TEACHERS SERVICE COMMISSION



POLICY ON EMPLOYEE WELLBEING

NOVEMBER 2018

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VISION, MISSION AND CORE VALUES

Vision

To be a transformative teaching service for quality education

Mission

To professionalize the teaching service for quality education and development

Core values Professionalism Customer Focus Integrity Team Spirit Innovativeness

FOREWORD

Employee wellbeing is a critical factor in the success of any organization. Maintaining a healthy and motivated work force in a safe work environment is a key challenge that the Commission must overcome in order to realize its constitutional mandate and enhance service delivery. This requires a clear policy framework that promotes good health and general well-being of employees by providing opportunities to access health facilities and necessary support initiatives in the workplace.

In recognition of the role of employees in the delivery of service, the Commission has embraced management practices that promote their wellbeing by providing advice and support services with due regard to personal wellbeing and ability to maintain a good work life balance. This enables employees to fulfill their work and lifestyle responsibilities efficiently and effectively without compromising the quality of service provided to clients.

This policy aims at creating a positive work environment that protects the rights of employees by addressing workplace issues that can negatively affect their performance. The policy provides clear guidelines and procedure for addressing HIV/AIDS, Alcohol and Drug Abuse (ADA), Gender, Gender Based Violence (GBV), special needs and primary health care to enhance performance.

Implementation of this policy will enable the Commission to embrace best practices that will help employees experiencing physical and psycho-social challenges resulting from the negative impact of these workplace issues to improve their wellbeing and enhance performance. It will also facilitate mainstreaming of HIV/AIDS, ADA, gender, special needs and primary health care programmes in the Commission's Annual Plans and promote the use of counseling as a mitigating strategy to guide employees in coping with their life situations.

DR. LYDIA NZOMO, CBS COMMISSION CHAIRPERSON

PREFACE

The Commission takes cognizance of the importance of employee wellbeing in effective delivery of services to the public. Supporting health and wellbeing of employees in a proactive and positive way is central to the Commission's approach to employee wellbeing. As part of this approach, the Commission is committed to strengthening the existing initiatives and integrating systems and processes that support employee wellbeing to enhance performance.

Experience of employees in HIV/AIDS, Alcohol and Drug Abuse, discrimination based on gender and disability, Gender Based Violence (GBV) and poor health can have far-reaching effects in performance and delivery of service at the workplace. Consequently, the Commission has an obligation to ensure that the wellbeing of employees is assured as much as reasonably practicable by instituting appropriate measures through a policy to mitigate factors that could harm their physical and mental well-being to enhance service delivery and performance.

The purpose of this policy is therefore to provide appropriate strategies and procedure for addressing the impact of HIV/AIDS, Alcohol and Drug Abuse, gender, Gender Based Violence, special needs and primary health on affected employees. The policy outlines measures for prevention, treatment, management and mitigation adopted by the Commission to address the effects of related workplace issues on employees with a view to enhance their wellbeing and performance. The policy emphasizes on the use of guidance and counseling as a strategy to assist employees cope with work place situations and encourage them to lead healthier lifestyles.

The implementation of this policy requires a strong management support, leadership and participation of all employees and partners to ensure success of the programmes that have been put in place to achieving the wellbeing of all employees. Successful implementation of the policy will enable the Commission to effectively reduce health challenges among the employees and accord them equal opportunities to serve regardless of their personal limitations, physical and mental health status.

DR NANCY NJERI MACHARIA, CBS COMMISSION SECRETARY/CEO

ABBREVIATIONS / ACRONYMS

| ADA: | Alcohol and Drug Abuse |
|--------|---|
| AIDS: | Acquired Immune-Deficiency Syndrome |
| GBV: | Gender-Based Violence |
| HIV: | Human Immunodeficiency Virus |
| KRA: | Kenya Revenue Authority |
| NACC: | National Aids Control Council |
| PLWHA: | People Living with HIV and AIDS |
| NCPWD: | The National Council of persons with Disabilities |
| PWD: | Persons Living with Disability |

DEFINITION OF TERMS

| AIDS | A spectrum of conditions caused by infection with the Human-Immune-Deficiency Virus (HIV) |
|-------------------------------|---|
| Affected | A person experiencing the impact of HIV/ AIDS through sickness or infection/ death of a relative, friend or colleague |
| Albinism | Persons with genetic disorders characterized by partial or total lack of the pigment melanin in the eyes, skin and hair |
| Disability | A physical or mental condition that limits a person's movements, senses or activities |
| Dual/multiple relationship | A situation where two or more relationships between a client and a Counsellor exist in addition to the counselling relationship |
| Drug abuse | A patterned use of a drug in amounts which are harmful to the user or others |
| Infected | A person living with the virus that causes AIDS |
| Client | Person seeking help or service of a counselor |
| Counsellor | A professional who helps clients to resolve their issues and cope with diverse situations |
| Counseling | Helping relationship in which a counselor assists a client to resolve their problems or cope with diverse situations |
| Gender | Socially constructed characteristics of women and men |
| Gender Based Violence | Violence that targets individuals or groups on the basis of their sex |
| Hearing impairment | Persons with significant loss of hearing in one or both ears that may require adaptation |
| HIV | A virus that weakens the body's immune system ultimately causing AIDS |
| Psychosocial support Group | People with common needs or issues who meet regularly to achieve desired goals |
| Physical violence | Any violence that results in bodily injury, pain or impairment |
| Psychological | Any act of constant criticism, threats, name calling, |

| Violence | rejection, isolation, humiliation, coercion and abusive language against a person |
|---------------------------|---|
| Physical impairment | Persons with difficulties in mobility, motor coordination, balance and stamina |
| Psychological disorder | Persons with fluctuating emotional stability that requires support |
| Psychopathic | A person diagnosed with mental health disorder |
| Referral | Recommendation of a client to another professional or agency for appropriate care and services |
| Rehabilitation | A process of helping a client to return to good health or normal life by providing training or therapy |
| Sexual Violence | Any act or attempt by a person to use their positions, authority or influence to forcefully obtain sexual gratification without the consent of the other person |
| Substance | Drug or chemical which when ingested leads to effects that are detrimental to the individual's physical and mental health or the wellbeing of others |
| Visual impairment | Persons whose sight loss cannot be fully corrected using glasses or contact lenses |

1.0 INTRODUCTION AND BACKGROUND

The Teachers Service Commission (herein after referred to as "the Commission") was first established in 1967 by an Act of Parliament, Teachers Service Commission Act, Cap 212 of the Laws of Kenya. Subsequently, the promulgation of the Constitution of Kenya, 2010 elevated the Commission to a Constitutional Commission *vides* Article 237 and enactment of Teachers Service Commission Act, 2012 (herein after referred to as "the Act"). The Constitution redefines the Commission's mandate in teacher management as the Act empowers it to make regulations and policies to enhance its functions.

The mandate of the Commission is to register trained teachers, recruit and employ registered teachers, assign teachers employed by the commission for service in any public schools/institutions. It is also to promote and transfer teachers, exercise disciplinary control over the teachers under its employment, review the standards of education and training of persons entering the teaching service, review the demand for and supply of teachers and advise the national government on matters relating to the teaching profession. Further, the Act mandates the Commission to; ensure teachers comply with the set teaching standards, facilitate career progression and professional development for teachers in the teaching service including the appointment of head teachers and principals, monitoring the conduct and performance of teachers in the teaching service and collecting and maintaining teacher management data.

The policy on employee wellbeing is necessary to guide the Commission to effectively address the challenges arising from workplace issues with regard to HIV/AIDS, Alcohol, Drug and substance Abuse (ADA), Gender, Disability, Gender Based Violence and general health of employees. The policy will establish appropriate structures to mitigate the impact of these work place issues among the employees to enhance performance and service delivery.

1.1 Rationale

HIV/AIDS, Alcohol, Drug/substance Abuse, Gender, Disability and Gender-Based Violence are common workplace issues that hamper effective delivery of service. The wellbeing of employees who experience such issues are negatively affected leading to poor performance and delivery of service. The purpose of this policy is to provide an institutional framework for addressing workplace issues that threaten employees' wellbeing with a view to enhancing their productivity.

2.0 POLICY STATEMENT

The Commission is committed to improving the wellbeing of all its employees and help them cope with challenges that impact negatively on their performance and general welfare.

3.0 AUTHORITY

The policy derives its authority from:

- i. The Constitution of Kenya 2010
- ii. Teachers Service Commission Act (2012)
- iii. The Basic Education Act (2013)
- iv. The Mental Health Act Cap 248
- v. Employment Act (2007)
- vi. HIV and AIDS Prevention and Control Act (2006)
- vii. The Persons with Disability Act (2003)
- viii. The Children Act (2001)
- ix. Factories and Other Places of Work Act, Cap 514,
- x. The Sexual Offences Act (2006)
- xi. Protection Against Domestic Violence Act
- xii. Code of Regulations for Teachers
- xiii. Teachers Service Commission Code of Regulations for Secretariat Staff
- xiv. Teachers Service Commission Code of Conduct and Ethics for Teachers
- xv. The United Nations Human Rights Convention (1948)
- xvi. The Convention on Elimination of All Forms of Discrimination Against Women (1979)
- xvii. Public Officers Ethics Act 2003
- xviii. Any relevant government/Commission regulation, policies and circulars

4.0 POLICY OBJECTIVES

4.1 General objective

To provide an institutional and operational framework for supporting initiatives that have the potential to impact positively on all employees by assuring their physical and psychological wellbeing.

4.2 Specific objectives

The specific objectives of this policy shall be to:

- i. Comply with all statutory regulations with regard to employee wellbeing.
- ii. Enhance collaboration and partnership with relevant stakeholders to support employee welfare programmes
- iii. Provide mechanisms for alleviating challenges that threaten employee wellbeing in the workplace
- iv. Promote research, monitoring and evaluation of the employee related programmes to assess their impact and inform the best way forward on mitigating the challenges.

- v. Provide a framework to promote gender equity and equality in the Commission
- vi. Provide guidelines on capacity building, knowledge sharing and research on gender, disability, alcohol, drug and substance abuse
- vii. Mainstreaming of gender, disability HIV/AIDS, ADA and primary health care in the Commission's programmes

5.0 SCOPE

This Policy shall apply to all employees of the Commission and mitigation efforts to address challenges that threaten their general wellbeing.

6.0 GENERAL POLICY PRINCIPLES

This policy shall be guided by the following principles:

Non-discrimination and Non-stigmatization:

| | No employee will be discriminated or stigmatized on the basis of religion, colour, race, sex, marital, health or disability status, ethnicity, age, belief or culture among others. |
|-------------------------|---|
| Justice and fairness: | The Commission shall exercise fairness in the allocation of responsibilities, opportunities, resources and access of information and services to all employees |
| Advocacy: | The Commission shall use advocacy to disseminate this policy and in programmes aimed at improving employee's wellbeing. |
| Confidentiality: | All information about the clients shall be maintained in a confidential manner. Counselling shall be provided in an atmosphere that guarantees privacy. |
| Counselling: | Guidance and Counseling shall be used to help employees cope with workplace challenges. All principles of Counseling shall be applied during the Counselling process. |
| Responsiveness : | The Commission is committed to responding to the employee's concerns in order to enhance and promote their wellbeing with a view to enhancing mutual trust between the Commission and its employees. |

7.0 POLICY GUIDELINES

7.1 ALCOHOL AND DRUG ABUSE

Alcohol, Drug/Substance Abuse (ADA) contributes to conflict, indiscipline and loss of employees at the workplace. Lack of control of these negative habits has the potential of far reaching effects on the delivery of service and may undermine public confidence in the organization. This policy provides guidelines for the prevention and management of Alcohol and Substance Abuse in the Commission.

7.1.1. Intervention measures against Alcohol and Drug Abuse

The Commission shall consider employees who have alcohol and substance disorder to be psychopathic persons with mental illness. The Commission shall adopt the following measures for prevention, management and mitigation of Alcohol and Drug Abuse:

- i. Prohibit the sale and use of alcohol and drugs in all workplaces.
- ii. Ensure that employees with alcohol and drug related problems are helped to recover while receiving all services and benefits as stipulated in the Employment contract.
- i. Grant sick leave to all employees with ADA challenges twice within their employment term. Any additional seek leave days shall be granted on a case-by-case basis and at the discretion of the Commission.
- iii. Display and avail Information, Education and Communication (IEC) materials about Alcohol, Drug and substance Abuse at all workplaces.
- iv. Support the formation of psycho-social support networks and encourage employees with ADA issues to join and benefit from the after-care programmes to avoid relapse.
- v. Continuously conduct sensitization programmes on alcohol and substance abuse for employees in all counties

7.1.2. Programmes for Alcohol and Drug Abuse

The Commission shall undertake the following programs to alleviate Alcohol and Drug Abuse at the work place.

- i. Establish Psycho-social support networks in all counties to assist employees with ADA related challenges
- ii. Identification, assessment and referral of ADA clients for rehabilitation
- iii. Provision of after-care services to ADA clients
- iv. Conduct peer education, guidance and counseling programmes on ADA
- v. Establishment and strengthening of ADA desks in all TSC offices across the country.

7.2 GENDER

The Commission takes cognizance of Article 27 (3) and (4) of the Constitution in the Bill of Rights which stipulates that women and men have the right to equal treatment including the right to equal opportunities in all spheres of life. The Commission shall not discriminate against any person on the grounds of race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.

This policy is aimed at creating an enabling environment for equal participation and utilization of all employees towards achieving gender equity and parity by addressing gender concerns and bridging any existing gender gaps in the Commission.

7.2.1 Intervention measures against Gender issues at the workplace

The Commission shall adopt the following intervention measures to address gender related challenges among its employees.

- i. Embrace gender responsive governance.
- ii. Promote gender responsive research, teaching and training.
- iii. Establish sustainable partnerships and collaborations for resource mobilization to support gender related programmes.
- iv. Seek participation in national and international gender forums.
- v. Identify gender champions in key institutions across the country and build their capacity to propagate gender issues.

7.3 GENDER BASED VIOLENCE (GBV)

Gender-Based Violence (GBV) is an extreme form of gender inequality and dimension of discrimination. It could be physical, sexual or psychological and can adversely affect the performance of employees in the workplace. This policy is aimed at protecting employees and clients against Gender-Based Violence and guiding the Commission in developing appropriate preventive and responsive mechanisms to protect them in the process of giving or seeking services.

7.3.1 Intervention measures against Gender Based Violence (GBV)

The Commission shall adopt the following measures to mitigate Gender Based Violence at the workplace.

- i. Regularly conduct awareness campaigns against Gender Based Violence,
- ii. Establish a sustainable GBV reporting and debriefing desk,
- iii. Spearhead rapid investigations on all reported cases of GBV at the workplace,
- iv. Adhere to laid down regulations and procedures for handling GBV cases,

- v. Institute appropriate disciplinary measured against employees involved in GBV,
- vi. Put in place referral mechanisms to address GBV.

7.4 EMPLOYEES WITH SPECIAL NEEDS

The Commission recognizes the rights of persons with special needs under Article 54 (1) of the Constitution with regard to its employees. The purpose of this policy aims at removing all discriminatory practices against employees with special needs by creating an enabling environment that enhance their access to opportunities and services in the Commission.

This policy will help in addressing issues and concerns of employees with special needs namely; physical, visual and hearing impairment, albinism and psychological disorders by ensuring that employees with special needs:

- i. Are treated with dignity and respect, addressed and referred to in a manner that is not demeaning,
- ii. Have the necessary facilities to enhance their movement in the work place.
- iii. Have access to materials and devices to overcome constraints arising from their disability.
- iv. Have the necessary information using the most appropriate means of communication that include but not limited to sign language and braille.

7.4.1 Determination of disability

The Commission in collaboration with the National Council for persons with Disability (NCPWD) shall determine the type, nature and degree of disability. Any employee with special needs shall be required to:

- i. Declare disability at the time of employment,
- ii. Declare disability that occurs in the course of employment,
- iii. Register and obtain a disability registration certificate from the NCPWD which shall be subjected to scrutiny before acceptance,
- iv. Declare their disability status once registered by the NCPWD within a reasonable period acceptable to the Commission which shall be determined from time to time.

7.4.2 Intervention strategies for employees with disability

The Commission shall adopt the following strategies to address the challenges of employees with special needs:

i. Establish and maintain a database of all employees with special needs specifying the nature, type and severity of disability during the time of employment,

- ii. Ensure compliance with the statutory provisions on Persons With Disability (PWD) during the time of recruitment,
- iii. Deploy employees with special needs to positions and stations that enhance their performance,
- iv. Pay prescribed allowances to employees with special needs where such is considered necessary for effective performance of duty,
- v. Guide employees with special needs to apply for PAYE tax exemption from the Kenya Revenue Authority (KRA) or any other benefits due from the government,
- vi. Ensure that TSC premises and other facilities comply with the requirements of the PWDs Act 2003,
- vii. Institute appropriate communication mechanisms to ensure that all employees with special needs get information,
- viii. Never terminate or retire any employee on the basis of disability unless declared otherwise by a Medical Board,
- ix. Support employees who acquire disability in the course of duty in accordance with the Work Injury Benefits Act (2007),
- x. Ensure inclusion of all employees in the Commission's programmes irrespective of their physical status,
- xi. Enhance collaboration and partnership with relevant government agencies and stakeholders on matters of benefit to employees with special needs.

7.5 HIV AND AIDS

HIV/AIDS is a major threat to the world of work with negative consequences of declining productivity, absenteeism, loss of skilled and experienced personnel coupled with high cost of health care. It is a serious workplace issue to be addressed through a clear policy framework that ensures continuation in delivery of service by all employees.

The purpose of this Policy is to provide guidance to the Commission in the management of HIV/ AIDS issues in the workplace by establishing structures and promoting programmes that ensure that infected and/or affected employees are not discriminated against or stigmatized. The policy will also help streamline HIV /AIDS activities by providing for identification and mobilization of resources to implement related programmes.

7.5.1 Management of Human Resources with regard to HIV/AIDS

This policy provides guidelines for addressing the day-today human resource needs of the Commission. The Commission shall:

ii. Not use HIV/AIDS screening as a requirement for employee's recruitment and promotion

- iii. Grant sick leave to all employees as stipulated in the relevant service regulations and shall not favour or discriminate any employee on the basis of HIV status
- iv. Maintain the normal working hours for all employees. A more flexible approach may however be applied to those infected and/or affected at the discretion of the Commission
- v. Ensure that each service area has at least one skilled counsellor among the employees to provide Counselling and referral services
- vi. Support the formation of psycho-social groups in all counties and encourage all infected employees to join.
- vii. Review its policies on deployments and transfer to address the emerging issues
- viii. Ensure that no employee is dismissed or retired solely on the basis of perceived HIV status, discriminated or stigmatized.
- ix. Establish a Voluntary Counselling and Testing Centre (VCT) and encourage employees to go for testing from time to time
- x. Create a working environment where infected employees feel safe to disclose their HIV/ AIDS status.
- xi. Provide leadership as part of campaign for prevention and management HIV/ AIDS at the workplace

7.5.2 HIV/AIDS programmes

The Commission shall establish and implement appropriate programmes for the prevention and management of HIV/AIDS at the workplace, which shall be widely disseminated and monitored.

The programmes shall include but not limited to;

- i. Prevention and Advocacy programmes for awareness creation about HIV/AIDS
- ii. Carrying out Voluntary Counselling and Testing (VCT) and empowering employees by providing the VCT and Comprehensive Care Services
- iii. Promotion of attitude and behaviour change through workshops, sharing experiences, seminars and peer education
- iv. Establishment of HIV/AIDS resource centres, development, sourcing and distribution of Information, Education, Communication (IEC) materials to be placed on strategic positions in all offices across the counties
- v. Creation of a pool of peer educators and counsellors to address the immediate needs of the employees
- vi. The provision of both male and female condoms and demonstrations on their use

vii. Mobilization of resources to support the HIV/AIDS programmes by engaging with partners

7.5.3 Care and support programmes

The Commission shall use collaborative approach involving various stakeholders to promote comprehensive care of the infected and/or affected employees and mitigate the negative socio- economic impact by:

- i. Networking and partnering with other VCT centres and hospitals for referrals to ensure that infected employees have access to treatment and nutritional support
- ii. Establishment of the care and support programmes to address the psychosocial, physical, emotional, education and spiritual needs of affected and infected employees.
- iii. Strengthening institutional health facilities and provision of counseling services at the workplace.
- iv. Linking infected employees to the relevant support groups
- v. Ensuring protection and respect of the rights and dignity of all affected and/or infected employees
- vi. Mainstreaming HIV/AIDS campaign into all Commission's functions and programmes
- vii. Providing counselling services at the workplace

7.6 WORKPLACE COUNSELING

Counseling is necessary in addressing issues that affect employee performance and general wellbeing as the employees struggle to cope with stressful life events. In addition to supporting individual employees, counseling services help decisionmakers understand the real workplace issues to be addressed in order to improve employee performance and the delivery of service.

The Commission shall use guidance and counselling as a means to address the varied issues experienced by employees at the workplace. This policy shall be guided by the Counselling principles and following general guidelines:

- i. The Commission shall develop, maintain and store records of each client and utilize them in a manner that ensures privacy and safety
- ii. A private room shall be provided to ensure confidentiality and effectiveness of the counseling process.
- iii. The counselor shall explicitly explain to clients the nature of all services provided and the counseling process.
- iv. All scheduled counseling sessions shall be conducted to ensure completeness and effectiveness in the Counseling process.
- v. The clients shall have an obligation to attend all counseling sessions and take proactive measures in enhancing therapeutic process

- vi. Both the client and counselor shall have the responsibility to proceed with the counseling process until the termination phase once the mutually agreed upon goals are achieved.
- vii. In cases where the clients decline or suspend a counseling relationship, they shall communicate to the supervisor in writing.

7.6.1 Workplace Counseling programmes

The following programmes shall be undertaken to address the diverse needs of employees while applying the principles of counseling;

- i. Sensitization and advocacy on access to psycho-social health services
- ii. Stress management and trauma counseling on matters of loss, grief and bereavement
- iii. HIV and AIDS prevention, treatment and care
- iv. Disaster response and management
- v. Peer education and counseling
- vi. Conflict management and resolution
- vii. Career and vocational guidance
- viii. Substance dependence and addiction
- ix. Gender Based Violence
- x. Group dynamics and psycho-social support

7.6.2 Referral

The Commission shall establish an appropriate referral system for employees. Referral shall be made only where/when:

- i. The issue is beyond the counsellor's competence
- ii. A client requests for referral
- iii. An emotional entanglement between a client and counselor exist
- iv. A client is no longer benefiting from therapeutic relationship
- v. A dual/multiple relationships exist between a counselor and the client
- vi. The counselor or client has been transferred or deployed

7.6.3 Collaboration and Partnership

The Commission shall identify partners and engage them in addressing the varied needs of employees at the workplace. The partners shall include but not limited to;

- i. Institutions (Such as rehabilitation centers, support groups and hospitals among others) **See Appendix 1**.
- ii. Professionals (Psychiatrists, Medical Doctors, Clinical Psychologists, Counseling Psychologists, Social workers)
- iii. Peers

7.7 PRIMARY HEALTH CARE

The Commission recognizes the diverse health care needs of its employees. Health promotion initiatives designed to raise awareness on health and lifestyle issues shall be conducted annually to promote employee wellbeing. Primary Health Care arrangements shall be made to address the immediate needs of employees at the institutional level. The purpose of this policy is to promote good health of employees through prevention of illness, treatment, care, advocacy, rehabilitation, physical activity and fitness.

7.7.1 Promotion of primary health care

The Commission shall adopt the following measures to promote success in the primary health care for employees:

- i. Maintain a sustainable staff clinic at the headquarters with client data
- ii. Provide First aid facilities in all service areas
- iii. Promote health related counseling to employees
- iv. Engage in partnership with medical institutions to enhance work place health programmes.
- v. Distribute Health related Information Education and Communication (IEC) materials.
- vi. Make referrals to rehabilitation and treatment centers

7.7.2 Primary Health Care Programmes

The Commission shall undertake the following programmes to promote primary health care. The programmes will be evaluated on regular basis to determine their effectiveness.

7.7.2.1 Work place health education

The Commission shall regularly conduct awareness campaigns on the prevention, management and control of diseases and encourage employees to participate. These campaigns shall be conducted through Medical Camps and health weeks in partnership with medical institutions and stakeholders.

7.7.2.2 Basic sanitation

The Commission shall ensure regular supply of clean water and basic sanitation for its employees in all offices.

7.7.2.3 Medical health insurance

The Commission shall provide medical health insurance in- and – out patient cover to all employees involving triaging, basic checks, treatment of common ailments, counseling on management of lifelong conditions, monitoring and referrals.

7.7.2.4 Health screening

The Commission shall facilitate health screening of employees annually coupled with advice on various health issues, lifestyle behaviours, stress management, mental wellbeing and first aid among others

7.7.2.5 Health and fitness

The Commission shall facilitate and support the establishment of health and fitness clubs and groups designed to promote employee wellbeing with the development of action plans outlining their specific initiatives and activities.

8.0 POLICY IMPLEMENTATION

The Commission Secretary shall use the existing administrative framework and develop appropriate structures and systems where applicable to implement this policy

9.0 MONITORING AND EVALUATION

This policy shall be monitored and evaluate, on a continuous basis to ensure viability and relevance.

10.0 POLICY REVIEW

This policy shall be reviewed by the Commission as and when need arises to accommodate emerging issues.

APPENDIX 1: INSTITUTIONS

Some of the institutions include:

| Name of the | Accreditation/ | Location |
|---------------------------------|---|---|
| Institution/Ownership) | Sponsorship | |
| Moi National Teaching and | NHIF Accreditation | Eldoret |
| Referral Hospital (Public) | | |
| Mathari National Teaching and | NHIF Accreditation | Nairobi |
| Referral Hospital (Public) | | |
| Coast Level five Hospital | NHIF Accreditation | Mombasa |
| (Public) | | |
| Dove International | Self-Sponsored | Kiambu |
| rehabilitation Centre (Private) | | |
| Renaissance Rehabilitation | Self-Sponsored | Kiambu |
| Centre (Private) | | |
| Mariakani Rehabilitation | Self-Sponsored/ | Nairobi (South C) |
| Centre (Private) | NHIF Accreditation | |
| Zawena Rehabilitation- Private | Self-Sponsored | Kiambu |
| Precision counseling & | Self-Sponsored | Nairobi |
| Rehabilitation | | |
| home (Private) | | (Kahawa Sukari) |
| Nobility House Treatment and | Self-Sponsored | Kiambu (Kikuyu) |
| Rehabilitation Center (private) | | |
| Chiromo Lane Medical centre | Self-Sponsored | Nairobi |
| (Private) | | |
| Palm Tree House (Private) | Self-Sponsored | Kericho |
| Jomec Treatment and | NHIF Accreditation | Nakuru |
| rehabilitation services | | |
| Teen Challenge Rehabilitation | Self-Sponsored | Nakuru |
| Centre ((Private) | | |
| | Institution/Ownership)Moi National Teaching and Referral Hospital (Public)Mathari National Teaching and Referral Hospital (Public)Coast Level five Hospital (Public)Dove International rehabilitation Centre (Private)Renaissance Rehabilitation Centre (Private)Mariakani Rehabilitation Centre (Private)Zawena Rehabilitation- PrivatePrecision counseling & Rehabilitationhome (Private)Nobility House Treatment and Rehabilitation Centre (private)Nobility House Treatment and Rehabilitation Centre (private)Jomec Treatment and rehabilitation ServicesFalm Tree House (Private)Jomec Treatment and rehabilitation services | Institution/Ownership)SponsorshipMoi National Teaching and Referral Hospital (Public)NHIF AccreditationMathari National Teaching and Referral Hospital (Public)NHIF AccreditationCoast Level five Hospital (Public)NHIF AccreditationDove International rehabilitation Centre (Private)Self-SponsoredRenaissance Rehabilitation Centre (Private)Self-Sponsored/Mariakani Rehabilitation Centre (Private)Self-Sponsored/Zawena Rehabilitation- Private home (Private)Self-SponsoredPrecision counseling & Rehabilitation Centre (private)Self-SponsoredNobility House Treatment and Rehabilitation Centre (private)Self-SponsoredNobility House Treatment and Rehabilitation Center (private)Self-SponsoredPalm Tree House (Private)Self-SponsoredJonec Treatment and rehabilitation servicesNHIF AccreditationJonec Treatment and rehabilitation servicesSelf-Sponsored |