave of 14 days with pay, provided that she/he has been employed by the employer for at least six months without any interruption on her part except for properly certified illness.
51. **Deductions from remuneration:** No deductions other than those prescribed in labor laws shall be made hereunder or any other law or collective labor agreement shall be made from a worker's remuneration, except for repayment of advances received from the employer and evidenced in writing. The employer shall not demand or accept from workers any cash payments or presents of any kind in return for admitting them to employment or for any other reasons connected with the terms and conditions of employment.
52. **Death benefit:** In case of death of a worker during his/her contract of employment, the employer shall pay to his/her remuneration as death benefits in-line with the provisions of the relevant laws.

53. **Medical treatment of injured and sick workers:** Contract workers shall on a minimum be expected to be enrolled on WIBA by the contractors. All other workers will continue to benefit from medical insurance as arranged by their employers (e.g. for civil servants the civil service insurance scheme).

10. GRIEVANCE REDRESS MECHANISM

54. **General Principles:** Typical work place grievances include demand for employment opportunities; labor wage rates; delays of payment; disagreement over working conditions; and health and safety concerns in work environment. Although SEA occurs in workplaces it is not always reported on for fear of victimization. Therefore, a separate grievance mechanism will be established for project workers (direct workers and contracted workers), as required in ESS2. Handling of grievances should be objective, prompt and responsive to the needs and concerns of the aggrieved workers. The mechanism will also allow for anonymous complaints to be raised and addressed. Individuals who submit their complaints or grievances may request that their name be kept confidential and this should be respected.

55. **Direct workers.** The project will have a compact but effective grievance system for direct workers. Each unit engaging direct workers (PMT, field staff, enumerators and the consultants) will hold periodic team meetings to discuss any workplace concerns. The grievances raised by workers will be recorded with the actions taken by each unit. The summary of grievance cases will be reported to the World Bank as part of the regular report. Where the aggrieved direct workers wish to escalate their issues or raise their concerns anonymously and/or to a person other than their immediate supervisor/hiring unit, the workers may raise the issues with the World Bank task team. Where consultants/contractors have an existing grievance system, their direct workers should use such mechanism.

56. **Project GRM:** the project will have several channels for complaints and grievances including email, phone calls, texts, blogs, toll free number and letter writing that will also be accessible to all workers. Information on the project GRM will be made available to workers at all facilities, government offices (both national and county) and community level (chief's office, for instance) to ensure that all workers, including CHVs have adequate information on how to lodge a complaint and who to direct it to. Anonymity will be assured when handling workers' grievances. Although 'suggestion boxes' exist in many worksites and appear to be a preferred form of reporting complaints, the experience has been that these boxes are hardly opened. If these have to be used as part of the GRM, a structure needs to be put in place for opening, reviewing, responding and providing feedback on the issues raised.

57. The following actions will be used for managing complaints for this project:

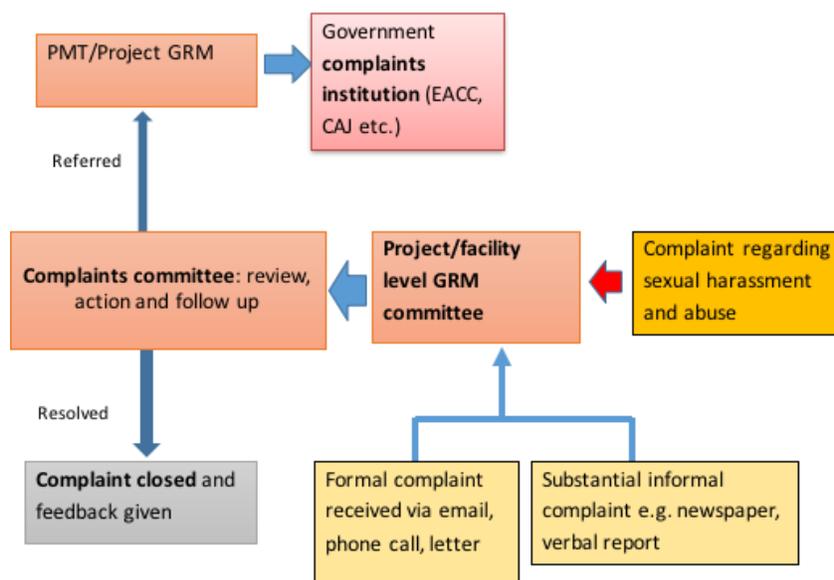
- a. Complaints should be sent to the GRM focal point at the workplace by email, text, phone, letter or in person. The complaints should be collated onto a complaints form and logged into the register (Annex 4 and 5) and reported using the format provided in Annex 6. The

email address and phone number will be made available to the workers at signing the contract/recruitment.

- b. Complaints should be reviewed by the PMT weekly upon receipt. The grievance committee at the workplace comprised of the in-charge (health superintendent or contractors (who will be the chair), GRM focal point will act as the secretary, and departmental heads. The team will review the complaints and provide guidance on the course of action and ensure follow-up on previous complaints. Any preliminary investigation should take place within 5 working days of the committee meeting. Feedback will be given to the complainant within 10 working days.
- c. For informal complaints i.e. those raised through social media, print media or not formally lodged, the committee should be deliberate upon them to decide whether to investigate based on the substance and potential impact/reputational risk.
- d. If the complaint is referred to the main project GRM and government’s legal complaints structures (EACC, CAJ, etc.), the World Bank should be notified.
- e. Complaints regarding SEA should be kept confidential, the name of the complainant should not be recorded, only the age and gender of the complainant, and whether a project worker was involved and should be sent directly to the PM who should immediately inform the World Bank.
- f. No disciplinary or legal action will be taken against anyone raising a complaint in good faith.
- g. A monthly report of complaints resolution should be provided to the PMT and the World Bank (as per the reporting format in Annex 5).

58. The practical steps to be used in addressing grievances at the workplace are presented in Figure 2.

Figure 2: Internal grievance redress system



59. **National appeal process.** The labor laws provide for the national appeals process that should be utilized by any aggrieved staff if they consider the process established by the project to be ineffective and/or unfair.

11. CONTRACTOR MANAGEMENT

60. Each contractor engaged by the Project to provide services (such as construction of isolation/quarantine centers, collection of waste, delivery of communication materials at the community level, etc.) will be expected to adopt the protective measures outlined in this document. The contracts drawn by the Government will include provisions, measures and procedures to be put in place by the contractors to manage and monitor relevant OHS issues. Measures required of Contractors will include:

- a) As part of the bidding/tendering process, specific requirements for certain types of contractors, and specific selection criteria (e.g. for medical waste management, certifications, previous experience);
- b) Provision of medical insurance covering treatment for COVID-19, sick pay for workers who either contract the virus or are required to self-isolate/quarantine due to close contact with infected workers and payment in the event of death;
- c) Specific procedures relating to the workplace and the conduct of the work (e.g. creating at least 6 feet between workers by staging/staggering work, limiting the number of workers present);
- d) Specific procedures and measures dealing with specific risks. For example, for healthcare contractors - infection prevention and control (IPC) strategies, health workers' exposure risk assessment and management, developing an emergency response plan as per WHO Guidelines. For community workers, measures will include ensuring their security and addressing stigma;
- e) Appointing a COVID-19 focal point with responsibility for monitoring and reporting on COVID-19 issues, and liaising with other relevant parties; and
- f) Including contractual provisions and procedures for managing and monitoring the performance of contractors, in light of changes in circumstances prompted by COVID-19.

61. Contractors will be required to identify focal points and communication channels (for example, WhatsApp, SMS and email) within the company to address workers' concerns on an ongoing basis, and ensure that such channels are adequately resourced (for example, 24-hour staffing of the emergency response call line). Workers shall not be victimized in any way for reporting a grievance.

12. COMMUNITY WORKERS

62. Community surveillance, mobilization and sensitization will be undertaken by community volunteers who will include community health workers, opinion leaders and religious leaders as

appropriate. The following safety measures will be put in place to prevent or minimize exposure to COVID-19, as well as for addressing situations where there are cases of symptomatic workers:¹³

- a) Set up a system at the community level that links up with health facilities and sub-county system for the management of COVID-19 related matters (this could be an e-system);
- b) Set up an online system (use WhatsApp for instance) to provide the CHVs with updates on COVID-19;
- c) Establish a referral system that will allow the CHVs to refer people with various COVID-19 related symptoms and questions. The online system could also assist with the triage of sick community members as necessary;
- d) Develop training materials that will also give the volunteers accurate information on COVID-19 including prevention and control measures;
- e) Equip the CHVs with basic protective equipment such as masks and sanitizers;
- f) Provide information on the GRM to be used in case of a community complaint (abuse, stigma, etc.); and
- g) Establish a monitoring system on the performance of the CHVs.

13. PRIMARY SUPPLY WORKERS

63. **Selection of primary suppliers.** When sourcing for primary suppliers, the project will require such suppliers to identify the risk of child labor/force labor and serious safety risks. The PMT will review and approve the purchase of primary supplies from the suppliers following such risk identification/assessment. Where appropriate, the project will be required to include specific requirements on child labor, forced labor and work safety issues in all purchase orders and contracts with primary suppliers. The PMT will, as part of its monitoring, include indicators for assessing the functions of primary supply workers.

¹³There is a toolkit developed by Village Hopecore International that could be adapted for use by the project. The toolkit is titled: Training Community Health Volunteers in COVID-19 Response by Ariane Rasori, April 03, 2020.

ANNEXES

Annex 1: Guideline on Code of Conduct

1. A satisfactory code of conduct will contain obligations on all project workers (including sub-contractors) that are suitable to address the following issues, as a minimum. Additional obligations may be added to respond to particular concerns of the ministries, the location and the project sector or to specific project requirements.
2. The Code of Conduct should be written in plain language and signed by each worker to indicate that they have:
 - received a copy of the code;
 - had the code explained to them;
 - acknowledged that adherence to this Code of Conduct is a condition of employment; and
 - Understood that violations of the Code can result in serious consequences, up to and including dismissal, or referral to legal authorities.

Health care staff

(adapted from the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings and should updated as necessary in line with new WHO guidance)

HEALTH CARE SETTINGS

- 1. Minimize Chance of Exposure (to staff, other patients and visitors)**
 - Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated and well-ventilated section of the health care facility to wait, and issue a facemask
 - During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages
 - Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms
 - Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.
- 2. Adhere to Standard Precautions**
 - Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly
 - Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only

- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.

3. Training of Personnel

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand.
- Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.

2. Manage Visitor Access and Movement

- Establish procedures for managing, monitoring, and training visitors.
- All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed.
- Restrict visitors from entering rooms of known or suspected cases of COVID-19 patients. Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
- All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
- Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID-19

1. Minimize Chance of Exposure

- Any worker showing symptoms of respiratory illness (fever, cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital.
- Close co-workers and those sharing accommodations with such a worker should also be removed from the site and tested.
- Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free.
- Persons under investigation for COVID-19 should not return to work at the project site until cleared by test results. During this time, they should continue to be paid daily wages
- If a worker is found to have COVID-19, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital).
- If project workers live at home, any worker with a family member who has a confirmed or suspected case of COVID-19 should be quarantined from the project site for 14 days, and continued to be paid daily wages, even if they have no symptoms.

2. Training of Staff and Precautions

- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths.

- Use existing grievance procedures to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.
- Supply face masks and other relevant PPE to all project workers at the entrance to the project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask.
- Provide hand wash facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages.
- Train all workers in respiratory hygiene, cough etiquette and hand hygiene using demonstrations and participatory methods.
- Train cleaning staff in effective cleaning procedures and disposal of rubbish.

3. Managing Access and Spread

- Should a case of COVID-19 be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible.
- Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area of the site where the worker was present, prior to any further work being undertaken in that area.

Annex 2: Code of Conduct for All Staff and Project Workers on Kenya Covid-19 Emergency Response Project*

DOs

1. Wear prescribed and appropriate personal protective equipment on site at all times.
2. Wash hands, sanitize and observe social distancing at all times and follow WHO and GOK updated guidelines.
3. Seek healthcare if you experience any of the following symptoms (while at home or work): cough, fever and shortness of breath.
4. Prevent avoidable accidents and report conditions or practices that pose a safety hazard or threaten the environment.
5. Treat women, children and men with respect regardless of race, color, language, religion, or other status.
6. Report any violations of this code of conduct to workers' representative, HR or grievance redress committee. No employee who reports a violation of this code of conduct in good faith will be punished in any way.
7. Comply with all Kenya laws.

DON'Ts

1. Expose other people to the risk of infection in any form.
2. Leave personal protective equipment lying around.
3. Come to work if you or any of your family members has any symptoms of COVID-19 (cough, fever and shortness of breath). Report immediately to your supervisor if you or family member has any of these signs.
4. Make unwelcome sexual advances to any person in any form.
5. Have sexual interactions unless full and unequivocal consent is given and there is no form of material or other coercion
6. Use alcohol or narcotics during working hours.

* Employees, associates, and representatives, including sub-contractors and suppliers, without exception.

Annex 3: Terms and Conditions for Employment

Terms and Conditions. Below is the list of relevant provisions of the Employment Act, 2007 mainstreamed to MoH Human Resources Manual with regard to terms and conditions of work.

- 1) Content of individual contract in-line with Employment Act 2007 (Section 10)
 - Subject to the provision of this Act or regulations made hereunder, a written individual contract of employment shall specify the following: (a) name and father's name of workers; (b) address, occupation, age and sex of workers; (c) employer's name and address; (d) nature and duration of contract; (e) hours and place of work; (f) remuneration payable to the worker; (g) procedure for suspension or termination of contract.
- 2) Notice for termination of contract in-line with Employment Act, 2007 (Part VI; Sections 35 - 51)
 - Either of the contracting parties may terminate a contract of employment by giving written notice in-line with the provisions of employment Act, 2007:
 - (a) Not less than ten days in the case of manual workers;
 - (b) Not less than 30 days in the case of non-manual workers:

Provided that no notice need be given in case the duration of contract does not exceed one month.
- 3) Protection of wages in-line with Employment Act, 2007 (Part IV; Sections 17 - 25)
 - Taking into consideration the economic and social conditions of the country (and in consistence with the provisions of Employment Act, 2007 and NEMA Human Resources Manual), the minimum wages for any category of workers may be determined by the salaries remuneration commission.
- 4) Hours of work – Employment Act, 2007 (Article 85, 86)
 - The normal hours of work of a worker shall not exceed eight a day or 48 a week.
 - Hours worked in excess of the normal hours of work shall not exceed 12 a week and shall entitle a worker to a proportionate overtime payment in-line with the provisions of NEMA Human Resources Manual on allowances.
- 5) Weekly rest
 - Every worker shall be entitled to one day's rest each week, which should normally fall on Friday. It shall consist of at least 24 consecutive hours each week.
 - Workers shall also be entitled to a rest day on public holidays recognized as such by the State.
- 6) Annual leave (Employment Act, 2007)
 - Workers shall be entitled to 30days' leave with pay for every year of continuous service.
 - An entitlement to leave with pay shall normally be acquired after a full year of continuous service.
- 7) Fringe benefits (Employment Act 2007)
 - Any employer shall provide (a) accommodation when a worker is required to be away from his normal residence; (b) free food to workers, or subsistence allowance in place thereof; (c) free transport to and from the place of work, when a worker is required to work in a town or locality away from his normal residence.
- 8) Deductions from remuneration (Employment Act 2007)

- No deductions other than those prescribed by the Code or regulations made hereunder or any other law or collective labor agreement shall be made from a worker's remuneration, except for repayment of advances received from the employer and evidenced in writing.

9) Death benefit (Employment Act 2007)

- In case of death of a worker during his contract of employment, the employer shall pay to his heirs an amount not less than 15 days' remuneration as death benefit for funeral services.

10) Maternity and Paternity Leaves (Employment Act, 2007)

- A woman worker shall be entitled for maternity leave with pay for 90 days and male workers 14 days in-line with the provisions employment Act, 2007 and NEMA Human Resources manual.

ANNEX 4¹⁴ Complaints form

1. Complainant's Details

Name (Dr / Mr / Mrs / Ms)

ID Number _____

Postal address _____

Mobile _____

Email _____

County _____

Age (in years): _____

2. Which institution or officer/person are you complaining about?
Ministry/department/agency/company/group/person

3. Have you reported this matter to any other public institution/ public official?

Yes No

4. If yes, which one?

5. Has this matter been the subject of court proceedings?

YES NO

6. Please give a brief summary of your complaint and attach all supporting documents [Note to indicate all the particulars of *what* happened, *where* it happened, *when* it happened and by *whom*]

7. What action would you want to be taken?

Signature _____

Date _____

¹⁴ Based on the Kenya Public sector complaints handling guide, CAJ.

ANNEX 5: Complaints log

Date and complaint from	Complaint e.g. non-issuance of ID	Officer/ department complained against	Nature of complaint/ service issue, e.g. delay	Type of cause – physical (e.g. system failure), human (e.g. inefficient officers, slow, unresponsive) or organization (e.g. policies, procedures, regulations)	Remedy granted	Corrective/ preventive action to be taken	Feedback given to complainant

ANNEX 6: Complaints reporting template

No. of complaints received	Main mode complaint lodged	No. of complaints resolved	No. of complaints pending	Duration taken to resolve, e.g. spot resolution, 1 day, 7 days, 14 days, 1 month, quarterly, annual	Recommendations for system improvement

Note that this form could be replaced by the remote Geo-enabling Initiative for Monitoring and Surveillance (GEMS) monitoring tool on which THS and VMG focal points have been trained.