



# **DRAFT NATIONAL OCCUPATIONAL SAFETY AND HEALTH POLICY**

**Ministry of Labour and Social Protection**

**April 2024**

## TABLE OF CONTENTS

FOREWORD .....	3
ABBREVIATIONS .....	4
DEFINITION OF KEY TERMS.....	6
EXECUTIVE SUMMARY .....	7
CHAPTER 1: BACKGROUND AND INTRODUCTION .....	8
1.1 Background .....	8
1.2 Rationale for the policy in Kenya .....	9
1.3 Policy Objective .....	9
1.4 Guiding principles .....	11
1.5 Scope of the policy .....	11
CHAPTER 2: SITUATIONAL ANALYSIS .....	12
2.0 Introduction .....	12
2.1 Historical overview .....	12
2.2 Policy actors in the matters related to occupational safety and health .....	13
2.3 Legislative and policy context .....	14
2.3.1 Constitutional context.....	14
2.3.2 Legislative context .....	14
2.4 Challenges.....	15
CHAPTER 3: POLICY OBJECTIVES AND STATEMENTS.....	16
3.0 Introduction .....	16
3.1 Policy statements.....	16
CHAPTER 4: FUNDING.....	28
4.0 Introduction .....	28
4.1 Government Funding.....	28
4.2 Funding from Non-State Actors.....	28
4.3 Management of funds .....	29
CHAPTER 5: POLICY IMPLEMENTATION FRAMEWORK.....	30
5.0 Introduction .....	30
5.1 Policy, legal and institutional interventions.....	30
5.2 Roles of actors.....	30
5.3 Monitoring and Evaluation.....	32
5.4 Review of this Policy .....	32
5.5 Conclusion .....	32
APPENDIX: IMPLEMENTATION MATRIX.....	33

## **FOREWORD**

Kenya, as an International Labour Organization (ILO) member, aligns with ILO's mission of promoting decent work, poverty reduction, and social justice through international labour standards. This includes the Occupational Safety and Health Convention, 1981 (No. 155), aiming for a coherent National Occupational Safety and Health Policy. Kenya developed such a policy in 2012, addressing working conditions. However, with the rise of the digital economy, new challenges emerge in the world of work. Addressing these challenges requires policy adaptation to accommodate the evolving digital workspace. Kenya acknowledges the need to update its National Occupational Safety and Health Policy to effectively address emerging challenges posed by the digital economy.

This reviewed policy marks a significant step in addressing emerging challenges, ensuring a safe and healthy work environment in Kenya. It will bolster the implementation framework for occupational safety and health programs, aiding the nation's development. Under the 'BETA' (Bottom-up Economic Transformation Agenda), youth participation in development is encouraged, while Micro and Small Enterprises (MSEs) receive support for growth. Emphasis is placed on infrastructural development. Given these endeavours, fostering a culture of safety and health among workers is crucial, highlighting the importance of this policy in aligning with developmental activities and ensuring worker well-being.

With the implementation of this policy, there will be an improved competitive human resource, most of whom are the youth, with a higher potential of securing work opportunities in any economy as they will be well equipped with a safe and healthy culture and therefore more productive. Globalisation has now penetrated into commerce and industry, therefore engagement in work activities from any location in the universe is inevitable.

This National Policy solidifies the ILO Fundamental Principle and Right to a safe and healthy working environment in Kenya. Its implementation promises Kenyan workers the opportunity to enjoy this right, potentially catalysing economic growth. By ensuring the workforce's safety and health, crucial for development, the policy aligns with national interests. My Ministry pledges steadfast support for policy implementation to realise its objectives. Gratitude is extended to all involved in the policy review and those who contributed selflessly, shaping its current form. This collective effort underscores the importance of safeguarding workers' well-being for national advancement.

Hon. Florence Bore, (E.G.H)

**Cabinet Secretary**

**Ministry of Labour and Social Protection**

## ABBREVIATIONS

<b>AG</b>	Attorney General
<b>AIDS</b>	Acquired Immune - deficiency Syndrome
<b>BPOs</b>	Business Process Outsourcing
<b>CBOs</b>	Community Based Organisations
<b>CoG</b>	Council of Governors
<b>COTU</b>	Central Organization of Trade Union
<b>CUE</b>	Commission for University Education
<b>DCI</b>	Directorate of Criminal Investigations
<b>DOSHS</b>	Directorate of Occupational Safety and Health Services
<b>ELRC</b>	Employment and Labour Relations Court
<b>EPRA</b>	Energy and Petroleum Regulatory Authority
<b>FBOs</b>	Faith Based Organizations
<b>FKE</b>	Federation of Kenya Employers
<b>GOK</b>	Government of Kenya
<b>HIV</b>	Human Immunodeficiency Virus
<b>ILO</b>	International Labour Organization
<b>IRA</b>	Insurance Regulatory Authority.
<b>KAM</b>	Kenya Association of Manufacturers
<b>KEBS</b>	Kenya Bureau of Statistics
<b>KLRC</b>	Kenya Law Reform Commission
<b>KMTC</b>	Kenya Medical Training College
<b>KNA</b>	Kenya News Agency
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>MDACs</b>	Ministries, Departments, Agencies and Counties
<b>MoE</b>	Ministry of Education
<b>MoFDA</b>	Ministry of Foreign and Diaspora Affairs
<b>MoH</b>	Ministry of Health
<b>MoLSP</b>	Ministry of Labour and Social Protection
<b>MoGCAH</b>	Ministry of Gender, Culture, The Arts And Heritage
<b>MSEA</b>	Micro and Small-scale Enterprises Authority
<b>MSEs</b>	Micro and Small-scale Enterprises
<b>NCA</b>	National Construction Authority.
<b>NEMA</b>	National Environmental Management Authority
<b>NACADA</b>	National Campaign against Drug Abuse Authority
<b>NACOSH</b>	National Council for Occupational Safety and Health
<b>NACOSTI</b>	National Commission For Science, Technology & Innovation
<b>NIOSH</b>	National Institute for Occupational Safety and Health

<b>NGOs</b>	Non-Governmental Organizations
<b>ODPC</b>	Office of the Data Protection Commissioner
<b>ODPP</b>	The Office of the Director of Public Prosecution
<b>OSH</b>	Occupational Safety and Health
<b>OSHA</b>	Occupational Safety and Health Act, 2007
<b>SDfIDE</b>	State Department for ICT and Digital Economy
<b>SDfLSD</b>	State Department for Labour and Skills Development
<b>SDfBT</b>	State Department for Broadcasting and Telecommunication.
<b>TNT</b>	The National Treasury
<b>WHO</b>	World Health Organization
<b>WIBA</b>	Work Injuries Benefit Act, 2007

DRAFT

## DEFINITION OF KEY TERMS

**Act:** The Occupational Safety and Health Act, 2007

**National Government:** the National Government of The Republic of Kenya defined and articulated in The Constitution of Kenya.

**Syndemic diseases:** Diseases which coexist together or with other health issues driven by social, economic and environmental factors such as poverty, inequality, discrimination, violence and inadequate access to healthcare; which interact with each other to contribute to the severity and complexity of health outcomes.

**Compensation:** Monetary award in recognition of injury.

**Rehabilitation:** The action of restoring one's health to as near normal as possible after injury or illnesses

**Marginal employment:** An employment relationship characterized by low earnings or short duration, often not providing enough income for a decent living or not fully meeting employment standards.

**Bottom-up Economic Transformation Agenda (BETA):** A strategy that aims to empower the grassroots level by prioritizing the needs and potential of local communities and businesses in order to revitalize Kenya's economy by focusing on inclusive growth through a value chain approach and targeting sectors like agriculture, micro, small and medium enterprises (MSMEs), housing, healthcare, digital infrastructure, and environmental sustainability.

**Platform economy:** Economic and social activities facilitated by digital platforms that act as intermediaries connecting different users, such as consumers, service providers, and developers. It's a business model that has emerged with the rise of the Internet and various digital technologies.

## EXECUTIVE SUMMARY

The National Occupational Safety and Health Policy in Kenya aims to uphold worker safety and health as fundamental rights, aligning with international standards set by the ILO and the objectives of Kenya Vision 2030. The policy's objectives include legislative guidance, institution strengthening, enforcement mechanisms, capacity building, and public awareness initiatives, aiming to create a safe working environment across all sectors and forms of employment while promoting social dialogue and inclusivity.

Kenya's journey in occupational safety and health began with the adoption of the British Factories Act in 1951, leading to the establishment of the Directorate of Occupational Health and Safety Services in 1990. Legislative amendments in 2007 further strengthened worker protection and compensation mechanisms. Kenya guarantees the right to a safe working environment under Article 41 of the constitution, legislative support and from ILO conventions including UN SDGs. Despite these advancements, challenges such as limited resources, awareness gaps, and a predominant focus on the formal sector persist, underscoring the need for integrated approaches to address emerging risks and promote worker well-being across all sectors.

Various policy statements aimed at addressing these challenges cover a range of issues including harmonising the legal framework, improving prosecution procedures, strengthening work injury benefits systems, enhancing the institutional framework, and bolstering enforcement and compliance mechanisms. Additionally, the policy emphasises the need for addressing specific challenges like mental health at work, hazards in the digital economy, hazardous child labour, protection of whistle-blowers, and provision of OSH services to vulnerable groups. Each policy statement provides specific interventions and strategies to enhance OSH practices and safeguard worker well-being in Kenya.

This Policy recognizes the critical need for effective Occupational Safety and Health (OSH) management systems, emphasising the significant capital investment required. However, government funding for OSH services has been consistently insufficient. The funding strategies outlined include multi-year budget commitments, ring-fenced funding, and allocations for prevention, enforcement, training, and compensation.

The implementation framework details policy, legal, and institutional interventions, including the establishment of an OSH Authority, a Workers Compensation Fund, specialised courts, rehabilitation centres, and a professional board. Roles of key actors like the National Government, Ministries, Departments and Agencies, employers, workers, County Governments, private sector and development partners, are delineated. Monitoring and evaluation mechanisms, including an annual assessment and a ten-year policy review cycle, are outlined to ensure effective implementation and address administrative and legal inadequacies in enforcing OSH standards across all sectors of the economy.

# CHAPTER 1

## BACKGROUND AND INTRODUCTION

### 1.1 Background

In his speech delivered on the occasion of Workers' Memorial Day in New York City on 28th April, 2002, former UN Secretary General Kofi Annan stated:

“Safety and health of workers is a part and parcel of human security. Safe Work is not only sound economic Policy, it is a basic human right”.

Decent work has become a universal objective and has been included in major human rights declarations including the UN's 2030 Agenda for Sustainable Development (2015).

UN Secretary General, Ban Ki-Moon during the World Day of Social Justice said:

“Experience shows that economic growth, on its own, is not sufficient. We must do more to empower individuals through decent work, support people through social protection, and ensure the voices of the poor and marginalised are heard”

The aspiration of the Kenya Vision 2030 is to create a newly-industrialising middle-income country providing quality life to its citizens in a just, cohesive society enjoying social development in a secure and clean environment. A sound National Occupational Safety and Health System will play a key role in the attainment of the goal of the Vision by ensuring the safety and health of workers. This directly improves their quality of life and increases productivity. Provision of a safe and healthy work environment will therefore play a crucial role in the attainment of the Vision through accelerated economic growth, social development and political stability.

This National Occupational Safety and Health Policy addresses the current challenges, gaps and future development of safety and health systems and programs in the country. It shall promote basic principles of assessing occupational risks and/or hazards; combating occupational hazards at source; and developing a national preventative safety and health culture that includes information, consultation, research and training.



## **1.2 Rationale for the policy in Kenya**

In June 2022, the International Labour Organization (ILO) underscored the significance of a Safe and Healthy Working environment as a Fundamental Principle and Right at Work. As a member of the ILO, Kenya is bound to uphold and enhance safety and health standards in the workplace. Furthermore, the achievement of the objectives outlined in the Kenya Vision 2030 necessitates the cultivation of a globally competitive workforce within a conducive work environment. This policy aims to fulfil these objectives by establishing and sustaining robust safety and health systems and initiatives.

Moreover, effective occupational safety and health management systems play a pivotal role in reducing occupational accidents and diseases, increasing productivity by reducing employees missing from work due to illnesses and accidents, nurturing human resources, and yielding financial savings by reducing healthcare and rehabilitation costs due to accidents or injuries and compensations claims. The emergence of new forms of work including telework, gig-working and Artificial Intelligence; where the current legal frameworks and definitions of 'employer' or 'occupier', 'employee' and 'workplace' are not very clear, present new challenges and occupational hazards requiring a policy direction.

This Policy intends to significantly sustain continual development and implementation of the National Occupational Safety and Health systems and programs to reduce incidences of work related accidents and diseases. In addition, it seeks to give a framework for equitable compensation to those who suffer physical injuries and contract occupational diseases.

## **1.3 Policy Objective**

The overarching objective of this policy is to create a well-coordinated approach to improving worker safety and health in workplaces; and provide continued guidance to all stakeholders involved in promoting occupational safety and health across all sectors of the economy in the nation.

The specific objectives of this policy are:

- a) To guide the development and revision of laws, regulations, guidelines and any other instruments on occupational safety and health.
- b) To recommend establishment and strengthening of responsible and accountable institutions for coordination and management of occupational safety and health.
- c) To propose methods for enforcing and ensuring compliance with laws and regulations concerning occupational safety and health
- d) To create mechanisms for cooperation between employers, workers and their representatives at workplaces in the promotion of occupational safety and health.
- e) To strengthen capacities of state and non-state actors in occupational safety and health matters.
- f) To initiate programmes to disseminate occupational safety and health information and advisory services.
- g) To put in place programmes for publicity and awareness creation on occupational safety and health issues.
- h) To strengthen research capacity in Occupational Safety and Health.
- i) To develop a comprehensive information system for collection, analysis, storage, retrieval and dissemination of data on work-related accidents, diseases and work injury Compensation.
- j) To initiate support programmes for continued improvement of occupational safety and health practices and conditions in Micro and Small Enterprises and the informal sector of the economy.
- k) To initiate the establishment of a new system of social insurance in compensation for work related injuries and diseases, and rehabilitation of injured workers.
- l) To mainstream occupational safety and health in learning institutions and communities.
- m) To institutionalise social dialogue and partnership on occupational safety and health.
- n) To mainstream occupational safety and health in all sectoral and cross-sectoral development issues.

## 1.4 Guiding principles

The execution of this Policy will be based on the following principles as guided by ILO Standards and Conventions, existing national laws and policies:

- a) Recognition that Occupational Safety and Health laws applies to all workers and employers in all sectors of the economy and in all forms of employment;
- b) All occupational accidents and health incidents are preventable;
- c) Preventive and rehabilitative occupational health services are essential for a well-rounded healthcare system;
- d) Equitable compensation and rehabilitative support following work injury or illness.
- e) Occupiers bear the responsibility to ensure workplaces are safe and free from hazards.
- f) Occupational safety and health function is a function to be managed like any other organisational function.
- g) Recognition that a safe workplace contributes to productivity, employee morale, and cost savings
- h) Recognition of compliance and good performance in occupational safety and health at enterprise and national level yields excellence beyond compliance.
- i) Fairness, inclusivity and respect for human rights
- j) No discrimination in the workplace including on race, gender, ethnicity, religion, disability or any other characteristic
- k) Eradication of hazardous child labour practices in both formal and informal workplaces.
- l) Effective response to the impact of syndemic diseases to workers to ensure a healthy working environment.

## 1.5 Scope of the policy

This Policy shall apply to Occupational Safety and Health Issues in:

- a) all workplaces, for persons working therein, 'employees' and 'employers' alike, in all sectors of the economy guided by existing laws on OSH Act, WIBA and other ILO Standards and best practices
- b) Emerging non-standard employee-employer relationships found in teleworking, gig-working and remote working.
- c) All government and non-governmental entities with interconnecting roles in safety and health at work.

## CHAPTER 2

### SITUATIONAL ANALYSIS

#### 2.0 Introduction

This situation analysis of this Policy is informed by a review of the existing historical trajectory of OSH Matters and the legal and policy frameworks relating to occupational safety and health.

#### 2.1 Historical overview

In 1950, it was found necessary to have a legal instrument to provide for safety, health and welfare of employed persons in factories. By then, Kenya was a British Colony and the colonial Government therefore adopted the British Factories Act of 1937 with effect from 1st September 1951. To administer the Act, a division of factory inspectorate was formed within the Ministry of Labour headed by the Chief Inspector of Factories. In 1990, the Factories Act was amended to Factories and Other Places of Work Act, 1990 for the purpose of increasing the scope of coverage. In the same year the division was elevated to a fully-fledged department and named the Directorate of Occupational Health and Safety Services headed by a Director.

The 1990 legislation was repealed in 2007, with the enactment of the Occupational Safety and Health Act and the Work Injury Benefits Act to ensure injured workers are adequately compensated.

In the last strategic period (2018 - 2023), the Directorate carried out approximately 120,000 workplace inspections. In the same period, more than 127,000 workers have been trained in safety and health, fire safety and first aid, more than 400,000 workers medically examined. This is in keeping with ILO Constitution which sets forth the principle that workers must be protected from sickness, diseases and injury arising from their employment. Additionally, the government has increased the personnel to aid in the provision of OSH services by employing 138 Occupational Safety and Health Officers (OSHOs).

Over the recent period up to 2023 and according to the Economic Survey 2023 (KNBS), an upturn in the economy has been seen in the sectors of agriculture, manufacturing, transport, service, financial and insurance, information and

communication, wholesale and retail trade. In 2023, the total number of people in the labour force in Kenya increased to 19.1 million people with those in informal employment making up 16 million; distributed in approximately 750,000 businesses while 3.1 million were engaged in formal employment. Notably, the number of people in the labour force continuously increased over the last years. An upsurge in the labour force translates to an increase in the demand for Occupational Safety and Health Services. The total number of occupational accidents reported in Kenya for the calendar year 2023 was 6979 with 380 fatal accidents. 512 suspected occupational diseases were also reported.

Over the last few years, recognition of the importance of mental health and as a promoter or disrupter of workplace well-being has increased. Factors like work organisation, design and management that include, among others, work demands, availability of organisational support, rewards and interpersonal relationships in the workplace have been identified as key in the evolution of mental health in the workplace. These aspects of work environment have the potential to cause harm to individual health and safety with conditions such as: burnouts and musculoskeletal disorders.

## **2.2 Policy actors in the matters related to occupational safety and health**

These actors can broadly be clustered into state actors, non-state actors and other international organisations These are: -

**2.2.1** The Tripartite Partners: The Government represented by the State Department for Labour and Skills Development (SDfLSD), The Employers represented by the Federation of Kenya Employers (FKE) and the Workers represented by the Central Organisation of Trade Unions (Kenya) [COTU(K)];

**2.2.2** State actors including DOSHS, MoLSP, MoH, MoE, TNT, Judiciary, Attorney General's Office, The Legislature, IRA, NACOSTI, Government Chemist, KNBS, NEMA, KEBS, EPRA, NCA;

**2.2.3** Non State actors include: KAM, DOSHS Approved Persons, KOHSA, Competent Persons in OSH.

**2.2.4** International Organisations include: ILO, WHO, Development Partners.

## **2.3 Legislative and policy context**

### **2.3.1 Constitutional context**

The constitution of Kenya has provisions relating to Occupational Safety and Health notable under articles 41 and 43. Article 41 guarantees the right to fair labour practices, including the right to a safe and healthy working environment for all employees. It emphasises the importance of ensuring that workers are not subjected to unfair labour practices or hazardous working conditions. Article 43 addresses economic and social rights, including the right to the highest attainable standard of health, which encompasses access to healthcare services and facilities, including occupational health services.

### **2.3.2 Legislative context**

Kenya is a signatory to several international declarations and conventions on occupational safety and health. These legal instruments have influenced the direction of occupational safety and health decisions and practices and include the following:

- a) ILO Convention No 155 (Occupational Safety and Health Convention, 1981) which sets out general principles and requirements for the adoption on a national occupational safety and health policy emphasizing prevention, enforcement, and social dialogue to improve workplace conditions.
- b) ILO Convention No. 187 (Promotional Framework for Occupational Safety and Health Convention, 2006) which focuses on promoting continuous improvement in occupational safety and health through the development of national policies, systems, and programs aimed at preventing work-related accidents and injuries.
- c) ILO Convention No. 161 (Occupational Health Services Convention, 1985) which outlines the requirements for establishing and maintaining occupational health services in workplaces
- d) United Nations Sustainable Development Goals (SDGs)

- i. Goal 8 on Decent Work and Economic Growth addresses among others, occupational health and safety by promoting safe and secure working environments and improving access to social protection for workers
- ii. Goal 3 on Good Health and Well-being includes targets related to occupational health and safety, such as reducing the number of work-related injuries and deaths and ensuring access to safe and healthy working environments for all workers by 2030.

Compliance with these regulations and standards is essential for protecting the health and safety of workers and promoting sustainable economic development.

## 2.4 Challenges

The challenges include:

- a) Inadequate institutional and legal arrangements to minimise overlaps, gaps and duplications in the delivery of services;
- b) Inadequate resources for OSH purposes: Resources are crucial for the full realization and enforcement of OSH matters. The inadequacy of resources in this case ranges from limited technical assistance and training needs to support OSH development; ineffective documentation, preservation and record keeping;
- c) Occupational safety and health awareness remains low among employers, workers, and other stakeholders due to weak systems for inculcating a preventative culture
- d) Inadequate systems for occupational injury data management. The pace of digitization of safety and health processes has been very slow and effectiveness of efforts made overtaken by the fast technological growth.
- e) Overemphasis on the formal sector at the expense of the informal sector, MSEs, vulnerable workers and those in marginal employment.
- f) Inadequate work-life balance programs to address prevention, care and support with syndemic diseases and psychosocial issues.
- g) Inadequate integration of occupational health services into all levels of the healthcare system.
- h) Inadequate research to address both emerging and traditional occupational risks arising from fast technological developments and globalisation.

## CHAPTER 3

### POLICY OBJECTIVES AND STATEMENTS

#### 3.0 Introduction

This chapter describes the policy objectives and provides the policy statements that shall be expounded on by the specific actors during implementation.

#### 3.1 Policy statements

##### 3.1.1 Harmonization of the OSH Legal Framework

The Occupational Safety and Health Act (OSHA), 2007 provides for safety, health and welfare of persons at places of work. There are 14 subsidiary legislations that amplify the provisions of the Occupational Safety and Health Act (OSHA), 2007. The Act is administered by the Directorate of Occupational Safety and Health Services (DOSHS), a department in the State Department for Labour.

Though OSH is a national function there are some OSH services that merge into some devolved functions. Examples of these are Fire and disaster management which the protection part is enforced by the County Governments while the prevention of the same is wholly OSH. This is the same for other agencies that have legislative instruments with occupational safety and health aspects. The agencies that have emerged include the one in the transport sector, energy sector as well as in the construction sector, just to mention but a few.

The presence of OSH issues in legislative instruments under different government agencies cause and lead to confusion as to which agency is entitled to entertain matters of OSH. The situation creates disharmony rather than synergy, overlap and duplication of enforcement efforts.

The following interventions will be employed to harmonise the OSH legal framework:

**Policy Statements:**

The Government shall: -



- i. bring together agencies whose legislative instruments are conflicting in OSH issues in a collaborative dialogue in order to harmonise legislations and practice of occupational safety and health;
- ii. put in place measures for the smooth enforcement mechanisms from prevention (Fire and disaster preparedness: National function) to protection (fire-fighting and disaster management: devolved function);
- iii. support development of collaborative workplace codes of practice on OSH matters in other agencies. The implementation of the codes shall be coordinated by the Department in charge of OSH;

### 3.1.2 Improvement of the Prosecution of Cases

The use of the ordinary court system for prosecution of cases on OSH would turn out to be a challenge in that it is time consuming since the cases not only compete with other criminal cases but also require technical understanding in OSH to execute.

#### **Policy Statements:**

The Government shall:

- i. put in place measures to designate specialised courts to handle occupational safety and health matters;
- ii. Provide dedicated prosecutors on matters relating to OSH, to enable them to effectively execute prosecution of offenders in OSH;
- iii. Facilitate the efficient prosecution of cases by empowering OSH Officers to undertake prosecution as envisaged by Article 157(12) of the Constitution of Kenya 2010;

### 3.1.3 Strengthening of the legal framework on work injury benefits

The current Work Injury Benefits system in Kenya does not cover the rehabilitation of employees injured in the course of employment. In addition, compensation is employer liability based and punitive to the employer which discourages reporting of

accidents and occupational diseases. In cases of occupational diseases, the current employer provides compensation even where disease may have been contracted from previous employment.

**Policy Statements:**

The Government shall:

- i. Undertake legislative and administrative action to transform current Work Injury Benefits Scheme into a social insurance system where employers shall pool together into a common fund to cater for compensation and rehabilitation of injured workers;
- ii. In collaboration with other stakeholders, develop a mechanism for the rehabilitation of injured workers.

**3.1.4 Strengthening the Institutional Framework on OSH**

1. The National Council for Occupational Safety and Health (NACOSH), as currently constituted, only plays an advisory role on occupational safety and health issues. It lacks the mandate and mechanisms to direct implementation of key OSH policy issues and decisions. In addition, the Council has no financial capacity and suffers from inadequate human resource capacity to acquire information required for it to play an effective role.
2. Occupational safety and health services are multi-sectoral and multi-disciplinary requiring full participation of all stakeholders and an overall National Authority or body to manage and coordinate all OSH issues in the country. There is inadequate capacity of the institution dealing with OSH matters in terms of finance, infrastructure and human resource to be able to coordinate all other institutions that have some aspects of OSH issues in their functions.
3. There is limited collaboration between players involved in occupational safety and health programmes and issues in the country

**Policy Statements:**

The Government shall:

- i. Transform the department in charge of Occupational Safety and Health in the country into a body corporate status through the establishment of a semi-autonomous government agency. The current NACOSH advisory body shall be transformed to be the body corporate.
- ii. In collaboration with other stakeholders, will facilitate the formation of a professional body or association for OSH practitioners in the country.

**3.1.5 Strengthening the enforcement and compliance mechanisms**

1. Article 10 of ILO Labour Inspection Convention, 1947 (No 81) emphasises the need for an adequate number of OSH inspectors based on factors such as the type, size, and location of workplaces. Provision of OSH services in the country is hampered by inadequate OSH officers undertaking workplace inspection (140 against 19.1 million workers in 850,000 workplaces).
2. Most equipment for safety and for monitoring the working environment for compliance are not available locally and are expensive
3. Compliance efforts to OSH requirements are hampered by many workplaces that are not aware of OSH matters.

**Policy Statements:**

The Government shall:

- i. recruit and retain adequate OSH officers for monitoring compliance with the national occupational safety and health laws and regulations taking cognizance of ILO Convention No 81;
- ii. Enhance existing compliance mechanisms by ensuring self-regulation through workplace safety and health committees and improvement of OSH services by approved persons and institutions.
- iii. establish a system of tax relief or incentives on equipment used for ensuring safety and health at work

- iv. in collaboration with stakeholders, enhance the National Safety and Health Award system for best performing individuals and organisations and sanctions for poor performance

### 3.1.6 Framework to enhance commitment of stakeholders

The cooperation on OSH matters between the employers and employees especially in the MSEs is ineffective. Furthermore, there is no representation of the MSEs in the NACOSH, the apex body on matters OSH that advises the Cabinet Secretary.

#### **Policy Statements:**

The Government will:

- i. spearhead the formation of new and strengthen existing OSH committees at the Enterprise level;
- ii. in collaboration with social partners continue to strengthen the tripartite engagement in OSH matters through capacity building and collaborative activities
- iii. Amend the legislation that provides for OSH to include membership into NACOSH for all stakeholders including MSEs.

### 3.1.7 Information and advisory services on OSH

There is no reliable system of collecting, compiling and notifying of occupational accidents and diseases hence limited occupational safety and health information to enable necessary intervention. Also, there is a general lack of awareness on OSH among the general populace.

#### **Policy Statements:**

The Government will:

- i. in collaboration with the stakeholders, will develop a comprehensive and reliable system for reporting, collection, recording, analysis, storage, retrieval and dissemination of information in occupational safety and health;

- ii. enhance its advisory services on matters of OSH to all stakeholders in the public and private sectors of the economy by developing and implementing robust communication strategies
- iii. Collaborate with local and international institutions for the purpose of sharing information on occupational safety and health.
- iv. In collaboration with stakeholders, will create awareness on safety and health with the key aim of developing a safety and health culture in the country. This will be carried out mainly through dissemination of information through electronic and print media and other campaigns.

### **3.1.8 Research, Education and Training on OSH**

1. Currently, OSH is not adequately integrated into the Kenyan education curricula. Labour market entrants in the country therefore lack basic knowledge and skills in occupational safety and health.
2. There is a shortage of OSH skills both in the public and private sectors. In addition, there has been little investment in the education and training of health and safety representatives.
3. Minimal integration of occupational safety and health (OSH) into the curricula means that the courses offered in vocational and technical training institutes do not adequately address safety and health issues, making it difficult for graduates to properly handle these OSH issues as they get into the world of work with inadequate safety and health skills, knowledge and experience
4. The introduction of new technologies, chemicals, processes and work organisations have brought about emerging occupational safety and health risks. These need to be thoroughly researched upon to provide preventive measures. Currently research in occupational safety and health in Kenya is very minimal.

**Policy Statements:**

The Government shall:

- i. In collaboration with stakeholders, mainstream safety and health in education curricula at all levels of learning including all medical training institutions and employee in-service training.
- ii. Establish and operationalize a National Institute of Occupational Safety and Health (NIOSH) to prioritise investment in robust research and training initiatives on OSH matters. Also for training and specialised skills development in OSH. In addition, other institutions of higher learning will be encouraged to offer training in OSH.
- iii. In collaboration with other research institutions and individuals, explore funding options for research aimed at improving OSH.
- iv. Put in place a mechanism to have technical training programs to incorporate OSH principles into their curricula. This entails setting minimal learning objectives for OSH, mandating specific OSH courses or modules, and making certain that OSH concepts are incorporated into hands-on training exercises.
- v. Ensure technical and vocational training institutions inculcate safety and health culture by putting in place strong OSH management systems in place to recognize, evaluate, and control risks in training environments and activities.

**3.1.9 Occupational Health Services**

1. Occupational health services are not adequately integrated into all levels of the country's health care system. Therefore, occupational related conditions and diseases and ill health are not well recognized and managed.
2. Most occupational diseases have long latent periods and may be diagnosed long after exiting work. In cases where an employee has contracted an occupational disease but has worked for several employers, there is a challenge of identifying the employer who is liable for payment of compensation

**Policy Statements:**

The Government in collaboration with stakeholders will:-

- i. Ensure record keeping of employee medical data is adequate and exists throughout the duration of employee contract and for a specified period post-employment in accordance with the country's laws.
- ii. Ensure that a centralised system for maintaining employee health records is in place and easily accessible to relevant government agencies.
- iii. Ensure a system of reporting suspected occupational diseases is mainstreamed in all levels of health care in the country
- iv. Establish programmes to impart skills for recognition and management of occupational health diseases and conditions to all practising health providers.

**3.1.10 Support Mechanism on OSH for the BETA Agenda**

The occupational safety and health standards in Micro and Small Scale Enterprises (MSEs) are very low due to the temporary nature, high mobility and the small capital base of the enterprises. Therefore, the conventional methods of enforcement of OSH standards cannot be effectively applied.

**Policy Statements:**

The Government:-

- i. In collaboration with other stakeholders, will support OSH awareness creation and advisory services programmes for MSEs.
- ii. Put in place mechanisms to support the Bottom Up Economic Transformation Agenda (BETA) through formation and effective functioning of joint safety and health committees for MSEs.

**3.1.11 Dispute Resolution**

There are inadequate mechanisms in place to resolve OSH disputes that arise during

the work injury compensation process and other issues that relate to OSH.

**Policy Statements:**

The Government Department in charge of Occupational Safety and Health Services in collaboration with other stakeholders will develop and implement alternative dispute resolution mechanisms to resolve OSH related disputes.

### 3.1.12 Mental Health at Work

The onset of the COVID-19 pandemic brought about hazards that were previously being overlooked due to their veiled nature. One such hazard is the mental well-being of workers. The pandemic significantly affected the mental health of workers, with a reported 25% increase in the prevalence of anxiety and depression globally. Workers across all sectors, health care workers, in particular, faced a considerable impact on their psychological wellbeing due to the traumas of the pandemic.

The slow economic turnaround of affected businesses may exacerbate the risks of workers experiencing mental health challenges, workplace accidents and reduced productivity.

**Policy Statements:**

The Government shall:-

- i. Put in place mechanisms achieve parity in treating mental health conditions/disorders as equivalent to physical health conditions in medical insurance plans.
- ii. Collaborate with stakeholders to develop a code of practice and technical assistance guides on mental health in the workplace.

### 3.1.13 Digital Economy

Economic and social activities that rely on digital technologies including those facilitated by online platforms to transact business and marketing have transformed



traditional business models and consumer habits.

1. In Kenya, the surge of such economies has triggered new challenges and hazards. Among them is working from home that rarely adheres to ergonomic designs and workers are therefore prone to musculoskeletal and psychosocial disorders.
2. Similarly, absence of the employer- employee supervision leads to hazards in the remote location not being identified and assessed accordingly.
3. The landscape of employees and employers has shifted across borders allowing organisations without a physical presence in the country to be able to employ local workers. Current laws cannot adequately regulate such employer-employee relationships.

#### **Policy Statements:**

The Government will:-

- i. Engage collaborators to redefine workplace-employee-employer relationships in the platform economy and put in place mechanisms to reduce risks brought about by working in the platform economy fast technological developments.
- ii. Amend the OSH legislations and develop codes of practice to encompass the diverse work arrangements in the digital economy and the use of Artificial Intelligence.
- iii. Collaborate with other countries, international organisations and multinational companies to foster best practices, resources and information that can contribute to improved Occupational Safety and Health in workers across borders.

#### **3.1.14 Hazardous Child Labour**

1. In the OSH training curriculum, issues of indentured learnership and child labour are not integrated
2. Employment of children in work that is physically, mentally, socially and morally dangerous is yet to be completely eliminated in the country.

**Policy Statements:**

The Government shall :-

- i. Integrate issues of child labour into the OSH curriculum to create awareness to the employers and employees.
- ii. Develop a lists of all work processes that comprise hazardous exposures to children and indentured learners.

**3.1.15 High Risk Sectors**

Some particular sectors of the economy are more prone to high occupational safety and health risks, among them include construction and energy & petroleum sectors.

**Policy Statements:**

The Government, in collaboration with other stakeholders, :-

- i. Will formulate, set, enforce and review OSH standards for specific sectors of the economy.
- ii. DOSHS will coordinate the collaboration with various sectors that are involved in high risk work activities that relate to safety and health matters.

**3.1.16 Protection against discrimination at work**

Persons who disclose information about unsafe practices and conditions at work are not adequately protected against discrimination. Similarly, practices that may encourage gender discrimination are not adequately addressed in the occupational safety and health laws and regulations.

**Policy Statement:**

The Government in consultation with other stakeholders shall develop and implement programmes to discourage and eliminate

- i. gender discrimination;
- ii. discrimination against workers with or participating in mental health treatment programmes; and
- iii. whistle blowers.

**3.1.17 Provision of OSH Service to Marginalised Groups and Other Vulnerable Groups**

1. A remarkable number of employers are not adequately aware of the need to have gender responsive workplaces. Women are more vulnerable to certain exposures in the work environment due to their biological make-up.
2. According to the Kenya 2022 HIV Estimates, 1.4 million people were living with HIV at an estimated prevalence of 4.9%. This makes Kenya the fourth largest HIV epidemic globally. Women are more affected (5.3%) than men (2.6%). New infections were estimated at 21,154 while 22,373 people died of AIDS related illnesses. With no visible signs of decline, many workplaces risk losing out significantly if they fail to take action.
3. Workers with special needs including persons with disabilities needs have not been given adequate and convenient facilities at workplaces.
4. Hazardous wastes and emissions from production processes and work activities may pollute and degrade the environment, contributing to climate change and have adverse impact to the workers and community living close to the boundaries of the workplaces.
5. An increasing number of workers are abusing substances including tobacco, alcohol, prescription drugs, and narcotics that might contribute to accidents in the workplace.

**Policy Statements:**

The Government in collaboration with other stakeholders will develop and implement programmes that will support campaigns on discrimination of marginalised and other vulnerable groups in the workplace.

## CHAPTER FOUR

### FUNDING

#### 4.0 Introduction

Establishing and maintaining an effective OSH management system that reduces costs of accidents and diseases at work, requires intensive capital investment. The financing of occupational safety and health services has largely been from Government budgetary allocations which have proven to be perennially inadequate.

#### 4.1 Government Funding

Article 20(5) of the Constitution requires the State to allocate sufficient resources to ensure the achievement of constitutional rights.

The Government support shall include the following:

- i. The Government shall include multi-year budget commitments and ring-fenced funding to finance OSH development programmes.
- ii. The Government shall provide resources from the national budget to support the implementation of this policy.
- iii. The Government shall endeavour to ensure adequate resources are allocated to prevention, promotion, enforcement, training and research of OSH matters, rehabilitation and compensation to workers for injuries sustained in the course of work.
- iv. The Government shall establish a mechanism of apportioning resources from agencies with safety and health aspects to support national safety and health preventative programs.

#### 4.2 Funding from Non-State Actors

Non-state actors are directly involved and contribute to the country's growth and development in various ways. Non-state funding shall be sourced from:

- i. **Private sector funding:** the private sector shall establish and develop partnerships and multilateral agreements for funding specific endeavours in the promotion of OSH in various sectors of the economy.
- ii. **Development partners:** The Government and its development partners will work closely together to ensure that Occupational Safety and Health programs are funded in a sustainable way.
- iii. **Voluntary organisations:** Voluntary organisations including NGOs, CBOs and FBOs will be coordinated by the ministry responsible for OSH to review, strengthen and align the interventions with those of other actors to synergise programmes.
- iv. **Innovative funding:** Financiers and individuals with innovative ideas shall invest towards OSH development including through crowd funding and need funding.

### 4.3 Management of funds

To ensure efficiency in the disbursement and use of resources allocated for to prevention, promotion, enforcement, training and research of OSH matters, rehabilitation and compensation to workers for injuries sustained in the course of work, this Policy proposes to:

- a) Develop strategies to prioritise the funding of identified OSH interventions.
- b) Strictly adhere to public financial management standards in the appropriation and utilisation of the resources.

## **CHAPTER FIVE**

### **POLICY IMPLEMENTATION FRAMEWORK**

#### **5.0 Introduction**

This chapter provides strategies and interventions that shall be employed for the full realisation of this policy. The Implementation Plan provides details regarding the structures and mechanisms required to operationalize this Policy.

#### **5.1 Policy, legal and institutional interventions**

##### **5.1.1. Policy and legal interventions**

- a) All workplaces; both private and public sectors; including the MSEs shall review their OSH related policies to align to this Policy.
- b) The Government shall develop standards to implement this policy

##### **5.1.2. Institutional interventions**

The Government shall: -

- i. Establish an institution to be known as OSH Authority for coordination of OSH matters in the country.
- ii. Establish a fund to be known as Workers Compensation Fund for purposes of compensation and rehabilitation of injured workers under a social insurance scheme
- iii. Designate a specialised criminal court for OSH issues and compensation issues
- iv. Establish Workers rehabilitation centres for rehabilitation of injured workers
- v. Establish a board of OSH practitioners for safety and health professionals.
- vi. Establish a National Institute for Occupational Safety and Health

#### **5.2 Roles of actors**

This policy will operate under the custodianship of the State Department for Labour with the main department spearheading the process being the Directorate of Occupational Safety and Health Services where occupational safety and health matters are domiciled. In the implementation of this Policy, the key institutions shall have the following responsibilities:

**5.2.1. The National Government**

The Government shall create an enabling environment for the implementation of the National Occupational Safety and Health Policy. In particular, the Government will facilitate resource mobilisation for provision of effective occupational safety and health services

**5.2.2. The Ministry responsible for OSH**

The Ministry shall formulate and implement relevant policies and laws that spearhead the implementation of this Policy.

**5.2.3. Employers**

Employers shall ensure the safety, health and welfare of workers at their workplaces including any other persons lawfully present. They shall self-regulate on OSH matters through the establishment of safety and health committees, conduct training on occupational safety and health and report accidents, diseases and other dangerous occurrences to relevant authorities.

**5.2.4. Workers**

Workers will participate in Workplace Occupational Health and Safety Committees, report any hazardous situation to their employers and comply with occupational safety and health requirements at the workplace.

**5.2.5. The County Governments**

The County Governments shall complement efforts of the national government and other stakeholders in the promotion of OSH. They shall also comply with the provisions of the laws and regulations of OSH as employers.

**5.2.6. Other Ministries, Departments and Agencies (MDAs)**

Other Ministries, Departments and Agencies shall cooperate with the Ministry responsible for OSH in the execution of their functions that relate to OSH matters. They shall also comply with the provisions of OSH laws and regulations as guided by this policy.

**5.2.7. The Private Sector**

The Private sector shall complement the efforts of the Government in the promotion of occupational safety and health which shall include investing in the implementation of the policy strategies and interventions for the realisation of the objectives of this Policy.

#### **5.2.8. Development partners**

Development partners will provide financial, technical and infrastructural support to inform the implementation of this policy.

#### **5.2.9. Civil Organisations**

Community-based organisations, non-Governmental organisations and religious institutions among others, will collaborate and complement Government efforts in promotion of OSH including resource mobilisation, sensitization and awareness creation.

### **5.3 Monitoring and Evaluation**

The overall responsibility of monitoring and evaluation of the National Occupational Safety and Health Policy will be with the Ministry in charge of OSH matters. Monitoring and evaluation of this Policy will be developed through a monitoring and evaluation framework and implementation matrix. In addition, the Ministry in charge of OSH matters will carry out an annual monitoring and evaluation exercise and report on the implementation of the Policy.

### **5.4 Review of this Policy**

A review of this policy will be conducted every ten years or as need arises.

### **5.5 Conclusion**

This National Occupational Safety and Health Policy will address the administrative legal inadequacies that hinder efficient enforcement of OSH Matters and standards across all sectors of the economy in the nation.



## APPENDIX

### IMPLEMENTATION MATRIX OF THE NATIONAL OSH POLICY

	Strategies	Programmes	Resource Requirements (Million KShs.)	Time Frame	Expected Output	Responsibility Centres	Output Indicators
1.	Legislative Policy reforms	Development of Workplace Codes of Practice on overlapping/shared functions	20.32	2024-2027	codes of practice developed	MoLSP, AG, COTU, FKE, KAM, KLRC, Institutions implementing other OSH Laws	Number of codes developed
		Review legislations overlapping on OSH matters	24.14	2024-2027	Legislations reviewed	MoLSP, AG, COTU, FKE, KAM, KLRC, CoG,	Number of Legislation reviewed
		Transformation of the compensation scheme into a Social work injury Insurance System	1,411.5	2024-2029	A social insurance scheme formed for workman compensation	MoL, FKE, COTU, Legislature, National Treasury, IRA	Social insurance scheme operational
		Development and Implementation of OSH Practitioners' Act	12	2024-2026	OSH practitioners Act developed	MoLSP, AG, TNT	Enacted OSH practitioners Act
		Development and implementation of specific sectoral OSH Standards	9.0	2024-2030	Legislations of specific sectoral OSH standards developed	MoLSP, MDACs, COTU, FKE	No. of OSH standards developed
		Development and gazettelement of a list of hazardous child labour	5.0	2024-2032	hazardous child labour list developed and gazetted	MoLSP, AG,	Gazetted list of hazardous child labour
2.	Institutional Reforms on OSH	Designation of OSH specialised courts	22.12	2024-2026	specialised courtes designated	AG, MoLSP	Designated Court on criminal osh and compensation matters established

	Strategies	Programmes	Resource Requirements (Million KShs.)	Time Frame	Expected Output	Responsibility Centres	Output Indicators
		Establishment of a Worker's Compensation Fund	2,000	2024-2028	workers compensation fund established	MoL, National Treasury, AG, FKE, COTU	workers compensation fund operational
		Establishment of Workers Rehabilitation Centers	900	2024-2034	workers rehabilitation centres established	MoH, MoLSP	Number of established rehabilitation centers
		Establishment of a body corporate (OSH Authority) for OSH matters	176	2024-2028	NACOSH- a corporate body for OSH matters established	MoLSP, AG, FKE, COTU	NACOSH established
		Establishment of an OSH Practitioners' Board	5.0	2024-2026	An OSH practitioners board established	MoLSP, AG,	OSH practitioners Board established and operationalised
3.	Research, Education and Training	Operationalization of National Institute for Occupational Safety and Health (NIOSH)	468.62	2024-2028	NIOSH-National Institute for Occupational Safety and Health operationalized	MoLSP, TNT, MoE	Operationalized National Institute for Occupational Safety and Health(NIOSH)
		Capacity building for Workplace Safety and Health Committees	40	2024-2034	Workplace safety and Health committees capacity built.	MoLSP, MDACs, FKE, COTU	Number of Safety and committees who have had capacity built
		Developing bilateral MoUs with other research institutions	10.87	2024-2034	Bilateral MoUs with other research institutions developed.	MoLSP, NACOSTI, MoHHE, KEMRI, Universities	Number of MOUs signed
4.	Compliance	Review all OSH laws on compliance	24.22	2024-2030	All OSH laws on compliance reviewed	MoLSP, AG, COTU, FKE	Number of OSH laws reviewed
		Development of guiding notes for OSH Compliance	8.09	2024-2030	OSH compliance guiding notes developed.	SDfLSD, , AG,	Number of guiding notes developed

	Strategies	Programmes	Resource Requirements (Million KShs.)	Time Frame	Expected Output	Responsibility Centres	Output Indicators
		Provision of dedicated OSH Prosecutors	12.24	2024-2028	OSH dedicated prosecutors provided	MoLSP, DPP	Dedicated OSH prosecutors provided
		Review and Development of codes of practice for approved persons	8.7	2024-2029	Codes of practice for approved persons developed.	SDfLSD, AG,	Number of codes of practice developed
		Development and maintenance of a safety equipment register	46.12	2024-2034	A safety equipment register developed and maintained.	SDfLSD,	Safety equipment register up to date
		Conducting high level engagements with various representatives of social partners	37.25	2024-2034	High level engagements with various social partners representatives conducted.	MoLSP, CBOs, International Partners, CoG, NGOs	Number of high level engagements with various social partners
		Development and implementation of OSH improvement Memoranda of Understanding with Sectoral MSEs and associations	21.72	2024-2034	OSH improvement memoranda of understanding with sectoral MSEs and associations developed.	SDfLSD, Associations and Agencies representing Each Sector	Number of implemented MOUs with sectoral MSEs and Associations
		Establishment of an OSH Award and Sanction System	22	2024-2034	An OSH award and sanctioning system established.	SDfLSD	Established OSH Award System
5.	Resource Mobilisation	Enhancement of budgetary allocation for OSH services	13.67	2024-2034	A budgetary allocation for OSH services enhanced.	MoLSP, TNT	Enhanced Budget for OSH services
		Recruitment and retention of OSH Officers	300	2024-2034	OSH officers recruited and retained.	SDfLSD,	Number of recruited and retained OSH officers

	<b>Strategies</b>	<b>Programmes</b>	<b>Resource Requirements (Million KShs.)</b>	<b>Time Frame</b>	<b>Expected Output</b>	<b>Responsibility Centres</b>	<b>Output Indicators</b>
		Capacity Building of OSH Officers	292.15	2024-2034	Capacity building on OSH Officers done.	MoL, TNT, SDfLSD	Number of officers with capacities enhanced
		Enhancement of Collaboration with development partners	181.6	2024-2034	collaboration with development partners enhanced	MoL	Enhanced collaboration with development partners
		Enhancement of bilateral agreements with international partners for funding into OSH programs	81.6	2024-2034	bilateral agreements with international partners for funding OSH programmes enhanced.	MoLSP, Local and International Development Partners,	Number of bilateral agreements with international partners
6	Promotion of OSH Culture	Mainstreaming OSH in medical training institutes	7.6	2024-2034	Osh in medical training institutions mainstreamed.	SDfLSD, MoH, KMTC, CUE	Mainstreamed OSH in Medical training institutes
		Promoting OSH in the attachment and internship programs for indentured learners.	6.5	2024-2034	Attachment and internship programmes promoted.	SDfLSD, NITA, FKE, Employers,	Number of attachment and internship programmes
		Mainstreaming OSH Education and Training in Vocational and Technical institutes	24.4	2024-2034	OSH mainstreamed education and training in vocational and technical institutes.	SDfLSD, MoE, Employers,	Mainstreamed OSH in Vocational and Technical institutes
		Mainstreaming issues of child labor into general safety awareness trainings	18.9	2024-2034	issues of child labour into general safety awareness trainings mainstreamed	MoLSP, MoE,	Child labour issues mainstreamed in general safety awareness training

	<b>Strategies</b>	<b>Programmes</b>	<b>Resource Requirements (Million KShs.)</b>	<b>Time Frame</b>	<b>Expected Output</b>	<b>Responsibility Centres</b>	<b>Output Indicators</b>
7.	Information and Communication	Upgrading and maintaining OSHMIS System	89.8	2025-2034	OSHMIS system upgraded and maintained	MoLSP, SDfIDE	Upgraded and maintained OSHMIS
		Development and implementation of a DOSHS communication strategy	83.5	2024-2034	a DOSHS communication strategy developed.	SDfBT, SDfLSD, KNA	Developed DOSHS communication strategy
		Enhancement of awareness creation of matters of OSH	76.3	2024-2034	Awareness and creation on OSH matters enhanced.	SDfBT, SDfLSD, KNA	Enhances awareness of OSH matters
		Establishment of linkages between all management systems with OSH related information	15.4	2024-2026	linkage to all OSH and health related information systems established.	SDfLSD, MoH, NCA, EPRA, KEBS, CoG, NEMA, ELRC, ODPC, ODPP	linkage of OSH and Health related Information system established
		Conducting high level engagements with players on safeguarding workers' safety in platform economy	17	2024 - 2034	MoU's signed	MoLSP, BPOs, FKE, COTU, MoFDA	Engagement where MoU's are signed in place
		Development and Implementation of Codes of Practise and technical guiding notes for the Digital economy and AI	50	2024 - 2SDfLSD, SDfOBT,030	CoPs and Technical Guiding notes developed and implemented.	MoLSP, BPOs, FKE, COTU	Number of CoPs and Technical Guiding notes developed.
8.	Promotion of Integrated workers' well being	Review preservation timelines for workers' health information in OSH laws	6.13	2024-2026	timelines for workers health information reviewed.	SDfLSD, Kenya Archives, MoH, ODPC	Reviewed timelines for workers health information

	<b>Strategies</b>	<b>Programmes</b>	<b>Resource Requirements (Million KShs.)</b>	<b>Time Frame</b>	<b>Expected Output</b>	<b>Responsibility Centres</b>	<b>Output Indicators</b>
		Conducting mental health awareness campaigns	57.12	2024-2034	mental awareness campaigns conducted.	KNA	Number of mental health awareness campaigns
		Developing technical guiding notes on mental health in the workplace	13.2	2024-2027	mental health guiding notes in workplaces developed.	MoLSP, MoH, AG, COTU, FKE	Number of developed mental health guiding for the workplaces
		Enhancement of programs and codes of practice on Syndemic Diseases in workplaces	74.5	2025-2030	programmes and codes of practice on syndemic diseases in workplaces enhanced.	MoLSP, MoH, AG, COTU, FKE	number of enhanced codes of practice on syndemic diseases in workplaces
		Conducting campaigns on discrimination of marginalised groups and other vulnerable groups in the workplace	39.6	2024-2034	campaigns of discrimination of marginalised groups and other vulnerable groups in workplaces conducted.	MoLSP, MoGCAH,	Number of campaigns conducted on discrimination of marginalised groups
			6,733.88				