THE REPUBLIC OF KENYA

MINISTRY OF HEALTH

KENYA COVID-19 EMERGENCY RESPONSE PROJECT

SECURITY MANAGEMENT PLAN

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ABBREVIATIONS AND ACRONYMS

AEFI	-	Adverse Event Following Immunization
CHV	-	Community health volunteer
CoC	-	Code of conduct
CoK	-	Constitution of Kenya
COVID-19	-	Corona virus disease – 2019
CS	-	Cabinet Secretary
E&S	-	Environment and Social
ESF	-	Environmental Social Framework
ESMF	-	Environmental and Social Management Framework
ESS	-	Environmental and Social Standard
GAVI	-	Global Alliance for Vaccines and Immunization
GBV	-	Gender-Based violence
GEMS	-	Geo-enabling Initiative for Monitoring and Surveillance
GRM	-	Grievance Redress Mechanism
ICoCA	-	International Code of Conduct Association
IPC	-	Infection Prevention and Control
KCDC	-	Kenya Centres for Disease Prevention and Control
KEMSA	-	Kenya Medical Supplies Authority
KNBTS	-	Kenya National Blood Transfusion Service
KUTRRH	-	Kenyatta University Teaching, Referral and Research Hospital
M&E	-	Monitoring and Evaluation
MoH	-	Ministry of Health
NERC	-	National Emergency Response Committee
NPHI	-	National Public Health Institutes
NYS	-	National Youth Service
OHS	-	Occupational Health and Safety
PMT	-	Project Management Team
POEs	-	Ports of Entry
PPEs	-	Personal Protective Equipment
PS	-	Principal Secretary
SEAH	-	Sexual Exploitation and Abuse/Harassment
THS-UCP	-	Transforming Health Systems for Universal Health Care Project
TTIs	-	Transfusion Transmissible Infections
UNICEF	-	United Nations Children's Fund
VMG	-	Vulnerable and marginalized group
VMGFP	-	Vulnerable and Marginalized Groups Focal Persons
WHO	-	World Health Organization

A: PROJECT BACKGROUND

1.   An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) in Wuhan, has been spreading rapidly across the world, since December 2019, from Wuhan, Hubei Province, China to 212 countries and territories. Since the first case was reported in Kenya on March 13, 2020, the outbreak has spread to all of Kenya's 47 counties, against an anticipated scenario of 14 counties.

2.   The Kenya COVID-19 Emergency Response Project (C-HERP) aims to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project comprises eight components detailed below.

3.   **Component 1. Medical Supplies and Equipment:** This component aims to improve the availability of supplies and equipment needed to respond to COVD-19 and other public health emergencies. This component will provide support towards:
   a. **Enhancing capacity for COVID-19 testing and increase access to quality clinical diagnostics for other diseases.** Through the 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 AF will: (i) support networking of selected laboratories to optimize COVID-19 testing, (ii) strengthen disease surveillances 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 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 and laboratory staff in testing laboratories.
   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 of vaccines, storage and deployment logistics support.** This will include (i) procurement of vaccines to fully vaccinate 5.54 million people and accompanying injectable devices; (ii) expanding cold chain capacity (including climate friendly cold chain equipment) at the NVS, establishment of 44 county vaccine stores, strengthening capacity of 150 sub-county stores and strengthening the cold chain storage capacity in 3,731 health facilities. Support will include procurement and installation of 57 walk in cold rooms, freezer rooms and other cold chain equipment and accessories. (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.

4. The **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 (CHWs). Support under this component will include the following.

    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 being supported under the parent project to enhance capacity for the COVID-19 response. The first additional financing (AF) has financed investments 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.

    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 has supported and continues to support (i) training of health workers in psychological first aid; (ii) establishment of 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 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 First 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 system (ICT) which is linked to existing routine health information system among others.

    e. Under the vaccine program, the proposed AF will support building capacity of healthcare workers in vaccine planning and deployment. This 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.

5.   **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.

6.   **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 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 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 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. Support of the Department of Environmental Health will be key in implementation of the approved trainings; and
   e. Environmental impact assessments and audits.

7.   **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 proposed AF will enhance support towards: (i) risk and behavior change communication; (ii) community engagement for vulnerable and marginalized groups; (iii) training of community and opinion leaders; and (iv) periodic knowledge, attitude and practice surveys. Communication, social mobilization outreach and citizen engagement strategies to generate confidence, trust and demand for COVID-19 vaccines will also be supported.

8.   This component will ensure there is a two-way communication between the GoK and the people. 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 both mainstream and indigenous languages to ensure preventative

community and individual health and hygiene practices in line with national public health containment recommendations;

   c. Design, production and distribution of Information Education and Communication (IEC) materials (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;

   e. Publishing electronic IEC materials through all media outlets, including translation of messages into various indigenous languages;

   f. Communication in support of grievance redress mechanism; and

   g. Communication in support of environment and social risks communication.

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

10.   **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 are necessary. 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:

   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 center 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; and

h) Contracting health workers and additional support staff to support the operations of the blood laboratories.

11.   **Component 7. Project Implementation and Monitoring:** Institutional and implementation arrangements are detailed under Section 2. 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; and

c. Environmental and social safeguards related activities.

12.   The proposed second 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 (iv) fiduciary control activities.

13.   **Component 8: Improving Quality and Capacity for Gender-Based Violence (GBV) Response:** This component aims to improve the capacity and quality of GBV response services for survivors in targeted counties, with focus on health systems strengthening. Support under this component, targeting at least ten counties selected based on a pre-determined criterion[1], 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; 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

b. 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.

14.   On Project institutional and implementation arrangements, the National Emergency Response Committee (NERC) chaired by the Cabinet Secretary (CS) provides stewardship and

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[1]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.

oversight. The National COVID 19 Taskforce chaired by the Principal Secretary (PS) provides technical guidance while coordination and the Project Management Team provides coordination and project management. Overall implementation and monitoring is done by the Ministry of Health and Kenya Medical Supplies Authority (KEMSA) is responsible for procurement of medical supplies.

15.   The Security Management Plan (SMP) is prepared in the context of the Word Bank's Environmental and Social Framework (ESF) specifically Environmental and Social Standards (ESSs)1, 2 and 4 which indicate the need for security protection of the work environment including the requirement to manage risks emanating from engagement of security personnel in the project. The Good International Industry Practice (GIIP) for private security personnel is that they are from a company that is a member of the International Code of Conduct Association (ICoCA). However, considering that the existing security providers for healthcare facilities may not be members of ICoCA, it is recommended that the MoH and its partners actively seek the security providers work towards ICoCA membership. In addition, as per ESS4 Guidance Note for Borrowers, rules on the use of force should be tied to the contract between private security companies and their engaging parties.

B: OBJECTIVES AND APPROACH

16.   The C-HERP SMP provides a framework for general identification of potential security risks and mitigation measures with the view to averting negative impacts resulting from insecurity to the project workers, communities, commodities and equipment.

17.   The objective of the SMP is to provide for the protection of employees, equipment, supplies and information from internal and external security threats. Workplace security is necessitated by increased insecurity incidences, hence, the need for background inquiries and monitoring of prospective and current employees, ensuring internet and technology-based security protection, safety of equipment, and prevention/mitigation of potential threats. The Plan it intended to protect community members from security risks in their areas of residency and as they interact with the project activities. The actions proposed in this Plan are aimed at reducing economic, social and or legal liability to the project by taking reasonable measures to safeguard the workplace, workers and clients from threats.

18.   The project will utilize existing security arrangements within healthcare facilities including the additional measures proposed in this Plan for contractor works. Screening and assessment of subproject sites, to be conducted by the PMT, will identify existing security gaps and put in place appropriate mitigation measures.

19.   The project will recommend to the facilities being supported by the project   - treatment/isolation/quarantine centres, laboratories, blood centers, vaccination centers and waste management facilities, to put in place security measures. Where possible the project will strengthen the security of the facility/subproject mainly within the scope of funding support by, e.g. providing sheds for incinerators installed under the project.

20.   Relevant stakeholders will be consulted on possible security risks and measures. The grievance redress mechanism (GRM) developed for the project, will be utilized by workers,

communities and other stakeholders to raise any security concerns affecting the various subproject sites. Safeguards will be put in place to protect any of the complainants on security matters from potential retaliation by public security forces.

C: POLICY, LEGISLATIVE CONTEXT AND GOOD INTERNATIONAL PRACTICE

21.   There is no *exclusive* law governing workplace security in the country. Relevant provisions of the Constitution, the Occupation, health and Safety Act 2007 (OSHA 2007) and the Work Injury Benefits Act, 2007 (WIBA, 2007) provide the legal context for the management of workplace security. The OSHA, 2007 aims to secure the safety and health of workers from risks arising from activities of persons at workplaces while WIBA, 2007 provides for the compensation of employees from work related injuries.

22.   Article 41 of the Constitution provides for every worker the right to fair labour practices, fair remuneration, reasonable working conditions, to form or join a union and the right to strike. These provisions are aimed at ensuring workers' rights are protected and their welfare enchance. However, there have been instances where a claim of these rights has led to confrontation between workers and officers responsible for law enforcement.

23.   Some of the key provisions for security in the OSHA, 2007 include: Art. 14 (1-3) which obligates every employee to report to the supervisor any situation which the employee has reasonable grounds to believe presents imminent danger to his or her safety and protects such worker from sanctions emanating from e.g. absence due to a threat of imminent danger; Article 16 (1-2) prohibits persons from engaging in improper activity or behavior at workplace which might create hazard to the person or another and further elucidate the prohibited scenarios to include fighting, or similar acts; Art. 21 provides for notice of accidents and dangerous occurrences; Art. 50 requires an occupier of an office premise to ensure provision for security and maintenance of efficient and suitable lighting system hence contributing to avoidance or reduction of risks emanating from poor lighting of work environment; Art. 60 provides for construction and maintenance of fences in workplaces; and finally Art. 77 provides for setting up of a maintained safe means of access to every place at which any person has at any time to work.

24.   The WIBA ACT of 2007 provides for rights to compensation (Art 10), notice of occupational accidents (Art 21), required particulars in support of a claim while Part IV is dedicated entirely to compensation, and Part V on medical aid due to occupational accidents.

25.   Relevant international instrument includes the Convention 155 on Occupational Safety and Health 1981 (No. 155).

26.   The ESF of the World Bank governs the management of environmental and social (E&S) risks for projects financed by the Bank. ESS 1 of the ESF requires clients to better assess and manage E&S risks and impacts for improvement of financed development outcomes. These include management of threats to human security through personal, communal or interstate conflict, crime or violence. Potential impacts resulting from engagement of security personnel

needs to be assessed and management measures identified in accordance with the mitigation hierarchy.[2]

27.   ESS4 addresses the health, safety, and security risks and impacts on project-affected communities. Under this, the Ministry is responsible for ensuring that risks and associated impacts to personnel and property are avoided or minimized with particular attention to people who, because of their particular circumstances, may be vulnerable. There is need to assess risks posed by these security arrangements to those within and outside the project sites as guided by the principles of proportionality and GIIP, and by applicable laws, in relation to hiring, rules of conduct, training, equipping, and monitoring of such security workers. The sanctioning of any use of force by direct or contracted workers in providing security is discouraged except when used for preventive and defensive purposes in proportion to the nature and extent of the threat.

28.   The World Bank's Environmental and Social Management Framework (ESMF) provides for the need for social and conflict analysis aimed at assessing the degree to which the project may: (i) exacerbate existing tensions and inequality within society (both within the communities affected by the project and between these communities and others); (ii) have a negative effect on stability and human security; and (iii) be negatively affected by existing tensions, conflict and instability, particularly in circumstances of war, insurrection and civil unrest.[3]

D: OVERVIEW OF SECURITY SITUATION

The Project Setting
29.   Workplaces present different levels of vulnerabilities based on the security contexts and the extent of security management measures in place. It is important to undertake security vulnerability assessments to inform mitigation measures. The purpose of security vulnerability assessment is to determine and assess areas of exposure to insecurity in the workplace. It is critical to recognize the root causes of these vulnerabilities, whether they are covert or certain, and address them efficiently and effectively. For this project, these assessments will be undertaken by a security expert together with the project M&E officer, who has been assigned to oversee the SMP activities.

30.   Some of the security risk vulnerabilities within C-HERP include:[4]
- poor lighting system in healthcare facilities;
- lack of adequate security personnel to guard the facilities, to protect workers and equipment;
- lack of or inadequate fencing (securing of the facilities);
- Presence of hazardous and toxic materials and wastes within the HCF;
- Demand for HCF medicines (including vaccinations) and resultant increased potential for theft;

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[2]World Bank Good Practice Note, Environmental and Social Framework for IPF operations, assessing and managing the risks and impacts of the use of security personnel.
[3]The ESS also recognizes This ESS1-Annex1, A,5(e) – Social and Conflict Analysis.
[4]Some of the facilities are located in counties considered insecure: Mandera, Wajir, Baringo, Garrissa, West Pokot, Marsabit, Samburu, Laikipia, Tana River, Lamu and Turkana.

- vulnerabilities resulting from having healthcare facilities within communities susceptible to ethnic clashes coupled with poor transport and communication infrastructure;
- Inadequate workplace security policies and awareness about the workplace security solutions and procedures;
- inadequate security response structures; and
- lapses in proper monitoring of the workplace environment, staff and visitors, etc.

31.   With regard to security of counties supported by the Project, there have been insecurity incidences in the recent past, as reported through the media, e.g. in some parts of Baringo, Turkana, Wajir and Mandera. For instance, the technician who undertook installation of handwashing equipment in Mandera County had to delay the exercise based on the common knowledge of insecurity in the County and especially since the equipment had to be delivered to Level 4 hospitals spread across the County. In addition, the ESIA consultants witnessed heavy police presence while transiting to Tana River and had to fly to Mandera for fear of possible insecurity.

32.   These examples illustrate the need for vigilance and measures at the project level to ensure that project staff are not exposed to insecurity by purposing to mitigate against inherent security risks. This can be achieved by adequately documenting the potential security risks and building the capacity of counties to identify and mitigate such risks. Measures to address these risks would include avoiding or delaying visits to insecure sites until the situation is considered stable and safe for the people and equipment/materials. Additionally, engaging security personnel may be a requirement so that they accompany the MoH teams, PMT members, consultants and contractors who have to visit or work in some of the areas assessed as insecure, as per the the risk assessment conducted for this SMP and monitoring reports.

33.   Within C-HERP there are areas susceptible to insecurity incidences, which may have direct impact on the safety of project workers as described in the Project Labor Management Procedures (LMP) namely the PMT, MOH staff, consultants, temporary staff, contractors and contractor workers, primary supply workers, community volunteers and security personnel who may be deployed to provide security services to the project. Other key areas include safety of equipment and commodities in offices, on transit, in the facilities where they are installed and stored, and even to communities due to conflicts that may emanate from project interventions.

34.   It is foreseen that the project may not have major security involvement over and above the ongoing arrangements. The major scenarios that may require security involvement are: for supported sites with ongoing contractor works, the contractor workers may include security personnel (recruited by the contractors); and during scale-up of vaccination and mostly where vaccines are deployed through outreaches, especially in insecure locations. In such situations it would be imperative to have the presence of security personnel, most likely to be arranged by the county Government. In addition, transit of project equipment/staff in and through insecure counties may require the support of the Ministry of Interior and Coordination of National Government to facilitate security of the people and goods.

35.   Below is a brief analysis of the exposure to insecurity by the project workers and beneficiaries.

MOH staff and Project Management teams: Relevant MoH staff and PMT will be involved in various activities that may include field visits to monitor progress, safeguards due diligence, distribution of supplies, capacity building activities, among others. Further, potential security incidences may emanate during transit to counties for field assignments e.g. in Mandera, Turkana, Wajir, Garissa, Baringo, Lamu and Marsabit, which have experienced insecurity incidences in the recent past.[5]

Temporary Staff: The Project is financing the recruitment of a number of surge capacity staff to support COVID-19 testing, treatment and management in healthcare facilities across the country. Some of these staff have been posted to border points including Namanga, Isebania, Lunga Lunga, Loitoktok, Kainuk, among others, which are generally considered insecure. It is important to take note of the security risks posed to them and establish a project-based system for managing and mitigating against such risks.

Contractor and Contractor Workers: Contractors will be engaged in the installation of incinerators and civil works in relation to refurbishment of laboratories, Regional Blood Centers and treatment/quarantine/isolation centers (including the infectious disease unit) supported by C-HERP. These workers may be vulnerable to community conflicts resulting from dissatisfaction by communities, for instance, due to noise pollution, unfair recruitment of contractor workers, general community conflicts, political conflicts due to political campaigns, among others.

Primary supply workers and contracted technicians: Medical supplies are procured for isolation centers, Regional Blood Centers, laboratories, Level 4 and 5 hospitals. Some of these require the suppliers and technicians to install equipment on site. The security risks posed to this category of workers include potential theft of equipment during transit and threat to life from possible roadside attacks and banditry. The equipment could also be stolen during installation and use.

Community Health Volunteers: The Project will engage community health volunteers to undertake community based surveillance, mobilization and sensitization of communities on COVID-19 protocols. It will be important for county departments for health engaging community volunteers to work closely with the National Government Administrative Officer to ensure protection of community volunteers while performing project tasks.

Project equipment: Medical equipment acquired through the project need to be secured and protected. These include: ventilators, laboratory equipment, oxygen plants, test kits, vaccines and related commodities, handwashing stations, incinerators and waste management microwaves, construction materials for waste management facilities and treatment centers, tablets for COVID-19 case management, hired ambulances and vehicles for rapid response teams and any other within or outside the healthcare premises.

There are potential insecurity risks for communities that may emerge due to conflict over service access, labor recruitment by contractors and the government, and limited access to

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[5]Based on incidences reported in the last couple of months (word of mouth).

services. The community members could also fall victim to violence while they are accessing services at the health facilities and/or as they transit from their homes to the health facilities. There was a reported incident in Busia County in 2020 where security personnel sexually assaulted a female patient in a Covid-19 quarantine center, this exposed a lapse in security at the facility.

Security Risks

36. Exhaustive identification of security threats/risks in a project is a critical step towards prevention, management and mitigation against any potential risks. If not addressed, security risks can potentially prevent the project from achieving its objectives. The project Monitoring and Evaluation (M&E) Officer will support Counties to ensure identification of subproject based security risks and oversee implementation of the identified security management measures and controls in line with the OSHA Act of 2007 and World Bank provisions as contained in the World Bank's Good Practice Note: Assessing and Managing the Risks and Impacts of the Use of Security Personnel.

37. Security threats can either be external or internal. *Internal threats* are those caused by workers in an organization or those that occur within a workplace and may include theft, sabotage, destruction of equipment, labor unrest, and conflicts between workers, among others. *External threats* refer to risks of somebody or a group from the outside of an organization to covertly or overtly force or silently exploit system vulnerabilities by acquiring property illegally or harm persons or equipment in the organization such as common criminal activity; disruption of the project for economic, political, or social objectives; and other deliberate actions that have a negative impact on the effective, efficient, and safe operation of the project. In extreme cases, these could include terrorism or wars.

38. Some of security risks posed to the project include the following.

   i.   ***Theft of equipment:*** Theft cases may be perpetrated by employees through stealing, pilferage, use or misuse of organization's assets without permission. On the other hand, a trespasser may enter a building intending to steal, inflict grievous bodily harm or do unlawful damage; or having entered as a trespasser steals or attempts to steal, or inflicts or attempts to inflict grievous bodily harm to the people in the facility, e.g. patients, clients or workers.
   ii. ***Burglary:*** Illegal entry of a building with intent to commit a crime, especially theft. It involves breaking and entering the premises. This can be done by staff or outsiders.
   iii. ***Clashes within work environment:*** whilst research has shown that functional and shared spaces like hospitals can bring different warring clans together and may foster unity, healthcare services can equally be disrupted by clashes. This may be detrimental to the welfare of the patients/clients, staff and equipment within the affected facilities.
   iv. ***Banditry/Roadside attacks on workers during transit:*** The project can be susceptible to attacks while transporting equipment and materials to the counties or to project workers when travelling for field activities.
   v.   ***Violence in workplace:*** All employees are entitled to a safe and violence-free workplace. If an employee knows of a potential security concern or the need to report an incident, he/she should contact his/her supervisor or human resource offices of the respective facilities, counties/entities and report in a timely manner.

vi. ***Community unrest due dissatisfaction or concerns on health and other services:*** Dissatisfaction with healthcare services, including hazards at the workplace can be a cause of conflict between healthcare facilities and the communities from within. The triggers for such conflicts may include: poor waste disposal; smoke from poor sited incinerators; dissatisfaction of healthcare services, e.g. a failed or unwelcome immunization/vaccination exercise, among others.

vii. ***Acts of terrorism meted on workplaces:*** While terrorism is not prevalent in most parts of the country, a few areas, e.g. the Northern region, present a considerable risk emanating from the acts of terrorism which in the past resulted in abduction of humanitarian workers including officers working for Government institutions. The ripple effect to this security concern is the negative impact it can have to healthcare facilities in terms of not attracting adequate healthcare capacity to provide basic health services. This further puts healthcare workers in a state of fear, sometimes psychosocial trauma and loss of lives.

viii. ***Risks from Employee industrial action and disruption of services:*** Likely cause for labor disputes include demand for limited employment opportunities; labor wages/rates and delays of payment; disagreement over working conditions (particularly overtime payments and adequate rest breaks); and health and safety concerns in the work environment. Further, there is a risk that employers may retaliate against workers for demanding legitimate working conditions, or raising concerns regarding unsafe or unhealthy work situations, or any grievances raised, and such situations could lead to labor unrest and work stoppage[6]

ix. ***Gender-based violence/sexual exploitation and abuse (SEA):*** This becomes a security issue when GBV/SEA is perpetrated by project workers or is meted to or by a worker or patient. Examples include committing a GBV/SEA act by security personnel within conflict affected work environment or within the healthcare facilities they are expected to provide COVID-19 services and vice versa. It can also occur during community unrest and actions of clan/ethnic conflicts within the work environment. Further, intruders can pose a GBV/SEA risk to the workers and/or clients at a facility.

x. ***Harzadous materials:*** There is potential risks due to security issues associated with HCF hazardous materials (flammable, toxic) storage and use.

xi. ***Risks emanating from the use of security personnel***: Use of security personnel may exacerbate tensions. Security personnel can be private (employees of a private security company or individuals recruited to provide security) or public (such as police or military personnel). Security personnel can be engaged by the project contractor or by the MoH. Their presence can pose risks to, and have unintended impacts on, both project workers and local communities. For example, the way in which security personnel interact with communities and project workers may appear threatening to them or may lead to conflict and sometimes loss of life. Sensitization and use of clear Code of Conduct (CoC) for the project workers, including security personnel, can help mitigate these risks by specifying what constitutes unacceptable behavior. Separately, a binding agreement with security personnel will require, among other matters, that use of force is in accordance with the national laws.

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[6]Ministry of Health, Labour Management Procedures for the COVID 19 health Emergency Response Project, May 2020 available at https://www.health.go.ke/#1585137302557-b337f64d-c55873d1-981a

xii. ***Data and cyber insecurity:*** Essential online project information may be lost if unmitigated. At risk are the systems that are used to manage data on vaccines and blood and blood products The project will need to protect confidential and other classified information from loss, misuse or cyber-attacks.

Security Risk Mitigation Measures in Summary

39.	Security measures are designed to shield people and property from prospective hazards, including crime, sabotage, agitation and attack. Different systems are designed to protect different types of targets. Some of the sub-projects are located in areas with a history of insecurity. The MoH will work closely with the Ministry of Interior and Coordination of National Government to ensure the security of project workers and the facilities involved in COVID-19 response.

40.	It is essential to align potential project security incidences to responsive measures with a view to minimizing and preventing security risks and impacts. A list of potential security risks and recommended mitigation measures is provided in Table 1.

Table 1: Potential Security Risks management measures

Potential Security Risk	Risk rating	Prevention and mitigation measures
a) Theft of equipment, materials and pilferage of commodities	Substantial	Supported healthcare facilities and treatment/quarantine/isolation centres and contractors engaged by the project should put in place security measures to ensure protection of equipment, commodities and personnel. These measure should include but not limited to: i. Implementing access control system - secure and monitor entrance and outlet points of the workplace, proper badge and visitor card system, etc. ii. Maintain and up-grade access control and surveillance systems as necessary iii. Assess/screen the workplace vulnerabilities and compile a list for implementation of gaps iv. Not leaving visitors unattended in the workplace v. Ensuring proper security lighting vi. Where possible, put in place CCTV surveillance system vii. Where necessary, recruit and retain well trained security guards and train them on the security response system, among other project instituted measures viii. Maintain a properly executed inventory system ix. Use of commodity consumption registers
b) Burglary and vandalism	High	i. Maintenance and up-grading of access control and surveillance systems ii. Install security lights to ensure visibility of the facilities iii. Ensure proper fencing that is responsive to different security contexts iv. Have full time security personnel at the facility v. Fence the facility including provision of proper shed in waste management equipment sites
c) Clashes and conflicts within work environment	Medium	i. Conduct regular training and security awareness programs for staff ii. Raise awareness to all officers on how to behave in the midst of insecurity concerns emanating from community conflicts including providing work offs where such cases exist
d) Community unrest due to dissatisfaction or concerns on health services	Low	i. Ensure operational GRM that communities can use to raise their dissatisfaction and ensure that community concerns are addressed in a timely manner e.g. issues raised regarding poor siting of incinerators, poorly managed sewer systems, failed vaccinations, noise and dust pollution, unfair treatment at the supported facilities, among others.

			ii. Undertake stakeholder engagement and community dialogues to get the views of communities on service provision and obtain information that can guide improvement in programming

e)	Acts of terrorism meted at workplaces or on transit to facilities	High (in specific counties)	Possible targets are the Northern counties. Some of the mitigation measures include but not limited to:
			  i. Not leaving unattended items/assets in the workplace
			  ii. Access control should not be overruled by exceptions
			  iii. Strengthening of access control and surveillance systems
			  iv. Ensure security of communication devices and cables are in place and functional
			  v. Train workers on safety measures at the workplace
			  vi. Identify safe spaces for staff and sensitize them on the safety measures
			  vii. Any deployment to the high-risk areas will be preceded by a timely and specific risk assessment. The physical security measures outlined above will need ot be met prior to any deployment. If the risk cannot be reduced to an acceptable level, a decision will be made not to deploy.

f)	GBV/SEA	Medium	i. Induct security personnel on the project's CoC
			  ii. Ensure contracted security personnel sign the CoC
			  iii. Strengthen treatment and referral pathways for GBV/SEA survivors
			  iv. Raise awareness on GBV/SEA protocols for the Project in line with LMP and World Bank Policy
			  v. Provide separate ablution facilities for men and women at the workplace
			  vi. Ensure proper lighting on the compounds
			  vii. Broadly share information on GBV (one-pager) and GRM (one-pager) in all project supported facilities
			  viii. Fully implement sanctions contained in the GBV Action Plan

g)	Risks emanating from use of security personnel	Medium	The Project will be guided by the National Laws while addressing security concerns. The World Bank's ESF provides for possible mitigation measures for security personnel engaged in Bank financed projects which include the following.
			  i. The project will monitor risks resulting from acts of security personnel manning sub-project sites
			  ii. The Project should make reasonable inquiries to verify that the direct or contracted workers providing security are not implicated in past abuses
			  iii. Raise awareness to contracted security personnel or determine that they are properly trained in the use of force and appropriate conduct towards workers and affected communities
			  iv. Require security personnel to act within the applicable law and any requirements set out in the project Environmental and Social Commitment Plan (ESCP)
			  v. Review allegations of unlawful or abusive acts of security personnel and where appropriate take action or urge appropriate parties to take action to prevent recurrence and, where necessary, report unlawful and abusive acts to the relevant authorities
			  vi. Ensure security personnel contracted under the project are inducted on and sign the CoC
			  vii. Include contractual provisions and procedures for managing and monitoring the performance of security issues among contractors (such as those constructing or refurbishing isolation/quarantine/treatment centers, installation of waste management, handwashing stations, oxygen plants, blood centers and delivery of communication materials at the community level, etc.)

h)	Data and cyber insecurity	Medium	i. Change passwords on a regular basis as per security policy to prevent theft of data ii. Define and restrict user rights

		iii. Use of passwords on ICT data devices iv. Use servers for data back-ups especially for the KNBTS ICT system v. Provide user rights in accessing and usage of databases vi. Purchase and use of antiviruses and firewalls
i) Insecurity during transit	Medium (but high in some counties)	There is a risk of vehicles being ambushed while transporting staff, equipment and materials to project sites. This can be prevented/mitigated by: i. Obtaining intelligence information regarding vulnerable routes and avoiding travels during risk periods ii. Transport goods and workers during the day to reduce the risk of attack iii. Where dangers are observed to be likely and manageable, work closely with the Ministry of Interior and Coordination of National Government for security escort services iv. Where feasible, ensure that drivers have undergone defensive driving trainings (refer to the ESMF)

Note: It is important to have a solution for each security risk for the project at the present time and improve the systems for the future

41.   The PMT will organize training for security personnel on potential risks and emergency procedures related to the HCF hazardous materials (flammable, toxic) storage and use.   This will include increasing their appreciation and understanding of the risks and measures to take in case of an emergency situation at the workplace or on transit.

Security Arrangements
42.   Most of the sub-project sites are manned by private security officers contracted by healthcare and other facilities. It is however notable that since the existing security providers for healthcare facilities may not be members of ICoCA, the MoH and its partners will encourage the security providers to work towards ICoCA membership. The healthcare facilities sign contracts with the security firms that define their terms of engagement including conduct rules. The Regional Blood Transfusion Centers are manned by officers from one security firm arranged at the MoH headquarters level. Upon request, public security services are availed to the healthcare facilities. Such requests are made by the County Governments, through the County Commissioners, based on security needs of healthcare facilities.

F: PHYSICAL SECURITY

43.   Healthcare Facilities are at different levels with regard to existing overall security management systems including security barriers (fences, gates, locks, guard posts, surveillance). The sub-project screening for waste management equipment support in 16 counties[7] conducted in August 2020, screening of five (5) regional blood centers done in December, 2020[8] and observations/public consultations undertaken by Devlink Resources Consultancy Firm during the ESIA exercise in the months of December 2020 to February, 2021 revealed that majority of the counties did not have major security concerns. The extent of security measures generally aligns to Kenya's healthcare classification system. For instance, the National Referral hospitals have more

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[7]Langalanga level 4 hospital in Nakuru, Mama Lucy level 4 hospital in Nairobi, Tigoni level 4 and Gatundeu level 4 hospitals in Kiambu, Kisumu County Hospital, Ogongo level 4 in Homabay County, Migori County Referral Hospital, Meru County Referral Hospital, Loitoktok Level 4 hospital,   Kauwi Sub-County Hospital in Kitui, Kamor Infectious Disease Hospital in Mandera, Kilifi County Referral Hospital, Kisumu County Referral Hospital, Hola County Referral Hospital, Garissa County Referral Hospital, Msambweni Sub-County Hospital, Mwatate level 3 Hospitals and KUTRH
[8]Kisumu, Embu, Kisii, Nakuru and Uasin Gishu Regional Blood Centers.

robust physical security arrangements which in most cases encompass a mix of public and private security providers, a better surveillance system (CCTV cameras), clear check in and check out for staff (e.g. parking stickers, visitors and staff cards) and perimeter walls, gates etc. This is followed by Level 5 or county referral hospitals.

44.   The physical security parameters reduce at the lower level facilities and differ from facility to facility within the same level. Firstly, the type of fencing varies: a few have perimeter walls, majority with chain-link fences, a few with barbed wire while others have a mixture of live and iron sheet fences. On lighting arrangements, the national referral hospitals and most county referral facilities have better lighting systems. The facilities are manned by contracted security guards with a few supplemented with police e.g. Migori County Referral, Alupe isolation Centre, Mama Lucy hospital and Kenya Univerity Teaching, Referral and Research Hospital (KUTRRH), which in addition have National Youth Service (NYS) trainees manning their entry and exit gates.

45.   Some waste management equipment sites do not have sheds and are not well fenced. Therefore, there will be need to assess the gaps and where necessary, secure the waste management equipment to be financed under the project.

G: SECURITY OPERATING PROCEDURES

46.   This section highlights the security procedures in place to ensure security within subproject sites and proposals on how the existing arrangements can be strengthened.

Facility Security: The boundary security in healthcare facilities is marked by security walls made of different materials. Facilities earmarked for substantial CHERP support, e.g. those that will receive incinerators, oxygen plants, refurbishment to COVID-19 treatment and isolation centres, etc. will be required to ensure that security walls are reinforced where there is a weakness or where they are non-existent. There should be regular surveillance by security personnel to ensure that the facilities' boundaries are not predisposed to insecurity incidences.

Access-Point Operations: Visitors and staff access health facilities through designated gates. Few facilities have separate entry and exit gates while majority have one gate for both entry and exit. The levels of vigilance at the gates are varied. In some, searches are done to walk-ins and vehicles while there is a level of reluctance in a few especially areas with limited insecurity incidences. For example, KUTRRH has X-ray baggage scanner as part of its surveillance system. Facilities receiving substantial CHERP support will be required to ensure that there is clear check-in and check-out arrangements and where possible ensure separate entry and exit gates. There should be a 24-hour presence of security personnel to ensure proper security checks at access points. Facilities should learn from best practices and put up a robust access point security system that accounts for all persons, equipment and vehicles in the facilities at any given time.

Incident Response: The PMT, supported health facilities and contractors will use reporting protocols as guided in the relevant national and county-based security laws, policies and guidelines. Presently, insecurity cases, e.g. theft, vandalism, intrusion, burglary, patient-health worker conflicts etc. are reported by either staff or contracted security personnel to

the facility in-charge. The facility in-charge reports the case to the nearest police post which investigates and prosecutes where necessary. Security incidence reporting will continue to follow the existing arrangements. The Project Manager should be notified (within 24 hours) of any security incidence directly affecting project staff, equipment and communities as a result of CHERP interventions.

47.   In the event of a serious insecurity occurrence, the PMT shall report to the World Bank as soon as it becomes aware of such incidents (within 24 hours) and inform the MoH in accordance with national reporting requirements. Corrective actions shall be implemented in response to project-related incidents or accidents in line with the World Banks's Incidents Management and Reporting Processes in Figure 1 (this process has been elaborated in the ESMF for this project). The PMT or, where relevant a consultant, may conduct a root cause analysis for designing and implementing further corrective actions.
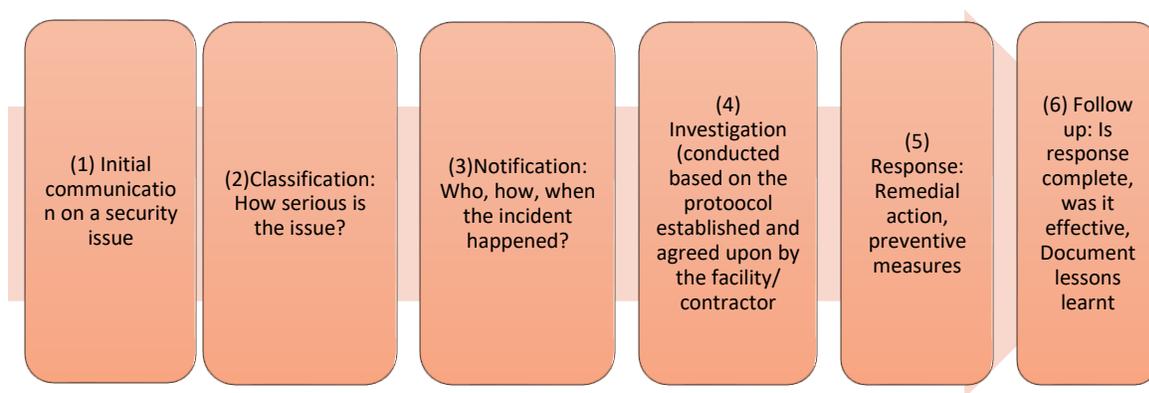
| (1) Initial communication on a security issue | (2)Classification: How serious is the issue? | (3)Notification: Who, how, when the incident happened? | (4) Investigation (conducted based on the protoocol established and agreed upon by the facility/ contractor | (5) Response: Remedial action, preventive measures | (6) Follow up: Is response complete, was it effective, Document lessons learnt |

Figure 1: Incident Management and Reporting Process

Security Patrols: Security patrols will continue to be done by the security personnel within the facility. Where subprojects are assessed and found to be located in areas with high potential insecurity incidence, security will be required to be beefed up including the option to use public police services.The M&E officer, who is the focal person for this SMP, will ensure that these provisions are implemented and provide the oversight on behalf of the MoH.

Travel Security: Travel security will be relevant where commodities, equipment and staff are transiting through volatile zones. This will be critical in situations where movement of staff, commodities or equipment cannot be postponed. In this case, the Ministry will write to the Ministry of Interior and Coordination of National Government for facilitation of security personnel from within the project administrative boundaries. The arrangement for travel security will be coordinated by the M&E Officer who is responbile for the implementation of this SMP.

Materials Storage and Control: Storage of project materials will be done in accordance with appropriate national laws, regulations and relevant GIIPs, including the World Bank Group EHSG. Inventory records will be maintained right from receipt of materials to utilization. Management of supplies in government is guided by the Public Procurement and Disposal Act, 2015 and Regulation 2020. There is a clear procedure of supply management

from the time they are ordered, received, quality assurance done and redistributed to end users. Materials supplied for project use will be monitored to ensure that the laid down procedures have been complied with to the latter and that material quantities purchased are in line with the quantities received. The contractor should have a mechanism for managing the procured materials under the project and ensure that materials and equipment are adequately secured.

Information and Communication All project workers must ensure security of sensitive information. Ideally, all project information is classified information unless it has been approved to be made public by the relevant authorities (see the communication matrix in the SEP for this project). All project workers should therefore ensure safety and privacy of project information. Project workers should adhere to this by securing their computers and laptops and ensuring that any project information to the public is approved by the Ministry leadership and where relevant the World Bank. Where massive data is involved, e.g. the Call Centre data (ones automated) and KNBTS Blood Database, appropriate firewalls and data servers should be procured and utilized.

Special Situations. There may be instances where large-scale events (e.g., criminal activity, demonstrations, civil disorder, terrorism etc.) require interventions by public security which is not specifically associated with the project but affects the safety and operations of the project. In such instances, the project, at all levels (national, county or facility) will use the existing security incidence reporting protocols. At either level, national and health facility levels, the internal security will notify the Administration who will then report the case to the nearest Police Station for further action. The Project Manager should be notified at the onset of such circumstances and should report to the World Bank for further guidance as soon as possible.

H: SECURITY SUPERVISION AND CONTROL

48.   Security supervision and control will happen at different levels. This may be at the national, county, healthcare facility/subproject sites and at the contractor levels.

49.   The responsibility for overseeing security management will be vested in the project M&E Officer, healthcare facility in-charge and the project contractors.

50.   The M&E Officer will be responsible for coordinating the overall implementation of the SMP, on behalf of the PMT, through the official Ministry structures including compliance with security safeguards requirements. The MoH will work closely with the County Governments, the Department of Interior, healthcare facilities supported by the project, relevant County MoH Departments and other relevant stakeholders to ensure proper management of project security issues. Specifically, the M&E Officer will be responsible for:
  a) Overseeing the overall implementation of this SMP;
  b) As part of sub-project screening, undertake security risk assessments and recommend mitigation measures;
  c) Ensure that security mitigation measures are included in sub-project ESMPs;
  d) Monitor potential security risks on subproject sites together with project beneficiaries;

e) Together with the social specialists, provide training to mitigate social risks of project workers and equipment including security risks;

f) Ensure that the GRM for the project workers is established and implemented and that project workers are informed about it;

g) Monitor the implementation of the workers' CoC for contracted security personnel; and

h) Report to the World Bank on the implementation of the SMP.

51.   **Health Facility Security:** Consultation with a number of healthcare facilities established that the overall security management is vested in the facility in-charge assisted by the hospital administrative Officer. The facility assesses security needs and requests for procurement or deployment of security personnel from the County Department of Health. The hospital management is responsible for the day-to-day supervision of the private security personnel and retains a copy of deployment and contract information within the facility. It monitors the behavior of the security personnel and resolves minor issues like lateness with the affected security personnel. Where a security incidence of criminal nature occurs, the facility in-charge reports the case to the Police and notifies the County Government Department of Health. The County Government liaises with the Security Firm to institute appropriate disciplinary measures to the concerned officer. Depending on the case, the disciplinary measure could include dismissal and/or legal action.

52.   The Health Facility Management Team will be sensitized on the Project CoC and will be required to cascade the same to the security personnel guarding the subproject sites.

53.   Project Contractors who will be procured to undertake civil works and related activities in the various subproject sites will employ security personnel to take care of project equipment and materials during the subproject contract phases. Management of contractor security workers should be clearly articulated in the works contract between the MoH and the contractors who should also sign the CoC.

Key Security Management Stakeholders

54.   Table 2 presents a list of potential key stakeholders that will need to be consulted and engaged for successful implementation of this Plan.

Table 2: Potential key stakeholders for the SMP

No.	Stakeholder Name	Role

1.	PMT	• All PMT members will be sensitized on the SMP in order to support implementation within respective components
		• The PMT will lead on the implementation of the SMP and will undertake the following:
		  o Raise awareness about the project and the security measures (limited information should be shared since this a security plan)
		  o Monitor implementation of the SMP
		  o Where needed facilitate security of project workers

2.	County Governments Department of Health (CHMT)	• Undertake Security Risk Assessments and where warranted, put in place mechanisms to prevent and mitigate the risks • Request for security reinforcement of public security, as necessary • GRM Focal Persons at the County level (GRMFP) will support the project in monitoring and reporting on security risks • Report incidences of insecurity in the subproject sites to the PMT

3.	State Department for Interior	Where appropriate: • Facilitate provision of security to project workers, equipment and affected communities • Provide security for health and other supported facilities • Facilitate resolution of any disputes between work contexts and communities • Support health facilities and affected parties in maintaining law and order • Provide security to project workers, equipment and commodities on transit • Oversee security cases escalated to them
4.	Facility HMT	• Assess and monitor security risks, recommend and implement security measures within the facilities • Prioritize resourcing of security needs within health facilities • Sensitize facility staff on managing work related risks including security and the project CoC • Notify the County Department for Health of any security concerns and request for capacity where applicable • Raise awareness to stakeholders and communities about the scope of project support • Resolve any security related complaints
5.	Contracted security companies and guards	• Provide security services in accordance with the terms of reference and respective CoCs • Carry out investigative functions where crime is suspected to have been committed
6.	Project Contractors	• Responsible for ensuring safety of workers and equipment • Contract security personnel to ensure security of the works, equipment and materials • Ensure security personnel contracted under the project sign the project CoC Raise awareness to stakeholders and communities about the scope of project support
7.	Communities from surrounding sub-project sites	• Raise alarm on impending security issues • Raise complaints or report security incidences within or around the facility • Responsible entities should provide mechanisms for channeling complaints and ensure that such complaints are adequately addressed to avoid escalation of feuds
8.	All Project workers	• Implement appropriate security measures • Report any security complaint affecting their work environment

I. PRIVATE SECURITY MANAGEMENT

55.   The role of private security is to provide preventive and defensive services, protect users, workers, facilities, equipment, and operations wherever they are located. Private security personnel have no law enforcement authority and will not encroach on the duties, responsibilities, and prerogatives reserved for public security forces. The provisions below guide the work of private security companies.

Provision and Composition of the Private Security Personnel: Most of the healthcare facilities consulted noted that private security personnel are deployed by Security Firms contracted by the County Governments. The security personnel report to the healthcare facility in-charge. The hospital administration undertakes day-to-day supervision including maintaining a rotational duty roster to ensure the presence of security personnel day and night. The number of security personnel varies from one facility to another depending on the security strategic points and how busy the facility is.

Contract Provisions: In the case of security contracted by the project contractors, the contract provisions include agreed CoC, and terms of engagement and implications for breach of contract. Security personnel currently working in project sites have signed

contracts with the respective County Governments and will be sensitized on the project CoC.

Active Oversight of Contractor Performance: To ensure proper performance, the project will undertake audits, assist with training, inquire into any credible allegations of abuse or wrongdoing, and monitor site performance on an ongoing basis.

*Security Personnel Background Screening***:** The project will perform and/or require its security provider to perform valid background checks on potential security personnel to screen for any allegations of past abuses, inappropriate use of force, or other criminal activity and wrongdoing. No individual for whom there is credible negative information from these checks will serve on the project. These checks will be documented and maintained in individual personnel records, which are subject to review by the project and during project supervision.

Security Personnel Equipment: In Kenya, private security is often not allowed to use firearms, ammunitions or other lethal weapons, thus facilitation of equipment by contractors or security firms should comply with the Laws governing the provision and use of weapons by private security. The kind of equipment to be provided may include radio calls and other non-lethal security assortments approved for use by private security.

Use of Force by Security Personnel: there are different types of force that can be used by the personnel including the use of physical force (including use of batons, hands and legs) but the threat of brute force is reduced since the law does not allow them to use firearms or any form of force. Contracted security personnel will be sensitized on the project requirments regarding the use of force according to the national security laws, GIIP and the ESF.

Security Personnel Training: Training responsibilities of security personnel will rest with the contractor and/or the security provider/firm (as agreed between the Security Firm and the Contractor). The training will be in line with the curriculum for training private security guards. The project will be responsible for sensitizing the private security on the project CoC.

J: PUBLIC SECURITY

56.   In few of the subproject sites with public police, the role of public security personnel is to supplement the efforts of contracted security personnel especially in facilities with high human traffic and those assessed to be vulnerable to insecurity incidences. In other instances, public police are called from the nearest Police stations to mitigate against a reported/witnessed security threat or incidence. This need is triggered by the Health Facility Management to the nearest police station (Officer Commanding Station) to respond and manage an insecurity situation. The Police service is also responsible for prosecuting such cases in the court of law, if cases are escalated to the court.

57.   There is limited control of Government entities that provide security to the public. The MoH administration and a few public security personnel consulted noted that public security command system takes precedence in the supervision of security personnel with their records

remaining at their respective stations. The Administration Liaison (at the Ministry entity or the Health facilities) oversee their day-to-day activities.

Security Personnel Background Screening: Currently, it is a requirement among both public and private security to obtain a certificate of Good Conduct before employment. The project will continuously monitor the conduct of public security personnel at the subproject sites and liaise with the Office Commanding Station where necessary.

Security Personnel Equipment: Provision of security equipment will continue to be done by the Public Security Management. This may include: uniforms; vehicles; radios; nonlethal weapons; and any firearms and ammunition. Where appropriate, the management of subproject sites may facilitate support of non-lethal equipment, e.g. vehicles during incidence response.

Security Use of Force: Public security personnel providing security to the project will be sensitized on the project's principles regarding use of force and will continue to be guided by the national security laws with regard to the use of force.

Security Personnel Training: The responsibility for technical training will rest with National Police Service. Moreover, it will be the responsibility of the Project to sensitize the security personnel regarding the project CoC, health and safety requirements that relate to the project, and the public and worker GRM. Training records will be kept that indicate the names and the type of training provided to the security personnel.

Allegations of Misconduct: where there is an alleged misconduct by security personnel, the applicable rules of conduct will be applied. Investigations into any allegations of abuse or wrongdoing will be undertaken by the authorized offices. These will include investigations regarding breach of the project CoC including serious allegations such as use of excess force and GBV/SEA. The penalties will be in line with the justice system and the employer disciplinary policies.

58.   **Monitoring security performance and reporting**: The PMT, in liaison with the county/health facility management and contracted security firms, will closely monitor security risks alongside other labor performance of the project and report to the World Bank on a quarterly basis as indicated in the Project LMP. The team may, among other actions, undertake subproject site spotchecks to assess the implementation of the various security measures and parameters, which may include: (i) type of security incidence prevalent in the subproject site; (ii) security incidences reported in the last 3 months; (iii) security mitigation measures in place (check for lighting system, type of security arrangement in the sub-project area, situation of fencing, check in and check out arrangements etc.); (iv) any training provided to security personnel; (v) security response system; and (vi) monitoring the conduct of security personnel, among others.

59.   **GBV/SEA incidents:** GBV/SEA is possible in contexts of conflict or insecurity. To promote support seeking behavior and avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism will have a different and sensitive approach to GBV/SEA-related cases and ensure that such cases are 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. Staff should immediately inform the survivor/complainant to go to a health facility which specializes in post-rape health support. It is important to create awareness in communities that survivors of GBV/SEA should seek support in a health facility within 72 hours of the incident.

60.   All staff in the project, including security personnel, will be informed of the procedures to take in case a GBV/SEA case is reported to them or if they are survivors of the same. They should seek healthcare services within 72 hours and immediately report to the GRM Focal Person at the facility, in the county or at the national level. The case should be treated with confidentiality and the name of the survivor should not be recorded in the GRM register. If a project worker is involved, the incident should be immediately reported to the Program Manager who will provide further guidance after consulting with the World Bank.

61.   Confidentiality and anonymity will be be extended to any complainants where issues arising from the use of public security are involved, to protect the victim(s) from potential retaliation. Information on the management of complaints will be shared with all the workers, facility users and the community members served with the facility.

K: PUBLIC CONSULTATION ON THE SMP

62.   The SMP was informed by consultations between PMT members and a few healthcare staff who participated   in project activities undertaken between August 2020 and March 2021. These include: project monitoring environmental due diligence in Regional Blood Centers and screening for waste management support by safeguards officers. The following officers were met during the facility visits: Facility-In-Charge (CEO or Medical Superintendent), Hospital Administrator, Nursing Officer in-Charge, Public Health Officers and Health Promotion Officers, Laboratory Technologists. A few County Directors for Health also provided information on the interlink between the county and the facilities on issues of security management. At the RBTCs, the officers consulted were mainly the In-Charges and Laboratory Technicians. A few security personnel working in the project sites were interviewed to understand their working arrangements.

63.   The information was gathered through informal key informant interviews, public consultation meetings and observations, especially for physical security measures.

L: GRIEVANCE REDRESS MECHANISM

64.   **GRM for direct workers**. This mechanism will provide avenues for workers to channel complaints, including security related complaints. Each project entity, e.g. PMT, field staff, consultants and contractor workers will be required to hold periodic team discussion meetings. Grievances raised by workers will be recorded with the actions taken by each unit. The summary of grievance cases will be reported to the World Bank as part of the regular reporting. 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, they should be allowed to do so. The workers may raise the issues with the World Bank task team in case of a serious occupational issue or non-compliance to the Bank

safeguards requirements in line with the incidence reporting protocols. Where consultants/contractors have an existing grievance system, their direct workers should use such mechanism.[9]

65.   **Project GRM:** the project has several channels for complaints and grievances including email, phone calls, texts, in-person and official letter writing that will be accessible to all workers. The project is in the process of enabling the functionality of the 719 hotline to allow receipt and management of C-HERP complaints. Information on the project GRM will be made available to workers at all facilities, government offices (both national and county) and community level (chief's office, for instance) to ensure that all workers, including CHVs, have adequate information on how to lodge a complaint and who to direct it to. Anonymity will be assured when handling workers' grievances.

66.   Although 'suggestion boxes' exist in many worksites and appear to be 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, the selected 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 (21/22). They will be sensitized to ensure a working arrangement for operationalizing suggestion boxes. Project complaints should be acknowledged within 7 days and resolved as much as possible within 21 days.

67.   The following actions are currently in use by the parent project and will be enhanced during the implementation of the first and second AF. See also Figure 2 for an illustration of the process.

   a. Complaints are sent to the GRM Focal Person in the facility or County Grievance Redress Focal Person or Social Safeguards Officer by email, telephone (Call or SMS), and letter, or in person. The complaints should be collated onto a register. The Project complaints handling email at the PMT level is **grievance@cherproject.com** and the telephone contacts **(+254 795 884577)** once operational, the hotline number will be disseminated widely to stakeholders including county level, communities and should be displayed on the MoH website.
   b. The Social Safeguards team receives and documents complaints on behalf of the PMT. Complaints are then channeled to the Project Component Leads who liaise with the User Departments to ensure that the respective complaints are resolved and feedback channeled to the complainant. The Social Safeguards Officers table summary complaints during biweekly PMT meetings to discuss and deliberate on any outstanding complaints (including any general PMT staff concerns). Membership of the biweekly PMT meeting encompasses: Project Manager, Deputy Project Manager, Component Leads, Project Procurement Officer, Internal Auditor, Project Accountant, Project Finance Officer, Social safeguards officers, Communication Specialist/Officer, M&E Officer, and Project Administration Officers. Minutes of the meetings are kept and action points summarized for ease of follow-ups. Recommendations include: internal audit, multi-agency monitoring visits including health practitioners, etc. Any

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[9]C-HERP Labor Management Procedures available at https://www.health.go.ke/#1585137302557-b337f64d-c55873d1-981a.

preliminary investigation has taken place within one month of the committee meeting. All formally raised complaints are responded to within 3 weeks (21 days) of a decision being made.

c. The County GRMFC receives and manages project complaints at the county level.

d. At the healthcare facility/contractor level, there should be a GRMFP who receives, documents and reports on project complaints. The Facility FP will table summary complaints during the weekly hospital management committee's meetings to discuss and resolve complaints raised about the project. A summary of the county level complaints is shared with the social safeguards team at the PMT on a quarterly basis.

e. For informal complaints, i.e., those raised through social media, print media or not formally lodged, the social safeguards officers document and the committee deliberates upon them and decides whether to investigate based on the substance and potential impact and reputational risk.

f. Complaints regarding GBV/SEA should be kept confidential. The name of the complainant should not to be recorded, only information on the age and gender of the complainant, whether a project worker was involved is sent directly to the PM who should immediately notify the World Bank.

g. All complaints related to security personnel should also be kept confidential. Such complaints should be reported directly to the Project Manager for immediate action.

h. No disciplinary or legal action will be taken against anyone raising a complaint in good faith.

i. A quarterly report of complaints resolution is provided to the World Bank (as per the reporting format in Annex 4 or the Geo-enabling Initiative for Monitoring and Surveillance (GEMS) forms.

j. The practical steps to be used in addressing grievances at the workplace are presented in Figure 2. The chart illustrates the grievance resolution process and provides guidance on actionable steps to be undertaken from when a complaint is received to the time it is closed. It also stipulates the required action timelines.
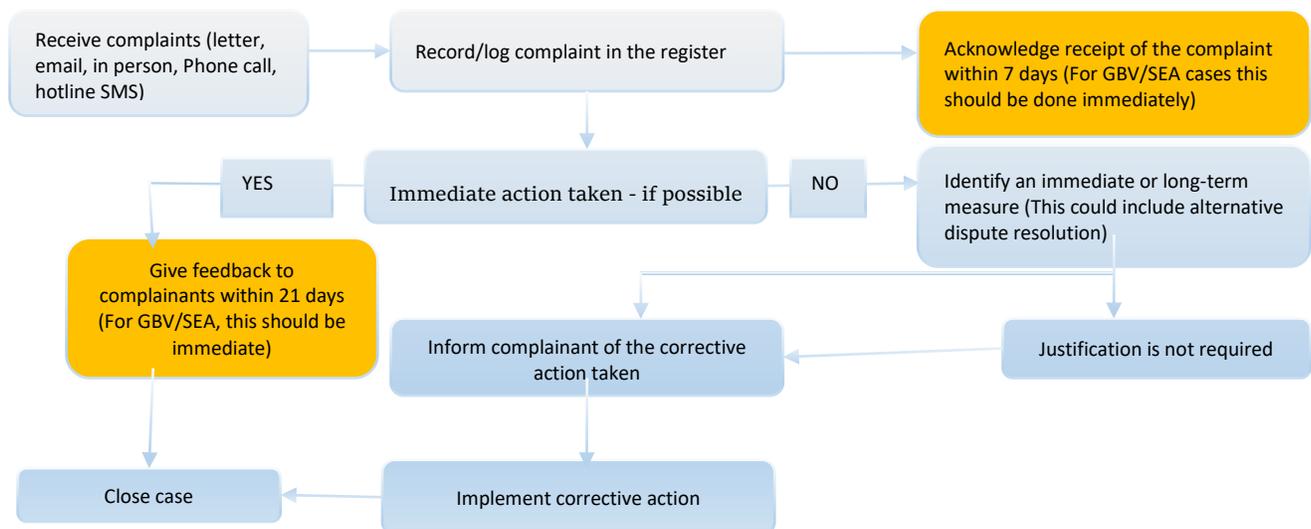

Figure 2: Practical steps to be used in addressing grievances at the workplace

68.   **National appeal process.** The labor laws provide for the national appeals process that should be utilized by any aggrieved worker if he/she considers the GRM process established by the project to be ineffective and/or unfair.

M. MONITORING AND REPORTING

69.   The Project will track the implementation of the SMP activities using the matrix shown in Table 2. The matrix will be completed by the implementing teams on a monthly basis (the first week of every month). The M&E Officer will collate and submit the information to the PMT on a monthly basis.

70.   Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions on security provisions will be collated by responsible staff and referred to the PMT.

71.   The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the project's ability to address those in a timely and effective manner. The following Key Performance Indicators (KPIs) will be monitored by the project on a regular basis:

(i)   No. of allegations of unlawful or abusive acts of security personnel;
(ii)   Type/nature of the security related complaints;
(iii)   Distribution of the complaints by type and location;
(iv)   Mitigation measures deployed;
(v)   No. of security complaints reported; and
(vi)   No. of security incidents resolved.

72.   The PMT will closely monitor security issues and incidents and take remedial actions in a timely manner. Security assessments will be conducted, especially in high risk counties, and the reports used to determine the deployment of project personnel and resources. The M&E Officer will provide oversight over all aspects of the implementation of the SMP.

73.   The SMP will be periodically revised and updated as necessary in order to ensure that the information and operations remain appropriate and effective in relation to the project context. The SMP will be an internal document and will not be disclosed.

N: PROPOSED COSTED ACTIVITIES FOR THE IMPLEMENTATION OF THE SECURITY MANAGEMENT PLAN

74.   Table 3 provides a tentative budget for the implementation of the Security Management Plan.

Table 3: Estimated budget for the SMP

No.	ACTIVITY	Timeline	(Approx KShs)	Responsible
1.	Undertake sensitization of the SMP to GRM Focal Persons, Healthcare management, security personnel and stakeholders	Annually	5,400,000	Supported Counties &PMT
2.	Sensitize contractors and sub-contractors (security workers) on the SMP requirements and the need to sign the project CoC	On need basis	3,000,000	Supported Counties & PMT
3.	Use of security personnel to escort personnel to high-risk project sites	On need basis	1,000,000	Supported Counties & PMT
4.	Undertake security risk assessment in high-risk sub-project sites	During sub-project screening and as necessary	4,000,000	Supported Counties & PMT
5.	Monitoring of security risks	Half yearly	3,200,000	Supported Counties & PMT
	Total		**16,600,000**	
	Contengency funds (5%) to address any shortfall	**Bulk**	**830,000**	**PMT**
	Grand total		**17,430,000**	

ANNEX 1: CODE OF CONDUCT FOR CONTRACTED SECURITY PERSONNEL

Government security workers will continue to be guided by the codes of conduct (CoCs) in their respective workplaces and as guided by the relevant Government policies and laws. However, the project will purpose to sensitize all engaged security personnel on the Security Management Plan and World Bank policy requirements on the management of security risks in Bank financed projects. Contracted security personnel will be required to sign the project CoC in line with the SMP and therefore the recruiting entities with support of the project safeguards officers will use the following guidelines in drafting the CoCs.

INTRODUCTION

This will include and not be limited to a brief information of purpose for contracting security personnel, the relevant policies and states including World Bank security requirements and the need for a CoC, a list of the workplace core values that govern the general conduct of officers.

MINISTRY OF HEALTH CORE VALUES

Every public employee is required to comply with the provisions of Chapter Six of the Constitution on Leadership and Integrity and Articles 10 and 232 of the Constitution of Kenya 2010. Furthermore, all MOH staff are required to emulate the core values and guiding principles as enshrined in its strategic documents.

TERMS AND CONDITIONS FOR CONTRACTED WORKERS

This part provides an outline of the terms and conditions employment as provided in the Employment Act (2007) and applicable public service regulations in relation to hours of work, rest per week, maternity and paternity leaves, deductions from employment, death benefits and medical treatment of injured workers.

WORKERS' OBLIGATIONS

This will encompass a list of obligations with regard to:
   i.   Complying with applicable laws, rules, and regulations of guiding employment in Kenya;
   ii. Comply with applicable health and safety requirements including wearing prescribed personal protective equipment (PPE), preventing avoidable accidents and a duty to report conditions or practices that pose a safety hazard or threaten the environment;
   iii. Not use illegal substances (such as alcohol and narcotics) during working hours;
   iv. Not discriminate anyone on the basis of family status, ethnicity, race, gender, religion, language, marital status, birth, age, disability, or political conviction, among others;
   v.   Treat all community members with dignity and convey an attitude of respect and non-discrimination;
   vi. Not sexually harass anyone and is prohibited from the use of language or behavior, in particular towards women or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate;
   vii. Not use exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior;
   viii. Protect children from any form of abuse including prohibitions against abuse, defilement, or otherwise unacceptable behavior with children, limiting interactions with children, and ensuring their safety in project areas;

ix.   Not engage in any activities that expose him/her or the employer to conflict of interest (such that benefits, contracts, or employment, or any sort of preferential treatment or favors, are not provided to any person with whom there is a financial, family, or personal connection);

x.   Respect reasonable work instructions including environmental and social norms;

xi.   Protect and properly use property – the employee shall not steal, waste or use property carelessly;

xii.   Be obligated to report on violations to the CoC;

xiii.   There shall be no retaliation against any worker that reports violations of the CoC, if that report is made in good faith; and

xiv.   Not use force while addressing security concerns unless appropriate as guided by the law.

COVID-19 RELATED OBLIGATIONS

All employees shall:

i.   Wash hands, sanitize and observe social distancing at all times and follow WHO and GoK updated guidelines;

ii.   Take care of PPEs and materials used for protection (including gloves, masks) and ensure their safe disposal;

iii.   Seek healthcare if they experience any of the following symptoms (while at home or work): cough, fever and shortness of breath; and

iv.   Stay at home and report immediately to the supervisor if a family member or he/s comes into contact with someone who has been reported to have COVID-19.

Disciplinary actions: such actions may be taken against those who repeatedly or intentionally fail to follow the CoC. The disciplinary actions will vary depending on the violation and as guided by the labor laws and public service regulations. Possible consequences include: demotion; reprimand; suspension or termination for more serious offenses; and detraction of benefits for a definite or indefinite time.

Legal action: The Ministry will take legal action in cases of corruption, theft, embezzlement or other unlawful behavior.

EMPLOYERS' OBLIGATION

The Ministry of Health is obligated to:

i.   Provide relevant structures to minimize contact between patients and other persons in the facility - healthcare professionals should be the only persons having contact with patients and this should be restricted to essential personnel only;

ii.   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.;

iii.   Establish procedures for managing, monitoring, and training visitors;

iv.   Require all visitors to follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed;

v.   Provide workers' remuneration in accordance to the terms of services;

vi.   Provide mechanisms for handling workers' grievances in a timely and objective manner without any risks of retribution;

vii. Uphold confidentiality of workers' information including where a worker has raised a complaint; and
viii. Resource security related measures and activities.

SIGNING OF CODE OF CONDUCT
This will encompass a declaration of having read through, understood the content the consequence of the contravention of the CoC.

STAFF DETAILS
This section contains details of the officer signing the CoC and should include: the name of the officer, national identification number, designation and signing dates.

DETAILS OF WITNESSING OFFICER
Similar to part VIII above, the section should include contains details of the witnessing officer signing the CoC and should include: the name of the officer, national identification number, designation and signing dates.

ANNEX 2: CODE OF CONDUCT FOR ALL STAFF AND PROJECT WORKERS ON KENYA COVID-19 EMERGENCY RESPONSE PROJECT*

This part will be printed as a poster for placing in all project supported sites.

DO's

i. Wash hands, sanitize and observe social distancing at all times and follow WHO and GOK updated guidelines.
ii. Seek healthcare if you experience any of the following symptoms (while at home or work): cough, fever and shortness of breath.
iii. Prevent avoidable accidents and report conditions or practices that pose a safety hazard or threaten the environment.
iv. Treat women, children and men with respect regardless of race, color, language, religion, or other status.
v. 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.
vi. Comply with all Kenya laws.

DON'Ts

i. Expose other people to the risk of infection in any form.
ii. Leave personal protective equipment lying around.
iii. 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.
iv. Make unwelcome sexual advances to any person including children in any form in the workplace.
v. Use alcohol or narcotics during working hours.

*For ALL Workers under the COVID-19 Health Emergency (Employees, associates, and representatives, Response Project including subcontractors and suppliers, without exception).

ANNEX 3: COMPLAINTS REGISTER FORMAT

	County Department for Health_____
	Complaints Register for_____

No.	Date Received	Name and Address of the complainant	Contact of the Complainant	Complainant Issue	Complain Channel	Date acknowledge	Action Taken	Complain status

ANNEX 4: COMPLAINTS SUMMARY REPORTING FORMAT

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

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