

SECTORAL ACTIVITIES PROGRAMME

Working Paper

**Social dialogue in public emergency services:
A case study on Kenya**

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to stimulate discussion and obtain comments



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Geneva**

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Print version: 92-2-115737-7

First published 2004

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Foreword

The ILO's Joint Meeting on Public Emergency Services: Social Dialogue in a Changing Environment (Geneva, 27-31 January 2003) reviewed emergency services issues such as trends in working conditions, safety and health, human resource planning, coordination structures, the state of social dialogue and rights at work. The Meeting adopted the *Guidelines on social dialogue in public emergency services in a changing environment*, which were approved by the 288th Session of the Governing Body (November 2003) for promotion among ILO member States.

The Guidelines seek to recognize the vital role of public emergency services and their workers in contributing to safety and security of our society, while at the same time ensuring quality services in a rapidly changing environment. The basic thrust of the Guidelines is that emergency workers should be given proper means, tools and funds so as to be able to respond effectively to changing needs of communities and that efforts should be made to retain properly trained and experienced personnel to ensure quality service delivery. The Guidelines emphasize that an enhanced social dialogue mechanism is the optimal way to allow the participation of emergency workers and their representatives in improving their working conditions and ensuring quality services.

The Guidelines are not binding, unlike ILO Conventions which governments ratify. They are intended to provide guidance on how to achieve better public emergency services in a changing environment through social dialogue. All ILO tripartite constituents should make a good faith effort to use them. We are mindful of all the efforts put into the Guidelines by all parties concerned with a common objective to ensure quality emergency services delivered by competent and committed personnel, particularly at a time of heightened security considerations.

As a step toward promoting these Guidelines, we have commissioned some national studies to examine gaps, if any, between what is promoted in the Guidelines and actual practices in relation to public emergency services and how such gaps can be narrowed. This Kenyan study is one of them. Studies such as this are intended to contribute to providing background information and can be used as a basis for discussion in national or regional forums.

ILO working papers are a vehicle for disseminating information on topics related to the world of work and the evolution of social and labour policies and practices. The opinions expressed are nevertheless those of the author and not necessarily those of the ILO.

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1. Public emergency service workers

1.1. Definition

“An emergency is a sudden and an unexpected turn of events calling for immediate action”¹ due to their “threat to life and property”.² The players that respond to those kinds of situations comprise individuals, private groups and public emergency services (PES) such as the police, firefighters and emergency medical personnel – including doctors, nurses and paramedics. Emergency services should be seen as part of disaster preparedness – the capacity to prevent occurrences that bring about ruin, pain and distress; manage such events when they occur in order to contain them and mitigate their socio-economic and other consequences; and deal with the aftermath, i.e. the resultant outcomes and impacts. The ultimate aim is to save individuals, families, communities, the nation and even the world from disaster and its menace.

1.2. PES workers covered

This study looks at front line PES personnel such as firefighters and emergency medical services workers in Kenya. It leaves out police and military personnel due to the sensitive nature of their organizations arising from their security mandates and because they do not have trade union representation.

1.3. The nature of PES work

It is important to be aware of the possible causes of fire and medical emergencies if they are to be dealt with proactively by way of anticipation, prevention, detection, protection, mitigation, fighting, suppression, and extinction. Causes³ of fire include chemical reaction, cigarette smoking, burner flames, combustion sparks, electrical malfunctions, electrical overloading, electrical sparks, explosives and explosions, faulty electrical wiring, flammable materials, mechanical frictions, lightening, mechanical sparks, molten substances, overheated materials, spontaneous ignition/combustion, spreading neighbouring fires and static electrical sparks, among others. To deal with fires, requisite fire-fighting tools must be in place: pump engines, ladder trucks and rescue vehicles.

When fires occur, they almost invariably bring about medical emergencies – the need for immediate treatment of injured persons. Medical emergency services also deal with cuts and wounds, fractures, burns and scalds, choking, drug overdoses, electric shocks, gas and chemical poisoning, strokes, heart attacks, etc., whether they are caused by sudden illnesses or injuries due to fires, accidents or natural disasters. The state of requiring emergency medical service can take disastrous proportions if it involves a lot of people. Mass accidents can arise from even simple bee stings, as well as from bomb blasts,

¹ Funk and Wagnalls Standard Desk Dictionary (1976), p. 208.

² ILO, Joint Meeting on Public Emergency Services Working Party on Conclusions, *Guidelines on social dialogue in public emergency services in a changing environment* (Geneva, 27-31 January 2003), p. 1.

³ Encyclopædia Britannica (Macropædia), Vol. 19, pp. 182-190.

collapse of walls on people, earthquakes, epidemics, floods, industrial accidents, airplane crashes, riots, train derailments and road traffic accidents involving many people.

Response to public emergencies calls for proper handling and rapid transportation of the victims to first aid facilities, emergency trauma sections of hospitals or fully equipped hospitals. In all cases, ambulances, stretchers, oxygen cylinders, life-saving medical devices, requisite medicines, communication equipment and qualified and motivated staff are needed at various stages to give instant pre-hospital care. In the destination medical facility's emergency and casualty sections, triage and classification of patients as efficiently as possible is called for. Medical emergency service workers include doctors, nursing practitioners and emergency medical technicians who perform routine health assessments, such as medical histories, and diagnostic and therapeutic procedures, e.g. taking blood pressure levels, blood samples, stitching wounds and administering injections.

The aftermath of such emergencies as enumerated above may require repair or reconstruction of structures, bodies and limbs; psychological counselling of the victims; stress management of the staff; etc. The need for comprehensive public emergency services cannot be over-emphasized.

2. Purpose of this study

The ILO's Joint Meeting on Public Emergency Services: Social Dialogue in a Changing Environment, held in Geneva (27-31 January 2003), adopted the *Guidelines on social dialogue in public emergency services in a changing environment*.

The basic thrust of the Guidelines is that emergency workers should be given proper means, tools and funds so as to be able to respond effectively to changing needs of communities and that efforts should be made to retain properly trained and experienced personnel to ensure quality service delivery. Although these Guidelines are not binding, unlike ILO Conventions which Governments ratify, they are intended to provide guidance on how to achieve better public emergency services in a changing environment through social dialogue.¹

The ILO is now promoting the Guidelines among its member States. As part of follow-up activities to this end, it has commissioned a study in Kenya to examine the gaps between what are promoted in the Guidelines and the reality. This study therefore looks at the Guidelines vis-à-vis national legislation as well as any gaps between national legislation and practice in the selected services. The study is intended to be presented later at a national workshop where strategies for narrowing the gaps identified may be discussed.

The methodology utilized for this study included reviews of laws and legislation such as the Employment Act,² the Trade Disputes Act³ and Collective Bargaining Agreements (CBAs)⁴ between the employees and their employers. Firefighters are represented by the Kenya Local Government Workers Union and emergency medical workers by the Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers (KUDHEHA Workers).

The methodology also included a fieldwork where semi-structured interviews of relevant trade union representatives as well as employees on the shop-floor were conducted. (See annex on key issues covered during the interviews.) The information generated through these interviews consisted of key informants' best-informed "guestimates" and their knowledge based on office files, notice boards, wall postings and their daily work experiences. While the information gathered was not based on an extensive survey, it was nevertheless very useful in painting a canvas of the situation of PES workers in Kenya.

The objective of this paper is to assess the state of "decent work" in the fire-fighting and emergency medical services. Decent work is understood to be work that can "provide for the health and education of the family ... ensure their basic security in old age and

¹ ILO, *Guidelines on social dialogue in public emergency services in a changing environment*, adopted by the Joint Meeting on Public Emergency Services (Geneva, 27-31 January 2003).

² Laws of Kenya Chapter 226, commencing 3 May 1976.

³ Laws of Kenya Chapter 234, commencing 8 June 1965.

⁴ Entry RCA No. 190 of 2002 between Kenya Local Government Workers Union and the Association of Local Government Employers. A Memorandum of Agreement was entered between the Management of Kenyatta National Hospital and the Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers (KUDHEHA Workers) on 12 Feb. 1999.

adversity; and respects their human rights at work.”⁵ This is appraised with respect to the issues covered in the *Guidelines on social dialogue in public emergency services in a changing environment*, namely:

- (1) employment and human resource development (employment level, employment diversity and training, including gender issues);
- (2) working conditions;
- (3) occupational safety and health;
- (4) social dialogue and rights at work, covering both content and structure of social dialogue; and
- (5) coordination in public emergency services.

The rest of the paper examines the provisions in the various statutes with regard to how the abovementioned issues are honoured and the gap between what is promoted in the Guidelines and reality. This is followed by suggestions on how to address the whole issue of emergency preparedness. The paper ends with some concluding remarks.

⁵ Juan Somavia, *Perspectives on decent work* (Geneva: International Labour Office, 2000), p. 32.

3. Statutory provisions and practice

3.1. Employment

Equality of employment opportunities is not explicitly provided for in the Employment Act, but is so provided in various clauses of the Kenya Constitution and various statutes against discrimination on the basis of race, tribe, religious beliefs, political opinion, gender and cultural inclination. This applies *a fortiori* to ethnic and racial minorities; and no issues related to these elements in PES were reported during fieldwork.

In the Employment Act, explicit provisions are given with respect to employment of women and juveniles. Section 28(1) prohibits their employment at night “between the hours of 6.30 p.m. and 6.30 a.m. in an industrial undertaking”. An exemption is granted by section 29 “in case of a serious emergency, when the public interest demands it”.

Public emergency services are not “industrial” in nature; so law does not mandate gender exclusion. In any case, the Act allows the deployment of women in the public interest in actual serious emergencies. In medical emergencies, however, this is routine in ambulatory services, first aid, triage/filter clinic work, treatment, etc.

Table 1. Share of women in various skills levels in medical fields (per cent)

Certificate level	75
Diploma level	75
Graduate level	50

Source: Key Informant Estimates, September 2003.

Table 1 gives the gender composition of medical emergency personnel by rank.

It is noteworthy that overall women are, in fact, the majority – being over 66 per cent – but the higher the skills ladder the less their presence becomes. It was reported also that part-time employment among nurses is common, with locum accounting for some 5-10 per cent of them at any one time. These are persons called upon when systems are stretched and/or when regular staff are unavailable, e.g. when on leave. This is a measure of employment insecurity. Nationwide, the number of medical personnel has been rising from 45,561 in 1996 to 54,732 in 2000.¹ But, with a population of over 31 million, each member of staff has an average of some 567 people for regular work – to say nothing of the occasional public emergency.

Fire-fighting in Kenya is apparently considered too dangerous a career for women to be engaged in, since there are none employed by the City Council of Nairobi among the 170 on the payroll as of September 2003. The management, however, envisions future deployment of women in pre-fire communication and post-fire operations. These include fire prevention skills transfer, public sensitization, fire inspection, operation/control room work, communication and counselling – activities that are now constrained by lack of resources. But there is no plan afoot to put this into effect. This is attributed to shortage of funds, which also explains why the level of employment of firefighters has been falling

¹ Republic of Kenya, *Statistical Abstract 2001* (Central Bureau of Statistics: Government Printer), p. 225.

over time. For example, there were 174 in 2002; but the attrition has to-date not been taken care of. There is a recruitment freeze.

Prohibited is the employment of children, i.e. individuals who have not yet reached the age of sixteen years, whether gainfully or otherwise – unless it is for purposes of apprenticeship or learnership (Chapter 226, section 25). This is a norm honoured by the emergency services to the letter where even trainees are of mature age. While the age distribution among the medical staff is more or less even, the fire brigade is composed of predominantly older people: less than 5 per cent of them are below the age of 30.

3.2. Working conditions

3.2.1. Annual and maternity leaves

The Employment Act section 56(1)(b) and (f)(i) empower the Minister for Labour to prescribe the maximum number of hours employees may be required to work and other conditions of service, such as meals, housing, medical care and education allowances, recreation and discipline. Every employee is entitled to, at least one rest day per week (Chapter 226, section 8) in addition to public holidays (Chapter 226, section 7(4)), and not less than 21 working days of annual leave with full pay (Chapter 226, section 7(1)(a)).

Table 2 gives the pertinent provisions in the Collective Bargaining Agreements.

Table 2. Number of annual leave days enjoyed by firefighters and medical workers in Kenya

Firefighters		Medical workers	
Job grades	Leave days	Job grades	Leave days
1-14	30	K1-K10	30
15-17	28	K11-K14	25
18-20	26	K15-K17	21

Source: Entry RCA No. 190 of 2002 between Kenya Local Government Workers Union and the Association of Local Government Employers, p. 14; and Memorandum of Agreement between Kenyatta National Hospital and the Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals and Allied Workers (KUDHEHA Workers) on 12 February 1999, pp. 4 and 5.

Fire and ambulance service workers enjoy between 26 and 30 days of annual leave, depending on seniority (CBA, clause 22(a)). Medical personnel get between 21-30 days annual leave excluding Saturdays, Sundays and public holidays (CBA, clause 12(a)). In the case of annual leave, all employees are treated fairly; but firefighters are the patently better off of the two groups.

A woman employee is entitled to two months maternity leave with full pay, but forfeits her annual leave entitlement during the year when such an event occurs (Chapter 226, section 7(2)). There is a similar provision in CBA clause 24(a). This applies across the board in public service and other sectors. What this amounts to is that maternity leave is effectively one month “with pay”, an anomaly which social dialogue in general, and industrial relations in particular, has not addressed in earnest. This really amounts to

gender insensitivity and neglect of the newly born whose plausible cause is the low representation of women in top union leadership as well as national power centres.²

3.2.2. Sick leave

Sick leave is graduated at not less than seven days on full pay followed by seven days at half pay in a period of twelve consecutive months of service (Chapter 226, section 7(3)). For fire and ambulance services staff, sick leave on full pay lasts for up to six months, followed by three months on half pay, if medically necessary (CBA, clause 23(c)); while for medical personnel, the phase-periods are three months each and the ratio of pay is the same. (CBA clause 12(d)(i)).

3.2.3. Shifts and rest periods

Hospital staff work for 40 hours a week spread over five days (CBA, clause 3). This, however, was not observed on the ground due to the need to have a 24-hour seven-day a week (24/7) staff presence. A typical shift work pattern in a hospital was established to be as follows:

First shift: 7.30 a.m.-2.30 p.m.

Second shift: 2 p.m.-7.30 p.m.

Third shift: 7.30 p.m.-7.30 a.m.

The first two are called half-day and if one continuously works such hours for a week, one gets one-and-a-half days off duty as weekly rest. If one does night duty, i.e. third shift, one gets an equal number of days off. Charge Nurses (senior nurses) and managers do duty from 7.30 a.m. to 4.30 p.m. as normal working hours and enjoy two days off per week. Also at this level are night supervisors who work from 7.30 p.m. to 7.30 a.m. Like night shift staff, these get one week off for a week's work. If one is requested to work overtime, one officially gets an equivalent number of days off duty. Typically, a front line staff member is assigned to work through the two half day and the night shift in a month, i.e. one week on the first shift, another week on the second and another on the third (night) shift. The workweek ranges from 42 to 48 hours.

Similarly, fire and ambulance service staff work in day and night shifts, including weekends and public holidays. A day shift runs from 9 a.m. to 5 p.m. (8 hours) and a night shift from 5 p.m. to 9 a.m. (16 hours). Each fireman works two continuous days of a shift followed by 2 days of rest. In the fire engineering profession, there has developed a lingo with a tendency to use colour coding for this work pattern. At the main Nairobi station, firemen are grouped into three crews: Green Watch, Blue Watch and Red Watch. On any day, two watches are on duty – either day or night, while the third is on rest or off-duty. A six-day cycle is the resultant roster as illustrated in table 3, making a 48-hour workweek for all.

² The Secretaries-General of the two unions are men. Although the coordinator of hospital employees at the KUDHEIHA Workers headquarters is a woman, she seemed to have no rapport with the shop steward at the shop-floor, since the latter is part of a team seeking to form a separate union for health workers. This union has undergone leadership disputes over the last few years and is facing a jurisdictional dispute with a splinter union of hotel workers. As far as national power is concerned, indicative figure is that, out of 210 Members of Parliament, only 18 are women. The recent demonstration by women MPs against the prohibition to carry handbags into the House “for security reasons” is a reflection of their inability to win an empathy motion by normal voting.

Table 3. Shift arrangement of firefighters

Day	1	2	3	4	5	6
Green watch	D	D	N	N	O	O
Blue watch	N	N	O	O	D	D
Red watch	O	O	D	D	N	N

Legend: D represents day shift; N night shift; and O off duty.
Source: Personnel interviews, October 2003.

3.2.4. Housing and housing allowance

An employer is obligated to provide reasonable housing or pay the employee a sufficient sum as house rent to obtain reasonable accommodation (Chapter 226, section 9). Fire and ambulance officers get a rent allowance ranging from Kenya Shillings (KSh) 2,500-40,000 (CBA, clause 10(a)), depending on employment grade, as shown in table 4.

Table 4. Monthly housing allowance for firefighters

Salary scale	House allowance (KSh)
1-2	40 000
3-4	24 000
5-6	20 000
7-10	8 500
11-13	6 000
14-15	5 000
16-17	4 500
18-19	4 000
20	2 500

Source: Entry RCA No. 190 of 2002 between Kenya Local Government Workers Union and the Association of Local Government Employers, p. 5.

Table 5. Monthly housing allowance for medical workers

Employment grade	House allowance (KSh)
K1-K10	13 500-10 000
K11-K14	9 000-6 6 600
K15-K17	6 000-2 625

Source: Various Hospitals in Nairobi, 2003.

Table 5 gives the housing allowance applicable in four medical service establishments in Nairobi. The allowances range from KSh 2,625 to 13,500 per month. Looking at the two tables above, one is struck by the wide discrepancy between the lowest and the highest rates, with the highest being 16 times that of the lowest in the case of firefighters and five times for medical staff. The firefighters' situation mimics the inequitable income distribution in the whole country where 10 per cent of the population earn 19.3 times of

what the poorest 10 per cent do.³ The medical staff situation may reflect a case of benefits compression, with the top rates being much lower than in the fire emergency sphere of duty.

3.2.5. Separation

Official retirement age is 55 years (CBA, clause 29(i)(a)) with full retirement benefit (29(i)(f)), such as gratuity (CBA clause 42) and staff pension scheme (CBA, clause 6).⁴ In the case of redundancy or dismissal, the employee is entitled to a one-month notice or one month pay in lieu of such notice, payment for earned and accumulated leave as well as terminal benefits. A certificate of service is issued to an employee upon retirement, resignation or dismissal (CBA, clause 5).

There were no reported cases of redundancies declared. Essentially, this is because PES are understaffed and losing staff. For example, in the recent past, five drivers and two firemen have resigned from the Nairobi Fire Brigade because of better terms of service and prospects elsewhere. The number of staff has been falling over the years at a time when more are needed. To illustrate: with a population of some 3 million – and given an ideal international ratio of 200,000 persons per fire station – Nairobi needs 15 fire stations. Having only three on the ground, it needs 12 more. Even if (and this is a big if given the City Council’s perennial shortage of funds) the seven⁵ proposed ones are built, we shall still have a fire-fighting capacity deficit.

Table 6. Job grades and annual salary scales for fire emergency staff

Salary scale (Kenya pounds p.a.)	Job category
KE11 982-16 665	Chief Fire Officer
KE11 019-15 468	Deputy Chief Fire Officer
KE6 375-11 019	Ambulance Supervisor I, Fire Station Officer, Senior Hydrant Inspector
KE5 691-10 155	Ambulance Supervisor II
KE5 007-9 291	Leading Fireman, X-ray Technician, Fire Officer III, Senior Driver I
KE4 434-8 001	Fireman I
KE3 906-7 509	Fireman II, Senior Driver III
KE3 450-6 204	Senior Hydrant Inspector, Driver I, Senior Ambulance Attendant, Senior Hydrant Attendant, Fireman III
KE2 964-5 349	Hydrant Inspector, Ambulance/Fire Brigade Driver, Ambulance Attendant, Hydrant Attendant I
KE2 532-4 860	Hydrant Attendant II
KE1 824-3 558	Trainee Fireman

Note: KE1 = KSh20.

Source: CBA Between the Association of Local Government Employers and the Kenya Local Government Workers Union, pp. 40-58.

³ UNDP, *Human Development Report 2001*, p. 184.

⁴ The recently promulgated Retirement Benefits Authority is entrusted with ensuring that fund managers of such schemes invest wisely to ensure maximum returns to beneficiaries after their retirement.

⁵ City Council of Nairobi, *Nairobi International Trade Fair (2003)*, p. 26.

3.2.6. Pay rates

Salary scales of fire-fighting employees in city, municipal, town and county councils range from K£1,824-16,665 per annum⁶ as shown in table 6. Those of hospital staff run from around K£6,000 to K£54,000 as presented in table 7. The figures are lowest and highest class-marks based on pay scales in four medical facilities: Aga Khan, Gertrude's, Kenyatta National and Mater Hospitals.

Table 7. Job grades and annual salary scales for medical emergency staff

Salary scale	Job category
K£6 000-13 200	Enrolled Nurse
K£10 500-24 000	Registered Nurse
K£26 400-36 000	Charge Sister
K£42 000-54 000	Manager/Night Supervisor/Doctor

Sources: Various Hospitals in Nairobi, 2003.

3.3. Occupational Safety and Health (OSH)

The Employment Act provides for suitable latrines, water, repository bins, and storm water and sewage drains under the subsidiary legislation Employment (Sanitation) Rules (Legal Notice 159/1977). If a hazard occurs, the Employment Act provides for proper medicines and medical attendance (section 12). Protective clothing is provided for firefighters (CBA, clause 26). For medical workers clause 8 of the relevant CBA promises medical and surgical attention for self and family as part of an employee's benefit. There is also a group personal insurance coverage to take care of disability and death in the line of duty (clause 13).

The fire emergency services are inadequately covered in this regard. At best, they have to prepay at a facility provider for medical services and file a claim with the employer; refunds take a long time. Otherwise self-treatment for burns, rashes and coughs are common. With no medical and life insurance cover, a victim's family would have to have the resources to sue the local authority in a court of law and hope for compensation, this is expensive. Two cases of death in the line of duty – one in 1992 and another one in 1999 – have yet to be taken care of.

PES workers are exposed to occupational hazards since they deal with fires, chemicals, gases, potentially injurious equipment, dead bodies, contaminated human fluids, human waste in cases of latrine rescue, etc. Yet, protective gloves are sometimes lacking in fire brigade and medical facilities and may have to be recycled; and firemen may wear in turn (cross wear) the same boots, gas masks and uniforms. This work environment and sharing of personal protective equipment may lead to fatalities, injuries and serious contamination – including communicable skin diseases and HIV/AIDS.

Stress can arise out of intimidation and both intimidation and stress can give rise to violence. The Trade Disputes Act, section 54 outlaws intimidation. It is an offence if one or more persons attends near where a person works “in such a manner as to be calculated to intimidate any person” in that place. To intimidate is “to cause in the mind of a person a reasonable apprehension of injury” to a person. Fortunately, no cases of intimidation or

⁶ CBA, pp. 32-35.

violence have so far been reported. Stress, however, is understandable in these hazardous occupations where personal safety is at risk and workmen's compensation is insufficient. Furthermore, the situation is made worse by the shortage of working equipment such as fire engines and water tankers, many of which frequently break down and most of which are unserviceable due to them being of old vintage.

Stress can arise out of frustration to fight the fire such as the one at Gikomba informal sector market in 2001 and in the recent Kibera-Makina slum area where access roads were blocked by the labyrinth of structures. In the bomb blast of 7 August 1998, a seven-storey building collapsed, several others had their doors and windows shattered, and others were extensively damaged; about 247 people died and over 5,000 were injured.⁷ Emergency services (civilian, military and police) were stretched for days – moving rubble, ferrying victims to hospital, drilling stones and concrete blocks, and more. One hospital was dealing with around 500 victims per day.⁸ Formal counselling was given as part of that disaster management by non-governmental organizations (NGOs) such as Amani Counselling Society and the African Medical and Research Foundation.

The 1998 emergency was unprecedented; otherwise stress counselling is done informally by fellow employees and personnel and other managers. This is the closest that emergency services employees receive in terms of stress management at the workplace. Communicable diseases are dealt with exogenously as part of public health issues, although work environmental health is generally taken care of and fight against HIV/AIDS is an overarching concern even at work places.

Table 8 illustrates the average number of incidents of fire, injuries and rescues per month handled by the Nairobi fire station and the accident and emergency department of Aga Khan Hospital Nairobi during the year 2002-03. These figures give us some idea of the type of trauma and stress that public emergency workers are faced with in their daily work.

Table 8. Incidents attended to per month

Fire services and rescue		Hospital emergency triage	
Fires	28	Head and body injuries	61
Persons rescued	1	Gunshot wounds	3
Fire deaths	1	Burns	1

Source: Nairobi Fire Station and hospital records, 2002-03.

3.4. Human resources planning and training

In the PES in Kenya, there are basically three levels of training:

In the case of fire-fighting, these are:

- Certificate course in Fire Engineering (Elementary) which lasts one year.
- Diploma course in Fire Engineering (Preliminary) which lasts one-year.

⁷ Nation Media Group, *Kenya @ 40: The History of the Kenyan Republic – Week 18/20* (2003).

⁸ Connie Mureithi, “The Aga Khan Hospital, Nairobi Emergency/Disaster Preparedness”, Mimeographed paper, (May 2000), p. 1.

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- Degree course in Fire Engineering (Graduate) which takes four years.

In the case of medical emergency services, these are:

- Certificate Courses, e.g. Enrolled Community Nurse (ECN), for a duration of three years.
- Diploma Courses, e.g. Registered Community Nurse (RCN), which lasts three-and-a-half years.
- Graduate Courses, e.g. Bachelor of Medicine and Bachelor of Surgery, Diploma in Advanced Nursing, Bachelor of Science in Nursing (MB ChB, DAN, and BSc Nursing), that take four to five years.
- Postgraduate Courses, e.g. Master of Public Health, Master of Science in Nursing (MPH, MSc Nursing), which take about two years.

In all cases, emergency medicine courses are offered as part of the curriculum.

Study leave for up to one year and leave for educational seminars and short courses may be granted (CBA, clause 22(h) and CBA clause 12). A soft loan of 75 per cent of tuition fees may be advanced and refund of such training costs effected if one passes the relevant examinations (CBA clause 44). Many staff members in the medical profession have taken advantage of this facility for training both locally and abroad. Firefighters seem to be bypassed by this opportunity, settling instead to taking the one-year certificate course at the Kenya Polytechnic, where 3 have completed, one is on it currently and 10 are scheduled for the same in the future. Some are, however, enrolled in various correspondence courses with the Institution of Fire Engineers of the United Kingdom.

There does not seem to be explicit policies on further training, e.g. on who qualifies at what stage for what type of courses. It seems this is left to one's initiative and devices and the discretion of bosses. If it affects "work", this may be used to deny the required leave at any level of the management chain. This is a particularly common frustration for firefighters. There is a case for more rule-based approach – a development that may be given a boost by the proposed requirement that renewal of registration by medical professionals be pegged on a to-be-specified minimum contact hours of continuing education.

In all cases there is need for diversification of training, especially community-based type with a view to putting in place technical preparedness and proper public information, education and communication. This public sensitization is *sine qua non* to the effectiveness of disaster preparedness.

3.5. State of social dialogue and rights at work

Social dialogue is a process and mechanism of policy formulation that reflects the combined efforts of the main stakeholders in society with a view to building consensus on development issues and strategies. Stakeholders, such as employees and employers form interest groups by exercising their freedom of association that is guaranteed by the Kenya

Constitution and entrenched in the Trade Unions Act (Chapter 233). So far, Kenya has adopted the system of industry-wide unionism as opposed to craft unionism.⁹

The right to bargain collectively is stressed by the Trade Disputes Act (Chapter 234) which is applicable to all, including firefighters and emergency medical service workers. Terms and conditions of service are fixed through collective bargaining. This takes place at two levels: at the industrial (or sectoral) level and at the enterprise level. Collective bargaining agreements so entered into must be registered at the Industrial Court (Chapter 234, section 11(2)).

In the event of a dispute between employers and employees being declared, the right to strike is allowed as a last recourse in a dispute settlement process. The aggrieved party may report in writing to the Minister in charge of labour matters the existence of a dispute. Dispute settlement route takes the form of the Minister referring the dispute so reported to an ad hoc consultative conciliation panel/committee composed of an “equal number” of persons “composed in accordance to the wishes of the parties” and “an independent chairman” (section 6(b) and (c)); or “appoint any person ... considered by the Minister to be suitable to act as conciliator” (clause 6(a)). If the dispute is not resolved at this level, it is referred to the Industrial Court for determination and award (section 8 and Part II).

No dispute has been declared in PES in recent years. This is no ground for complacency as many potentially explosive issues are not fully addressed. These include:

- Gaps between policy and action. Deficits are discernible when one compares what the law stipulates and what the practice is on the ground. For example, emergency staff work more hours than the 40-hour week provided for in the standard law, i.e. the Employment Act. Medical personnel put in 42-48 hours, while firefighters are obligated to work between 48 and 60 hours. This practice is condoned due to the classification of PES services as “essential services” to be undertaken at all costs (Chapter 234, First Schedule). Since it is that important, it is essential that more resources be allocated so as to allow for more recruitment and give space for a rational deployment of staff.
- There is a tendency to place emergency service workers on the lower side of the organizations salary scales. The skewed nature of salary structures should be addressed simultaneously with a quantum jump of the same.
- Reliable and worker-friendly medical and insurance cover is absent in the case of firefighters. This is a pressing need.
- Personal safety on duty is jeopardized by inadequate protective gear, medical supplies and personal protective equipment. Their inadequacy constrains quality of work, just as inadequate transportation does.
- Mobile canteens and duty restrooms are obvious needs that are currently lacking in PES services in Kenya.
- Employees should have adequate stress counselling and management.

Unions are aware of these discrepancies, but find it difficult to be combative about the public sector addressing their concerns, since they are sympathetic with the national financial crisis brought about by balance sheet recession. However, many among the

⁹ See *The Industrial Relations Charter*, 1962.

shop-floor membership felt that a major cause of the failure to adequately address their problems arises from their being lumped together with other categories of workers. For example, why should a medical worker be treated the same way as a domestic servant; or a firefighter the same as a street sweeper? During the fieldwork, the author sensed a seething urge to get out of a pure industrial/enterprise-level unionism and adopt a selective craft union system.

4. PES policy formulation

Active continuous or scheduled grass-root programmes for effective implementation of emergency preparedness do not currently exist in Kenya. To address this deficiency, the following strategies are proposed:

- Vigorous sensitization campaign among policy level executives concerning vital importance of appropriate attention to public emergency concerns. This can be spearheaded by the Red Cross Society, St John's Ambulance and the recently formed Fire Protection Association of Kenya.
- Trickle-down diffusion of the said sensitization for further propagation both horizontally and vertically to the extent where the issues and concerns become widely accepted. Promulgation and observance of an annual emergency week for drills and mock exercises should be made part of the national calendar – on a par with, say, freedom from hunger walk.
- Training of suitable technical and other personnel in the diverse relevant disciplines for fire prevention, control and fighting; communication, triage and classification of patients; and in dealing with the aftermath, e.g. emergency shelter, counselling, etc. In this connection, the fire-fighting course at the Kenya Polytechnic should be adequately provided for; the University of Nairobi should positively respond to the request by the Nairobi fire-fighting and rescue services to institute a sound fire engineering training course as soon as possible. They can take a cue from the Kenya campus of the Aga Khan University's Advanced Nursing Studies Programme which has already prepared to offer a specialist diploma course in trauma and emergency nursing in the very near future.
- Equipment and accessories acquisition and installation – including its regular monitoring, testing and maintenance programmes – should be made legally mandatory in all buildings that have public access. While fire equipment installation is obligatory in new buildings (and indeed fire services inspect to so ensure), many are left to “decay” over the years.
- Establishment, within Government structure, of a fully resourced national disaster preparedness commission, suitably decentralized to local areas for reviewing, updating and implementation of public emergency and disaster plans.
- Effective policy coordination among various agencies and key positions in hospitals, industry and other sectors with a view to maximizing collaboration and synergy in dealing with public emergencies – the ultimate aim being to minimize the occurrence and effects of emergencies affecting individuals and the public at large.

This programmatic approach to PES problems would see a new dawn in Kenya in this important area.

5. Concluding remarks

Employment trend in public fire-fighting services shows a decline over the years, essentially due to budgetary stringency. While women do not feature in the ranks of firefighters, they predominate in the medical emergency fields, possibly because of the historic association of women with the care industry.¹ While remuneration for public emergency workers can be classified as adequate by Kenyan wage scales, working conditions leave much to be desired; hazards are ubiquitous, and occupational safety and health not satisfactorily provided for. Training opportunities are more widespread in medical fields than in other emergency vocations. The hope is that the tripartite social dialogue mechanism would rise to the challenge and address all that it takes to establish a well coordinated and properly funded disaster preparedness and management system.

As noted by the International Labour Organization:

A changing economic, social and security environment requires the enhancement of public emergency services (PES). Such services must be adequately funded so that well-trained and properly-resourced workers can deliver quality services, which are effective, responsive to different sections of community needs and defined by high standards of ethical behaviour on the part of service deliverers. There should be recognition of the vital role played by front-line PES workers.²

A comprehensive survey of the emergency services in Kenya would be a sound starting point to a comprehensive reflection on and the operationalization of adequate public emergency services (PES). To supplement this should be a widely consultative and interactive process in which Kenyans would pronounce on their desired future and the kind of PES they would like to see and support.

For such an articulation to be meaningful and effective, a socio-political atmosphere of honouring fundamental human rights must be institutionalized. In this connection, it is disconcerting to note that Kenya has not ratified a few of the ILO Fundamental [human rights] Conventions,³ notably:

- The Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87), although, in fairness, it has done so with respect to the Right to Organise and Collective Bargaining Convention, 1949 (No. 98). The protection part is still to be formalized in labour law, although freedom of association is guaranteed by the country's Constitution and, by extension, in industrial relations matters.
- The Labour Relations (Public Service) Convention, 1978 (No. 151), and the Collective Bargaining Convention, 1981 (No. 154). The latter can be subsumed under Convention No. 98; but formal ratification of these Conventions would give the right signal to the effect that the Government supports sound labour relations between public authorities and the organizations of public employees. Collective bargaining should be made possible for all employers and all groups of workers in all branches of

¹ Vide the beginning of nursing as a profession by Florence Nightingale during the Crimea War in 1854 when she took 38 women to Southern Russia to treat wounded and sick British soldiers in the war. She suffered a life-long post-traumatic stress disorder (PTSD).

² ILO, *Guidelines on social dialogue in public emergency services in a changing environment*, op. cit.

³ This information is from the ILO Database of International Labour Standards.

all activities whatsoever. But, as it is, a large majority of PES employees do not have formal collective bargaining organizations. For example, in principle, police officers have as much constitutional freedom of association as any other citizen, but in practice, they are not expected to join trade unions and collectively bargain on their terms of service because of the fear by senior officers and those in power that granting them full labour rights might cause problems of disciplining them.

Hence, the pertinent Conventions need to be ratified and domesticated into national law(s) and their application and enforcement be thorough so as to take root everywhere. This would go a long way towards institutionalization of decent work.

Annexes

Key issues raised at interviews: Items of concern

1. Employment:
 - equality of employment opportunity;
 - gender;
 - ethnic and racial minorities;
 - older workers.
2. Working conditions:
 - normal hours of work;
 - shift patterns;
 - weekly rest;
 - remuneration;
 - gender and earnings;
 - retirement, redundancy and compensation.
3. Occupational Safety and Health (OSH):
 - hazards;
 - preventive measures and training;
 - stress at work;
 - violence at work;
 - stress management and counselling;
 - communicable disease prevention.
4. Human resources planning and training:
 - diversity training;
 - gender aspect of human resource planning;
 - recruitment and retention.
5. The state of social dialogue and rights at work:
 - freedom of association;
 - the right to bargain collectively;
 - the right to strike;
 - dispute settlement.

Acknowledgement

The assistance of all those who availed their time and provided information is sincerely acknowledged.