

WORKPLACE SITUATION AMIDST A HEALTH CRISIS: The Case of COVID-19

AN EAST AFRICAN POLICY REVIEW (2021)



**EAST AFRICAN HEALTH PLATFORM
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TABLE OF CONTENTS

| | |
|--|----|
| List of Abbreviations..... | 4 |
| List of Tables | 5 |
| List of Figures..... | 5 |
| 1. SUMMARY OF FINDINGS | 6 |
| 1.1. Key Observation | 6 |
| 1.2. Lessons Learned | 7 |
| INTRODUCTION | 10 |
| 2.1. Background..... | 10 |
| 2.2. About East African Health Platform (EAHP) | 10 |
| 2.3. Assignment | 10 |
| GENERAL: COVID-19, POLICY AND LEGAL FRAMEWORK..... | 11 |
| 3.1. The Disease..... | 11 |
| 3.2. International Labour Organization (ILO) - Framework | 12 |
| 3.3. The East African Policy and Legal Framework..... | 13 |
| WORKPLACE POLICIES AND PROGRAMMING (WPP) | 14 |
| EAST AFRICAN COUNTRIES & THEIR RESPONSES TO COVID-19 | 14 |
| The Republic of Burundi | 15 |
| Occupational Health & Safety | 15 |
| Nationwide Responses | 17 |
| The Republic of Kenya | 18 |
| Occupational Health & Safety | 18 |
| Nationwide Responses | 19 |
| The Republic of Rwanda | 20 |
| Occupational Health & Safety | 20 |
| Nationwide Responses | 22 |
| The Republic of South Sudan..... | 22 |
| Occupational Health & Safety | 22 |
| Nationwide Responses | 22 |
| The United Republic of Tanzania..... | 23 |
| Occupational Health & Safety | 23 |
| Nationwide Responses | 25 |
| The Republic of Uganda | 26 |
| Occupational Health & Safety | 26 |
| Nationwide Responses | 28 |
| WORK-RELATED SPECIFIC RESPONSES | 29 |
| Transportation Sector..... | 29 |
| Immigration Offices at Airport | 29 |
| Public Transport Guidelines – Azam Marine | 30 |
| Health Sector (Teaching Hospital) | 31 |
| Faith-Based Sector..... | 32 |
| RECOMMENDATIONS | 23 |

List of Abbreviations

| | |
|---------------------|---|
| AEB | L'Association des Employeurs du Burundi |
| ATE | Association of Tanzanian Employers |
| CBA | Collective Bargaining Agreement |
| CBA | Collective Bargaining Agreement |
| COTU-K | Central Organization of Trade Unions – Kenya |
| EAC | East African Community |
| EAHP | East African Health Platform |
| FKE | Federation of Kenyan Employers |
| FUE | Federation of Ugandan Employers |
| GoK | Government of Kenya |
| GoR | Government of Rwanda |
| GoU | Government of Uganda |
| ILO | International Labour Organization |
| ILO / ACTEMP | Bureau of Employers' Activities of the International Labour Organization |
| INSP | Institut National de Santé Publique / Institute of Public Health of Burundi |
| IOM | International Institute of Migration |
| LESCO | Labour Economic & Social Council |
| NOTU | Nation Organization of Trade Unions – Uganda |
| OSH | Occupational Safety & Health |
| POE | Point of Entry and Exit |
| PPE | Personal Protective Equipment |
| PPP | Public-Private-Partnership |
| PSF | Private Sector Federation |
| SME | Small and Medium sized Enterprises |
| SOP | Standard Operating Procedures |
| SSEA | South Sudan Employers' Association |
| SSWTUF | South Sudan Workers Trade Unions Federation |
| STED | Teachers Union of Burundi |
| THARS | Trauma Healing and Reconciliation Services |
| TUCTA | Trade Union Congress of Tanzania Zanzibar Trade Union Congress |
| WHO | World Health Organizations |
| ZATUC | Zanzibar Trade Union Congress |

List of Tables

| | |
|---|----|
| Table 1: Burundi – Policies and Legal Framework regarding OSH Areas | 15 |
| Table 2: Kenya – Policies and Legal Framework regarding OSH Areas | 18 |
| Table 3: Rwanda – Policies and Legal Framework regarding OSH Areas | 20 |
| Table 4: Tanzania - Policies and Legal Framework regarding OSH Areas..... | 23 |
| Table 5: Uganda - Policies and Legal Framework regarding OSH Areas..... | 26 |

List of Figures

| | |
|--|----|
| Figure 1: Lessons Learned | 7 |
| Figure 2: Key Questions – Risk – Challenges - Airport..... | 29 |
| Figure 3: Key Questions – Risk – Challenges - Marina..... | 30 |
| Figure 4: Key Questions – Risk – Challenges – Teaching Hospital..... | 31 |
| Figure 5: Key Questions – Risk – Challenges - Churches | 32 |

1. SUMMARY OF FINDINGS

1.1. Key Observation

The entire globe was held hostage to this pandemic and every government had to develop quick solutions to protect their own citizens and the world. The individual governments had immediately initiated mitigation measures and so did the member countries of the East African Community (EAC). The various nationwide responses, the workplace safety and health situation, and the implementation/existence of Workplace Policies and Programming (WPP) were reviewed to support the monitoring of its effectiveness.

The assessment in this report regarding institutional mechanisms for Occupational Health and Safety (OHS) as a key element of preparedness indicated that all EAC partner states have a sound institutional set-up ensuring employee protection and safety in the workplace. However, the information collected suggested that the OHS implementation levels differ in accordance with the legal framework with respect to working arrangements, preparedness (inbuilt mechanisms for detection and containment of the pandemic), access to information, psychological support, inclusion and/or exclusion of key economic sectors, as well as issues related to social protection.

The key findings were:

- ✓ The EAC member states were forced to implement preventive measures in order to inhibit the spread of the virus and to protect their people.
- ✓ The EAC member states had to adapt individualized measures to avoid disastrous economic impact on their population.
- ✓ Neither public nor private sector had budgeted the provision of hygiene and sanitation equipment.
- ✓ Different approaches were used among the EAC member states to develop solutions for the most vulnerable population, notably frontline workers, women and those working in the informal sector with less protection.
- ✓ Some EAC member states closely incorporated the ILO framework, which states that health protection measures must be implemented in workplaces, including right to consultation and information as well as access to health care. Various responses to curb the disease meant either to scale up or to intensify existing workplace policies.
- ✓ The EAC partner states have jointly agreed to take actions towards the control and the management of the pandemic through the adoption of Emergency Response Plans.

The respective approaches, OSH policies and mitigation measures are listed regarding country in the Annex of this report.

The report aims:

- 💡 To initiate more detailed discussions
- 💡 To encourage monitoring and
- 💡 To analyze the results of the implemented measures
- 💡 And to document Lessons Learnt

The key observation is that for better preparedness for a potential next crisis a more effective collective strategy among all EAC member states is necessary.

A common approach is the only way to defeat global threats and the EAC must be the key driver in guiding its member states towards a unified strategy.

1.2. Lessons Learned

Figure 1: Lessons Learned



**Lesson 3:
Workplace Needs
Assesment**

- Conduct Sector Specific Needs Assessments to analyse the specific workplace scenario.
- Develop individual prevention measures
- Implement employment & social protection and social dialogue regarding mitigation and recovery policies

**Lesson 4:
Working Effectively With
Private & Public Offices
and Servants Demands
Physical Presence**

- Efficient digital communication channels must be established
- However, they do not replace physical meetings, which need to be held on a regular basis

**Lesson 5:
Effective Intervention
Must Translate Into
"Learning"**

- WHO & ILO Guidelines on implementation of WPP practices should be used as solid basis for further elaboration
- However, those Guidelines need to be translated into applicable knowledge in order to sustaine a safe and healthy work environment

**Lesson 6:
Impactful Advocacy
through Building Coali-
tion & Alliances**

- Organization of High Level Advocacy Events to collaborate with national parliaments and EAC secretariat
- Create powerful and influential coalitions to support the elaboration of meaningful policies and to be the driver of positive change
- The input towards necessary change must come from the Needs Assessments conducted in the specific sectors
- Necessity to create awareness on how to curb the spread of the pandemic (e.g. education, development, necessary equipment, and materials)

**Lesson 7:
OSH - Afterthought on
Engagement in Tanzania**

- During times of crises (such as the COVID-19 pandemic) the need to improve laws and regulations that do not meet the current situation is urgent
- Key stakeholders need to be engaged into the WPP dialogue to create awareness and to mainstream OHS measures
- Large interventions seem to be more effective

**Lesson 8:
WPP Dialogue / Advocacy
Event / Media Strategy**

- Creating awareness on WPP Dialogue requires visibility
- Media advisory notes have to be developed and distributed
- Media needs to be strategically engaged into the effort (Media Strategy)

**Lesson 9:
Communication**

- Organizations, such as EAHP, need to continuously inform their members and request feedback
- This information needs to be structured and analyzed and included into policy recommendations
- Workplaces are effective focal points for disseminating information and creating awareness on OSH including prevention and protective measures
- Timely information supports the improvement of labour laws and ensure a healthy and safe work environment

2. INTRODUCTION

2.1. Background

Many governments across the world have long recognized mass outbreaks of infectious disease as a global and national security concern and planned for the inevitability of future pandemics, but they failed to adequately fund and execute those plans in the face of this COVID-19 pandemic. Major policy and institutional changes are required to address these failures. The current COVID-19 pandemic provided a painful example of the devastation such a virus can cause to lives and economies everywhere.

Those painful lessons learned should make decision makers across the world wise enough to advance preparedness. This Handbook provides a Regional Review of the safety and health Workplace Policies (WPP) & Practices amidst the COVID-19 pandemic in the East African region (EAC). As for this context, a workplace policy is a statement which outlines an organization's practices and procedures concerning part of its business, which can cover everything from day-to-day operational matters to compliance

with employment legislation. Policies and procedures in the workplace play an important role in expressing an organization's values and establishing a positive and productive organizational culture.

The framework of safety and health Workplace policies and programmes are laid down in International Labour Standards and National Laws and Policies. The objective of this work was to collect relevant information regarding the individual national occupational health and safety policies, as well as national COVID-19 responses. After processing the data and information collected, this report provides input and recommendations to develop a more efficient preparedness strategy, to deepen and to coordinate discussions among the EAC member states thus, to allow for a strengthened policy dialogue, resulting in policy and legal reforms necessary to address public health disasters, such as the COVID-19 pandemic.

2.2. About East African Health Platform (EAHP)

EAHP is a regional membership-based platform for non-state actors comprising of the Private Health Providers, Pharmaceutical Associations, Civil Society Organizations, Faith Based Organizations and Interest Groups. EAHP aims at Fostering Stronger Ties for Better Health in East Africa through programmes revolves around interest representation in form of policy advocacy, constituency development and institutional growth and learning.

2.3. Assignment

The scope of this assignment encompasses the desk reviews and analysis regarding WPPs with the focus on Occupational Health and Safety (OHS) policies. Special attention was given on how sufficient those existing policies were in addressing the challenges in the wake of the COVID-19 pandemic and how decision makers on both national and enterprise level have adapted those policies.

However, this report provides an overview of the policies and responses taken in the following countries of:





The Republic of Burundi,
The Republic of Kenya,
The Republic of Rwanda,
The Republic of South Sudan,
The United Republic of Tanzania
The Republic of Uganda.

3. GENERAL: COVID-19, POLICY AND LEGAL FRAMEWORK

The Workplace policies and Programmes operates under the framework of international labour standards which are reflected in regional and national laws and policies. This part will highlight the origin and context of the COVID-19 pandemic and give a clue of the policy and legal framework on which the response of East African Countries ought to rely on in a wake of the disease. The last chapter of the book will summarize the recommendations derived from the review and analysis.

3.1. The Disease

On 31st of December 2019, the World Health Organisation's (WHO) China Country Office was informed of severe and highly contagious "pneumonia cases" in the city of Wuhan. On January 12th 2020, the WHO received further detailed information from the National Health Commission of China that the outbreak is related to exposures at a seafood market (human – wildlife conflict) in Wuhan City.

On the 30th of January, the WHO recognized that this outbreak was not a pneumonia but declared the situation as a Public Health Emergency of International Concern (PHEIC) and identified the disease as an ongoing Severe Acute Respiratory Syndrome Coronaviruses infections outbreak. and warned all countries to expect further international exportation of cases to any country.

The pandemic has since spread all over the globe, including the East African Region and has to date (March 2021) killed more than 2,6 Million people, making it one of the deadliest pandemics in history Governments all over the world have reacted and implemented protection measures, such as enforcing wearing of masks, social distancing and encouraging the use of hand sanitizers.

Additionally, the so- called high risk groups (-> medical assessment) and most vulnerable groups (->economic assessment) were identified in order to provide further protection for them.

The International Labour Organization (ILO) classified the most vulnerable groups into the following categories:

Table 1: Classification of the most vulnerable groups (ILO)

- ✓ People with underlying health conditions and older people are most at risk of developing serious health issues
- ✓ Young persons, already facing higher rates of unemployment and underemployment due to falling labour demand
- ✓ Women are over-represented in more affected sectors (such as services) or in occupations that are at the front line of dealing with the pandemic (e.g. nurses)
- ✓ Unprotected workers in informal sectors, including the self-employed, casual and gig workers, are likely to be disproportionately hit by the virus as they do not have access to paid or sick leave mechanisms, and are less protected by conventional social protection mechanisms and other forms of income smoothing
- ✓ Migrant workers are particularly vulnerable to the impact of the COVID-19 crisis, which will constrain both their ability to access their places of work in destination countries and return to their families
- ✓ The ILO estimates that 58,6% of employed women work in the services sector around the world, compared to 45,4% of men. Women also have less access to social protection and will bear a disproportionate burden in the care economy, in the case of closure of schools or care systems

3.2. International Labour Organization (ILO) - Framework

According to International Labour Organisation (ILO), The COVID-19 crisis has highlighted the cardinal importance of protecting health in the workplace. The general principle of achieving adequate protection for the life and health of workers in all occupations is enshrined in the ILO legal framework.

- 💡 ILO standards contain provisions covering aspects such as;
 - ⚡ Protection of workers from risks to health and safety at work;
 - ⚡ Provision of personal protective equipment (PPE);
 - ⚡ The right to be consulted and to receive information and training;
 - ⚡ The right of removal from a workplace that poses an imminent serious risk to health; and
 - ⚡ Access to healthcare.
 - ⚡ Right to refuse unsafe work,
- 💡 Relevant standards include but are not limited to the Occupational Safety and Health Convention, 1981 (No. 155), and the Protocol of 2002 to Convention No. 155; the Occupational Safety and Health Recommendation, 1981 (No. 164); and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).
- 💡 These standards were supposed to be complied with member countries as they response to cross-cutting impacts of the pandemic.

3.3. The East African Policy and Legal Framework

Pursuant to Article 118 of the Treaty for establishment of the East African Community, Partner States, *undertook to take joint action towards the prevention and control of communicable diseases and to control pandemics and epidemics of communicable and vector-borne diseases that might endanger the health and welfare of the residents of the Partner States*. The Partner States also agreed to promote the management of health delivery systems and better planning mechanisms to enhance efficiency of health care services within the Partner States.

In Article 104 of the Treaty and Article 7 of the EAC Common Market Protocol, Partner States adopted measures to achieve the Free Movement of Persons, Labour and Services and to ensure the enjoyment of the right of establishment and residence of their citizens within the Community.

The EAC response is guided by the EAC Regional Health Sector Novel Coronavirus (COVID-19 Plan) Emergency Response Plan. The COVID-19 Plan is designed to support and help coordinate the regional response. The key interventions includes but not limited to improvement of coordination mechanisms, facilitation of movement of goods and services in the region, reduction of infection and mortality rates, reduction of burden health systems, protection of staff, enhancing the capacity for surveillance and case management.

4. WORKPLACE POLICIES AND PROGRAMMING (WPP)

The WPP dialogue from private and public sector perspectives seeks to generate fact-based information on how policies and legal frameworks need to change to accommodate the new realities of the workplace under the COVID-19 challenges. The content of this handbook was developed through inputs and guidance from official documents as well as from dialogue with private and public sector institutions.

The WPP dialogue creates no legal obligation but rather sets policy and legal foundation for decision makers at regional and national level, for associations of employers, individual employers and employees to take the necessary action for ensuring a safe and healthy workplace. The outcome of this dialogue should feed into the improvement of the Occupational Safety and Health (OSH) with regard to the COVID-19 pandemic.

Due to the COVID-19 pandemic, the EAHP team was unable to travel to all the member countries within the EAC thus, had to focus on sectors in Tanzania only. However, in order to include fact based information from all the EAC member countries, the consultant contacted relevant stakeholders through phone and e-mail interviews.

5. EAST AFRICAN COUNTRIES & THEIR RESPONSES TO COVID-19

Generally, the measures implemented by all the governments to curb this pandemic were similar as in ordering lockdowns and/or curfews, ordering wearing of masks and social distancing. The individual and detailed approaches and effective responses of each distinct country is written in their respective 'National Occupational Health and Safety Framework'.

A special focus has to be given to the most vulnerable population which are hit hardest by this pandemic thus, worsening the inequality. Addressing those variances in the overall operating environment, which include labour laws, regulations and policies in the workplaces has impacted the responses in the countries of the EAC and will determine adapted policies.

In the following chapters the general and specific responses of six EAC member countries are described and summarized. Those countries are: Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda. The parameters used for comparison are:



- The OSH framework,
- The nationwide responses and
- Work related specific interventions

5.1. The Republic of Burundi



5.1.1. Occupational Health & Safety

Article 146-149 of the **Labour Code of Burundi**, requires employers to comply with current provisions regarding the health and safety of workers. It encourages companies and employers to form a health and safety committee thus, detecting health or safety risks to workers and considering the necessary preventive measures and interventions in the event of an accident.

This **Labour Code** requires workers to comply with strict hygiene and safety discipline and to use the devices prescribed by the employer or its representative. However, there is no provision in the labour code requiring the employer to provide cost-free protective clothing or equipment to workers. The Labour Inspectorate consists of officers who monitor the workplace and ensure compliance with the Labour Code. Any obstruction in the performance of the duty of the labour inspector is a criminal offence. Table 2 lists the specific OSH policies and legal framework for Burundi.

Table 2: Burundi - Policies and Legal Framework regarding OSH Areas

| OSH AREA | STATUS | REMARKS |
|--|--|--|
| <i>Existence of Policy and Legal Framework</i> | <p>⚡The employer has the obligation to ensure that work is accomplished in suitable conditions regarding safety, dignity and health of workers taking into account the regulations in force and the nature of the work which is being performed. (Labour Code, Art. 35)</p> <p>⚡The employer is required to comply with the provisions in force regarding the hygiene and safety of workers, organization and operation of medical and health services of the company, and special working conditions for pregnant women and young people (Labour Code, Art.146)</p> <p>⚡Employers are required to comply with the provisions in force concerning the organization and functioning of health services.</p> | <p>⚡There is no data on the modalities of appointment of a person for health and safety, written risk assessment and safe operating work systems and procedures</p> <p>⚡There is no evidence of the existence of National OSH committee, commission, council or similar body</p> <p>⚡There is no evidence whether the law impose a requirement to access expert advice and/or support in health and safety</p> <p>⚡The law is silent on the qualification of experts or professional services</p> <p>⚡The law is silent on modalities of appointment of an OSH practitioner as well as workforce size threshold for the appointment of OSH practitioners</p> <p>⚡There is no evidence of the law which describes OSH representatives' functions, rights and powers</p> |
| <i>Working arrangements</i> | <p>⚡All employers must keep themselves informed of the hazards linked to the technical progress and organize safety accordingly through preventive measures. The employer is required to integrate safety into the processes of design of buildings, machines and products.</p> | <p>⚡There is room for action but actions need to be mainstreamed</p> |
| | | |

| OSH AREA | STATUS | REMARKS |
|--|---|--|
| <i>Preparedness (inbuilt mechanisms for detection and containment of the pandemic)</i> | <ul style="list-style-type: none"> ∟ Companies and employers may form a health and safety committee according to the provisions of the Minister's Order with the work in its remit. ∟ The Health and Safety Committee ensures compliance with safety and hygiene regulations; detects risks to workers' health or safety considers the necessary preventive measures and intervenes in the event of an accident. ∟ The Labour Inspectorate consists of officers who monitor the workplace and ensure compliance with the Labour Code ∟ The employer may, if he/she considers it useful, conduct a medical examination prior to employment. (This may pose discrimination) ∟ For unhealthy and hazardous occupations, the Minister of Health will issue an Order specifying the modalities of the medical examination to be undergone prior to employment. (Labour Code, Art. 24) | <ul style="list-style-type: none"> ∟ There is no provision in the labour code requiring the employer to provide cost-free protective clothing or equipment to workers. ∟ There is no data regarding the duty for employers to protect the health and safety of people other than their own employees as the case in COVID-19 may require |
| <i>Access to information</i> | <ul style="list-style-type: none"> ∟ Employers are required to provide periodic occupational safety and health training for newly hired employees and those who change the department of labor. Training includes accident prevention measures | <ul style="list-style-type: none"> ∟ There is no data in support as to whether the law requires the Review or assessment of the results of preventive measures as well as Consultation with workers in health and safety |
| <i>Psychological support</i> | <ul style="list-style-type: none"> ∟ The law mainly covers physical health | <ul style="list-style-type: none"> ∟ Health and safety must cover both physical and psychological health |
| <i>Consideration of the most vulnerable groups</i> | <ul style="list-style-type: none"> ∟ Migrant workers are included in the scope of application of OSH legislation. (The Labour Code states that a worker is any natural person regardless of nationality who is engaged by an employer through an employment contract. (Labour Code, Art. 15 B)) ∟ Foreign workers enjoy the same rights as national workers and they are subject to the Labour Code. (Labour Code, Art. 17) ∟ Domestic workers and self-employed persons are not specifically excluded from the definition of worker (which covers any natural person, regardless of age, gender or nationality who is engaged by an employer through an employment contract.) | |
| <i>Discrimination and exclusion</i> | <ul style="list-style-type: none"> ∟ Agriculture is included in the scope of application of OSH legislation. The Labour Code is applicable to public and private companies and to farms. (Code du Travail. (Art. 14)) ∟ Construction is included in the scope of application of OSH legislation ∟ Services are included in the scope of application of OSH legislation | <ul style="list-style-type: none"> ∟ Public servants, magistrates, armed forces and the staff of different police forces are excluded from the scope of application of the Labour Code. (Code du Travail. (Art. 14)) |
| | | |

| OSH AREA | STATUS | REMARKS |
|--|--|---|
| <i>Social protection in case of sickness</i> | <ul style="list-style-type: none"> ⚡The Social Security agency shall organize a prevention program which aims to reduce occupational hazards. It helps ensure efficiency of safety and hygiene rules and procedures in the workplaces. ⚡The agency shall ensure the collection and the use of statistics and research about occupational risks (Social Security Code, Art. 63) ⚡The agency shall use any form of publicity and popularization to promote prevention methods (Social Security Code, Art. 64) ⚡The agency may grant discounts or advances to reward or to encourage enterprises to accomplish preventive measures (Social Security Code, Art. 65) ⚡Services are included in the scope of application of OSH legislation | <ul style="list-style-type: none"> ⚡ Local endemic or epidemic diseases will be considered as occupational diseases only if they are contracted by persons charged with combating them because of their professions. This definition limits the coverage to COVID-19 |
| <i>Access to paid sick leave</i> | ⚡n.a | |
| | | |

5.1.2. Nationwide Responses

The World Bank funded a project to respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Burundi. The project provided immediate support to Burundi to prevent COVID-19 cases and restrain local transmission through containment strategies. It further strengthened coordination and a referral medical laboratory network by training health personnel and providing equipment to laboratories at national and decentralized levels, prepare and equip health facilities to treat patients and help develop efficient mechanisms for community-based disease surveillance and communication.

The International Institute of Migration (IOM) Burundi is strengthening Health Systems by addressing and mitigating the longer-term impact of this crisis and displacement by emphasizing support to local institutions, organizations, and development partners. The IOM also strengthens the resilience of communities and institutions to epidemics and disasters and provides training and material support to the INSP (Institute of Public Health of Burundi), as well as the Trauma Healing and Reconciliation Services Institute (THARS) to strengthen their capacity for disease surveillance, but also to train the health sector to deliver essential emergency health services to communities affected by disasters, including psychological first aid.¹ IOM is also working with government, civil society and key health partners, to strengthen the capacity of relevant mental health and psychosocial services provided to vulnerable migrants, including crisis-affected populations.

Activities will include direct mental health and psychosocial support through individual and group counselling, psychoeducation, and clinical psychological consultations. This will play a major role in addressing post covid psychological trauma. On the other hand, on July 2020 the Burundian government has launched a three-month nation-wide coronavirus screening campaign. The campaign started in the capital Bujumbura, extend to other provinces.

For a detailed list of the mitigation measures implemented by the Government of Burundi, see the Annexed Tables I to VI.

5.2. The Republic of Kenya



5.2.1. Occupational Health & Safety

The Government of Kenya (GoK) has its National Occupational Safety and Health Policy to enhance the framework for implementation of occupational safety and health programmes. The Policy has outlined a framework for addressing various emerging occupational safety and health issues and challenges at workplaces.¹ This policy, among other things seeks to equitably provide compensation and rehabilitation to those injured at work or who contract occupational diseases. It seeks to address challenges such as inadequate skilled human resources regarding OHS, low awareness on OHS, overemphasis on formal sector at the expense of informal sector including small enterprises, vulnerable workers and those in marginal employment; non integration of OHS in national curricula. However, the policy focuses mainly on HIV and AIDS but did not cover complexities of the nature of COVID -19 and categorize the same as an occupational disease.

Table 3: Kenya - Policies and Legal Framework regarding OSH Areas

| OSH AREA | STATUS | REMARKS |
|--|---|---|
| <i>Existence of Policy and Legal Framework</i> | <ul style="list-style-type: none"> ∟The Occupational Safety and Health Act and the Employment Act are the two main acts containing provisions in relation to occupation safety and health, and more specific provisions can be found in the Factories (First-Aid) Order, the Factories (Woodworking Machinery) Rules, the Factories (Examination of Plant) Order, the Mining (Safety) Regulations, and the Employment (Sanitation) Rules. ∟The National OSH Research Programme Institute and governing structure is established by law ∟The "Ministry of Labour, Social Security and Services" is the competent national authority for safety and health at work | <ul style="list-style-type: none"> ∟There is no data on the modalities of appointment of a person for health and safety, written risk assessment and safe operating work systems and procedures ∟There is no evidence whether the law impose a requirement to access expert advice and/or support in health and safety ∟The law is silent on the qualification of experts or professional services ∟The law is silent modalities of Appointment of an OSH practitioner as well as Workforce size threshold for the appointment of OSH practitioners ∟There is no evidence of the law which describes OSH representatives' functions, rights and powers ∟There is no evidence clarity of functions and compositions of National OHS structure as well as source of funding |
| <i>Working arrangements</i> | <ul style="list-style-type: none"> ∟It gives recognition of separate working arrangement..."Where a part of a building is let off as a separate workplace, the provisions of this Act shall apply to that part of the building used for the purposes of the workplace."(Art. 104) ∟It requires employers to have a Policy or plan specifying responsibilities and arrangements for health and safety | <ul style="list-style-type: none"> ∟The law has provided for flexible working arrangements which can accommodate the pandemic |
| <i>Preparedness (inbuilt mechanisms for detection and containment of the pandemic)</i> | <p>The law specifies the following to employers:-</p> <ul style="list-style-type: none"> ∟Duty to ensure the health and safety of employees. ∟Duty to protect the health and safety of people other than their own employees ∟Duty to conduct Surveillance of workers' health in relation to work ∟Duty to conduct surveillance of the working environment and working practices ∟Duty to provide personal protective equipment ∟Duty to provide first-aid and welfare facilities. ∟Duty to provide Rest and eating areas ∟Right for employees to remove themselves from a dangerous situation | <ul style="list-style-type: none"> ∟The Duty to ensure the usage of personal protective equipment is not specified in the law. ∟There is no evidence of provisions to employees duty to comply with OSH- related requirements ∟There is no evidence of the right of employees to enquire about risks and preventive measures |

| | | |
|--|--|--|
| <i>Access to information</i> | <ul style="list-style-type: none"> ⚡ Training and information on risks is enshrined in the law | <ul style="list-style-type: none"> ⚡ There is no data in support as to whether the law impose the Review or assessment of the results of preventive measures as well as Consultation with workers in health and safety |
| <i>Psychological support</i> | <ul style="list-style-type: none"> ⚡ The law mainly covers physical health | <ul style="list-style-type: none"> ⚡ Health and safety must cover both physical and psychological health |
| <i>Consideration of the most vulnerable groups</i> | <ul style="list-style-type: none"> ⚡ Migrant workers are covered (Migrant worker" means a person who migrates to Kenya with a view to being employed by an employer and includes any person regularly admitted as a migrant worker)- The Employment Act, 2007 (No. 11 of 2007). (Art. 2) ⚡ Self-employed persons are covered. (Occupational Safety and Health Act, 2007 (Act No. 15 of 2007) (Cap. 514). (Art. 2) | <ul style="list-style-type: none"> ⚡ There is no evidence of coverage of Domestic and home workers in the law |
| <i>Discrimination and exclusion</i> | <ul style="list-style-type: none"> ⚡ Agriculture is included in the scope of application of OSH legislation (Occupational and Safety Act, 2007- Act No.15 of 2007) ⚡ Construction is included in the scope of application of OSH legislation (Employment Act, 2007-Act no.11, 2007) ⚡ Services are included in the scope of application of OSH legislation(Employment Act, 2007-Act no.11, 2007) ⚡ Self-employed persons' duty to take reasonable steps to protect their own and other people's health and safety is provided in the law | <p>The following are not covered in the Act: -</p> <ul style="list-style-type: none"> ⚡ The armed forces or the reserve as respectively defined in the Armed Forces Act (Cap. 199); ⚡ The Kenya Police, the Kenya Prisons Service or the Administration Police Force; ⚡ The National Youth Service; and ⚡ An employer and the employer's dependents where the dependents are the only employees in a family undertaking. |
| <i>Discrimination and exclusion</i> | <ul style="list-style-type: none"> ⚡ The list of occupational diseases is prescribed on Second Schedule (Section 22) of Occupational and Safety Act | <ul style="list-style-type: none"> ⚡ There is no evidence of provisions which clearly define occupational diseases nor mechanism for compensating other diseases as occupational ones |

5.2.2. Nationwide Responses

With the help of World Bank, Kenya has launched an emergency project to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness³. The components of the project are Response, Capacity Building, and Training; Medical Supplies and Equipment; Quarantine, Isolation and Treatment Centres; Medical Waste Disposal; community discussions and Information Outreach and Ensuring Availability of Safe Blood and Blood Products.

For a detailed list of the mitigation measures implemented by the Government of Kenya, see the Annexed Tables I to VI.

5.3. The Republic of Rwanda



5.3.1. Occupational Health & Safety

The Labour Code of Rwanda contains provisions in relation to occupation safety and health, and more details can be found in Acts such as provisions on welfare health and safety committee, organization and functioning of labour inspection, Act on safety and health at work, functioning and election of staff delegates and the functioning of the National Council of Labour.

Every employer is therefore required to ensure the health, safety and welfare for all persons working in his/her workplace as well as to ensure that the adequate and suitable means of communications, instructions, warning notices and other penalties, whether oral or written, shall be given to workers in a way that does not undermine the psychological health of the employed person.

However, the laws of Rwanda defines occupational disease as an attack to health resulting from exposure to risk during the occupation. This indicates that it is unclear if it can legally accommodate situations of pandemic like COVID-19.

Table 4: Rwanda – Policies and Legal Framework regarding OSH Areas

| OSH AREA | STATUS | REMARKS |
|--|---|---|
| <i>Existence of Policy and Legal Framework</i> | <ul style="list-style-type: none"> ✓ The Labour Code of Rwanda contains provisions in relation to occupation safety and health, and more details can be found in Acts such as provisions on welfare health and safety committee, organization and functioning of labour inspection, Act on safety and health at work, functioning and election of staff delegates and the functioning of the National Council of Labour. ✓ The Ministry of Public Service and Labour is the competent national authority for safety and health at work. Appointment of a person for health and safety ✓ Any establishment which has at least between fifty (50) and one hundred and fifty (150) employees who use products, machines and processes that can cause accidents and diseases related to work assigned to them or to the environment in which they work shall be required to hire a healthy and safety professional." ✓ A National Labour Council is established. An order of the Prime Minister shall determine its mission, structure and functioning (Article 163). ✓ The law has provisions on the qualification of experts or professional services on OHS | <ul style="list-style-type: none"> ✓ The law has no evidence of provisions for National OSH research programme or institute ✓ No evidence of legal requirement for a Policy or plan specifying responsibilities and arrangements for health and safety in workplaces ✓ There is no evidence of the law which describes OSH representatives' functions, rights and powers |
| <i>Working arrangements</i> | <ul style="list-style-type: none"> ✓ It requires employers to have a Policy or plan specifying responsibilities and arrangements for health and safety | <ul style="list-style-type: none"> ✓ The law has does not explicitly provide for alternative working arrangements which can accommodate the pandemic |

| | | |
|---|---|---|
| <p><i>Preparedness (inbuilt mechanisms for detection and containment of the pandemic)</i></p> | <p>The law specifies the following to employers:-</p> <ul style="list-style-type: none"> ∟ Duty to ensure the health and safety of employees. ∟ Duty to protect the health and safety of people other than their own employees ∟ Duty to conduct Surveillance of workers' health in relation to work ∟ Duty to conduct surveillance of the working environment and working practices ∟ Duty to provide personal protective equipment ∟ Duty to provide first-aid and welfare facilities. ∟ Duty to provide Rest and eating areas ∟ The OSH Act does require an employer to undertake a Written risk assessment ∟ The right of employees to be reassigned to non-hazard work is provided by the law | <ul style="list-style-type: none"> ∟ Specific hazards for which surveillance is required are not specified ∟ No evidence for surveillance of working environment and work practices ∟ Provisions of the law is not explicit regarding safe operating work systems and procedures ∟ There is no evidence of the right of employees to enquire about risks and preventive measures ∟ No evidence of the employees right to remove themselves from a dangerous situation |
| <p><i>Access to information</i></p> | <ul style="list-style-type: none"> ∟ Training and information on risks is a requirement of the law (The employer has to educate his/her workers on health and safety and to post in the work premises those safety and health instructions to be observed with regard to safeguarding health and prevention of hazards) ∟ Every employer shall ensure that the adequate and suitable means of communications, instructions, warning notices and other penalties, whether oral or written, shall be given to workers in a way that does not undermine the psychological health of the employed person." ∟ Consultation with workers in health and safety is a requirement of the law | <ul style="list-style-type: none"> ∟ There is no provision which provide an obligation to implement a specific OSH management system or standard ∟ The law do not explicitly requires the review or assessment of the results of preventive measures on health and safety at work |
| <p><i>Psychological support</i></p> | <ul style="list-style-type: none"> ∟ The health and safety provisions cover psychological health (Arrêté Ministériel déterminant les conditions relatives à la santé et sécurité du travail (Art. 50)) | <ul style="list-style-type: none"> ∟ Health and safety must cover both physical and psychological health |
| <p><i>Consideration of the most vulnerable groups</i></p> | <ul style="list-style-type: none"> ∟ Migrant workers are covered by the Act | <ul style="list-style-type: none"> ∟ Domestic workers, home workers and self-employed are not covered by the law ∟ The informal sector worker is not subjected to provisions of the law, except for issues relating to social security, the trade union organizations and those relating to health and safety at workplace." |
| <p><i>Scope, coverage and exclusions (Discrimination/exclusion)</i></p> | <ul style="list-style-type: none"> ∟ It recognizes construction, services, agriculture and public sector as branches of economic activity ∟ Occupational disease is defined as an attack to health resulting from exposure to risk during the occupation. Such exhibition can be sometimes repeated before the first symptom appears." | <ul style="list-style-type: none"> ∟ The person dealing with family agricultural, breeding, commercial or industrial activities shall not be subjected to the provisions of the law, except for provisions relating to health and safety at workplace as well as to prohibitions for child labour and for pregnant or breastfeeding women. (Article 3) ∟ The definition of occupational disease is narrow to include on those which happens in the course of employment ∟ The list of occupational diseases is not part of the law |
| <p><i>Social protection in case of sickness</i></p> | <ul style="list-style-type: none"> ∟ The law covers both physical and psychological health | <ul style="list-style-type: none"> ∟ The scope of compensation is likely to be narrow and confined to workplaces and is limited in addressing issues related to the pandemic ∟ Mechanism for compensating other diseases as occupational ones not specified in the law. |

5.2.2. Nationwide Responses

For a detailed list of the mitigation measures implemented by the Government of Rwanda, see the Annexed Tables I to VI.

5.4. The Republic of South Sudan



5.4.1. Occupational Health & Safety

The OSH policy framework for South Sudan was not to be obtained.

5.4.2. Nationwide Responses

The South Sudan COVID-19 Country Preparedness and Response Plan was issued at the end of March 2020 and being reviewed from time to time.

The central strategy prioritizes prevention and mitigation, with complementary efforts in case management; surveillance and detection; and operational and coordination support. The protection and continuation of other, non-COVID-19 health services is central to the strategy, without which additional mortality from conditions such as malaria and water-borne disease and non-communicable diseases like diabetes and hypertension will exceed that from COVID-19 itself. It also consider vulnerabilities of certain population groups, including the elderly, women, children, internally displaced and refugees. Prevention and mitigation are prioritized through Risk Communications and Community Engagement initiatives to promote the adoption of appropriate behaviours to contain transmission, including safe distancing and good hygienic practices. The Plans also promotes home-based isolation for asymptomatic cases or for those with mild/moderate symptoms, helping to protect the capacity for continuation of non-COVID-19 health services as well as reduction of stigmatization and address protection concerns.

Prevention and mitigation include cross border collaboration, harmonizing information sharing and analysis with neighbouring countries to mitigate importation. The Case Management strategy encompasses support to safe triage at all functional health facilities in the country, protecting health workers and the continuation of non-COVID-19 services alongside services for COVID-19.

For a detailed list, see the Annexed Tables I to VI.

5.4. The Republic of Tanzania



5.4.1. Occupational Health & Safety

Tanzania Occupational Health and Safety Policy, 2010 encompasses provision and maintenance at the highest degree of safe and healthy working conditions and environment being a prerequisite for the facilitation of optimal social, mental and physical wellbeing of workers at workplaces as well as safety of property. The main objectives of OHS Policy are to reduce the number of work-related accidents and diseases in Tanzania. This required the adoption and implementation of a culture to prevent OHS hazards by Government, Employers and Employees.

It also recognizes gender dimensions of OHS as well as protection of special groups such as people with disabilities, elderly, youth, and migrant workers. The policy similar to that of Uganda and Kenya has classified hazards as those directly related to occupations and not clear in the way it should address community wide pandemics which affects the workplaces as well as regarding the same to be occupational hazard.

Table 5: Tanzania - Policies and Legal Framework regarding OSH Areas

| OSH AREA | STATUS | REMARKS |
|--|---|--|
| <i>Existence of Policy and Legal Framework</i> | <ul style="list-style-type: none"> ⚡ The occupational health and safety legislative framework of the United Republic of Tanzania is largely set out in the Occupational Health and Safety Act 5 of 2003. ⚡ This piece of legislation, which repealed the Factories Ordinate, makes provision for the safety, health and welfare of persons at work in factories and other places of work. In addition, it makes provision for the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with activities of persons at work as well as related matters. ⚡ The requirement of Policy or plan specifying responsibilities and arrangements for health and safety is articulated in Occupational Health and Safety Act, 2003 (No. 5). (S 96) ⚡ Requirement for appointment of a person for health and safety is stipulated (Every Chief Executive Officer has a duty to ensure that all of the obligations of his or her employer as contemplated in the Occupational Health and Safety Act are properly discharged. In addition, a Chief Executive Officer may assign any of the aforementioned duties to any person under his or her control, who shall act subject to the control and directions of the Chief Executive Officer). (Occupational Health and Safety Act, 2003 (No. 5). (S 100)(1)(2). | <ul style="list-style-type: none"> ⚡ Institutions and programmes relating to OSH administration and/or enforcement (i.e.Competent national authority for safety and health at work andNational OSH research programme or institute) ⚡ There is no evidence of the provision which impose a requirement to access expert advice and/or support in health and safety ⚡ The law is silent on the qualification of experts or professional services ⚡ The law is silent modalities of Appointment of an OSH practitioner as well as Workforce size threshold for the appointment of OSH practitioners ⚡ There is no evidence of the law which describes OSH representatives' functions, rights and powers ⚡ There is no evidence clarity of functions and compositions of National OHS structure as well as source of funding |
| <i>Working arrangements</i> | <ul style="list-style-type: none"> ⚡ It requires employers to have a Policy or plan specifying responsibilities and arrangements for health and safety | <ul style="list-style-type: none"> ⚡ The law has does not explicitly provide for alternative working arrangements which can accommodate the pandemic |

| | | |
|---|---|--|
| <p><i>Preparedness (inbuilt mechanisms for detection and containment of the pandemic)</i></p> | <p>The law specifies the following to employers:-</p> <ul style="list-style-type: none"> ∟ Duty to ensure the health and safety of employees. ∟ Duty to protect the health and safety of people other than their own employees ∟ Duty to conduct Surveillance of workers' health in relation to work ∟ Duty to conduct surveillance of the working environment and working practices ∟ Duty to provide personal protective equipment ∟ Duty to provide first-aid and welfare facilities. ∟ Duty to provide Rest and eating areas ∟ The OSH Act does require an employer to undertake a Written risk assessment ∟ Risk assessment annually or any other time when the need for risk assessment deems necessary is done by an approved inspection authority. The employer is required to furnish evidence of such risk assessment to the Chief Inspector or an inspector when requested. (Occupational Health and Safety Act, 2003 (No. 5). (S 60). ∟ Employers are required to provide a safe workplace and safe working procedures. Occupational Health and Safety Act, 2003 (No. 5). (S. 5(1),(2)) | <ul style="list-style-type: none"> ∟ There is no evidence of the right of employees to enquire about risks and preventive measures ∟ No evidence of the employees right to remove themselves from a dangerous situation ∟ No evidence of the right of employees to be reassigned to non-hazard work. |
| <p><i>Access to information</i></p> | <ul style="list-style-type: none"> ∟ Training and information on risks: Employers have the responsibility to ensure that (a) all exposed workers are instructed on the hazards prevailing in their workplace; (b) safety measures are taken to avoid injury; (c) training is provided at least once in every two years. Occupational Health and Safety Act, 2003 (No. 5). (S.34(2)) ∟ The law requires the review or assessment of the results of preventive measures on health and safety at work as per Occupational Health and Safety Act, 2003 (No. 5). (S 95(3)(a)) ∟ Consultation with workers in health and safety is a requirement of the law i.e Occupational Health and Safety Act, 2003 (No. 5). (95(3)(a)) | <ul style="list-style-type: none"> ∟ There is no provision which provide an obligation to implement a specific OSH management system or standard |
| <p><i>Psychological support</i></p> | <ul style="list-style-type: none"> ∟ The law mainly covers both physical and mental health. | <ul style="list-style-type: none"> ∟ Health and safety must cover both physical and psychological health |
| <p><i>Consideration of the most vulnerable groups</i></p> | <ul style="list-style-type: none"> ∟ Migrant workers, domestic workers, home workers and self-employed are all covered by the law as per Occupational Health and Safety Act, 2003 (No. 5). (S. 3) | <ul style="list-style-type: none"> ∟ The coverage is by implication with consideration of broadness of the definition |
| <p><i>Scope, coverage and exclusions (Discrimination/exclusion)</i></p> | <ul style="list-style-type: none"> ∟ Employee' means "any person who is employed by or works for an employer and who received or is entitled to receive remuneration; or works under the direction or supervision of an employer or any other person; is an apprentice"(Occupational Health and Safety Act, 2003). ∟ The definition is broad to cover all categories of workers i.e migrant workers, home workers, domestic workers and self-employed. ∟ It includes agriculture as a scope of economic activity. ∟ Occupational disease is the disease arising "in the course of employment" | <ul style="list-style-type: none"> ∟ There is no specific mention of Construction, Services and public sector in the Act ∟ The law does provide the Minister with the power to exempt a workplace for its scope of application ∟ The definition of occupational disease is narrow to include on those which happens in the course of employment |

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| <i>Social protection in case of sickness</i> | <ul style="list-style-type: none"> ⚡ The law covers both physical and psychological health ⚡ Mechanism for compensating other diseases as occupational ones (...“Where an employee contracts a disease set out in the Act, or any other disease, and the disease has arisen out of, and in the course of the employee’s employment, the employee shall, subject to the provisions of the Act, be entitled to the compensation”). (Workers Compensation Act 2008 (No. 20 of 2008). | <ul style="list-style-type: none"> ⚡ The scope of compensation is narrow and confined to workplaces and is limited in addressing issues related to the pandemic |
|--|---|--|

5.5.2. Nationwide Responses

The first case in Tanzania was confirmed in 1st March, 2020. On 23 March, the Government announced that all incoming travelers from COVID affected countries would be placed in quarantine at their own cost for 14 days. On 21 May, the President announced that colleges will reopen and form six secondary school students will return to school from 1 June, sports will resume from 1 June, and that international flights will resume, without any quarantine, from 27 May⁴.¹

This was after a period of suspension between March and May, 2020. Stakeholders in aviation sector have been issuing safety guidelines to passengers to comply with global practices and the government through the Ministry of Health has been insisting on precautionary measures e.g. social distancing and hygiene practices. Tanzanian Immigration Services Department has extended deadlines for individuals who could not travel to or from the country during the Covid-19 pandemic.

For a detailed list of the mitigation measures implemented by the Government of Tanzania, see the Annexed Tables I to VI.

¹ <https://en.wikipedia.org/wiki/COVID-19pandemicinTanzania>

5.4. The Republic of Uganda



5.4.1. Occupational Health & Safety

In accordance with section 13 of Occupational Safety and Health Act, 2006, it is obligatory for an employer to ensure health, safety and welfare of persons at workplace.

In accordance with the provisions of the Occupational Safety and Health Act, it is the responsibility of employer to provide free protective equipment including clothing to the workers involved in hazardous work. The type of PPE needed varies depending on the nature of work being performed. The right use of PPE reduces risk of accident and the adverse effects on health.

The Act, however, do not give a categorical classification of crosscutting pandemics such as COVID-19 as an occupational hazard apart from those originating from industrial production.

Table 6: Uganda - Policies and Legal Framework regarding OSH Areas

| OSH AREA | STATUS | REMARKS |
|--|---|--|
| <i>Existence of Policy and Legal Framework</i> | <ul style="list-style-type: none"> ✓ The current occupational health and safety legislative framework of Uganda is based on the Constitution of 1995 and other laws. The main piece of legislation is the Occupational Safety and Health Act, No. 9, 2006 supported by a number of other laws which include the Workers Compensation Act, Cap 225, Laws of Uganda 2000, the Employment Act No 6, 2006, The National Environment Act Cap 153, and a number of subsidiary regulations. ✓ Labour Inspectorate is included among the services of the Ministry in charge of labour issues. Any natural or legal person covered by the Labour Code is under the legal supervision of the Labour Inspectorate ✓ Objectives, roles and/or inspectorate are defined by law functions of labour ✓ The law describes OSH representatives' functions, rights and powers ✓ Employers with more than twenty workers in their employment in a workplace are required to (a) prepare a written policy on the protection of health and safety of employees; (b) make arrangements for the implementation of the policy; (c) bring the statement of the policy or its revision to the notice of all employees (The Occupational Safety and Health Act, 2006 (Act No. 9) (S.14)). ✓ The Minister shall make regulations to provide, in prescribed cases, for the appointment of safety representatives (The Occupational Safety and Health Act, 2006 (Act No. 9) (S. 15(1)). ✓ Employers have a duty to provide a safe workplace and safe working procedures (The Occupational Safety and Health Act, 2006 (Act No. 9) (S.13(2)) | <ul style="list-style-type: none"> ✓ The law has no evidence of provisions for National OSH research programme or institute |

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| <i>Working arrangements</i> | <ul style="list-style-type: none"> ⚡ It requires employers to have a Policy or plan specifying responsibilities and arrangements for health and safety. | <ul style="list-style-type: none"> ⚡ The law does not explicitly provide for alternative working arrangements which can accommodate the pandemic |
| <i>Preparedness (inbuilt mechanisms for detection and containment of the pandemic)</i> | <p>The law specifies the following to employers:-</p> <ul style="list-style-type: none"> ⚡ Duty to ensure the health and safety of employees. ⚡ Duty to protect the health and safety of people other than their own employees ⚡ Duty to conduct Surveillance of workers' health in relation to work ⚡ Duty to conduct surveillance of the working environment and working practices ⚡ Duty to provide personal protective equipment ⚡ Duty to provide first-aid and welfare facilities. ⚡ Duty to provide Rest and eating areas ⚡ The right of employees to be reassigned to non-hazard work is provided by the law | <ul style="list-style-type: none"> ⚡ Specific hazards for which surveillance is required are not specified ⚡ No evidence for surveillance of working environment and work practices ⚡ Provisions of the law is not explicit regarding safe operating work systems and procedures ⚡ There is no evidence of the right of employees to enquire about risks and preventive measures ⚡ No evidence of the employees right to remove themselves from a dangerous situation |
| <i>Access to information</i> | <ul style="list-style-type: none"> ⚡ The law guarantees Training and information on risks i.e provision of adequate and appropriate information, instructions, training and supervision necessary to ensure, as far as is reasonably practicable, the safety and health of the employees and the application and use of the occupational safety and health measures, taking into account the functions and the capabilities of the different categories of workers in the undertaking (The Occupational Safety and Health Act, 2006 (Act No. 9) (S. 13(c)) ⚡ The law explicitly requires the review or assessment of the results of preventive measures on health and safety at work ⚡ Consultation with workers in health and safety is a requirement of the law | |
| <i>Psychological support</i> | <ul style="list-style-type: none"> ⚡ The health and safety provisions cover psychological health (The Occupational Safety and Health Act, 2006 (Act No. 9) (S. 2, 26) | |
| <i>Consideration of the most vulnerable groups</i> | <ul style="list-style-type: none"> ⚡ Migrant workers, domestic workers, home workers are not mentioned but not excluded by the law. ⚡ Self-employed persons are included in the definition of the worker provided by the Act ("A self-employed person shall conduct his /her undertaking in a way that ensures that, as far as is reasonably practicable, that he or she and any other person who may be affected by the undertaking is not exposed to risks to his her health or safety") The Occupational Safety and Health Act, 2006 (Act No. 9) (S. 2, 24)) | <ul style="list-style-type: none"> ⚡ The law was not explicit on the activities which are being carried out within people's homes by domestic workers despite the fact that the constitution is paramount as far as privacy is concerned |
| <i>Scope, coverage and exclusions (Discrimination/exclusion)</i> | <ul style="list-style-type: none"> ⚡ It recognizes construction, services, agriculture and public sector as branches of economic activity ⚡ An occupational disease means "a disease contracted as result of exposure to risk factors arising from a work activity." (The Occupational Safety and Health Act, 2006 (Act No. 9) (S. 2)) ⚡ The list of occupational diseases, procedures updating it and deadlines are established by joint order of Ministers in charge of Public Health and Social Security (Social Security Code, Art. 51) | <ul style="list-style-type: none"> ⚡ The definition of occupational disease is narrow to include on those which happens in the course of employment and exclude instances of pandemics |

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| <p><i>Social protection in case of sickness</i></p> | <p>∟ The law covers both physical and psychological health</p> <p>∟ Mechanism for compensating other diseases as occupational ones are expressed in the law. (The Workers' Compensation Act, Third Schedule, Part viii, no. 54, which indicates that any other disease which otherwise is not indicated in the Act, which can be scientifically proven to be of occupational origin shall be taken as an occupational disease)- Workers' Compensation Act, 2000 (No. 8 of 2000) (Cap. 225). (S. 37))</p> | |
|---|--|--|

5.6.2. Nationwide Responses

With the help of the World Bank, Uganda has launched a Response and Emergency Preparedness Project with objective of the preventing, detecting and responding to COVID-19 and strengthen national systems for public for public health emergency preparedness in Uganda.¹

The Project provides resources to support Uganda's response to the COVID-19 pandemic. It builds upon ongoing support related to outbreak prevention, detection and response. The Project includes critical interventions around disease surveillance, case management, psycho social support, and laboratory capacity strengthening. Interventions are aligned with the National COVID-19 Preparedness and Response Plan, but are also targeted towards interventions that will strengthen core public health functions more generally and help Uganda better confront future outbreaks.

For a detailed list of the mitigation measures implemented by the Government of Uganda, see the Annexed Tables I to VI.

¹ *Uganda COVID-19 Response and Emergency Preparedness Project (P174041), World Bank, May 2020.*

6. WORK-RELATED SPECIFIC RESPONSES - Examples

6.1. Transportation Sector

6.1.1. Immigration Offices at Airport

Immigration officers are de-facto frontline workers in their respective workplaces. Despite the COVID 19 outbreak immigration officers continue to facilitate passenger travel – including the potentially infected and affected by the pandemic. Key emerging workplace issue for immigration officers is the need “to work and to keep travelers safe, yet officers are exposed to infection risks”. Given the roles immigration plays, during the outbreak of the pandemic in terms of recommending passengers screening, inspections, provision of vector control programs, monitoring of sanitization and safety measures as well as putting in place travel advisories, officers are exposed to COVID 19 and at a higher risk of being infected.

✓ What can the Immigration Department do to improve workplace safety and health?

✓ How can SOPs for immigration officers support a safe workplace? (existing SOPs are not adequate for this situation)

Key Questions

✓ Challenges in dealing with the sick and dead bodies crossing the immigration point of Entry and Exit (POE)

✓ High levels of contacts; e.g. a desk officers has to interact with a minimum of 20 people per day and officers at POE's deal with hundreds of people per day.

✓ Sufficient provision of PPEs is critical

✓ Frequent sharing of equipment among immigration staff,

travelers and other service providers at the POEs

✓ Sanitization of this equipment is insufficient

✓ Not enough capacity to also take care of the sanitization

✓ Airports have a high number of employees but the sanitary facilities for staff and travelers are few, which increases the risk of infection. In addition, the risk of exposure is higher for women than for men.

High Risk Situation

✓ Establish Public-Private-Partnerships (PPPs) with immigration offices to build capacity in order to protect the staff and travelers from infectious diseases: such areas include but are not limited to: training & education / PPE / hygiene & sanitation facilities / workplace policy development / implementation / monitoring & evaluation

✓ Educate and train immigration staff and airport staff

✓ Support processes for translation of international and national policies and guidelines into simple terms to be understood by the entire workforce

✓ Create awareness among employers and to highlight the importance of investing in safety and health of employees

✓ Development of context specific SOPs for immigration department COVID-19 created psychological trauma among workers. Counseling services are needed as part of occupational safety and health at workplace. The counseling services should be taken in an integrative wellness programming.

Challenges to be addressed

6.1.2. Public Transport Guidelines – Azam Marine

Public transport facilities bring people into close contact with one another. However, in Tanzania, this area was not perceived as critical as it was argued that although public transport increases the risk to COVID-19 exposure, there was – allegedly – no evidence that it is the main source of infection of the disease. However, the AZAM marine staff emphasized the importance of compliance with public transport guidelines to mitigate the spread of COVID-19. Further, they appreciated the interaction with EAHP and the information shared and highlighted the critical need for regular orientation on workplace safety and health.

Figure 3: Key Questions – Risk – Challenges – Marina



6.2. Health Sector (Teaching Hospital)

Kairuki is a multinational medical university, bringing in students from Kenya, Uganda, Namibia and Zimbabwe. Being a teaching hospital there is a lot of dynamics in terms of WPP amid COVID 19 from teaching and medical practices. During the first wave of COVID the university had to close down and the hospital had to operate with measures to curb the spread. The reopening of the university in 2020, came with a lot of transformation on how learning is undertaken a combination of online and physical contact of students and lecturers.

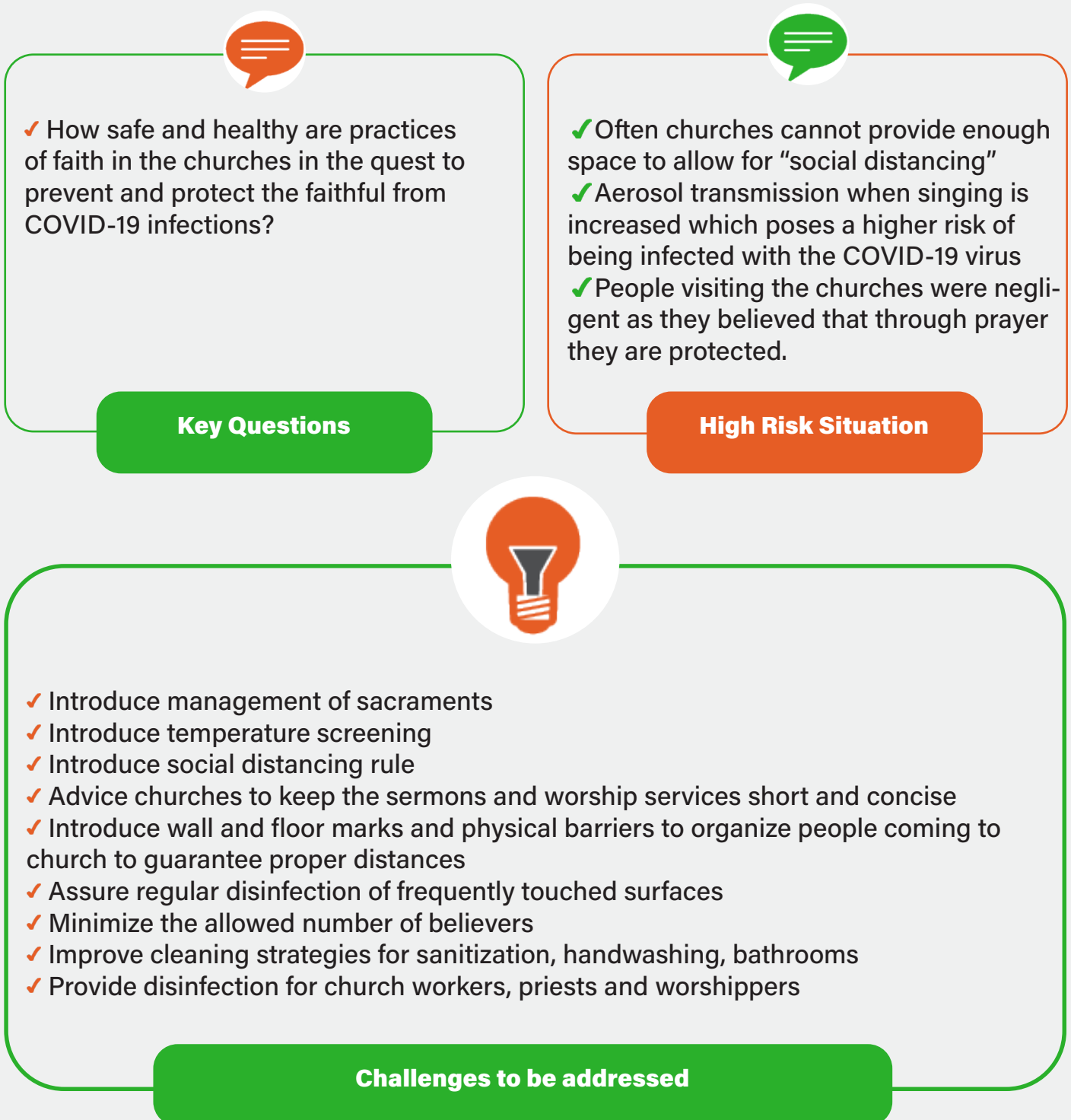
Figure 4: Key Questions - Risk - Challenges - Teaching Hospital



6.3. Faith-Based Sector

For faith to work it has to be in tandem with acts that puts faith into practice, as it is written in the bible

Figure 5: Key Questions - Risk - Challenges - Churches



under James verse 26, 2:17 stating "for as the body without spirit is dead, so faith without work is dead also". Key to the dialogue with CCT was to influence churches through their apex body to limit transmission in houses of worship through faith-based actions to mitigate the pandemic, without having them to put under a lockdown.

7. RECOMMENDATIONS

The OECD task force assessed that the COVID-19 pandemic has governments at all levels operating in a context of radical uncertainty. Almost all countries were affected and faced with difficult trade-offs given the health, economic and social challenges. This public health crisis has highlighted the strengths and weaknesses in the ability of governments to respond to this pandemic and has identified shortcomings regarding pandemic preparedness worldwide.

This report seeks to support the governments of the EAC partner states in reviewing their own preparedness plans and to establish more efficient ways of collaboration among the partner states. The findings and discussions stated in the previous chapters present factual information regarding workplace safety, health practices and nationwide responses in the EAC member states. This chapter focuses on the existing policies and expected outcomes into preferred WPP policies.

The following recommendations seek to advise EAC partner states, employers and employees in various workplaces. This section may not be conclusive as due to COVID-19 it was difficult to meet with relevant stakeholders in all member states, however, below are initial policy conclusions and recommendations. I

It is urgent, that the EAC partner states work together more closely as the COVID-19 pandemic is not over and it is certain that at some point another virus will force governments to act efficiently to break the spread of the virus and to protect its people. Therefore, this report's goal is to support the EAC member states to be better prepared, to learn from mistakes made thus, to avoid suffering, economic disaster and death.

7.1. General recommendations

The future WPP policy orientation is expected to focus on a human-centered recovery. This unprecedented crisis puts uncertainty and insecurity regarding jobs, income and general perspectives. Therefore, policy responses will need to combine the roll-out of vaccination, public health measure, and a solid economic preparedness plan to protect the labour market. A robust and broad based recovery must focus on:

- ✓ Strengthening & improvement of existing national emergency response plans / strategies
 - ✓ Long term planning (30 years)
 - ✓ Elevate pandemic preparedness to a core national economic and security objective
 - ✓ Clarify the roles of each authority for pandemic response
 - ✓ Strengthen the front lines of each nations health-care system
 - ✓ Identify at-risk populations and reduce their vulnerabilities
- ✓ Improve pandemic response
 - ✓ Build global surveillance and forecasting capabilities
 - ✓ Strengthen health regulators
 - ✓ Deliver clear, science-based communication
 - ✓ Develop a national strategy for testing and tracing
 - ✓ Maintain a dependable national stockpile
 - ✓ Support multilateral mechanisms for the equitable allocation of vaccines
- ✓ Awareness creation among the general public through fact based, transparent and comprehensible information
- ✓ employment, income, workers' rights and social dialogue
- ✓ Coordination with the EAC partner states

7.2. Recommendation - Workplace Protection

The reviews indicates that the International Labour Standards provide a strong foundation for policy responses which provides a human centered approach and priorities workers protection measures. Workers, employers and their families should be protected from the health risks of COVID-19. Since the crisis is evolving rapidly, careful monitoring of the direct and indirect effects of all interventions are important to ensure that policy responses are and stay relevant.

Policy Recommendations:

- ✓ Assessment and harmonization of the existing labour policies and laws to accommodate dynamics/ effects of COVID-19
- ✓ Strengthening OSH institution and legal framework as well as enforcement mechanisms 25
- ✓ Reinforcing the capacity for detection, assessment, reporting and responding to pandemics notably COVID-19
- ✓ Putting in place robust infrastructure in terms of technology to support flexible working arrangements and communication in workplaces
- ✓ Establishing and sustaining nation-wide vaccination framework and implementation mechanisms

7.3. Recommendation - Social Dialogue

Building confidence through trust and dialogue is crucial in making policy measures effective. Strengthened respect for and reliance on mechanisms of social dialogue will create a strong basis for building commitment for employers to joint actions at national and enterprise levels. This will involve state and non-state actors as well as both workers and employers

Policy Recommendations:

- ✓ Firming up the framework for negotiation and dialogue between governments, employers and employees as well as trade unions
- ✓ Involvement of non-state actors such as Non- Governmental, Community Based and Professional Organizations to foster dialogue and policy advocacy.

7.4 Recommendation - Protection of the Private Sector

COVID-19 will have a far reaching impacts on labour market outcomes. Beyond the urgent concerns about the health of workers and their families, the pandemic have had impacts across the quantity of jobs (both underemployment and unemployment); quality of work (wages and access to social protection) and effects to specific groups who are more vulnerable to adverse labour market outcomes. A carefully balanced sectoral policy dimension in recovery strategies is needed to support sectors that have been hit the hardest and that risk continuing to fall behind, while realizing the full potential for creating jobs in fast growing sectors.

Policy Recommendations:

- ✓ Instituting wider institutional policy reforms and build resilience through a robust social protection system and public infrastructure for social services

- ✓ Mainstreaming employment retention schemes, including flexible work arrangements/partial un-employment benefits and other time-bound support for enterprises
- ✓ Strengthening nationwide policy integration and harmonization across stakeholders in labour policy advocacy and implementation
- ✓ Development of targeted policy efforts to mitigate effects of COVID-19 to targeted sectors and vulnerable groups particularly women and youth who are mostly affected.
- ✓ Firming up inter-regional cooperation and efforts among EAC member states

7.5. Recommendation based on Workplace Specific Responses

Policy Conclusions & Recommendations (PCR)

| | |
|--|--|
| <p><i>PCR1: POE Immigration Services and Shared Safety and Health Facilities</i></p> | <p>A new policy on engineering design of POE as a workplace first to protect immigration workers at workstations and provide for own hygiene and sanitation to keep up with SOP’s requirements. Elimination of the need for immigration officer to share work facilities with traveler to reduce the level of contacts in a bid to make Immigration a safe and health workplace amid COVID 19.</p> <p>Provision policy statement to contextualize WHO, ILO and IHR into guidelines for immigration depart as workplace in COVID 19 era.</p> <p>Policy statements to guide travelers to observe SOPs while accessing and making use of immigration services at POE.</p> <p>To sustain efforts to prevent and control infection to immigration there is a need for policy statements to guide capacity building programs to keep abreast to changing protective measures against COVID 19 and other infectious diseases.</p> <p>There a great potential for PPP in WPP amid COVID 19 and other future pandemics, it is imperative to develop guiding policy principles to engagement of public and private institutions to work together to address challenges confronting workplaces.</p> |
| <p><i>PCR2: Public Transport a Medium of Transmission Not a Source</i></p> | <p>Public transport policies need to change to accommodate the ability of both public and private providers to do business profitably while complying with safety and health requirements of service provision amid COVID 19.</p> <p>Policy provision for social distancing standing and seating arrangements in public transportation equipment requires engineering re – design with cost implications but also affecting revenue generated from services due reduced number of travelers in each equipment coupled with the need to rise transportation fair. This requirement must be provided by the policy framework to ensure that users of transport services and providers while making attempt to comply with COVID 19 requirements.</p> |

| | |
|--|---|
| <p><i>PCR3: Teaching Hospitals</i></p> | <p>Combined teaching and medical practice are dynamic in an attempt to reform WPP amid COVID 19. A new norm has to be created for Universities and Hospitals where there is high contact among medical practitioners, patients, lecturers and students and other service providers. There is a need for policy statements on decongestion of classrooms, reducing lectures contact hours, redesign of elevators and stair cases to comply with social distancing requirements, and increase the number and size of entry and exit points while accessing classrooms and laboratories.</p> <p>Continuous learning policy provision for university and medical personnel on work specific needs for COVID 19 workplace compliance. Provisions for policy guidelines for individual and institutional attitude change for enhanced cautious approach to work and learning amid COVID 19 workplace challenges.</p> <p>A number of workplace policies and laws that impinge on OSH are related and have common provision, hence the need for policies and laws harmonization to accommodate new realities of COVID 19 and other infectious diseases.</p> |
| <p><i>PCR4: House of Worship Guide to COVID-19</i></p> | <p>There is a need for policy and legal reinforcement that faith, safety and healthful churches need concerted actions to tame COVID 19 during worship. Policy principles and legal reforms on registration of houses of worship need to change without affecting people's ability to express their faith.</p> <p>New policies on worship need to answer the question on "how safe are practices of faith in the houses of worship are safe and healthful in the quest to protect the faithful from COVID 19". Policy guidance is needed in the management of sacrament, temperature screening, social distancing, duration of sermons, and disinfection of house worship and high touch surfaces before and after each service.</p> |
| <p><i>PCR5: WPP Policy Action for Change</i></p> | <p>Most workplaces are less equipped with hygiene and sanitation facilities. There is a need to change on hygiene and sanitation at workplace, automating handwashing and sanitizers making sure that each workplace is redesigned and equipped with adequate facilities to curb the spread of COVID 19 and other infectious diseases at places of work.</p> |

ANNEX I: Policy Area: Boosting Economy & Private Sector



Burundi

- COVID-19 Sensitization & awareness campaigns
- No specific arrangement on new work arrangements and prevention of discrimination, exclusion, and access to paid leave
- The Ministry of Health has developed a **Strategic Preparedness and Response Plan**, which outlines the Public Health Measures to prepare for and protect against COVID-19



Kenya

- Public-Private-Partnership to establish a **COVID-19 Emergency Response Fund**
- Appropriation of all domestic & intern. travel budgets for all state agencies (executive, judiciary, legislative) and the county governments and reallocation to combat COVID-19
- Up to KSh 2 Billion (USD 20 Million) recovered from corruption proceeds to re-channel to support the most vulnerable
- Presidential directive with the objective to establish a framework to guarantee artists can continue to work have an income during the pandemic (costs: up to USD2 Million)
- The Ministry of Sports, Culture & Heritage is availing an additional support of USD 1M from an existing sports fund to artists, actors and musicians during the COVID -19 pandemic



Rwanda

- Government institutions together with the National Bank of Rwanda (NBR) engaged with various stakeholders (Banks, Mobile Network Operators) and jointly developed solutions to mitigate the economic impact of the pandemic:
- Easing of loan repayment conditions for borrowers affected by COVID-19 (e.g. exceptionally, Banks were allowed to restructure outstanding loans for borrowers facing temporary cash flow challenges arising from the pandemic)
- Liquidity support: Introduction of an extended lending facility to banks
- Review of existing Treasury Bonds rediscounting window for six months: BNR offered to buy back bonds at prevailing market rate and the waiting period if one fails to sell the bond at the secondary market to be reduced from the current 30 days to 15 days
- Reduced the reserve requirement ratio by 100% bps from 5% to 40% to secure liquidity of banks to further support affected businesses.



South Sudan

- Private and public sector employers made provisions for allowing their non-essential staff to stay home on paid leave
- Shorter working hours at public institutions (1/2 day) with the exceptions of hospital staff, police and security agencies (operated at usual working hours)
- All planned sport and religious events were suspended
- Only Take Away service is permitted instead of indoor dining or drinking
- An established taskforce directed the Ministries of Finance & Planning, Trade & Industry and the Bank of South Sudan to facilitate urgent purchase of sufficient essential commodities: food, medicines, medical products, fuel, etc.
- The media houses are urged to partner with the government in fighting the COVID-19 pandemic by airing jingles and health messages (awareness campaigns)



Tanzania

- The Government in response to the directives of the joint meeting of the Ministers for health in the EAC, issued an updated travel advisory to accommodate trucks and vehicles carrying goods and services as part of measures to contain the spread of COVID-19 while allowing for free movement of goods & services



Uganda

- Uganda's Central Bank reduced its rate by 1% point to 8% to ensure adequate access to credit and the normal functioning of financial markets during this COVID-19 pandemic
- The Central Bank executed efforts to provide liquidity assistance to commercial banks that are in distress for a period of up to one year
- The Central Bank initially directed Supervised Financial Institutions to defer payments of all discretionary distributions such as dividends and bonus payments for at least 90 days effective March 2020

ANNEX II: Policy Area: Supporting Private Sector / Jobs / Income



Burundi

∠ Not applicable



Kenya

∠ The GoK offered 100% tax relief for persons having a gross monthly income of up to approx. 240,- USD

∠ Reduction of top income tax rate (pay as you earn) from 30% to 25%

∠ Reduction of resident income tax (corporation tax) from 30% to 25%

∠ Reduction of VAT from 16% to 14%

∠ Reduction of the turnover tax rate from currently 3% to 1% for all Micro, Small and Medium Enterprises

∠ Appropriation of an additional KSh 10 Billion (USD 100 Million) for protection of the elderly, orphans, and other vulnerable members of the society through cash transfers done by the Ministry of Labour and Social Protection (to cushion the adverse economic effects of the pandemic)



Rwanda

∠ The GoR implemented a Social Protection Plan to mitigate the effects of the shutdown

∠ Prioritization of vulnerable citizens and implementation of mitigation measures by catering for their basic needs by providing a framework to secure food and other essential commodities to help vulnerable families

∠ Emphasizing importance of free and equal access to treatment among all COVID-19 patients, including non-nationals

∠ All patients and suspected people (citizens and non-nationals) are given free treatment during quarantine and isolation process

∠ Community based intervention and support established in line with the Rwandan culture of identifying the needy in communities

∠ The government issued a communique indicating the ongoing social protection initiatives will be covered by the forfeiting one month's salary (April 2020) by all cabinet members, heads of institutions and other senior government officials



South Sudan

∠ A High Level Task Force was established to provide solutions to limit the spread of the virus, thus, they urged public and private sector employers to make provisions for allowing their non-essential staff to stay home on a paid leave basis



Tanzania

∠ Bank of Tanzania met with members of the Tanzania Bankers Association to discuss among other things, issues related to the pandemic, however, there has not been actions from the government or Bank of Tanzania on any special relief package for businesses to mitigate the economic and pandemic







Uganda

∠ On 31st March 2020, the National Social Security Fund (NSSF) in Uganda put in place measures to ease the cash flow burden of affected employers/businesses in the private sector. This will allow Ugandan Businesses facing economic distress to reschedule their NSSF contributions for some months without accumulating any penalty.

ANNEX III: Policy Area: Workplace Protection



|  Burundi |  Kenya |  Rwanda |  South Sudan |  Tanzania |  Uganda |
|---|---|---|--|--|--|
| <p>∠ Not applicable</p> | <ul style="list-style-type: none"> ∠ Alternative working arrangements including tele-working, paid leave, etc. have been adopted ∠ Employment protection measures established to avoid termination of employment contracts ∠ Measures to ensure social distancing and other hygiene measures have been constantly reiterated and implemented | <ul style="list-style-type: none"> ∠ Public and private sector employees were requested by the GoR to start working from home, except for those providing essential services. ∠ Government commenced sensitization and awareness campaigns on how to prevent COVID-19 infections and requesting all employers to buy hygiene facilities to their employees. | <ul style="list-style-type: none"> ∠ The High Level Taskforce urged restaurant owners and traders to make provisions for infection prevention procedures in and around their workplaces with a view to protect workers and reduce the risk of their exposure to the COVID-19. This includes flexibilities in working hours. | <ul style="list-style-type: none"> ∠ Government institutions, Local and international companies have been individually issuing safety directives to their employees and customers on how to protect themselves from COVID-19. The specific policy directives are either isolated or non-existing. | <ul style="list-style-type: none"> ∠ The Ministry of Labour (MoL) documents the negative effects of COVID-19 on labour, productivity, & employment relations to develop better mitigation strategies: All employers had to provide the labour returns and statistics with details of their employees ∠ The MoL has issued Response Guidelines on the Employment Effects of COVID-19 on Employment Relations. ∠ The MoL communicated with the Federation of Ugandan Employers (FUE) and issued a guidance for employers on how to mitigate the challenges caused by COVID-19 ∠ The Office of the Prime Minister ensured protection for the most vulnerable group (e.g. informal sector workers) by providing relief food ∠ In March 2020 the Government of Uganda suspended receiving new refugees and asylum seekers with immediate effect, for a period of 30 days to curb spread of COVID-19 to refugees and host communities |

ANNEX IV: Policy Area: Implementing Social Dialogue to Develop Solutions



|  Burundi |  Kenya |  Rwanda |  South Sudan |  Tanzania |  Uganda |
|---|--|--|--|---|--|
| <ul style="list-style-type: none"> ✓ The Teachers Union of Burundi (STED) are raising awareness among the general population about measures implemented by the government. ✓ STED asking the government to implement further steps to tackle the crises. ✓ The Trade Union creates awareness regarding social distancing, handwashing and set up handwashing stations equipped with soap and clean water in places where people gather ✓ The Trade Union set up toll free phone number for members to call in need of guidance. | <ul style="list-style-type: none"> ✓ The social partners developed and submitted a report to the National COVID-19 Economic and Business Response Working Group that proposed the mitigation measures: ✓ Freezing wage increments for 12 months ✓ Consideration of annual and unpaid leave as to stop gap measures where needs arise ✓ Awareness raising regarding alternative working arrangements (e.g. Home Office, alternate shifts, leveraging on new technology) ✓ Establishment of health screening, counselling and ambulant units at workplaces ✓ Monitoring compliance on government directives on COVID-19 at the work place ✓ Provision of basic amenities, protective equipment at the workplace for both the formal and informal sector ✓ Strengthening workplace OSH committees | <ul style="list-style-type: none"> ✓ In consultation with employers and trade unions, the government developed a list of activities – supported by the ILO – on how to support the most vulnerable groups, ✓ The GoR conducted a study on the impact of COVID-19 to labour and employment in Rwanda and after analyzing it, reviewed the 'Decent Work for Country Programme' | <ul style="list-style-type: none"> ✓ The government has been addressing requests from employers to undertake salary cuts of employees as the incomes of the companies has gone down due to the precautions to minimize infection by COVID-19. | <ul style="list-style-type: none"> ✓ Tanzania Association of Employers (ATE) customized, published and released an employer's Guide on Managing Workplace during COVID-19; based on the guide developed by the ILO Bureau for Employers' Activities (ILO-ACT/EMP) as a general reference for employers and business membership organizations (EBMOs) to share with the business community in their countries | <ul style="list-style-type: none"> ✓ Constituents in Uganda have worked together to deliver joint press conferences and media discussions focusing on guidelines for the labour sector in regard to COVID-19 ✓ Constituents further develop COVID-19 response interventions in the World of Work with a joint Concept Note detailing actions aimed at enhancing the understanding of workers, employers and government on the pandemic in relation to work place policies; Increasing awareness and dissemination of COVID-19 control and preventive measures in the World of Work; Strengthening the Management of Employer-Employee relations and; Addressing critical vulnerabilities among the informal sector employees and employers |

ANNEX V: Policy Area: Workers Organizations - Activities

**Burundi**

∟ The Trade Unions held a conference in September 2020 to evaluate and improve the status of teaching professions and how to improve COVID-19 prevention in schools

**Kenya**

∟ The Central Organizations of Trade Unions (COTU-K) held tripartite consultative meetings with officials of Federation of Kenya Employers (FKE) and the GoK with the objective on developing guidelines on how to tackle the health and economic impact on the labour market

∟ Government officials and workers representatives held discussions on issues like freezing wage increments and suspension of negotiation of all new Collective Bargaining Agreements (CBAs), including those that are currently under negotiation & those that are coming to an end, for a period of 12 months

∟ COTU-K advocated to be included in discussions at sectoral level and agreed with the FKE to allow individual or sectoral employers' associations to participate to review the provisions of the existing Collective Bargaining Agreements (CBA).

**Rwanda**

∟ Trade Unions are taking up their role as advocacy organizations and are in consultation with the GoR and employers to take measures to protect jobs, salaries, and benefits as well as safeguard the continuity of businesses

∟ Trade unions and employers' organizations identified SMEs adversely affected and temporarily laid-off workers and developed solutions. Both groups jointly advocated to their government for certain measures such as tax relief, provision of additional incentives to keep businesses afloat and able to guarantee job security for their employees.

∟ Trade unions are participating in community sensitization campaigns aimed at protecting the population against the COVID-19 pandemic

**South Sudan**

∟ The constituents took part in a series of radio awareness raising campaigns in order to educate the general population as well as the work force on how to protect themselves against the COVID-19 virus.

∟ State level trade union representatives and employers' organizations are involved in community sensitization and awareness campaigns regarding COVID-19

∟ The South Sudan Workers Trade Union Federation (SSWTUF) and the South Sudan Employers Association (SSEA) advocated jointly to their Government to appeal for the release of foreign currency to enable importers to bring in food commodities other countries.

∟ Unions are assisting the security apparatus in monitoring and humane enforcement and closure measures of the land border

**Tanzania**

∟ The Trade Union Congress of Tanzania (TUCTA) and the Ministry of Health discussed several mitigation measures, such as:

∟ how to avoid laying-off of infected workers?

∟ how to implement shorter working hours during this pandemic?

∟ Introducing tax reduction on all items used for combating COVID-19

∟ Issuing of a directive consistent with WHO guidelines (e.g. enforcing use of PPEs, hand washing facilities, sanitizers and social distancing rules)

∟ Accepting assistance from ILO to introduce education programs on COVID-19 at workplaces

∟ Development and distribution of promotional materials on symptoms and prevention of spreading the virus based on Ministry of Health and WHO guidelines

∟ The Zanzibar Trade Union Congress (ZATUC) participated in tripartite radio and TV programs for sensitization and awareness campaigns based on MoH and WHO guidelines

∟ ZATUC and the Zanzibar Union of Health Employees worked together to protect frontline workers against contracting the disease.

**Uganda**

∟ The National Organization of Trade Unions (NOTU) and the FUE have issued a joint communique that calls for adoption and adherence to Standard Operating Procedures as guided by the Ministry of Health and the WHO

∟ NOTU has also carried out nationwide sensitization campaigns on how workers should protect themselves at work and curtail the spread of the Covid-19 disease. The Uganda Nurses and Midwives Union proposed the development of a mobile phone application that could be used by nurses to trace and help Covid-19 patients

ANNEX I: Policy Area: Boosting Economy & Private Sector



|  Burundi |  Kenya |  Rwanda |  South Sudan |  Tanzania |  Uganda |
|--|--|--|--|--|--|
| <ul style="list-style-type: none"> ✓ L'Association des Employeurs du Burundi (AEB) has undertaken a number of targeted actions addressed to its members: ✓ Advisory circular sent to all members in March 2020 providing initial guidance ✓ AEB put out COVID-19 press releases ✓ AEB adapted, launched and distributed ILO/ACTEMP tools: "COVID-19 Workplace Guide", the six-sept COVID-19 Business Continuity Plan, a Guide on Work from home, and a workplace guide ✓ AEB conducted a survey on the impact of COVID-19 on businesses ✓ AEB is using the ILO/ACTEMP policy statement to guide its dialogue with the government | <ul style="list-style-type: none"> ✓ The FKE sent an advisory note regarding COVID-19 protocols to all members ✓ FKE conducted press briefings outlining its recommendations ✓ FKE adapted and distributed ILO "COVID-19 Workplace Guide" to members ✓ FKE adapted the "Business Continuity Plan" ILO / ACTEMP for Kenya and distributed it to members ✓ FKE launched a video to promote the "Business Continuity Plan" ✓ FKE have hosted COVID-19 related webinars that are now a regular FKE service | <ul style="list-style-type: none"> ✓ The Private Sector Federation (PSF) has put out press releases and conducted a survey ✓ PSF hosted several COVID-19 related webinars ✓ PSF launched a survival course for entrepreneurs ✓ Mobilized efforts to raise funds for the most vulnerable groups ✓ PSF and other stakeholders are participating in the newly set-up inter-ministerial crisis-group ✓ PSF is pursuing a new initiative aimed at supporting entrepreneurs in Rwanda to adjust to economic realities. | <ul style="list-style-type: none"> ✓ Not Applicable | <ul style="list-style-type: none"> ✓ ATE has implemented the following and distributed the following information to their members: ✓ held several press briefings to give guidance and sent out "Advisory Circular" to all members ✓ developed a guideline (with UNICEF) on flexible working arrangements-adapted ILO/ACTEMP guideline into national and legislative context ✓ adapted tool "Business Continuity Plan" ✓ launched "Business Continuity Plan" training course and video. ✓ Conducted the ILO/ACTEMP survey on business impact due to COVID-19 ✓ launched "Work from Home Guideline" ✓ launched a "Retrenchments Guide" ✓ use of ILO/ACTEMP policy statement to dialogue with the government and is adapting including public issues ✓ ATE is cooperating closely with the PSF and participated actively in emergency meetings | <ul style="list-style-type: none"> ✓ FUE has implemented the following and distributed the following information to their members: ✓ joint forces with NOTU & published ILO policy framework & "Work from Home" guideline ✓ launched a "FUE Employers' Guide during the COVID-19 Pandemic" ✓ participated in meetings with the Ministry of Gender, Labour and Social Development and developed a COVID-19 intervention/response plan ✓ adopted a "COVID-19 Workplace Guide" & COVID-19 "Business Continuity Plan" & "Enterprise Survey Tool" ✓ assessed the challenges of enterprises resulting from COVID-19 ✓ conducted the ILO/ACTEMP survey on business impact due to COVID-19 ✓ launched video to promote the "Business Continuity Plan" ✓ engagement with print media, TV and social media to increase visibility and create awareness on COVID-19 ✓ conducted seminars on, e.g. "Business Continuity Plans", "Social Security Contributions", "Labour Law Implications due to COVID-19"; and others |



**EAST AFRICAN HEALTH PLATFORM
(MAY 2021)**