

THE REPUBLIC OF KENYA



MINISTRY OF HEALTH

**KENYA COVID-19 EMERGENCY RESPONSE
PROJECT**

LABOR MANAGEMENT PROCEDURES

JUNE, 2021

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ABBREVIATIONS AND ACRONYMS

CAJ	-	Commission for the Administration of Justice
CERC	-	Contingent Emergency Response Component
CHERP	-	COVID 19 Health Emergency Response Project
CHV	-	Community health volunteer
CP	-	Counseling Psychologist
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
GBV	-	Gender-Based violence
GEMS	-	Geo-enabling Initiative for Monitoring and Surveillance
GRM	-	Grievance Redress Mechanism
HBIC	-	Home Based Isolation and Care
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
KNBTS	-	Kenya National Blood Transfusion Service
MO	-	Medical Officer
MOH	-	Ministry of Health
NERC	-	National Emergency Response Committee
NPHI	-	National Public Health Institutes
NYS	-	National Youth Service
OHS	-	Occupational Health and Safety
PHO	-	Public Health Officer
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. Kenya, like other countries globally, continues to grapple with the COVID-19 pandemic. Since the first case was reported on March 13, 2020, the outbreak has spread to all of Kenya's 47 counties, against an anticipated scenario of 14 counties when the parent Project – the COVID-19 Health Emergency Response Project (CHERP) was developed. The country, through the Ministry of Health (MoH), received funding from the World Bank, to support the prevention, detection and response to the threat posed by COVID-19 and strengthening of the national systems for public health preparedness. The parent Project had seven components, which have been in implementation since April 2020:

- Component 1. Medical Supplies and Equipment;
- Component 2. Response, Capacity Building and Training;
- Component 3. Quarantine, Isolation and Treatment Centers;
- Component 4. Medical Waste Disposal;
- Component 5. Community Discussions and Information Outreach;
- Component 6. Availability of Safe Blood and Blood Products; and
- Component 7: Project Implementation and Monitoring;

2. The First Additional Financing (AF), developed and approved in January 2021, supports the scaling up of CHERP activities and the inclusion of a new component focused on improving quality and capacity of Gender-Based Violence (GBV) response. The First AF will enhance the project development impact by continuing to complement the Government of Kenya's (GoK) COVID-19 response efforts to: (i) enhance COVID-19 testing by improving the availability of laboratory equipment and supplies; (ii) build capacity of health workers to respond to emerging health needs of communities; (iii) strengthen the health system's capacity to effectively manage COVID-19 cases; (v) strengthen availability of safe blood and blood components; and (vi) bolster project implementation and monitoring. The AF will focus on interventions that strengthen the health system's capacity to respond to future health emergencies, while strengthening provision of essential health services, and building structures for sustainability.¹

3. The purpose of the proposed Second AF is to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for successful deployment and to prepare for the future. The proposed AF will cover the gap for additional vaccines for 12.5% of the population (6.13 million people), local distribution costs for all vaccines procured with Bank funding, and a share of the distribution costs for other vaccines, expanding the cold chain capacity, training and capacity building and communication costs. The Second AF will be incorporated in components I, 2, 4, 5 and 6 as summarized further below.

Project objectives and components

4. The objective of the AF is similar to that of the parent project which remains 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 eight components summarized below.

¹Project Paper, COVID 19 Health Emergency Response Project -Report No: PAD4148, May 03, 2021.

5. **Component 1. Medical Supplies and Equipment:** This component aims to improve the availability of supplies and equipment needed to respond to COVID-19 and other public health emergencies. This component will provide support towards the following.
- a. **Enhancing capacity for COVID-19 testing and increase access to quality clinical diagnostics for other diseases.** Through the First AF an additional 11 laboratories distributed equitably across the country will be equipped, bringing the total number of laboratories supported under the project to 24. Other support will include costs for sample collection, transportation, provision of primers and probes and consumables for testing.
 - b. **Optimizing diagnostic network.** Kenya has been part of the East African Public Health Laboratory Networking (EAPHLN) Project (P153665). The First AF will: (i) support networking of selected laboratories to optimize COVID-19 testing, (ii) strengthen disease surveillance through participating in outbreak investigations; and (iii) enhance quality standards to achieve accreditation. These laboratories will also be encouraged to partner with the centers of excellence supported under the EAPHLN project to further build capacities for integrated quality laboratory services and share experiences.
 - c. **Strengthening capacity for case management including oxygen.** The Project is supporting Phase I of GoK efforts to enhance supply of quality oxygen in 79 COVID-19 treatment facilities drawn from 16 counties. Planning for Phase 2 is ongoing and the First AF will complement Phase 2 of enhancing oxygen supply in Kenya by providing support towards medical oxygen sources such as bulk liquid oxygen and oxygen delivery accessories where needed.
 - d. **Protecting health workers from infection:** This will address critical gaps in access to PPE among health workers in case management facilities, community health volunteers, laboratory staff in testing laboratories, waste management workers and staff involved in COVID-19 vaccinations.
 - e. **Technical assistance for COVID-19 vaccine planning and preparedness:** It will support the country to assess vaccine preparedness and, to identify possible gaps in the vaccine delivery system, working closely with WHO, GAVI and UNICEF.
 - f. **Procurement and deployment of vaccines and systems strengthening activities required for effective distribution.** The GoK has strong institutional frameworks for the safe and effective deployment of vaccines. Past investment in the EPI program's cold chain equipment, information management and surveillance systems provide a foundation for deployment of the COVID-19 vaccines. The second AF will support:
 - i. procurement of vaccines to fully vaccinate 6.13 million people and accompanying injectable devices;
 - ii. expanding cold chain capacity (including climate friendly cold chain equipment) at the RVS, establishment of 25 county vaccine stores, strengthening capacity of 36 sub-county stores and strengthening the cold chain storage capacity in 1,177 health facilities; and
 - iii. deployment costs including distribution and logistics costs for the vaccine roll-out, including last mile delivery and logistics at the county level, investment in vaccine safety surveillance activities, including operational support for AEFI field investigations.

6. **Component 2. Response, Capacity Building and Training:** This component aims to strengthen response and build capacity of key stakeholders including health professionals and community health workers. Support under this component will include the following interventions.
- a. **Effective rapid response, contact tracing and epidemic intelligence capacity building at national and county level:** Support will include: (i) strengthening surveillance and screening at all PoEs and at the community level, including development and adaptation of an electronic community-based reporting system, training of community health workers and equipping them with the right tools to conduct surveillance, and equipping all PoEs with the necessities to function effectively; (ii) strengthening operational capacity of the PHEOC; (iii) strengthen communications and logistics; (iv) training of sub-county and county level teams in basic field epidemiology; (v) training of health workers in IPC and case management in counties; and (vi) training of health workers including community health workers in Home Based Isolation and Care (HBIC).
 - b. **Enhanced human resources capacity:** A total of 393 healthcare workers are supported under the Project to enhance capacity for the COVID-19 response. The First AF will finance investment to strengthen case management and will include: (i) employment of different cadres of health workers to meet the additional demands for surveillance, rapid response and case management; (ii) communication and logistics for ongoing support to lower-level health facilities and for HBICs; and (iii) support interventions to strengthen human resource capacity for future COVID-19 vaccine deployment including training of front-line delivery workers on delivery, storage, handling, transportation, tracking and safety of vaccines.
 - c. Providing psychological support: Kenyans continue to require psychological support to cope with the impacts of the pandemic and unmet existing mental health needs. The project will support: (i) training of health workers in psychological first aid; (ii) establishing a national tele-psychiatry center; and (iii) operationalization of a mental health toll-free helpline.
 - d. Establishment and operationalization of a National Public Health Institute (NPHI): The NPHI, which will be established as a semi-autonomous government entity to coordinate public health functions and programs to prevent, detect, and respond to public health threats, including infectious and non-infectious diseases, and other health events. The AF will fill the resource gap by supporting: (i) the construction or renovation of a building to house the NPHI; (ii) strengthening human resources capacity through training, learning exchange programs with a well-functioning equivalent institution, recruitment of personnel with specialized skills on contract basis to fill any skills gaps and provide mentorship to existing staff and facilitate knowledge transfer, (iii) procurement of office equipment (iv) Development of a costed strategic plan; (v) development/updating of key platforms e.g. public health research and integrated disease surveillance platform; and (vi) development and application of a dedicated Information and Communication Technology (ICT) system which is linked to existing routine health information system among others.
 - e. Under the vaccine program, the AF will support: (i) building capacity of health workers in vaccine planning and deployment, which will include training of healthcare workers and other personnel responsible for the delivery, storage, handling, transportation,

tracking and safety of vaccines; and (ii) operationalization of the KCDC by providing additional resources to support operational costs of the KCDC for one year.

7. **Component 3. Quarantine, Isolation and Treatment Centers:** will strengthen the health systems capacity to effectively provide IPC and case management of COVID-19 cases. Key areas of support include construction/renovations and equipping of the following facilities: the project will support the strengthening capacity for infectious disease management at; Kenyatta National Hospital Infectious Disease Unit, Kenyatta University Teaching, Referral & Research Hospital (KUTRRH) and Mama Lucy hospital. The support will further go towards the construction of a state of the art infectious disease unit at KNH and structural changes to improve negative pressure airflow, floor and air quality among others in KUTRRH and Mama Lucy hospital. These facilities will receive medical equipment and undergo renovations, where necessary.

8. **Component 4. Medical Waste Management:** This component will ensure safe treatment and disposal of waste generated during case management. COVID-19 testing and case management centers that will generate highly infectious waste. The CHERP project is supporting installation of waste management equipment and waste management supplies in ten COVID-19 treatment facilities. The second AF will support activities related to medical waste management linked to COVID-19 vaccines. The project will support:

- a. Procurement, installation of waste treatment equipment (which may include either incinerators, microwaves or autoclaves) and construction of waste management infrastructure for an additional ten COVID-19 treatment facilities, where these are not available;
- b. Construction of the waste treatment equipment housing/sheds; this will be done to ensure compliance to health care waste management regulations, protocols and the requisite environmental assessment;
- c. Medical waste management consumables; this will include adequate supply of safety boxes, bins, liners vaccine safety boxes, health care waste disposal bags and appropriate PPEs for the waste handlers;
- d. Capacity building of health workers on medical waste management; this will be undertaken as outlined in the ICWMP, with a focus to roll the training to the waste treatment equipment operators; training healthcare workers on how to handle COVID-19 vaccine waste, printing and distribution of standard operating procedures and information materials on waste management. Support of the Department of Environmental Health will be key in implementation of the approved trainings;
- e. Environmental and Social Impact Assessments and Audits;
- f. strengthening the integration of the NVIP and the environmental health departments at county and sub-county level to ensure COVID-19 vaccine waste is stored and managed appropriately; and
- g. Contracting a licensed waste management company to transport, treat and dispose COVID-19 vaccine waste as per the Environmental Management and Coordination ACT (Waste Management Regulations, 2006).

9. **Component 5. Community Discussions and Information Outreach:** Advocacy, communication and social mobilization is an integral component of strengthening surveillance and response to health emergencies. The First and Second AF will enhance support towards: (i) risk

and behavior change communication; (ii) community engagement for vulnerable and marginalized groups (VMGs) and other disadvantaged groups; (iii) training of community and opinion leaders; and (iv) periodic knowledge, attitude and practice (KAP) surveys. Communication, social mobilization outreach and citizen engagement strategies to generate confidence, trust and demand for a COVID-19 vaccine will also be supported.

10. This component will ensure there is a two- way communication between the GoK and the citizenry. 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), public health address systems and dedicated radio call-in shows using both mainstream and indigenous languages to engender 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 (posters, brochures, roll-up banners and fact sheets);
- d. Translation of communication materials into local languages and use of local media to ensure broader reach, especially targeting the disadvantaged and vulnerable individuals and groups;
- e. Vulnerable and Marginalized Groups (VMG) outreach and Targeting strategy;
- f. Publishing electronic IEC materials through all media outlets, including translation of messages into various indigenous languages;
- g. Communication in support of grievance redress mechanism; and
- h. Communication in support of environment and social risks communication.

11. This component will also support activities set out in Kenya's COVID-19 Vaccine ACSM strategy. Specific areas of support will include: (i) advocacy activities at national, county and community levels; (ii) development of IEC materials; (iii) capacity building on ACSM actions of key national and county level stakeholders; (iv) communication through mass and social media; (v) social mobilization and community engagement; and (vi) infomedic, crisis management and response to address emerging issues.

12. **Component 6: Availability of Safe Blood and Blood Products:** Universal and timely access to safe blood and blood products and the efficient use of such products are essential in Kenya's journey to UHC. As patients fall ill with COVID-19, many of whom have co-morbidities, transfusions will be needed. Anemic mothers who deliver in this period and children with severe anemia will also continue to be at risk. This support will go towards transforming and strengthening the capacity of the Kenya National Blood Transfusion Service (KNBTS) to provide safe blood and blood products through the following measures.

- a. Enhancing blood collection and supply services through strengthening the coordination of national, Regional Blood Transfusion Centers (RBTCs) and satellite centers, procurement,

distribution and warehousing of consumables and supplies for blood collection, procurement of supplementary auxiliary equipment for the blood collection centers, and strengthening systems for blood mobilization, collection and retention.

- b. Development and implementation of standards and guidelines for different levels of blood establishments (in private, public and mission facilities) that will guide how blood collection, testing, pooling and distribution is done.
- c. Automation of blood transfusion service systems to enhance efficiency and traceability of blood and blood products between collection sites, RBTCs and transfusing health facilities including expansion of information management systems to all blood establishments in Kenya including satellites, transfusing hospitals to expand coverage of the blood information communication and technology systems to all Level 6 and 5 public hospitals and selected high volume Level 4 hospitals (private, public and mission).
- d. Enhancing screening for transfusion transmissible infections (TTIs) by expanding KNBTS' testing capacity through provision of auxiliary and multiplex laboratory equipment and purchase of reagents for screening of TTI and pathogen inactivation.
- e. Enhancing efficiency and quality of blood and blood products through full automation of blood component processing systems, maintaining cold rooms for blood storage, procurement and maintenance of 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 NPHL equipment maintenance centre of excellence.
- f. Strengthening quality management systems in line with international standards and best practices on blood safety.
- g. Development and application of a blood donor retention strategy; including a robust Communications strategy and development of a 'blood brand' for Kenya.
- h. Contracting health workers and additional support staff to support the operations of the blood laboratories.

13. **Component 7. Project Implementation and Monitoring:** To support implementation, the Project will finance costs associated with the Project coordination, activities for program implementation and monitoring. Key areas of support include:

- a. Operational costs and logistical services for day-to-day management of the Project;
- b. Continuous monitoring of the Project activities and periodic evaluation, guided by the project M&E framework;
- c. Environmental and social safeguards related activities; and
- d. This proposed AF will support: (i) project management operational costs related to COVID-19 vaccine deployment (ii) post-vaccine introduction and impact evaluations (iii) increased scope and frequency of ongoing Knowledge Attitudes and Practices surveys to cover vaccine deployment and monitor vaccine hesitancy (iv) fiduciary activities such as contracting an Independent Integrated Fiduciary Review Agent (IIFRA).

14. **Component 8: Improving Quality and Capacity for GBV Response:** This component aims to improve the capacity and quality of GBV response services for survivors in targeted

counties, with a focus on health systems strengthening. Support under this component, targeting at least ten counties selected based on a pre-determined criterion², will include:

- a. Capacity strengthening of health care providers to identify the risks and health consequences of GBV and to offer first line support and medical treatment. Strengthening quality of GBV service delivery through improved data collection and analysis to monitor service delivery, understand emerging trends, build the capacity of health sector staff and build capacity for collection of essential forensic, medical-legal evidence should survivors want to seek justice;
- b. Assessment and strengthening of health sector systems for GBV response through the application of a standardized quality assurance tool and associated plans to address identified priority gaps in service delivery; and
- c. Enhancing safety of female frontline health workers. Frontline health workers, the majority of whom are women, may be at risk for violence in their homes or in the workplace. Activities may include provision of psychosocial support, alternative housing and other care options, identified through stakeholder consultations.

15. Under the proposed Second AF financing, the project will support the acquisition of vaccines from a range of sources to support the country's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time among other key features). The COVAX facility has put in place a framework that will anchor Kenya's strategy and access to vaccines. On December 17, 2020, the GoK received confirmation of participation in COVAX as an AMC Group Participant. The Bank is helping Kenya to source vaccines through COVAX as a priority, and to also support the country in accessing vaccines beyond COVAX, as necessary.

Project institutional arrangements

16. The MoH is the implementing agency for the project. The MoH set up and designated staff to a dedicated Project Management Team (PMT) for the parent project. The PMT has coordinated and effectively implemented the project guided by the COVID-19 National Task Force (NTF). The NTF meets regularly and its decisions have informed changes to the implementation of the project necessitated by the dynamic nature of the pandemic. The National Emergency Response Committee (NERC) continues to provide stewardship and oversight of the project as the key coordinator of the COVID-19 response in Kenya. The NERC and NTF provide fora for engagement with key stakeholders including county governments and development partners.

17. A COVID-19 Vaccine Deployment and Vaccination (VDV) Taskforce has been established to provide overall technical leadership for vaccine deployment planning and implementation. Additionally, a National COVID-19 Vaccine Deployment and Vaccination Steering Committee to provide oversight for the planning and implementation of the COVID-19 vaccination exists. The VDV Taskforce has seven technical sub-committees: advocacy, social mobilization and communication; training and capacity building; budgeting; regulatory and safety

² Counties will be selected based on: (i) COVID-19 incidence rates, patterns and risks; (ii) County leadership and buy-in for the work; (iii) Avoidance of duplication or replication of work supported by other actors and investments; (iv) Ensuring regional balance across counties.

monitoring; planning and coordination; procurement and logistics; and data management, monitoring and surveillance.

18. The Taskforce has engaged with the main stakeholders and representatives of target groups such as County Governments, the private sector, and heads of professional associations in all matters concerning vaccination. The MoH will be the implementing agency for all activities under the vaccine program as proposed in this AF. Procurement will be conducted by the MoH, who will contract UN agencies where relevant. KEMSA will continue to play a key procurement role in the parent project but it will not play any role in activities under the vaccine program.

2. PURPOSE OF THE LMP

19. The Kenya CHERP is prepared under the World Bank's Environmental and Social Framework (ESF). As per the Environmental and Social Standard 2 (ESS2) Labour and Working Conditions, borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions by promoting safety and health at work, fair treatment, nondiscrimination and equal opportunity of project workers, protect project workers (including vulnerable workers, contracted workers, community workers and primary supply workers), as appropriate, prevent the use of all forms of forced labor and child labor and to ensure structures are in place to provide project workers with accessible means to raise workplace concerns. The commitments under ESS2 are outlined in this LMP.

20. The purpose of the LMP is to facilitate planning and implementation of the project. The LMP has identifies the main labor requirements and risks associated with the project, and helps the Borrower to determine the resources necessary to address project labor issues. The LMP is a living document, which is initiated early in project preparation, and is reviewed and updated throughout the development and implementation of the project, including as the project advances and as new categories of employees become involved in the various activities. This LMP provides for labour requirements in the CHERP in the context of the relevant national laws and World Banks's ESF, by defining the scope of project workers (direct workers, contracted workers and primary supply workers) and the need to manage specific labour, occupational health and safety risks in the project. The project will ensure compliance with national laws, policies and protocol requirements, as well as World Health Organization (WHO) and World Bank guidance^[1] regarding the COVID-19 situation in relation to the management of the project workforce, project worksites and related areas.

^[1] World Bank Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings March 20, 2020.

3. OVERVIEW OF LABOUR USE IN THE PROJECT

21. ESS2 categorizes project workers into: direct workers; contracted workers; community workers; and primary supply workers. The labor category of direct workers for this project include government civil servants (mainly those that belong to the MoH at the national and the County Government levels and staff from other government ministries, departments and agencies (MDAs) deployed to provide requisite technical support to the project. The ESF (para 3) defines direct workers to include “*people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project.* In the case of CHERP, the MoH and other government staff (especially those on the PMT) at the national and county levels are considered direct workers. 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 and will sign the Project Code of Conduct. These consultants will be part of the Project Management Team (PMT) established within the MoH.³

22. **Direct Workers.** The project engages the following types of workers as “direct workers.”

- a. **Project Management Team (PMT):** A PMT was set up within the MoH to manage the project and has been operational since April, 2020. It has a dedicated Project Manager (PM) and a Deputy with overall responsibility for the effective functioning of the Project. Other PMT staff include component technical leads, Monitoring and Evaluation (M&E) Officer, Project Finance Officer, Project Accountant, Internal auditor, Procurement Officer, Environmental and Social Safeguards Officers and a Project Administrator. Staff for cross-cutting functions (for example, procurement officers, project accountants, safeguards officers, M&E) will continue to be supported by the Transforming Health Systems for Universal Health Care Project (THS-UCP). Additional staff, with appropriate skills shall be assigned to the PMT as necessary from within the public service.

Since the COVID-19 Vaccine Deployment and Vaccination (VDV) Taskforce and the NVIP will require additional staff and technical support to undertake vaccine planning and deployment activities. The MOH will increase the required human resource capacity through strengthening the technical support from the counties. The AF on vaccine will support national level monitoring and oversight activities, while the GoK will support delivery of surge capacity of the NVIP VDV Taskforce.

- b. **Government Civil Servants:** Various MoH staff are involved in the project including directors of various departments and all cadres of healthcare workers and support staff.
- c. **Temporary staff:** The project has hired 393 temporary workers including clinical workers, Laboratory Technologists, Clinical Psychologists, Nutritionists, Public Health officers, Nursing Officers etc. Under AF 1, the project will continue to employ surge capacity staff, on a temporary basis, according to the needs identified by the National

³ For further discussion, see the [World Bank’s Interim Note: COVID-19 Considerations in Construction/Civil Works Projects \(which supplements the COVID-19 Infection and Prevention Control Protocol\).](#)

Taskforce. No additional workers are expected to be engaged separately for the vaccine deployment activities under the project.

- d. **Contractor Workers:** there will be contractor workers engaged in the construction of waste management facilities and to undertake civil works in relation to improving and/or strengthening of laboratories, Blood Centres, isolation/quarantine/treatment centers, modifying existing facilities, contracted NEMA licensed specialized waste management company(ies) to collect, transport, treat and dispose COVID-19 vaccine wastes, 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, communication specialists, Environmental and Impact Assessment etc.

23. **Primary supply workers:** Procurement will be done for laboratories, waste management facilities, civil works 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, relevant UN Agencies, 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.

24. **Community workers:** Community based surveillance, mobilization for risk communication, vaccination and sensitization activities will be supported by community health volunteers (CHVs). These categorization is in line with Para 34 of the ESF on ESS2 that states “Projects may include the use of community workers in a number of different circumstances, including where labour is provided by the community as a contribution to the project, or where projects are designed and conducted for the purpose of fostering community-driven development, providing a social safety net or providing targeted assistance in fragile and conflict-affected situations.” Whenever CHVs are engaged by this Project, logistical facilitation will be provided as appropriate. This will also include the volunteers or leaders from vulnerable and marginalized groups (VMGs).

25. **Other stakeholders working in connection with the project:** Stakeholders working in connection with the project, other than the above workers, will include civil servants from other national and county government offices who will support the activities at different levels and with varied time commitments. These workers 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.

26. At the design of CHERP, it had been anticipated that as the infection moves into a community phase, there could be a likelihood that the government may deploy officers from the National Youth Service (NYS) to support the community surveillance and sensitization activities. However, the Project has not yet involved NYS staff to support any security needs of the Project. Should the project engage these kind of staff, the relevant provisions of the LMP will be applied.

If there will be need for NYS services by the project, the provisions made in the Security Management Plan (SMP) on managing the risks of working with public security personnel, including the mitigation measures, will be applied.

4. IMPLEMENTATION OF PREVIOUS LABOUR MANAGEMENT PROCEDURES

27. The first LMP was developed as part of the initial CHERP design and was disclosed on 20th August, 2020. The LMP has been recently updated to include labour requirements under the first AF specifically on support towards recruitment of additional surge capacity to support project implementation under component 2, ESHS risks in relation to civil works for oxygen plants, Regional Blood Centres and various consultancies to be contracted as necessary e.g. to support risk communication activities. Under the proposed second AF, the project will scale up efforts to manage medical waste, including vaccine waste, under Component 4, including contracting a licensed waste management company to transport, treat and dispose of COVID-19 vaccine waste per the country's Waste Management Regulations, 2006. The vaccination activities will have direct implications with regard to OHS risks in the project which needs to be mitigated.

28. The PMT has developed several documents to facilitate the implementation of the LMP. These include: a contractor and contractor-workers' induction manual that incorporates the requisite environmental, social, OHS, CoC and contractor obligations in the management of project risks. The Manual will continue to be used to induct the contractors and contractor workers who will be undertaking civil works, installing waste management facilities, oxygen plants and similar activities in the future. It is notable that there will be no civil works under the implementation of AF2.

29. The project has also developed, printed and distributed one pagers on grievance redress mechanism (GRM), GBV/SEAH and CoC. These are summary protocols that are annexed to this LMP for placing in strategic points of supported facilities especially with contractor works. The one pagers were distributed to 17 healthcare facilities⁴ that were screened for possible support with waste management equipment. In addition, project feedback tools (Patients, healthcare facility and county questionnaires) were developed and embedded in the World Bank GEMs. The healthcare and county questionnaire include questions on project support and implementation of the abbreviated Code of Conduct and GRM. The PMT, VMGFP, GRMFP and relevant Port Health Officers have been trained on utilization of the GEMs tools. The Project has since made analysis of the patient feedback and county feedback data and this has been useful in informing improvement of the tools.

30. The social specialists will continue to sensitize contractors and workers on the CoC during regular monitoring activities. Contractors will be encouraged to read out the CoC to their workers

⁴ Langalanga level 4 hospital in Nakuru, Mama Lucy level 4 hospital in Nairobi, Tigoni level 4 and Gatundu level 4 hospitals in Kiambu, Kisumu County Hospital, Ogongo level 4 in Homabay County, Migori County Referral Hospital, Meru County Referral Hospital, Loitokitok Level 4 hospital, Kauwi Sub-County Hospital in Kitui, Kamor Infectious Disease Hospital in Mandera, Kilifi County Referral Hospital, Hola County Referral Hospital, Garissa County Referral Hospital, Msambweni Sub-County Hospital, Mwatate level 3 Hospitals and KUTRH

who cannot read or write in a language they understand. The Abbreviate and individual CoCs will be translated into Kiswahili for ease of communication and use.

31. The Project further developed a CoC, which has so far been signed by all the surge capacity staff (393) (Labtechs, PHOs, NOs, CPs, and COs) and two (2) consultants that undertook documentation of Best Practices and Rapid Assessments were sensitized and signed the code of conduct. Additionally, the surge capacity staff were inducted on grievance redress mechanisms including for workers, GBV/SEA, IPC, Occupational health and safety, environmental safeguards among others. Training on GRM, OHS and social risk management was incorporated in the (i) Waste Management Training in March 2020 (reaching to approx. 70 officers from KNBTS, POEs and counties (ii) IPC training to approximately 627 officers from counties and healthcare facilities. Similarly, VMG and GRM Focal Persons from supported counties and Ports of Entries (POEs)⁵ were trained on GRM guidelines which incorporates GRM management in workplace including on GBV/SHEA.

32. The Project continues to manage and monitor workers' complaints and as of April, 20th 2021, 46 complaints had been received at the PMT level since the project inception and have been addressed within the project grievance management timelines. Majority of the complaints were about workers' delayed salaries, and challenges with transporting COVID-19 samples in a few POEs.

33. With regard to contractor management in relation to the LMP, not much has been done since civil works had not started. The project will ensure that all project contractors and contractor workers are inducted on the relevant provisions of the LMP ones they are on board. Further focus will go into cascading the implementation of the project GRM (including GRM for workers), to healthcare facilities and in scaling up the implementation and monitoring of GEMs tools. There, however, will be no civil works under the AF2 funding.

5. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

34. Potential risks are those related to labor and working conditions, such as work-related to recruitment and employment discrimination, GBV/SEA, employer/contractor non-compliance with labor laws relating to terms and conditions of employment, OSH risks, the transmission of HIV/AIDS, COVID-19, and other communicable diseases among project workers and between project workers and affected local communities, as well as the possibility of child labor and forced labor in relation to community workers. The PMT will assess and address these risks by applying the relevant provisions of the Employment Act 2007, public service regulations and HR manual and the relevant provisions of ESS2, ESS4 and other sections of the World Bank ESF. In addition, the PMT will train all workers engaged in project activities on the guidelines and protocols (as provided for in the ESMF for this project) on how to protect themselves and the communities from the spread of COVID-19.

⁵Counties (Mombasa, Kilifi, Mandera, Kajiado, Garissa, Nairobi, Kiambu, Machakos, Wajir, Nyeri, Kitui, Tana River, Taita Taveta, Meru, Turkana, Migori, Busia, Kisumu, Nakuru, Uasin Gishu, E/Marakwet, kwale) and POEs (Lunga Lungu, Miritini, Taveta, Namanga, Busia, Malaba, Isebania, Kainuk, South B, Mahi Mahiu, Naivasha Inland, Wilson Airport and JKIA)

35. The following are the key labor risks anticipated during the implementation of the project.

- a. **Occupational Safety and Health (OSH) risks:** OHS risks may emanate from construction works, COVID-19 testing, waste management, project security management and vaccine administration and management of related wastes. 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 associated with COVID-19 infections and HIV/AIDS among other infectious diseases, 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, installation of waste management facilities and oxygen plants 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.

Under AF 2 potential OHS risks may emanate from: new infections, injuries and accidents while handling and administering vaccines to the population; OHS risks related to management of cold chain, storage, handling and transportation of vaccines, including potential use of diesel backup generators; poor handling, storage, transportation and disposal of medical and pharmaceutical waste from vaccination activities such as sharps, used, expired or damaged vaccine vials and PPE; exposure to soil and water contamination as a result of poor disposal of healthcare waste, medical waste management and incineration (sharps-inflicted injuries, toxic exposure to mercury and dioxins, thermal injuries when operating incinerators) are expected and; due to transport of vaccine related wastes.

- b. **Community health and safety risks:** This may be associated with increased spread of COVID-19 during the vaccination campaigns, issues related to vaccine safety and efficacy, traffic and road safety risks from transportation of vaccines, handling and transportation of hazardous/infectious waste for off-site treatment and disposal.
- c. **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. Sexual harassment and other forms of abusive behavior by workers or managers/supervisors 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. Other abuses (including humiliation, discrimination and physical violence) 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. Such abuses may also be done to or by security personnel working for healthcare facilities as further elaborated in the SMP for this project.

- d. **Child labor:** this risk may emerge through the contracted labor, e.g. construction of isolation and quarantine centers and use of community workers. It is however, notable that the risk is limited since most of the workers will be Government employees who have to be aged 18 years and above upon recruitment.
- e. **Forced labor:** this risk may emerge from construction works that are envisaged under Component 3: Quarantine, isolation and treatment centers including waste management facilities and rehabilitation of treatment centers (e.g. Mama Lucy Level 4 Hospital and Kenyatta University Teaching and Referral Hospital), and the use of community volunteers for Component 5 on Community discussions and information outreach.
- f. **Labor disputes over terms and conditions of employment.** Likely cause for labor disputes include demand for limited employment opportunities; non-payment or delayed payment of wages and disputes between workers and employers regarding wage rates, rate disagreements 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.
- g. **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 VMGs,⁶ as well as women and persons with disabilities (PWDs).
- h. **Exposure to the COVID-19 virus:** this is an issue especially for the healthcare workers including CHV and other workers who may be exposed to the COVID-19 virus in line of duty, including those from the NYS; lack of masks, particularly in remote areas or poor use of masks; and may not be able to hand wash as often as recommended.
- i. **Workplace security risks:** Project workers may be subjected to security threats e.g. theft, sabotage, destruction of equipment, conflicts between workers, bandit attacks while on transit, community conflicts and acts of terrorism among others⁷.

⁶According to the Environmental and Social Standard 7 (ESS7), Historically Underserved Traditional Local Communities (HUTLCs), hereby referred to as VMGs are distinct social and cultural groups possessing the following characteristics in varying degrees: (i) self-identification as members of a distinct indigenous social and cultural group and recognition of this identity by others; (ii) collective attachment to geographically distinct habitats, ancestral territories, or areas of seasonal use or occupation, as well as to the natural resources in these areas; (iii) customary cultural, economic, social, or political institutions that are distinct or separate from those of the mainstream society or culture; and (iv) distinct language or dialect, often different from the official language or languages of the country or region in which they reside. In Kenya, these groups are also known as traditional minorities or VMGs and include hunter gatherers, forest dwellers and nomadic pastoralists (Art. 56 of the Kenya Constitution (2010)).⁶

⁷Technical Note: Use of Military Forces to Assist in Covid-19 Operations Suggestions on How to Mitigate Risks, Version 1 (March 23, 2020).

6. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

36. Kenya has an 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.

37. 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).

38. The instruments of the International Labor Organization (ILO) applicable in Kenya include: (i) *Freedom of Association and Protection of the Right to Organize* (ILO Convention 87); (ii) *The Right to Organize and Collective Bargaining* (ILO Convention 98); *Forced Labor* (ILO Convention 29); (iii) *The Abolition of Forced Labor* (ILO Convention 105); (iv) *Minimum Age (of Employment)* (ILO Convention 138); (v) *The Worst Forms of Child Labor* (ILO Convention 182); *Equal Remuneration* (ILO Convention 100); and (vi) *Discrimination (Employment and Occupation)* (ILO Convention 111).

39. 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*.

40. 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.

41. 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).⁸ 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.⁹

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

42. The *Occupational Safety and Health Act*¹⁰ 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.

43. Employer-employee occupational safety and health collaborations will be through the *Safety and Health Committees*¹¹ (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.

44. The *Work Injury Benefits Act*¹² (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

⁸ The probation period is not more than 12 months' duration or part thereof

⁹ Sec 3 (6) of The Employment Act, No. 11 of 2007

¹⁰ OSH Act No 15 of 2007

¹¹ Factories and other Places of Work (Safety and Health Committees) Rules, 2004, under the Occupational Safety and Health Act, [Act No. 12 of 2007]

¹²WIBA Act No 13 of 2007

compensation of ‘injured’ employees as well as their dependents, 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.

45. 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; WHO Emergency Response Framework, 2017 and EU OSH Framework Directive (Directive 89/391).

46. 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:

- a) Provision and maintenance of procedures of work that are safe and without risks to health;
- b) 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;
- c) 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;
- d) 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
- e) Informing all persons employed of: (i) any risks from new technologies; (ii) imminent danger; and (iii) appropriate recourse measures; and
- f) ensuring that every person employed participates in the application and review of safety and health measures.

47. For isolation, quarantine and health facilities managing COVID-19 cases, including vaccination centres and campaign activities, the measures provided in the WHO guidance¹³ will be applied. Specifically, the following shall be streamlined:

- a) 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;
- b) 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;
- c) 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;

¹³Tip Sheet Interim Advice OHS COVID19 April2020

- d) 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;
- e) Adjust workplace designs and work processes to minimize close contact among workers. This may include working in shifts and/or expanding the work areas;
- f) Provide suitable personal protective equipment (PPE) to personnel performing the cleaning activities. Follow the manufacturers' instructions for use of cleaning and disinfection products;
- 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 sanitizers at the entrance for any person coming into the facility, and health workers to use after attending to any patient. Implementation of OHS measures including emergency preparedness and response procedures and incorporating labour requirements into the ESHS specifications for project contract documents.

Additional containment measures will be put in place at the vaccination point to reduce exposure to the virus. All workers and visitors will be expected to ensure IPC measures are strengthened as stressed from (b) to (g) above. In case one of the visitors has any symptoms or complains of any symptoms the vaccinating health providers will need to refer him/her to the nearest health facility. There will need to be a protocol explaining the side effects and what an individual should do in the event that he/she experiences any of the symptoms or any of the adverse events following immunization.

- i) COVID -19 vaccination information will be shared broadly including on flyers that will be handed out to all people receiving the vaccines in English and Kiswahili mainly and in local languages as necessary.

8. RESPONSIBLE STAFF

48. **The Project Management Team (PMT)** is responsible for the overall project management and coordination, including compliance with safeguards requirements such as those contained herein. The PMT will engage consultant(s) with expertise in environmental, social, OHS issues on need basis e.g. to undertake Environmental and Social Impact Assessments. The team should also work with Labor and OHS officers available in most counties countrywide while monitoring compliance to the relevant Acts especially by contractors. 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) Maintain records of recruitment and employment of contracted workers (including sub-contractors);
- g) Ensure that the GRM for project workers is established and implemented and that project workers are informed about it;
- h) 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.

49. The PMT has three Social and one Environmental Safeguards officers who are responsible for ensuring and promoting the implementation of the LMP and OHS requirements within the project. One of the Social Safeguards Officers deployed from the State Department for Social Protection (SDSP) since May 2020 will continue to support the project until February, 2022. The Environment and Social Management Team are responsible for the following:

- a) Supervising workers' adherence to the LMP;
- b) Providing induction and regular training to contracted workers on environmental, social and OHS issues;
- c) Requiring contractors to identify and address risks of child labor, forced labor and serious safety issues and undertake due diligence to ensure this is done;
- d) Developing and implementing 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;
- e) Ensuring that all contractor and subcontractor workers understand and sign the CoC prior to the commencement of works and supervise compliance with the CoC;
- f) Ensuring the abbreviated CoC (one-pager) is displayed in all project supported facilities (Annex 2); and
- g) Raising awareness and training of workers in mitigating the spread of COVID-19;
- h) Monitoring, supervising, and reporting on health and safety issues relating to workplace and COVID-19, including details of key responsibilities and reporting arrangements vis-à-vis the project's Supervising Engineer and the main contractor;
- i) Coordinating and reporting arrangements between contractors;
- j) Following up on the feedback mechanisms between the contractors and their workers and flagging out any issues for redress; and
- k) Report to the PMT on labor and OHS performance.

50. 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 to World Bank	Relevant PMT to monitor and report to PMT Coordinator PMT to report to World Bank.

9. POLICIES AND PROCEDURES

51. The Project has contracted a number of firms to undertake repairs of incinerators, generators and cold rooms in 6 RBTCs with additional contractors in the pipeline, who will be engaged in carrying out activities that will encompass civil works in relation to additional refurbishment of Regional Blood Centres, isolation centres, installation of waste treatment equipment, renovation of the new COVID-19 designated laboratories in the counties and oxygen plants. Other contractors have been brought on board to support the urgent requirement of oxygen due to the surge in COVID -19 cases in 80 health facilities with additional more being contracted. Most of these activities are prone to labour and OHS risks and therefore the mitigation procedures enlisted in the LMP will be advanced once the contractor works begin. However, the project continues to facilitate the PMT with the relevant PPEs: hand sanitizers, masks and ensuring that the office spaces can adequately ensure social distancing rules. The Project Management allowed PMT to work from home and to undertake virtual meetings as much as possible. During field activities, the Project ensures procurement of hotels that are fully compliant with the requisite COVID-19 protocols.

52. During the subproject screening for waste management support, it was observed that waste handlers are often not adequately equipped with enough PPEs and recommendations have been made to ensure this is done to prevent infection risks. In order to avert insecurity risks, the PMT avoided visiting areas for field activities that have been alleged/reported to have spots of insecurity incidences. While undertaking public participation, the ESIA consulting firm's staff travelled by air to Mandera as opposed to the road which presents more potential insecurity threats.

53. A summary of indicative procedures to develop and continue implementing 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), WB standard procurement documents, ESMF and WHO IPC guidelines on COVID-19, the MoH will continue to manage the project in such a way that project workers are properly protected against possible OHS risks. The contractors will 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, where each beneficiary medical facility/lab/vaccine site shall prepare site specific infection control and waste management plan; (iii) training of workers and maintenance of training records; (iv) documentation and reporting of occupational accidents and incidents; (v) emergency preparedness and response procedures, and incorporating labour requirements into the ESHS specifications for project contract documents in line with the ESMF, WBG EHS guidelines and WHO IPC guidelines on COVID-19 ; and (vi) remedies for occupational injuries and fatalities.
- b) **Child labor:** The minimum age of project workers for the project as per the national laws is set at 18 years and above. To prevent engagement of under-aged labor, all contracts shall have contractual provisions that will include compliance with the minimum age requirements (18 years of age in Kenya) including penalties for non-compliance in-line with the relevant laws. The PMT is required to maintain labor registries of all contracted workers with age verification. More details are provided in Section 10 of this LMP.
- c) **Forced Labor:** All workers on the project (direct, contractor, primary suppliers and community) will be required to sign on to a form indicating their free will engagement on the project activities.
- d) **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.
- e) **Labor disputes over terms and conditions of employment:** To avoid labor disputes, fair terms and conditions will be applied for project workers in accordance with all applicable national laws and the provisions of ESS2. 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*. Communities will be provided information on the project GRM which they will be encouraged to use to channel complaints. The NYS, in case the services are procured, will use their own internal mechanisms and the project GRM.

54. **Discrimination and exclusion of vulnerable groups:** Decisions relating to the employment or treatment of project workers will not be made on the basis of personal characteristics unrelated to inherent job requirements. 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, compensation (including wages and benefits), working conditions and terms of employment access to training, job assignment, promotion, termination of employment or retirement, or disciplinary practices.

55. 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. The upcoming recruitment forms will provide for parameters that can be used to decipher employment information for vulnerable groups including marginalized communities.

- i. **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. The project will continue to consult and use any public information regarding insecurity incidence in areas planned to be visited during field activities. The Project has also developing a Security Management Plan (SMP) that will guide the management of security risks in the Project. All project workers will be sensitized on the provisions of the SMP.
- ii. **Use of Security Personnel:** The following measures shall be adopted, to ensure that the engagement of security personnel for provision of security to Project workers, sites and/or assets, is carried out in accordance with the ESSs, in particular ESS2 and ESS4:
 - Assess the risks and impacts of engagement of the security personnel, as part of the Security Management Plan and implement measures to manage such risks and impacts, guided by the principles of proportionality and Good International Industry Practice (GIIP), and by applicable law, in relation to hiring, rules of conduct, training, equipping, and monitoring of such security personnel;
 - Adopt and enforce standards, protocols and codes of conduct for the selection and use of security personnel, and screen such personnel to verify that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force;
 - Ensure that such personnel is adequately instructed and trained, prior to deployment and on a regular basis, on the use of force and appropriate conduct (including in relation to civilian-military engagement, SEA and SH, and other relevant areas), as set out in the ESMF.
 - Ensure that the stakeholder engagement activities under the Stakeholder Engagement Plan (SEP) include a communication strategy on the involvement of security personnel under the Project; and
 - Ensure that any concerns or grievances regarding the conduct of security personnel are received, monitored, documented (taking into account the need to protect confidentiality), resolved through the Project's grievance mechanism and reported to the Bank/Association] no later than 10 days after being received.

- The Security Management Plan developed by the PMT will be updated to include risks associated with the vaccination project.

iii. **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 are being inducted on 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. Contracted workers are being required to sign the CoC. The Division of Reproductive Health (which is responsible for Component 8 of this project) will plan and offer training on GBV/SEA and the social safeguards officers will ensure this is done through structured coordination of activities and joint monitoring activities. Training will be conducted during the induction of contractor workers, surge staff, community workers and on need-basis. There is a separate GRM for addressing GBV/SEA complaints as described further below.

56. **Monitoring and reporting:** The PMT shall continue to 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). The GEMS tools will be utilized for reporting.

57. **OHS Performance:** this has been a key preventive health measure that the Ministry has consistently enabled before and with heightened vigor during the COVID-19 pandemic response. The parent project has supported the Ministry in a number of OHS aspects for all healthcare workers involved in the fight against the pandemic. Further, OHS has been at the core of the infection prevention and control (IPC) efforts on all aspects of addressing the pandemic. Some of the notable measures put in place include:

- The Ministry has an institutional arrangement that handle OHS matters. The Division of Occupational Health and Safety at the Department of Environmental Health is responsible for all OHS matters including being the policy and technical link for the Ministry and DOSHS among other government agencies. The Division among other efforts developed the National Policy Guidelines on OHS for the Health sector. The policy guidelines provide clear guidance to all the health facilities in the country in setting up facility based occupational health and safety committees as required by the OSH Act 2007. In the fight against the pandemic, the Division also been in the front line in developing relevant guidance documents¹⁴. Some of these guidance documents include; the MOH guidance on Rational Use of PPEs, the Health and Safety Guidelines during the COVID-19 response, Guidance on public use of face masks and also supported the development of OHS sections in various infection prevention and control guidance documents. The Division has also supported the Division of health promotion in its efforts on sensitizing the public on the right use of face masks among other PPEs. It has also been appearing in the mainstream media sensitizing the public through TVs and radios on the right use of masks and PPEs;
- OHS is a core area of focus in the COVID-19 Task force sub-committee on IPC/WASH. OSH matters usually handled as one of the core standard precaution measure for IPC;

¹⁴ <https://www.health.go.ke/#1621662557097-37ed30fd-e577> (key reference documents numbers. 31, 50,56 among others)

- iii. The project has supported procurement and distribution of personal protective equipment (PPE) for the health workers as well as more support for PPEs will be provided for both the First and second AF;
- iv. All health workers training and capacity building undertaken under the parent project or any other support with a focus to strengthen COVID-19 response capacity in various technical areas has always had a session on occupational health and safety. Its worth to note that the parent project has supported training of health workers on infection prevention and control and waste management including induction of the 575 surge capacity staff contracted to meet the increased demand in case management and testing.

58. Its therefore critical that all actions as guided by the LMP, especially those targeting health workers in the second additional financing should continue including OSH sessions and those that have not been incorporating OSH sessions be supported by the Division of OHS with technical support from the E & S specialists.

59. **Fatality and serious incidents:** since the start of the project, there hasn't been any serious fatality or incidence reported. The PMT, supported healthcare facilities and contractors will use the incidence reporting protocols as guided in the relevant national laws, guidelines and the World Bank's Incidence reporting procedures. 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. Similarly, any insecurity related incident affecting the project workers and the facilities supported under the project for COVID response will be reported within 48hrs to PMT and the World Bank. 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. The process is as outlined in Figure 1.

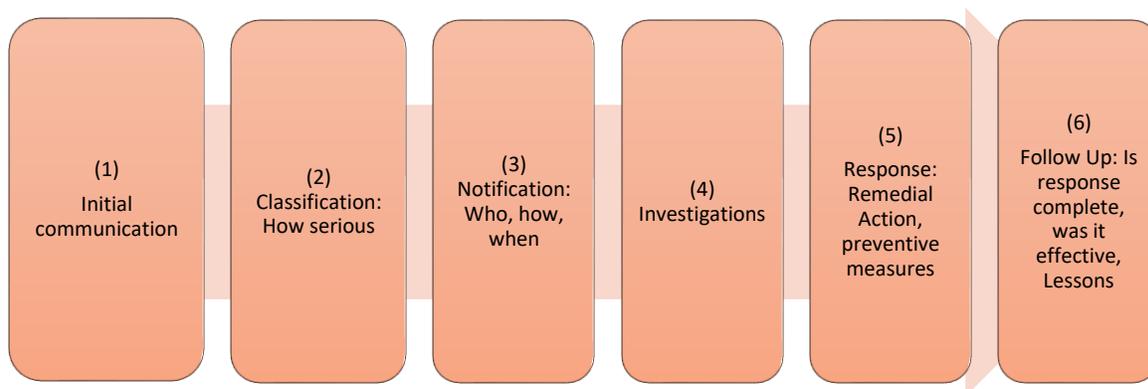


Figure 1: Incidence Management and Reporting Process in World Bank Projects

60. **GBV/SEA incidents:** To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, there is a separate grievance with a different and sensitive approach to GBV-related cases and requires that GBV/SEA complaints 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 will continue to 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. So far, no such case has been reported under the project. Within the additional financing, the Division of Reproductive Health within MOH will be responsible for the implementation of component 8 activities on GBV and will support the development of a GBV directory of referral pathways to support access of GBV/SEA victim support services within CHERP supported vicinities.

10. AGE OF EMPLOYMENT

61. The project shall not hire anyone less than 18 years of age. To prevent engagement of under-age labor, all contractors and primary suppliers shall have contractual provisions that will include compliance with the minimum age requirements (18 years of age in Kenya) including penalties for non-compliance in-line with the relevant laws. There will be regular monitoring of the workforce and if a child is discovered on the team of workers, the Contractor shall be penalized while the child will be asked to stop working without punishment.

62. ***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.

11. TERMS AND CONDITIONS

63. 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).

64. 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 waive the employee's obligation to make *payment in lieu of notice*.

65. Where the contractual arrangement ends on the basis of alleged employee wrongdoing; 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 as 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.

66. 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 including security guards 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.
- c. **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.
- d. **Hours of Work:** The normal hours of work of a project worker shall not exceed 8 hours a day.
- e. **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. For healthcare workers, the rest days may vary.
- f. **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.
- g. **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.
- h. **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.

- i. **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.
- j. **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).

12. GRIEVANCE REDRESS MECHANISM

67. **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 for project workers (direct workers and contracted workers) exists as required in ESS2. The Project has a GRM Guideline that indicates how workers' complaints should be reported (described in para 44 below) including on SEA. All 347 surge capacity recruited under CHERP have been inducted on GRM for workers including confidential reporting on GBV/SEA concerns that may affect them in their workplace. In line with the provisions of ESS2, a grievance mechanism will be provided for all direct workers and contracted workers (and, where relevant, their organizations) to raise workplace concerns. Such workers will be informed of the grievance mechanism at the time of recruitment and the measures put in place to protect them against reprisal for its use. Measures will be put in place to make the grievance mechanism easily accessible to all such project workers.

68. **Direct workers.** All workplaces including contractors will be required to have GRM Mechanisms. Handling of grievances should be objective, prompt and responsive to the needs and **concerns** of the aggrieved workers. The mechanism should 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. Workers should raise concerns with their immediate supervisor as much as possible or the head of HR for their facility or county. If they are unable to raise in this way they can raise to the county or national project grievance focal person if it relates to the Project.

69. Contractors will be required to come up with Contractor-based Grievance Redress Mechanisms and should assign an officer as a focal point within the company to address workers' concerns on an ongoing basis. The Contract-based GRM should provide for a dedicated channel via email and phone and should have a clear resolution and feedback mechanism as follow:

- The grievances raised by workers will be recorded with the actions taken by each concerned entity.
- GBV/SHEA cases affecting or concerning project workers will follow the procedure described for GBV/SHEA incidents above

- The aggrieved worker may wish to escalate their issues or raise their concerns anonymously to a level beyond their immediate supervisor
- Where consultants/ contractors have an existing grievance system their workers should use such mechanism and the contractor management should ensure this is aligned to the project GRM.
- The contractor should provide to the PMT a summary of all sub-project complaints including for workers on a monthly basis using the format provided in Annex 6.

70. **Project GRM:** the project will continue to have several channels for complaints and grievances including email, phone calls, texts, toll free number and letter writing that will also be accessible to all workers. Information on the project GRM will be made available to all project workers at all levels (both national and county). Although ‘suggestion boxes’ exist in many worksites and appear to be a preferred especially for anonymous concerns, the observation has been that these boxes are hardly opened. a structure needs to be put in place at all utility levels for opening, reviewing, responding and providing feedback on the issues raised. During the recent monitoring exercise by the PMT conducted between 19th to 30th March 2021, facilities were sensitized on the need for a mechanism for opening, documenting and ensuring that complaints received in this way are resolved and feedback provided to the complainant. PMT plans to sensitize GRMFP for health facilities within the fiscal year and the Focal Persons will be sensitized to ensure a working arrangement for implementing suggestion boxes. Project complaints should be acknowledged within 7 days and resolved as much as possible within 21 days.

71. 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 registered in the form, collated onto a register (Annex 5) and reported using the format provided in Annex 6. The email address and phone number will be made available to all workers during recruitment inductions. The Project complaints handling email at the PMT level is grievance@cherproject.com and the telephone contacts (+254795884577) once operational, the hotline number will be disseminated widely to stakeholders including county level and should be displayed on the MOH website.
 - b. Each entity engaging direct workers (PMT, field staff and the consultants) will hold periodic team meetings to discuss any workplace concerns. Complaints should be reviewed by the PMT on biweekly basis upon receipt. The grievance committee at the workplace comprised of the in-charge (Project Manager, health superintendent or contractors (who will be the chair), GRM focal person 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.
 - a. 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.

- b. 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.
- c. No disciplinary or legal action will be taken against anyone raising a complaint in good faith.
- d. A monthly report of complaints resolution should be provided to the PMT and the World Bank (as per the reporting format in Annex 6).

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

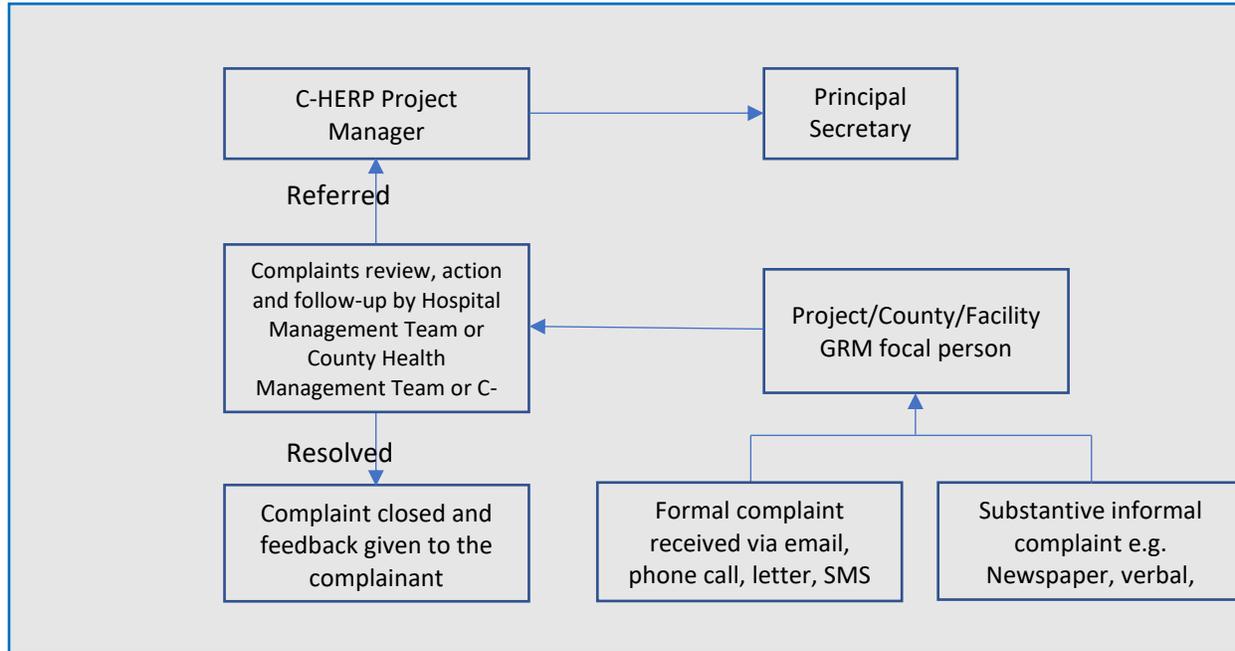


Figure 2: Internal grievance redress system

73. 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.

74. **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.

13. CONTRACTOR MANAGEMENT

75. Each contractor engaged by the Project to provide services (such as construction of isolation/quarantine centers, installation of waste, delivery of equipment e.g. 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 in accordance with national law and the provisions of the ESF. 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) Require workers who contract the virus due to close contact with infected workers to self-isolate/quarantine;

- 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.

76. 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.

14. COMMUNITY WORKERS

77. 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 contractors for community workers will need to show evidence (signed documentation) indicating that the worker has voluntarily signed up for the work. In addition, the community workers will be oriented on the project GRM and encourage to use the system to report any complaints. They will also be given the contacts of the health facility in-charge and the social specialist on the PMT in case they have an urgent complaint on the project and/or their conditions of work. All OHS measures implemented by the project on the other category of workers will also apply to the community workers.

78. 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:¹⁵

- 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;

¹⁵There 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.

- 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

79. **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.

ANNEXES

Annex 1: Guideline on Code of Conduct

1. This Guideline provides guidance for the development of code of conduct (CoC). A satisfactory CoC contains obligations on all project workers (including contractors and contractor workers) 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. So far, this Generic CoC has been modified to fit the CoC requirements for surge capacity, contractors and contractor workers (annex) and consultants. So far 393 surge capacity staff, two consultants and 5 contractors under the RBTC civil works have signed the CoC.
2. The CoC 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. Should not engage in any form of sexual activity with minors
6. Use alcohol or narcotics during working hours.
7. Contravene any Kenya Law

* 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.

Note- The terms and conditions for service should align to workplace policies for healthcare workers whose duties go beyond the timelines indicated the Employment Act 2007

Annex 4: 16 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 _____

¹⁶ Based on the Kenya Public sector complaints handling guide, CAJ.

Annex 5: Complaints Register Format

County Department for Health _____								
Complaints Register for _____								
N o.	Date Received	Name and Address of the complainant	Contact of the Complainant	Complain ant Issue	Complain Channel	Date acknowledge	Action Taken	Complain status

Annex 6. Complaints Reporting Template

Complaints category/type (e.g service related, GBV/SHEA, OSH, etc)	No. of complaints received	Main mode complaint lodged	No. of complaints resolved	No. of complaints pending	Comments
<p>Recommendations for system improvement</p> <p>1.....</p> <p>2.....</p> <p>3.....</p>					

Note that this form will be replaced by the remote Geo-enabling Initiative for Monitoring and Surveillance (GEMS)