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LABOUR MANAGEMENT PROCEDURE (LMP)

FOR THE KENYA NATIONAL PUBLIC HEALTH INSTITUTE

Health Emergency Preparedness, Response and Resilience Project for Eastern and Southern Africa

Phase I of the Multiphase Programmatic Approach (MPA) – Financing Agreement No. P180127

Prepared by Kenya National Public Health Institute

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ACRONYMS

AFENET	African Field Epidemiology Network
CERC	Contingent Emergency Response Component
CHERP	Kenya COVID-19 Health Emergency Response Project
CHP	Community Health Promoter
COVID-19	Coronavirus Disease 2019
DOSHS	Directorate of Occupational Safety and Health Services
eIDSR	Electronic Integrated Disease Surveillance and Response (system)
E&S	Environmental and Social
EHSG	Environment, Health, and Safety Guidelines
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESIRT	Environmental and Social Incident Reporting Toolkit
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
GBV	Gender Based Violence
GIIP	Good International Industry Practice
GoK	Government of Kenya
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HEPRR	Health Emergency Preparedness, Response and Resilience Project
IANPHI	International Association of National Public Health Institutes
ICT	Information and Communication Technology
IHR	International Health Regulations
ILO	International Labour Organization
IPF	Investment Project Financing
KNPHI	Kenya National Public Health Institute
LMP	Labour Management Procedure
M&E	Monitoring and Evaluation
MDA	Ministries, Departments and Agencies
MoH	Ministry of Health

MPA	Multiphase Programmatic Approach
NEMA	National Environment Management Authority
NGO	Non-Governmental Organization
OSH	Occupational Safety and Health
PCT	Project Coordination Team
PMT	Project Management Team
POE	Points of Entry
PPE	Personal Protective Equipment
PWD	Persons With Disabilities
RCCE	Risk Communication and Community Engagement
SEA/SH	Sexual Exploitation and Abuse / Sexual Harassment
SEP	Stakeholder Engagement Plan
VMG	Vulnerable and Marginalized Groups
WB	World Bank
WBG	World Bank Group
WIBA	Work Injury Benefits Act

EXECUTIVE SUMMARY

This Labor Management Procedure (LMP) has been developed by the Kenya National Public Health Institute (KNPHI) as a framework for managing labor and working conditions and addressing labor-related risks associated with implementation of the Health Emergency Preparedness, Response and Resilience Project for Eastern and Southern Africa (HEPRR), under Phase I of the World Bank's Multiphase Programmatic Approach (MPA), Financing Agreement No. P180127, implemented by the Government of Kenya through the Ministry of Health.

KNPHI, established under Legal Notice No. 14 of 2022 and formally launched on 8 May 2025, serves as Kenya's central platform for disease surveillance, public health laboratory services, emergency preparedness and response, health workforce development, and risk communication and community engagement. Under the HEPRR Project, KNPHI implements Component 2 – Strengthening Capacity of the National Public Health Institute – which builds on the Kenya COVID-19 Health Emergency Response Project (CHERP) and supports laboratory and genomic surveillance capacity, the Electronic Integrated Disease Surveillance and Response (eIDSR) system, strategic stockpiles, cross-border surveillance at Points of Entry, and health workforce surge capacity. In implementing these activities, KNPHI engages direct employees, contracted workers, consultants, primary suppliers, community health promoters and other personnel.

KNPHI's labor environment differs materially from a vaccine-manufacturing or industrial institution. KNPHI personnel work in laboratories, offices, an Emergency Operations Centre, and surveillance environments; undertake field deployments and outbreak investigations; support surveillance at Points of Entry; handle clinical and environmental specimens; work with sensitive data and information systems; travel to remote or high-risk areas; and interact with affected communities, responders and partner institutions. This LMP therefore places particular emphasis on biological exposure and biosafety, specimen handling, field and road safety, emergency deployment, fatigue and psychosocial wellbeing, security, data confidentiality, and protection from SEA/SH and discrimination, in addition to the conventional terms-and-conditions and OSH matters common to any employer.

This LMP establishes a structured approach to ensuring labor and working conditions are managed in a manner that promotes fair treatment, non-discrimination, equal opportunity, worker welfare, and a safe and healthy work environment – including the specific occupational risks associated with laboratory biosafety, field epidemiology and outbreak response. It provides guidance on recruitment and employment practices, occupational health and safety, worker rights and responsibilities, prevention of child and forced labor, code of conduct requirements, and worker grievance management.

The LMP sets out KNPHI's approach to meeting applicable national labor requirements and the World Bank Environmental and Social Framework (ESF), particularly ESS1 (Assessment and Management of Environmental and Social Risks and Impacts), ESS2 (Labor and Working Conditions), ESS3 (Resource Efficiency and Pollution Prevention and Management), ESS4 (Community Health and Safety), and ESS10 (Stakeholder Engagement and Information Disclosure).

Through implementation of this LMP, KNPHI demonstrates its commitment to responsible labor practices, compliance with legal and regulatory requirements, protection of workers' rights, and a safe, inclusive and productive work environment that supports delivery of its public health security mandate.

Key Commitments

- Provide safe, healthy, respectful and inclusive working conditions for all Project workers;
- Apply transparent, merit-based and non-discriminatory recruitment and engagement practices;

- Prevent and respond to child labor, forced labor, SEA/SH, harassment, exploitation and retaliation;
- Manage biological, chemical, physical, ergonomic, psychosocial, travel, security and field-deployment risks;
- Ensure appropriate biosafety, biosecurity, infection prevention and control, waste management and specimen-handling arrangements;
- Provide workers with induction, competency-based training, PPE where required, first aid, emergency procedures and access to occupational health support;
- Maintain accessible, confidential and non-retaliatory grievance channels, including appropriate pathways for SEA/SH concerns;
- Require contractors, consultants and suppliers to meet applicable labor and OSH requirements, and monitor compliance; and
- Monitor labor performance and report incidents and corrective actions in accordance with applicable Government of Kenya and World Bank requirements.

1. INTRODUCTION

1.1 Overview

The Republic of Kenya (the Borrower), through the Ministry of Health, is implementing the Health Emergency Preparedness, Response and Resilience Project for Eastern and Southern Africa (the Project) under Phase I of the Multiphase Programmatic Approach (MPA). The Project is financed by the World Bank (WB) under Financing Agreement No. P180127 and is implemented with the involvement of the Kenya National Public Health Institute (KNPHI), the Kenya BioVax Institute Limited (KBI), the Pharmacy and Poisons Board (PPB), and the National Quality Control Laboratory (NQCL).

KNPHI was established under the State Corporations Act (Cap 446) through Legal Notice No. 14 of 21 January 2022, and was formally launched as a fully functional, autonomous public health entity on 8 May 2025. KNPHI serves as Kenya's central platform for disease surveillance, public health research, laboratory services, emergency preparedness and response, health workforce development, and policy coordination – consolidating public health functions that were previously fragmented across multiple agencies. The Institute plays a pivotal role in enhancing Universal Health Coverage (UHC) and strengthening the country's health security, including compliance with the WHO International Health Regulations (IHR) and international agreements such as the Pandemic Treaty.

The Kenya Health Emergency Preparedness, Response and Resilience (KHEPRR) Project comprises four main components. Component 1, Strengthening Preparedness and Resilience to Manage Health Emergencies, focuses on strengthening the capacity of key institutions and health systems to prepare for and withstand health emergencies. This includes multisectoral and cross-border preparedness and planning, health workforce development, access to quality health commodities, local vaccine and pharmaceutical manufacturing, and digitization of health information systems. Component 2, Improving the Detection of and Response to Health Emergencies, focuses on strengthening the country's operational readiness and capacity to identify and respond to public health threats. It covers surveillance and laboratory diagnostics, emergency management and coordination, continuity of essential health services, as well as empowerment and social protection during health emergencies. Component 3, Project Coordination Unit, supports the overall coordination, implementation, monitoring and management of the project, including the systems and resources required to ensure effective delivery of project activities. Component 4, the Contingent Emergency Response Component (CERC), provides a mechanism for rapidly reallocating or accessing project resources in the event of a qualifying emergency requiring an immediate response.

In accordance with the World Bank Environmental and Social Framework (ESF), this Labor Management Procedure (LMP) has been developed to comply with Environmental and Social Standard 2 (ESS2) on Labor and Working Conditions. It sets out KNPHI's approach to managing labor-related risks and impacts associated with the Project, including terms and conditions of employment, non-discrimination and equal opportunity, workers' organizations, occupational safety and health (OSH), child and forced labor prevention, and grievance redress mechanisms for Project workers.

This LMP applies to all categories of KNPHI project workers, including direct workers, contracted workers, primary supply workers, and community workers, as defined under ESS2. It establishes the principles and procedures to be followed to ensure that all workers engaged under the Project are treated fairly, work in safe and healthy conditions, and have access to appropriate grievance mechanisms.

KNPHI shall ensure that implementation of this LMP is consistent with ESS2, relevant national labor laws and regulations of Kenya, and other applicable international standards. The LMP shall be implemented alongside other Environmental and Social (E&S) instruments, including the

Environmental and Social Commitment Plan (ESCP), and shall be subject to monitoring, reporting and periodic review throughout Project implementation.

1.2 Purpose and Objectives of the LMP

The purpose of this LMP is to facilitate identification of the different types of workers likely to be involved in KNPHI's implementation of the Project and to set out how those workers will be managed in accordance with ESS2, Good International Industry Practice (GIIP), and GoK labor laws.

Consistent with ESS2, this LMP seeks to:

1. Promote safety and health at work, including in laboratory, field-surveillance and emergency-response settings;
2. Promote the fair treatment, non-discrimination and equal opportunity of Project workers;
3. Protect Project workers, including vulnerable workers such as women, persons with disabilities and children of working age, in accordance with ESS2;
4. Prevent the use of all forms of forced labor and child labor;
5. Support the principles of freedom of association and collective bargaining of Project workers consistent with national law; and
6. Provide Project workers with accessible means to raise workplace concerns.

1.3 KNPHI Institutional and Project Description

Institutional Mandate

KNPHI's core functions include: public health surveillance and event-based surveillance; public health laboratory services and genomic surveillance; emergency preparedness and response, including rapid response teams and points-of-entry (POE) screening; health workforce development; risk communication and community engagement (RCCE); and research, statistics and innovation in support of national health security.

KNPHI Activity Areas Relevant to Labor Management

For KNPHI, labor-management considerations arise across the following activity areas, subject to approved annual work plans, procurement plans and institutional arrangements:

- Governance, institutional operationalization and development of human-resource and administrative systems;
- Strategic public health surveillance, data analysis, early warning and monitoring of priority conditions;
- Laboratory and genomic surveillance capacity, including safe specimen handling, testing support and related quality systems;
- Preparedness and response planning, including Emergency Operations Centre (EOC) functions, incident management and workforce surge arrangements;
- Public health emergency response, outbreak investigations, after-action reviews, simulation exercises and field deployments;
- Cross-border surveillance and public health functions at Points of Entry, including support to IHR capacities;
- Strategic stockpiling and management of emergency commodities, equipment and PPE;
- Digital surveillance, information management, interoperability and related ICT support;
- Training, mentorship, technical assistance, research, monitoring, evaluation and learning; and

- Coordination and linkages with national institutions, counties, partners and other relevant sectors.

Overall Project Components

KNPHI is the lead implementing agency for Component 2, Improving the Detection of and Response to Health Emergencies, and Component 4, the contingent emergency response component (CERC). Civil and rehabilitation works are anticipated for selected laboratory and surveillance infrastructure under Component 2.

Under Component 2 of the HEPRR Project, KNPHI will implement activities aimed at strengthening Kenya's national capacity to detect, assess and respond to public health emergencies. These activities will include strengthening laboratory and diagnostic systems, deployment and enhancement of electronic disease surveillance systems, strengthening surveillance at Points of Entry, establishment and management of strategic emergency stockpiles, and development and deployment of public health emergency workforce surge capacity. Implementation will involve KNPHI personnel, technical experts, consultants, contracted service providers and other project-supported workers, with activities undertaken at national level and, where required, through field deployments and designated points of service. Additionally, Civil and rehabilitation works are anticipated for selected laboratory and surveillance infrastructure under this component.

Component 4, the Contingent Emergency Response Component, will provide a mechanism for KNPHI and other designated implementing entities to access or reallocate project resources following activation in response to a qualifying emergency. Where activated, KNPHI will implement approved emergency activities within its mandate and in accordance with the CERC procedures and applicable Government of Kenya and World Bank requirements. Such activities may include rapid strengthening or deployment of surveillance, laboratory, emergency supplies, Points of Entry, workforce surge and other public health emergency response capacities, depending on the nature and requirements of the emergency.

2. OVERVIEW OF LABOUR USE ON THE PROJECT

2.1 Number of Project Workers

According to ESS2, project workers are categorized into direct workers, contracted workers, community workers and primary supply workers. Government civil servants (including staff from the Ministry of Health and other MDAs deployed to provide technical assistance) fall under the category of direct workers.

While the Employment Act, 2007, and applicable public service laws and HR manuals regulate government workers, consultants are governed by mutually agreed contracts. The indicative figures in Section 2.3 provide a planning estimate of the scale of KNPHI's Component 2 workforce; the actual KNPHI workforce requirement shall be determined from the approved institutional establishment, HEPRR annual work plans, procurement plans, activity-level terms of reference and approved budgets, and shall be updated as part of annual implementation planning and reported through the Project's labor-performance monitoring arrangements.

2.2 Project Workers Categorization

Consistent with the worker categories used in the source LMP and ESS2, KNPHI shall manage the following categories, as applicable to each activity:

Direct Workers: KNPHI employees and staff directly engaged to implement HEPRR activities; government civil servants or other public officers formally assigned to Project activities; and personnel directly engaged by the Project where permitted, including epidemiologists, public health laboratory scientists and technicians, surveillance officers, RCCE officers, ICT/data management staff, and health workforce development personnel.

Project/Implementation Team: The Project Coordination Team (PCT)/Project Management Team (PMT) established to oversee Component 2, comprising procurement officers, project accountants, environmental and social safeguards officers, and M&E/MEL specialists, assigned full-time or part-time to coordinate planning, procurement, finance, safeguards and reporting.

Consultants/Technical Experts: Individuals or firms directly engaged by KNPHI or Project arrangements for specialized technical, research, ICT, laboratory, surveillance or preparedness services under contract/consultancy terms.

Civil Servants: The Project involves numerous GoK employees, including the KNPHI Director-General, KNPHI-recruited staff, and staff of various Ministries, Departments and Agencies (MDAs) seconded to support Component 2 activities.

Contracted Workers: Employed or engaged by third parties such as contractors, sub-contractors, and service providers required for implementation, including for rehabilitation works at laboratory and surveillance sites, ICT system development (e.g., eIDSR), and training providers.

Primary Supply Workers: Workers employed by primary suppliers providing goods and materials to KNPHI – including suppliers of laboratory reagents, diagnostic equipment, ICT hardware, and strategic stockpile commodities – over whom the suppliers exercise control of working conditions.

Community Workers: Community Health Promoters (CHPs) and community volunteers involved in community-based surveillance mobilization and sensitization, engaged for specific approved surveillance, RCCE or other community-facing activities.

2.3 Estimated Number of Workers per Category

Category	Description	Est. Number	Mode of Engagement	Timing
Direct workers	Project Coordination Team (PCT) / Project Management Team (PMT) staff	4	Full time	All project phases
Direct workers	KNPHI staff – surveillance, laboratory, RCCE, ICT/data, workforce development and emergency response personnel	326	Full time	All project phases
Contracted workers	Contractors, consultants, sub-consultants, trainers and their support staff (incl. ICT system developers, laboratory equipment installers, works contractors for civil/rehabilitation works)	160	Temporary	All project phases
Primary supply workers	Workers of suppliers of laboratory reagents, diagnostic equipment, ICT hardware and other goods and materials to KNPHI	Variable depending on need	Temporary	All project phases
Community workers	Community Health Promoters (CHPs) and community volunteers engaged in community-based surveillance mobilization and sensitization	Variable (county-dependent)	Part-time / seasonal	Surveillance and outbreak response periods

Workforce requirements at different levels will be determined by the scope of Component 2 activities, which is expected to vary over time – particularly during outbreak response periods when surge staffing needs increase. Direct workers engaged as additional staff will be contracted in line with ESS2 requirements on labor and working conditions, non-discrimination, equal opportunity, and occupational health and safety. Gender will be mainstreamed into implementation, and this LMP applies to all Project workers including full-time, part-time, migrant, temporary and seasonal engagements.

2.4 Workforce Planning

- Workforce requirements shall be linked to the approved activity scope, risk assessment, budget and implementation schedule;
- Terms of reference shall define qualifications, deliverables, reporting lines, duty station, travel requirements, working hours, confidentiality obligations and applicable safeguards;
- Recruitment and engagement shall be transparent, merit-based and consistent with public-service and procurement requirements applicable to the engagement mechanism;
- Emergency surge personnel shall receive role-specific induction, safety briefing, deployment arrangements and access to appropriate PPE and occupational health support before, or at the earliest safe opportunity following, deployment; and

- Where staff are seconded or assigned from other government entities, the parent institution and KNPHI/Project shall clarify supervision, accountability, duty of care and incident-reporting responsibilities.

2.5 AGE OF EMPLOYMENT

The minimum employment/work age at KNPHI is 18 years, and this is a condition of all contracts under Project-financed activities. Employees' ages must be verified and documented prior to hiring, using the National ID Card or passport as the general method of verification. To engage members of Vulnerable and Marginalized Groups (VMGs) who may not hold formal identification, verification from a reputable local leader is acceptable.

Violation of KNPHI's standard on child labor by a contractor may result in termination of that contractor's contract.

3. ASSESSMENT OF KEY POTENTIAL LABOUR RISKS

Potential risks relate to labor and working conditions, including work-related discrimination, Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH), and Occupational Safety and Health (OSH) risks specific to public-health surveillance and laboratory work. For KNPHI, the risk profile is expanded beyond a conventional office employer to reflect public health laboratories, field epidemiology, outbreak response, Points of Entry, specimen handling, emergency deployments, digital systems and national coordination functions. KNPHI will assess and address these risks by developing recruitment guidelines, procedures and OSH measures, and applying relevant provisions of the Employment Act, 2007, public service regulations and its HR manual.

3.1 Occupational Safety and Health (OSH) Risks

Key general OSH risks for KNPHI's operations include exposure to workplace hazards in laboratories, offices, warehouses, vehicles, field sites and temporary response locations; risks associated with rehabilitation and civil works at laboratory and surveillance infrastructure (manual handling, falls from height, electrocution, dust); and ergonomic risks for ICT/data-management staff. KNPHI shall apply the hierarchy of controls in managing these risks – eliminating the hazard where practicable, substituting with a less hazardous process or substance, applying engineering controls, applying administrative controls and safe work procedures, and using PPE as the final layer of protection.

Site-Specific Environmental and Social Management Plans (ESMPs), including Environmental Health and Safety Management Plans, will detail how these risks are managed. Contractors undertaking rehabilitation works will prepare and apply a Contractor ESMP (C-ESMP) including site-specific hazard assessments and OSH measures. KNPHI's laboratory operating procedures shall meet WHO/CDC guidance on infection control, ESS2, and World Bank Environment, Health and Safety Guidelines (EHSGs) for laboratories and health facilities.

3.2 Biological Exposure and Infection Risks

KNPHI staff engaged in surveillance, laboratory and outbreak-response activities face risk of exposure to infectious agents, potentially infectious specimens, aerosols, sharps, contaminated surfaces or affected persons – including exposure to communicable diseases such as Ebola, Marburg, Mpox, cholera and vaccine-preventable diseases at Points of Entry and in the field. KNPHI shall:

- Conduct task- and site-specific biosafety risk assessments before laboratory or field activities involving potentially infectious material;
- Ensure appropriate containment, ventilation, decontamination and access controls for laboratory activities;
- Provide competency-based training on specimen collection, packaging, labelling, transport, processing, spill response and exposure management;
- Provide task-appropriate PPE and ensure fit, availability, use and safe disposal;
- Maintain procedures for occupational exposure, post-exposure management, referral and documentation;
- Use safe systems for infectious and biomedical waste segregation, treatment, transport and disposal; and
- Apply vaccination and other preventive measures where occupational risk assessment and national guidance indicate.

3.3 Chemical and Laboratory Hazards

Laboratory staff may be exposed to disinfectants, reagents, solvents, compressed gases or other hazardous substances. KNPHI shall maintain a chemical inventory and labelling system, ensure availability of Safety Data Sheets (SDS), apply engineering controls and compatible storage arrangements, provide training and appropriate PPE, maintain spill-response procedures and emergency showers/eyewash stations where indicated, and manage hazardous waste in accordance with applicable regulations.

3.4 Field Deployment, Travel and Road Safety

Field surveillance, outbreak investigation, supervision and response activities expose staff to risks of vehicle crashes, unsafe transport, long-distance travel, fatigue, remote locations, and difficult terrain or weather. KNPHI shall ensure that:

- Every deployment has an identified team lead, approved travel plan and emergency communication arrangements;
- Vehicles are roadworthy, appropriately insured and operated by competent, licensed drivers;
- Seatbelts are used by all occupants and unsafe driving practices are prohibited;
- Journey plans account for distance, road conditions, weather, security, rest and communication coverage; and
- High-risk or remote deployments include appropriate security and medical contingency arrangements.

3.5 Emergency Response, Fatigue and Psychosocial Risks

Emergency preparedness and outbreak-response work creates a distinctive duty-of-care requirement, involving long working hours, rapid deployment, high-pressure decision-making, exposure to traumatic events and the risk of inadequate rest. Sustained exposure to public health emergencies can also give rise to stress, burnout, compassion fatigue, stigma, isolation or moral injury among surveillance and response staff more broadly. KNPHI shall manage these risks through surge rosters, duty rotation, rest and recovery periods, supportive supervision, confidential psychosocial support and referral pathways, peer support, and structured demobilization and welfare review after prolonged deployments.

3.6 Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH)

As with other public institutions, KNPHI recognizes the risk of SEA/SH occurring in workplace and field settings, including during deployment of surveillance and rapid-response teams to communities, at training venues, during travel, and in partner interactions. KNPHI will require all workers to sign and comply with a Code of Conduct, receive training on GBV/SEA/SH prevention, and be informed of the workplace and Project-level Grievance Redress Mechanisms (GRM).

3.7 Child and Forced Labor

KNPHI will enforce a minimum employment age of 18 years, verified through National ID or passport, and will prohibit any form of forced or compulsory labor among its direct workers, contractors and primary suppliers. Contractors will be required to certify compliance and will be subject to monitoring through periodic inspections.

3.8 Labor Disputes over Terms and Conditions of Employment

Labor disputes may arise over remuneration, contract terms, workload, deployment, allowances, supervision, working hours or job classification, particularly given the mix of civil-service, project-contracted and consultant staff engaged under Component 2. KNPHI will mitigate this risk through

clear, written contracts and terms of reference, induction, transparent HR policies, and accessible grievance-handling and escalation procedures.

3.9 Discrimination and Exclusion of Vulnerable Groups

KNPHI will ensure recruitment, deployment and career-progression decisions are merit-based and free from discrimination on the grounds of gender, disability, ethnicity, health status (including HIV status) or other protected characteristics, and will provide reasonable accommodation for persons with disabilities in both office and field/laboratory settings.

3.10 Data Confidentiality and Digital Working Risks

KNPHI's surveillance, laboratory and workforce functions rely heavily on digital systems, including the eIDSR platform, creating risk of exposure of personal, health, laboratory, surveillance or workforce information through ICT systems, devices, field forms or insecure communications. KNPHI shall apply role-based access controls, require confidentiality undertakings from staff handling sensitive data, issue and secure appropriate devices, apply data-protection procedures consistent with the Data Protection Act, 2019, require incident reporting for suspected breaches, and ensure secure disposal of data and devices.

3.11 Security and Violence

Field operations, outbreak response and work at high-risk sites or Points of Entry may expose staff to threats, harassment, civil unrest, hostile environments, violence or intimidation. KNPHI shall conduct security risk assessments prior to deployment, apply deployment clearance procedures, maintain reliable communications and buddy systems where appropriate, and maintain evacuation/relocation and incident-reporting procedures for security incidents.

3.12 Summary of Risks and Mitigation Measures

#	Description of Risk/Impact (per ESS2)	Proposed Risk Mitigation Measures
1	Compliance with terms and conditions of employment	All KNPHI project workers will receive clear, written contracts detailing wages, benefits, hours and grievance procedures; a worker grievance mechanism will be established and publicized to address concerns promptly and fairly.
2	Biosafety and biosecurity risks in laboratory and specimen-handling work	KNPHI will implement laboratory biosafety and biosecurity protocols consistent with WHO guidance, provide appropriate PPE, biosafety cabinets and waste-disposal systems, and require mandatory biosafety training and medical surveillance for laboratory staff.
3	Occupational exposure to communicable and emerging infectious diseases during field surveillance, outbreak investigation and points-of-entry (POE) work	KNPHI will develop field-safety and infection-prevention-and-control protocols, provide PPE and vaccination where indicated, and ensure rapid-response teams receive pre-deployment briefings, insurance cover and post-deployment medical follow-up.

#	Description of Risk/Impact (per ESS2)	Proposed Risk Mitigation Measures
4	Occupational safety and health during rehabilitation/civil works for laboratories and surveillance infrastructure	Contractors will apply strict OSH measures including PPE, site fencing and signage, hazard-specific risk assessments, emergency response plans, first-aid facilities and equipment maintenance in line with the C-ESMP.
5	Psychosocial stress and burnout among emergency-response and surveillance staff	KNPHI will provide access to psychosocial support and counselling, implement reasonable duty rotations during prolonged outbreak responses, and train supervisors to recognize signs of stress and fatigue.
6	Non-discrimination and equal opportunity	Recruitment and employment decisions will be merit-based and free of discrimination on gender, disability, ethnicity or other protected grounds; reasonable accommodation and accessible facilities will be provided.
7	Prevention of gender-based violence, sexual exploitation and abuse, and sexual harassment (GBV/SEA/SH)	KNPHI will implement a GBV/SEA/SH prevention framework including Codes of Conduct, mandatory worker training, community sensitization, confidential reporting channels, referral pathways and enforcement of sanctions.
8	Prevention of child labor and forced labor	KNPHI and its contractors will enforce strict age-verification procedures, prohibit employment of children and any form of forced labor, and require contractors and suppliers to adopt equivalent policies with monitoring through inspections.
9	Data protection and confidentiality risks associated with handling of surveillance and health data by ICT/data staff	Staff handling eIDSR and other health-information systems will be bound by confidentiality undertakings and trained on the Data Protection Act, 2019, with access-control and cybersecurity safeguards applied to KNPHI systems.
10	Labor influx and community-related risks during rehabilitation works at laboratory/surveillance sites	Contractors will be required to prioritize local recruitment of unskilled and semi-skilled labor, sign and enforce Codes of Conduct, and sensitize workers on responsible behavior towards host communities.
11	Security and violence during field operations, outbreak response or work at high-risk sites/Points of Entry	KNPHI will apply security risk assessments and deployment clearance, maintain reliable communications and buddy systems where appropriate, and maintain evacuation/relocation and incident-reporting procedures.

#	Description of Risk/Impact (per ESS2)	Proposed Risk Mitigation Measures
12	Psychosocial stress, compassion fatigue and burnout among emergency-response and surveillance staff	KNPHI will provide access to confidential psychosocial support and counselling, peer support and referral pathways, implement reasonable duty rotations during prolonged outbreak responses, and train supervisors to recognize signs of stress and fatigue.
13	Contractor and supplier labor-practice risks (unsafe work, delayed wages, inadequate PPE, non-compliance)	KNPHI will apply due diligence and contract clauses requiring Codes of Conduct and OSH compliance, conduct inspections, maintain compliance records, and require corrective action or sanctions for non-compliance.

4. BRIEF OVERVIEW OF LABOUR LEGISLATION: TERMS AND CONDITIONS

4.1 Terms and Conditions

Kenya has an elaborate legal framework governing labor and working conditions. The Constitution of Kenya, 2010, is the foundation of this framework, and Article 2 recognizes ratified treaties as part of Kenyan law – bringing international labor standards directly into force domestically. The table below sets out the constitutional articles most relevant to KNPHI's labor and working-conditions obligations, and what each one stipulates.

Article	Provision	What it Stipulates
Article 2	Supremacy of the Constitution	The Constitution is the supreme law of Kenya and binds all persons and State organs; general rules of international law and any treaty or convention ratified by Kenya form part of Kenyan law. This brings ratified ILO conventions and other international labor instruments directly into KNPHI's legal obligations.
Article 10	National Values and Principles of Governance	Binds all State organs and public officers, whenever they make or implement policy or law, to values including the rule of law, human dignity, equity and social justice, inclusiveness, non-discrimination and protection of the marginalized, good governance, integrity, transparency and accountability. These values underpin how KNPHI is expected to manage its workforce.
Article 27	Equality and Freedom from Discrimination	Every person is equal before the law and has the right to equal protection and equal benefit of the law, including full and equal enjoyment of all rights and fundamental freedoms. The State and all persons are prohibited from discriminating, directly or indirectly, on grounds including race, sex, pregnancy, marital status, health status, ethnic or social origin, color, age, disability, religion, conscience, belief, culture, dress, language or birth. It also obliges the State to take legislative and other measures, including affirmative action, to redress past discrimination, and provides that women and men have the right to equal treatment, including equal opportunities in political, economic, cultural and social spheres.
Article 28	Human Dignity	Every person has inherent dignity and the right to have that dignity respected and protected. This underlies KNPHI's requirement that all workers, contractors and supervisors treat one another, and members of the public, with respect.

Article	Provision	What it Stipulates
Article 30	Slavery, Servitude and Forced Labor	A person shall not be held in slavery or servitude, and shall not be required to perform forced labor. This is the constitutional basis for KNPHI's prohibition of forced and compulsory labor among its direct workers, contractors and primary suppliers.
Article 31	Privacy	Every person has the right to privacy, including the right not to have their person, home or property searched, their possessions seized, information relating to their family or private affairs unnecessarily required or revealed, or the privacy of their communications infringed. This informs KNPHI's confidentiality obligations for staff personnel records and, more broadly, its handling of sensitive public-health and surveillance data under the Data Protection Act, 2019.
Article 41	Labor Relations	Every person has the right to fair labor practices, including fair remuneration and reasonable working conditions. Every worker has the right to form, join or participate in the activities of a trade union, and the right to go on strike. Every employer has the right to form and join an employers' organization and to participate in its activities. Every trade union, employers' organization and employer has the right to engage in collective bargaining. This is the primary constitutional anchor for KNPHI's terms-and-conditions-of-employment obligations under this LMP.
Article 42	Right to a Clean and Healthy Environment	Every person has the right to a clean and healthy environment, including the right to have the environment protected for the benefit of present and future generations through legislative and other measures. This supports KNPHI's environmental-health obligations at its laboratory and field-surveillance sites.
Article 47	Fair Administrative Action	Every person has the right to administrative action that is expeditious, efficient, lawful, reasonable and procedurally fair. Where a right or fundamental freedom has been or is likely to be adversely affected by administrative action, that person has the right to be given written reasons. This underpins procedural fairness in KNPHI's disciplinary, grievance and staff-management decisions.
Article 54	Rights of Persons with Disabilities	A person with any disability is entitled to be treated with dignity and respect, to access educational institutions and facilities integrated into society to the extent compatible with their interests, to reasonable access to all places, public transport and information, to use sign language, Braille or other appropriate communication means, and to access materials and devices to overcome constraints arising from disability. It further provides for progressive implementation of the principle that at least five percent of members of the public in elective and appointive bodies are persons with disabilities. This guides KNPHI's obligations on accessibility and inclusion of persons with disabilities in recruitment and the workplace.

Article	Provision	What it Stipulates
Article 55	Rights of Youth	The State shall take measures, including affirmative action, to ensure that the youth access relevant education and training, opportunities to associate, be represented and participate in political, social, economic and other spheres of life, access employment, and are protected from harmful cultural practices and exploitation. This informs KNPHI's approach to youth recruitment, internships and workforce-development programmes.
Article 232	Values and Principles of Public Service	Public service is founded on values including high standards of professional ethics; efficient, effective and economic use of resources; responsive, prompt, effective, impartial and equitable service delivery; involvement of the people in policy-making; accountability for administrative acts; transparency; fair competition and merit as the basis of appointments and promotions; representation of Kenya's diverse communities; and affording adequate and equal opportunities for appointment, training and advancement, at all levels, of members of all ethnic groups and both men and women, and of persons with disabilities. This is the core constitutional standard governing KNPHI's recruitment, promotion and human-resource practices as a State corporation.

The Employment Act, 2007, is Kenya's principal legislation governing employment relationships, defining fundamental employee rights and minimum conditions of employment, including regulation of child employment. Its subsidiary legislation, the Employment (General) Rules, 2014, expands on minimum employee rights and requirements for workplace sexual-harassment policies.

Applicable international instruments include the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD); the Convention on the Rights of the Child (CRC); the Convention on the Protection of the Rights of All Migrant Workers (ICRMW); the Convention on the Rights of Persons with Disabilities (CRPD); and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Relevant ILO instruments include Conventions 87 and 98 (freedom of association and collective bargaining), 29 and 105 (forced labor), 138 (minimum age), and 111 (non-discrimination).

4.2 Occupational Safety and Health

The Occupational Safety and Health Act, 2007 (OSHA) governs workplace safety, health and welfare for all workers and persons lawfully present at workplaces, and establishes the National Council for Occupational Safety and Health. Its provisions on health, machinery safety, general safety, chemical safety, welfare, and special applications are directly relevant to KNPHI's offices, laboratories and field operations. The Public Health Act (Cap 242) additionally provides for protection of human health through prevention, control and suppression of infectious and communicable disease – closely aligned with KNPHI's own surveillance mandate. The Work Injury Benefits Act, 2007, provides for compensation of employees for work-related injuries and diseases.

4.3 Labor Inspectorate

The Directorate of Occupational Safety and Health Services (DOSHS) and County Labor Officers are responsible for registration and inspection of workplaces, examination and testing of plant and equipment, accident investigation, and processing of claims under the Work Injury Benefits Act.

KNPHI will register its workplaces (including laboratories) with DOSHS and facilitate periodic inspections.

4.4 Regulatory Framework Summary

Instrument	Key Provisions	Application to KNPHI
Constitution of Kenya, 2010	Articles 27 (equality/non-discrimination), 28 (human dignity), 30 (freedom from forced labor), 31 (privacy), 41 (labor relations)	Anchors all KNPHI labor and employment practice and non-discrimination commitments
Employment Act, 2007	Defines fundamental employee rights, minimum terms and conditions of employment, regulation of child employment	Governs contracts and terms of engagement for all KNPHI direct and contracted workers
Occupational Safety and Health Act, 2007	Safety, health and welfare of workers and persons lawfully present at workplaces; establishes National Council for OSH	Basis for KNPHI's OSH management system across offices, laboratories and field operations
Work Injury Benefits Act, 2007	Compensation for work-related injuries and diseases	Applies to KNPHI staff and contracted workers injured or made ill in the course of duty
Public Health Act (Cap 242)	Prevention, control and suppression of infectious and communicable disease	Directly relevant to KNPHI's surveillance, laboratory and outbreak-response mandate
Health Act, 2017	National health-system governance and health-sector responsibilities	Relevant to KNPHI's institutional operating environment and coordination role in the health sector
HIV and AIDS Prevention and Control Act, 2006	Requires HIV/AIDS education and non-discrimination in workplaces	KNPHI will provide workplace HIV/AIDS awareness and support programmes
Data Protection Act, 2019	Governs collection, processing and protection of personal data	Applies to KNPHI staff managing eIDSR and other public-health information systems
Sexual Offences Act, 2006 / Employment (General) Rules, 2014	Sexual harassment policy requirements	Underpins KNPHI's SEA/SH prevention and response procedures
Persons with Disabilities Act, 2003	Non-discrimination and reasonable accommodation for PWDs	Guides accessibility of KNPHI workplaces and recruitment practice
World Bank ESS2 – Labor and Working Conditions	Sets requirements on terms of employment, non-discrimination, OSH, GRM, child/forced labor	Primary safeguard standard governing this LMP for the HEPRR Project

5. RESPONSIBILITIES OF KNPHI STAFF

KNPHI holds overall responsibility for implementation of this LMP across its directorates and Project-financed activities. Responsibilities are apportioned as follows:

#	Responsible Party	Key Responsibilities
1	KNPHI Management / Directorates	Overall accountability for LMP implementation; allocate resources for OSH and labor management; approve institutional HR, OSH and GBV/SEA/SH policies; report to the PCT/PMT on labor performance.
2	KNPHI HR and OSH Focal Point	Day-to-day implementation of the LMP; maintain worker records; coordinate OSH Committee activities; serve as the GRM focal point; liaise with DOSHS and NEMA; monitor and report on labor and OSH matters and GBV/SEA/SH cases.
3	Project Coordination Team (PCT) / Project Management Team (PMT)	Oversight of labor-management compliance across all HEPRR implementing agencies (KNPHI, KBI, PPB, NQCL); consolidated reporting to the World Bank; safeguards monitoring and support.
4	Labor Officers and OSH Officers (Department of Labor / DOSHS)	Registration and inspection of workplaces; workplace audits; accident investigation and WIBA processing; certification of designated health practitioners for medical examinations.
5	Contractors and Consultants	Prepare and implement Contractor ESMPs (C-ESMP) including OSH measures; engage workers in accordance with labor law and ESS2; ensure workers sign the Code of Conduct; report to KNPHI on labor, OSH performance and grievances.

6. POLICIES AND PROCEDURES

6.1 Occupational Safety and Health (OSH)

KNPHI is committed to providing a safe and healthy working environment for all direct workers, contracted workers and primary supply workers, as well as visitors to its offices, laboratories and field sites.

6.1.1 OSH Management Measures

KNPHI shall:

1. Conduct workplace and laboratory risk assessments before commencement of project activities;
2. Establish and operationalize an Occupational Safety and Health Committee as required under the OSH Act;
3. Provide appropriate Personal Protective Equipment (PPE), including laboratory and field biosafety PPE;
4. Conduct safety induction and periodic training, including biosafety/biosecurity training for laboratory and surveillance staff;
5. Maintain first-aid facilities and trained first-aiders at all KNPHI premises and deployed field sites;
6. Provide fire detection, firefighting and evacuation equipment;
7. Undertake annual statutory inspections and audits of laboratories and offices;
8. Ensure safe handling, transport and disposal of laboratory specimens and biomedical/hazardous waste;
9. Implement biosafety and biosecurity protocols consistent with WHO laboratory biosafety guidance; and
10. Provide occupational medical surveillance for staff in higher-risk roles (e.g., laboratory and rapid-response personnel).

6.1.2 Incident Reporting

All accidents, near misses, dangerous occurrences, occupational illnesses, laboratory exposure incidents and security incidents shall be reported immediately to supervisors and recorded on prescribed forms. Statutory reporting to DOSHS shall be undertaken within legally prescribed timelines, and serious incidents shall also be reported to the World Bank in accordance with Environmental and Social Incident Reporting requirements. Any fatality must be reported within 24 hours.

6.1.3 Emergency Preparedness

- Each relevant workplace or activity shall have an emergency-response arrangement proportionate to its risks;
- Emergency procedures shall cover fire, medical emergencies, biological exposure, chemical spill, security incident, evacuation, power failure and other credible hazards;
- Drills shall be conducted periodically and lessons documented;
- Emergency contact lists shall be kept current and accessible; and
- Remote field teams shall have documented procedures for medical evacuation and communications.

6.2 Reporting and Monitoring

KNPHI's HR/OSH focal point will maintain a labor and OSH monitoring register, compile quarterly reports on workforce numbers, incidents, grievances and training, and submit these to the PCT/PMT for consolidation and onward reporting to the World Bank.

6.3 General Project Policies

6.3.1 Equal Opportunity and Non-Discrimination

Recruitment and employment shall be based on merit and equal opportunity. KNPHI shall prohibit discrimination, harassment and victimization, and provide reasonable accommodation for persons with disabilities.

6.3.2 Fair Recruitment and Contracting

Engagements shall be transparent and lawful. All Project workers shall receive written contracts or terms of reference stating duties, remuneration, working arrangements, confidentiality, safeguarding and grievance provisions.

6.3.3 Prohibition of Forced Labor

Employment must be voluntary. No worker shall be compelled through threats, debt bondage, retention of identity documents or other forms of coercion.

6.3.4 Child Labor Prevention

No prohibited child labor shall be used. Age-verification and contractor/supplier controls shall be applied, consistent with Section 7.

6.3.5 Working Hours, Rest and Welfare

Working hours, overtime and leave entitlements shall comply with the Employment Act, 2007. Emergency deployments shall include fatigue management, rest and recovery arrangements consistent with Section 3.5.

6.3.6 Freedom of Association

Workers' lawful rights to association and representation shall be respected in accordance with Kenyan law and the worker's employment framework.

6.3.7 Confidentiality and Data Protection

Workers shall protect personal, health, laboratory, surveillance, security and Project information, and comply with applicable data-protection requirements, including obligations under the Data Protection Act, 2019.

6.3.8 Prevention of SEA/SH and GBV

Zero tolerance applies. All Project workers shall sign KNPHI's Individual Code of Conduct, receive induction and periodic sensitization on GBV/SEA/SH and HIV/AIDS awareness, and have access to confidential reporting and referral options.

6.3.9 Contractor Management

Contracts shall include labor, OSH, safeguarding, Code of Conduct, incident-reporting and grievance provisions, with monitoring and corrective action as set out in Section 6.6 and Section 9.

6.3.10 Training and Capacity Building

Induction and refresher training shall cover labor rights, OSH, biosafety/biosecurity, field safety, Code of Conduct, SEA/SH prevention, data protection, grievance handling and emergency preparedness for all Project workers and contractors.

6.4 Applicable National Labor Legislation

KNPHI shall implement this LMP in compliance with the following instruments:

Constitutional Provisions: Articles 2, 10, 27, 28, 30, 31, 41, 42, 47, 54, 55 and 232 of the Constitution of Kenya, 2010 – see Section 4.1 above for what each article stipulates.

Labor and Employment Legislation: Employment Act, 2007; Labor Relations Act, 2007; Labor Institutions Act, 2007; Occupational Safety and Health Act, 2007; Work Injury Benefits Act, 2007; Persons with Disabilities Act, 2003; National Cohesion and Integration Act, 2008; Public Service (Values and Principles) Act, 2015; Data Protection Act, 2019; HIV and AIDS Prevention and Control Act, 2006; Sexual Offences Act, 2006; Public Health Act (Cap 242); Health Act, 2017.

Public Sector and Governance Instruments: Public Service Commission HR Policies and Procedures Manual; Salaries and Remuneration Commission advisories; National Gender and Equality Commission guidelines; National Council for Persons with Disabilities regulations; Ethics and Anti-Corruption Commission integrity guidelines.

KNPHI Institutional Policies: KNPHI Human Resource Policies and Procedures Manual; Occupational Safety and Health Policy; Sexual Harassment Prevention Policy; Staff Welfare Policy; Diversity, Equity and Inclusion Policy; Grievance Handling Procedure; Code of Conduct and Ethics; Laboratory Biosafety and Biosecurity Policy; Information Security and Data Protection Procedures; Security and Emergency Preparedness Procedures – to be applied once formally approved by KNPHI.

6.5 Contractor's Responsibilities

Contractors are expected to develop policies and practices consistent with this LMP, in accordance with their contracts and C-ESMP. They will identify workplace hazards, provide protective measures, train employees, maintain training records, document and report occupational incidents, develop emergency preparedness procedures, and provide remedies for workplace injuries. Contractors shall submit monthly reports to KNPHI for consolidation and onward transmission to the World Bank upon request; fatalities must be reported within 24 hours.

6.6 Whistleblowing and Protection Against Retaliation

KNPHI will provide protection against retaliation for all workers who, in good faith, report suspected wrongdoing. A whistleblowing policy will be developed on the basis that: Project workers have an obligation to report wrongdoing; KNPHI has a duty to protect whistleblowers against retaliation; and KNPHI has a duty to investigate and address wrongdoing, with retaliation itself constituting misconduct. Primary supply workers are also encouraged to report suspected wrongdoing. The identity of a whistleblower is protected and will only be disclosed with their express consent.

7. GRIEVANCE MECHANISM

7.1 General Principles

Workplace grievances commonly involve employment opportunities, wage rates, payment delays, working conditions, and health and safety concerns. GBV/SEA/SH incidents occur at workplaces but are often under-reported for fear of victimization. As required by ESS2, a dedicated grievance procedure will be designed for KNPHI's Project workers (direct, contractual and casual). Grievances shall be handled in a culturally sensitive, objective and timely manner, with anonymous complaints accommodated and confidentiality respected on request. Workers will be sensitized on the GRM to enhance awareness and use. Use of the GRM shall not prevent a worker from accessing statutory labor, criminal justice or other lawful remedies, and workers may appeal decisions through designated institutional or statutory channels.

7.1.1 Illustrative Grievance Pathway

1. Receive and record the grievance safely and confidentially;
2. Acknowledge receipt and undertake an initial risk/safeguarding assessment;
3. Refer urgent medical, protection, security or safeguarding needs immediately;
4. Investigate through an impartial person or panel, respecting confidentiality and due process;
5. Communicate the decision and corrective action to the complainant, where appropriate;
6. Provide an appeal route where the complainant is dissatisfied; and
7. Close, document and monitor implementation of the corrective action.

7.2 GBV and SEA/SH Grievance Mechanism

SEA/SH complaints require a survivor-centered approach. KNPHI shall prioritize safety, dignity, confidentiality, informed choice, and access to appropriate medical, psychosocial, protection and legal services, sharing information only with those who need it to provide assistance or fulfil a lawful reporting obligation. Mitigation and response to GBV/SEA/SH shall be addressed through existing legal channels including the police, courts, labor officers and probation officers, comprising:

Step One – Documentation of the incident and provision of psycho-social support to the survivor by a qualified service provider.

Step Two – Referral to the police and criminal justice system for redress, where warranted.

7.3 World Bank Grievance Redress System

Communities and individuals who believe they are adversely affected by a World Bank-supported project may submit complaints to existing project-level grievance mechanisms, or to the World Bank's Grievance Redress Service (GRS) when not satisfied with the project-level GRM. The goal is to resolve grievances at the lowest, most local level before escalation. Complaints may also be submitted to the Bank's independent Inspection Panel, which determines whether harm has occurred or could occur due to non-compliance with World Bank policies, at any time after concerns have been raised directly with the Bank and Management has had an opportunity to respond.

8. CONTRACTOR MANAGEMENT

KNPHI will make reasonable efforts to ascertain that contractor engaging contracted workers are legitimate and reliable, and have in place labor management procedures applicable to the Project consistent with ESS2. Each contractor will be expected to adopt the protective measures outlined in this LMP. Contracts issued by KNPHI will include provisions for managing and monitoring OSH issues, incorporated into the bidding/tendering process, selection criteria (e.g., certifications, prior experience), site-specific procedures, and risk-specific measures.

KNPHI will ensure contractors comply with the environmental, social, health and safety (ESHS) specifications of their contracts, including SEA/SH aspects, through periodic audits, inspections and spot checks of worksites and labor-management records, which may include: (a) a representative sample of employment contracts; (b) grievance records and resolutions; (c) safety-inspection reports, including fatalities and corrective actions; (d) records of non-compliance with national law; and (e) training records for contracted workers on labor, working conditions and OSH.

9. PRIMARY SUPPLY AND COMMUNITY WORKERS

To manage the risk of forced and child labor, human-rights abuse, and health and safety concerns among primary supply workers, KNPHI's procurement processes will require: (i) forced/child labor declarations; (ii) qualification requirements; and (iii) mandatory prior review/no-objection by KNPHI for higher-risk supply contracts. Effective screening and due diligence will be applied at selection of primary suppliers of laboratory reagents, diagnostic equipment and ICT hardware, and KNPHI will not approve purchases from suppliers associated with labor-law non-compliance or abuse.

Community Health Promoters (CHPs) and community volunteers engaged in surveillance mobilization and sensitization will be provided with appropriate orientation, safety guidance for community-level work, and access to the Project's grievance mechanism, consistent with their role as community workers under ESS2.

10. Monitoring and Evaluation

KNPHI will establish and maintain a Monitoring and Evaluation (M&E) system to monitor the implementation and effectiveness of this Labor Management Procedure (LMP) throughout the implementation of the HEPRR Project. The M&E system will provide a systematic mechanism for tracking labor and working conditions, occupational health and safety, worker welfare, implementation of the Code of Conduct, grievance management, contractor and supplier compliance, and the implementation of corrective and preventive actions.

Monitoring will be undertaken on a routine basis and will cover all categories of project workers, including direct workers, consultants, contracted workers, project-supported technical personnel, and other workers engaged under the HEPRR Project, as applicable. The scope and frequency of monitoring will be proportionate to the nature and level of labor and occupational health and safety risks associated with the activity, including laboratory work, field deployments, surveillance activities, Points of Entry operations, emergency response and surge deployments.

Key labor and occupational health and safety indicators will include, but not be limited to:

- number and proportion of project workers receiving labor, occupational health and safety, Code of Conduct and SEA/SH induction;
- number of workers provided with appropriate personal protective equipment and other required safety equipment;
- number and type of occupational health and safety incidents, injuries, illnesses and exposures, including biological exposure incidents;
- number of incidents reported, investigated and closed within the prescribed timelines;
- number and proportion of workers participating in emergency preparedness, biosafety, field safety and other relevant training;
- number of worker grievances received, resolved and pending, including the time taken to resolve grievances;
- number of complaints relating to discrimination, harassment, retaliation, SEA/SH or other prohibited conduct and the status of their management in accordance with applicable confidentiality and survivor-centred procedures;
- contractor and supplier compliance with labor, occupational health and safety and Code of Conduct requirements;
- number of field deployments undertaken and proportion for which appropriate safety, security and welfare measures were implemented;
- availability and adequacy of emergency response arrangements, including PPE, first aid, exposure management and worker communication mechanisms; and
- implementation status of corrective and preventive actions arising from inspections, incidents, grievances, audits and monitoring activities.

KNPHI will maintain appropriate records to support monitoring and reporting, while ensuring that personal, medical, grievance and other confidential worker information is protected in accordance with applicable laws, policies and procedures. Incident, grievance and SEA/SH data will be reported in a manner that protects the identity and confidentiality of affected persons.

Monitoring findings will be reviewed periodically by the responsible KNPHI project and administrative structures to identify emerging labor risks, areas of non-compliance and opportunities for improvement. Where deficiencies are identified, KNPHI will require and track appropriate corrective and preventive actions, assign responsibility and establish reasonable timelines for completion. Serious incidents, fatalities, significant occupational exposures, serious

worker grievances and other material labor-related risks will be escalated through the appropriate KNPHI and HEPRR reporting channels without undue delay.

For activities implemented through consultants, contractors and suppliers, KNPHI will incorporate relevant labor and occupational health and safety indicators into contractual monitoring and performance assessments. Contractors and suppliers will be required to provide periodic information on their workforce, occupational health and safety performance, incidents, grievances, training and compliance with applicable labor requirements.

The results of labor and occupational health and safety monitoring will contribute to the overall HEPRR Project M&E framework and will be incorporated into periodic project progress reports, implementation-support processes and reviews, as applicable. Lessons arising from monitoring, incidents, emergency deployments and worker feedback will be used to update procedures, strengthen preventive measures and improve the implementation of the LMP.

The LMP will be reviewed periodically and whenever there is a significant change in the HEPRR Project, KNPHI implementation arrangements, applicable legislation, workforce profile, nature of project activities or identified labor risks. The findings of M&E activities will inform such reviews and any necessary revisions to the LMP.

12. REFERENCES

- Constitution of Kenya, 2010
- Employment Act, 2007 and Employment (General) Rules, 2014
- Labor Relations Act, 2007
- Labor Institutions Act, 2007
- Occupational Safety and Health Act, 2007
- Work Injury Benefits Act, 2007
- Public Health Act (Cap 242)
- Health Act, 2017
- Data Protection Act, 2019
- HIV and AIDS Prevention and Control Act, 2006
- Sexual Offences Act, 2006 and other applicable Kenyan laws on GBV and protection from abuse
- Persons with Disabilities Act, 2003, and applicable regulations
- Applicable Public Service Commission human resource policies, procedures and codes
- World Bank, Environmental and Social Framework for Investment Project Financing Operations
- World Bank, Environmental and Social Standard 2: Labor and Working Conditions, and applicable Guidance Note
- World Bank Group/IFC General Environmental, Health and Safety Guidelines, where applicable
- Kenya National Public Health Institute – Establishment Legal Notice No. 14 of 2022
- Health Emergency Preparedness, Response and Resilience Project Appraisal Document, Financing Agreement No. P180127

ANNEXES

ANNEX 1: Individual Code of Conduct (KNPHI Sample)

I, _____, understand that Kenya National Public Health Institute (KNPHI) is committed to ensuring that the Project it implements under the Health Emergency Preparedness, Response and Resilience Project is carried out in a way that avoids or minimizes negative impacts on the environment, communities and its workers.

KNPHI requires all workers to sign this Individual Code of Conduct, confirming that they will comply with KNPHI's environmental, social, health and safety (ESHS) requirements, including in laboratory, field-surveillance and community-engagement settings, and support KNPHI in meeting its commitments.

As a worker of KNPHI, I pledge to:

- Comply with applicable KNPHI policies, procedures and codes of conduct, including its Human Resource Policy, OSH Policy, and Laboratory Biosafety and Biosecurity Policy;
- Attend and participate actively in relevant training programmes, including on OSH, biosafety, GBV/SEA/SH prevention, and data protection;
- Treat all persons, including fellow workers, community members and visitors, with respect and without discrimination;
- Not engage in Sexual Exploitation and Abuse (SEA) or Sexual Harassment (SH), whether in the workplace, laboratory, or during field deployment;
- Follow all applicable biosafety and biosecurity protocols when handling specimens or working in laboratory environments;
- Wear and properly maintain all required Personal Protective Equipment (PPE);
- Report any accident, incident, near-miss or exposure event immediately to a supervisor;
- Refrain from any behavior that could be construed as violence against children (VAC), including inappropriate photographing or filming of children encountered during community or field work;
- Refrain from hiring or engaging persons below the minimum age of 18 years for KNPHI-related work;
- Comply with all relevant national legislation and World Bank ESS2 requirements on child labor and minimum age; and
- Immediately stop work and manage a site in accordance with KNPHI's chance-finds procedure if physical cultural heritage is encountered.

Sanctions

I understand that if I breach this Individual Code of Conduct, KNPHI will take disciplinary action, which could include:

- Informal warning;
- Formal warning;
- Additional training;
- Loss of up to one week's salary;
- Suspension of employment (without pay) for between one and six months;
- Termination of employment; and

- Reporting to the police, where warranted.

I acknowledge that I have read the foregoing Individual Code of Conduct, agree to comply with its standards, and understand my roles and responsibilities to prevent and respond to OSH, SEA/SH and VAC issues. I understand that any action inconsistent with this Code, or failure to act as mandated by it, may result in disciplinary action and may affect my ongoing engagement with KNPHI.

Signature: _____ Printed Name: _____ Title: _____

Date: _____

ANNEX 2: OSH Incident Investigation Form

Classification of Accident	**Indicative / Serious / Severe**
Type of Incident	Accident / Near miss / Biological exposure / Occupational illness / Security / Other
Description of the Accident	
Date and Time of Accident	
Location of the Accident	
Activity/Task Being Performed	
Person(s) Affected	
Source of Accident Alert	
Immediate Actions Taken	
Notification Made To	
Date and Time of Investigation	

Names and Status of Investigating Team

Name: _____ Position: _____ Signature: _____

Name: _____ Position: _____ Signature: _____

Name: _____ Position: _____ Signature: _____

Complete the accident investigation questionnaire and attach copies to this Incident Investigation Form.

Findings of Investigation Team

Team's description of events leading up to the accident:

_____

Team's description of the accident itself:

_____

Team's view on the causes of the accident:

_____

Recommendations

7. Root causes: _____
8. Preventive action taken: _____
9. Further recommended preventive actions: _____

Responsible Officer: _____ Due Date: _____

Closure/Verification: _____ Date: _____

Project Coordinator – Comments and Actions to be Taken / Recommended to Higher Authority:

_____

Signature: _____ Date: _____

ANNEX 3: KNPHI Worker Grievance Form

Officer's Full Name	**P/No.**	**Designation & Grade**
Department		Section
Office Tel. No.	Official Email Address	Mobile Telephone No.

Anonymous Complaint? Yes / No Nature of Grievance: Employment / Payment / Workload / OSH / Discrimination / SEA-SH / Other

Stage I

Grievance Statement/Issues (use attachments if necessary):

_____

Immediate Risk Identified: _____

Referral Required: Medical / Psychosocial / Security / Legal / None

Submitted to (Name/Head/Officer in Charge/Dept-Section): _____ Date: _____

Date Received: _____

Stage II

Submitted to: _____ Name: _____ Designation: Deputy Director (Administration)

Date: _____ Date Received: _____

Response/Action Taken:

_____

Decision Communicated (Date): _____

Respondent's Name: _____ Designation: _____

Signature: _____ Date: _____

Employee's Response:

- [ ] I have documented my grievance and am returning the form to the Human Resource Office
- [ ] I request that my grievance be taken to the next stage (Appeal Requested: Yes / No)

Stage III

Submitted to the Director-General, KNPHI.

Closure Date: _____

ANNEX 4: Contractor Labor and OSH Compliance Checklist

To be completed by the KNPHI OSH/HR focal point or Project Coordination Team during contractor inspections, audits or spot checks (see Section 9).

Requirement	Yes / No / NA	Evidence / Action
Written worker contracts/engagement records in place		
Age verification and worker records maintained		
LMP and Code of Conduct incorporated into contract		
Risk assessment completed for the activity/site		
OSH induction completed for all workers		
PPE available and in use		
First aid and emergency arrangements available		
SEA/SH sensitization and reporting pathway communicated		
Grievance mechanism communicated to workers		
Incident reporting arrangements operational		
Subcontractor compliance verified		
Corrective actions from previous inspections closed		

ANNEX 5: Field Deployment Safety Checklist

To be completed by the team lead prior to departure for surveillance, outbreak investigation, Points-of-Entry or other field deployments (see Sections 3.4 and 3.5).

Check	Status / Remarks
Deployment risk assessment completed	
Team composition and team lead identified	
Travel authorization/journey plan completed	
Vehicle roadworthiness verified	
Licensed driver and seatbelts confirmed	
Communication equipment/emergency contacts confirmed	
PPE and infection-prevention supplies available	
Specimen/sample transport requirements addressed, if applicable	
Emergency referral/evacuation arrangements confirmed	
Security briefing completed	
Rest/rotation arrangements agreed	
Post-deployment debrief and welfare check planned	

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