

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

MINISTRY OF HEALTH

**ETHIOPIA HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND
RESILIENCE PROJECT**

LABOR MANAGEMENT PROCEDURES (LMP)

Final

26 July 2023

Table of Contents

List of Acronyms	iii
List of Tables	iv
1 Introduction	1
2 Description of the Project	2
2.1 Project Goal and Objective	2
2.2 Project Components	2
3 Rationale of the LMP	6
4 Overview of Labor Use on the Project	7
5 Potential Labor Risks.....	9
6 Overview of Labor Legislations and WB’s ESS2.....	12
6.1 Ethiopian Labor Legislation.....	12
6.2 World Bank Standard on Labor and Working Conditions (ESS2)	15
6.3 Occupational Health and Safety (OHS)	18
7 Policies and Procedures	19
8 Age of Employment.....	20
9 LMP Implementation Arrangements	21
10 Terms and Conditions	25
11 Grievance Redress Mechanism (GRM).....	27
11.1 Worker Grievance Mechanism: General Description	27
11.2 Principles of the GRM.....	28
11.3 Procedures of the GRM	29
11.4 Capacity Building for Worker GRM’s Responsible Staff.....	30
11.5 Promotion of the worker GRM.....	31
11.6 Worker Grievance Mechanism Structure	31
11.7 World Bank Grievance Redress System.....	32
12 Contractor Management.....	32
12.1 Selecting Contractors.....	32
12.2 Managing and Monitoring Performance.....	33
12.3 Accessing Worker GRM	34
13 Primary Supply Workers.....	34
14 Community Health Workers	35

15	Disclosure	35
	References.....	36

List of Acronyms

AEFI	Adverse Event Following Immunization
AHRI	Armauer Hansen Research Institute
CoC	Code of Conduct
CHWs	Community Health Workers
EFDA	Ethiopian Food and Drug Administration
EHSGs	World Bank Group Environmental, Health and Safety Guidelines
EHS	Environmental Health and Safety
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
ESSS	Environmental and Social Safeguard Specialists
EPI	Expanded Program for Immunization
EPHI	Ethiopia Public Health Institute
FDRE	Federal Democratic Republic of Ethiopia
GBV	Gender Based Violence
GFP	Grievance Focal Point
GoE	Government of Ethiopia
GFP	Grievance Focal Person
GIIP	Good International Industry Practice
GMU	Grants Management Unit
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HR	Human Resource
IA	Implementing Agencies
ILO	International Labor Organization
LIMP	Labor Influx Management Plan
LMP	Labor Management Procedure
MoF	Ministry of Finance
MoH	Ministry of Health
MoLS	Ministry of Labor and Social Affairs
MPA	Multiphase Programmatic Approach
NGO	Non-Governmental Organization
OHS	Occupational Health and Safety
PCD	Partnership and Cooperation Directorate
PDO	Project Development Objective
PCU	Project Implementation Unit
PIM	Project Implementation Manual
POM	Project Operation Manual
PPA	Project Preparation Advance
PPE	Personal Protective Equipment

RRT	Rapid Response Team
SA	Social Assessment
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholders Engagement Plan
SOP	Standard Operation Protocols
SPRP	Strategic Preparedness and Response Plan, also known as Global COVID-19 MPA
TA	Technical Assistance
TTL	Task Team Leaders
UNICEF	UNICEF United Nations International Children’s Emergency Fund
VAC	Vaccine Approval Criteria
WB	World Bank
WBG	World Bank Group
WGM	Worker Grievance Mechanism
WGRM	Worker Grievance Redress Mechanism
WHO	World Health Organization

List of Tables

Table 1: Number and Types of workers to be employed on the Project..... 8

Table 2: Potential Labor Risks in the Project 9

Table 3: General Labor Terms and Conditions..... 25

Table 4: Worker GRM Structure 31

1 Introduction

The Health Emergency Preparedness, Response and Resilience (HEPRR) Program aims to support the Government of Ethiopia in its effort to strengthen the multi-sectoral preparedness, response, and resilience of health systems to health emergencies. Essentially, HEPRR will strengthen two inter-connected pillars— Preparedness/Response and Resilience—of health systems, enabling the rapid detection of and response to HEs, while ensuring that essential health services continue to be delivered optimally even during emergencies.

The proposed HEPRP will ensure a sustained, comprehensive, and transformational impact on both health emergency preparedness/response and resilience, building on the many achievements of previous WBG supported projects. The proposed Program will have four components, namely: (i) Strengthening the preparedness and resilience of regional and national health systems to manage HEs; (ii) Improving the detection and response to HEs at the regional and national levels; (iii) Program management; and (iv) Contingent Emergency Response Component (CERC).

The HEPRR project will adhere to the World Bank’s Environmental and Social Framework (ESF). For this purpose, the project has undergone an initial screening against the ***10 Environmental and Social Standards (ESSs)*** that are defined in the ESF. According to the screening, Environmental and Social overall risks and impacts have been found substantial, and thus, a Labor Management Procedure (LMP) is prepared in accordance with the requirements of ESS2 – Labor and Working Conditions.

The purpose of the LMP is to facilitate planning and implementation of the project. It identifies the main labor requirements and risks associated with the project and help to determine the resources necessary to address project labor issues. LMP lays out the project’s approach on national requirements, as well as the objectives of the WB’s ESF, specifically “Environmental and Social Standard 2- “Labor and Working Conditions (ESS2)”. This LMP sets out the terms and conditions of employment for employing or otherwise engaging workers on the project, specifies the requirements and standards to be met and policies and procedures to be followed, assesses risks, and proposes implementation of compliance measures.

The LMP is developed to help avoid, mitigate, and manage risks and impacts in relation to project workers and ensure non-discrimination, equal opportunity, protection, fair treatment, and safe and healthy working conditions. The LMP is a living document to facilitate project planning, preparation, and implementation. It is anticipated that the LMP will be updated as additional information becomes available during project implementation, including in relation to workforce numbers and requirements, timing of project activities, and associated due diligence and social risk management. The project will ensure compliance with national law requirements as well as World Bank guidelines.

2 Description of the Project

2.1 Project Goal and Objective

The Health Emergency Preparedness, Response and Resilience (HEPRR) Project aims to strengthen the multi-sectoral preparedness, response, and resilience of the Ethiopian health system to public health emergencies. The project will support impactful interventions at national and sub-national levels that could strongly lead to enhanced coordination among sectors at different levels of government for improved HEPRR capacity and supports cross-border collaboration with neighbouring countries such as Sudan, South Sudan, Djibouti, Kenya and Eritrea. The proposed interventions are mainly categorized in two technical components and several sub-components that focus on strengthening multi-sectoral and one-health approach to strengthening health system resilience and multi-sectoral preparedness and response to health emergencies in Ethiopia.

As stated in the Project Appraisal Document (PAD), the Program Development Objective (PrDO) of the HEPRR is to strengthen health system resilience and multi-sectoral preparedness and response to health emergencies in Ethiopia. HEPRR will strengthen two inter-connected pillars—Preparedness/Response and Resilience of health systems, enabling the rapid detection of and response to health emergencies while ensuring the availability of essential pharmaceuticals and health services continue to be delivered optimally even during emergencies.

2.2 Project Components

The proposed project will have four components, namely: (i) Strengthening the preparedness and resilience of national and sub-national level health systems to manage public health emergencies; (ii) Improving the detection and response to public health emergencies at national, sub-national and cross-border areas; (iii) Program management; and (iv) Contingent Emergency Response Component (CERC).

Component 1: Strengthening the Preparedness and Resilience of the Health System to manage PHEs (US\$80M)

This component would support institutional capacity building and resilience health systems strengthening across the health system building pillars to cope with public health emergencies while ensuring the continuity of essential health service delivery during public health emergencies. Effective emergency preparedness requires connecting and working together across all building blocks of the health system including health workforce, pharmaceutical supply and value chain, regulatory and governance capacity, and quality data and evidence informed decision making, adequate and sustainable financing, and integrated service delivery.

Subcomponent 1.1 Strengthen cross-sectoral and cross-border public health emergency preparedness and response and develop necessary legal frameworks and directives emphasizing essential public health functions – The support under this subcomponent goes beyond the conventional health sector and encompass both human and animal aspects of public health emergency while still focusing on the integration of such efforts within the wider health systems building pillars and reflecting the roles and contribution of other sectors. Specifically, this subcomponent supports: i) establishment of national public health security council to serve as a mechanism for collaboration among the relevant ministries; ii) enhance the linkage between the surveillance system, information communication, and diagnostic laboratory system within the public health sector and between the public and animal health sector; iii) under the umbrella of IGAD, establish/strengthen framework of agreement between neighboring countries to enhance cross-border collaboration and coordination mechanism with neighboring countries including human and animal health; iv) revise and codify the existing one-health and multi-sectorial public health emergency response legal frameworks and guidelines; v) expand the capacity of national Emergency Operating Center (EOC) in Ethiopia to be fit for non-traditional health sector related emergencies; vi), establish a public health emergency response contingency and equity fund with matching from government, private sector, and other partners will be established.

Subcomponent 1.2 Support health workforce skill development and resilient engagement during public health emergency – Early detection, response, and recovery in times of public health emergencies requires the availability of a multidisciplinary health workforce with the right knowledge, number and skill mix, clear risk compensation and incentive package. It is, therefore, important to strengthen PHEM leadership and the PHEs health workforce by rostering/preparing surge capacity, training public health cadres, and capacity building in PHEM staffs and stakeholders, as well as the development of emergency management, to strengthen, respond to, and lead public health emergencies. This subcomponent supports, specifically, i) strengthen the pre-service education and capacity to mainstream public health emergency detection and response in the existing health science training curriculums for both undergraduate and graduate studies; ii) training of additional field epidemiologists, genomics, data scientists, and health informatics, and laboratory professionals; v) establish Ethiopia Multi-sectoral Emergency Response Team at national, regional, district level and cross border areas.

Subcomponent 1.3 Support health systems readiness for continuity of essential health service delivery during public health emergencies – Another critical challenge in times of public health emergencies is to ensure continuity of essential health programs and services delivery. Hence, this component strengthens the ability of all actors and functions related to health to collectively mitigate, prepare, respond and recover from disruptive events with public health implications, while maintaining the provision of essential functions and services. Specifically, i) establishing regulatory, governance and management mechanisms to health facilities and health bureaus at different level to mobilize rapidly in times of crisis; ii) review the budgeting, public financial management and supply chain systems to reflect contingency resource commitments, fiscal

flexibilities and autonomy to quickly respond to public health emergencies at all levels; iii) revise the essential health service package and medicines and equipment list to include supplies needed to deal with public health emergencies; iv) establish risk communication and community engagement strategies and mechanism for assessing and maintaining public trust in health services and public health measures to ensure routine health service utilization during public health emergencies; and v) develop capacities for quickly reorganizing and utilizing alternative service-delivery platforms to prevent service disruption during emergencies.

Subcomponent 1.4 Support digitalization of health sector processes and PHE information systems: – This subcomponent specifically supports, i) establish integrated and interoperable health information systems to monitor health risks, public health events and their impacts on health systems and services; (ii) establish/strengthen structures and resources for dissemination/communicating of information related to public health emergency and strengthen the platforms to engage with populations/communities; (iv) invest in cutting-edge, cost-effective technologies for risk registering and profiling at all levels of healthcare provision; (v) engage private health service providers (institutional and individual) in the integration and alignment of health information systems to build health systems resilience; (vi) develop functional information systems to improve the integration of critical public health, health care services, environment, port health, and veterinary surveillance data; and (viii) establish real-time monitoring systems to assess the disruptions to essential health services.

Component 2: Improving the detection of and response to public health emergencies (USD \$145M)

This component will support the national detection and response pillars which aims to strengthen early warning system, revise the list of reportable diseases, strengthen risk screening at port of entries (PoEs) including border areas, enhance digital information management of multi-hazards (infectious disease outbreaks, biological, chemical, radiological and environmental), surveillance data analysis and interpretation, community level information collection and verification, provide feed-back to facilities and regions, finally, risk communication will be held alongside information management.

Subcomponent 2.1 Support the collaborative surveillance and laboratory diagnostics (US\$5M): – This sub-component focuses on the integration of surveillance information, laboratory investigation and feedback mechanisms and decision making at the cross-border areas considering the geopolitical situation of Ethiopia which are characterized by frequent conflict and fragile health systems, high number of refugees and internally displaced peoples (IDPs), unregulated movement of peoples and cattle across border and commercial movements. Hence, this component also entails the need to strengthen the one health approach in cross-border area through a focus on multi-sectorial approach and enhanced engagement of regional institutions such as IGAD and HECSA. Specifically, the support will include: i) strengthening the capacity of selected points of entries for

screening, isolation, and quarantine as well as expanding the capacities of those existing centers to integrate one-health approach; ii) strengthen the linkages between field level bio-safety level (BSL-2) laboratories constructed by the Africa CDC project; iii) develop the legal frameworks, institutional structures with clear accountability for multi-sectoral and cross-border engagement with neighboring countries and iv) engage with academic institutions and think-tank groups to develop a research priority list.

Subcomponent 2.2 Support the emergency management and coordination: – Ethiopia has not reached its optimum capacity in terms of rapid and effective emergency management and disease outbreak controls. Improving human resource capacity/subject matter experts, coordination centers and platforms, conduct operational research/outbreak investigations and equipping the response team with necessary logistics are critically important. Specifically, this component involves i) strengthening readiness and response coordination mechanism at national and sub-national level and; ii) capacitate and strengthen the rapid response team through identifying, training, and rostering subject matter experts at national and sub-national levels.

Subcomponent 2.3 Support accelerated access to and deployment of R&D, legal, and regulatory countermeasures in a PHE, leveraging public and private sector resources. – For Ethiopia, with growing population, increasing disease burden and unmet needs for pharmaceutical supplies such as medicines, diagnostic supplies, and vaccines, investing in local production is very strategic and an issue of national security as demonstrated by the COVID19 pandemic. This component supports the local pharmaceutical manufacturing initiative of the government and other sector actors along the value chain of pharmaceutical manufacturing. Specifically, i) support to strengthen the national enabling environment including medicine regulatory system; ii) develop human resources through relevant education and training; iii) encourage cluster development and production of active pharmaceutical ingredients; iv) create a research and development platform.

Key Procurements under this Sub-component: The Ethiopia Component will involve procurement of works, goods and consultancy services including: (i) center establishment for multispectral preparedness and response; (ii) upstream and downstream process equipment (fermentation, purification, buffer/media, etc); (iii) procurement of product dossier and master cells and process technology acquisition and technology transfer; (iv) Building and equipping Vaccine manufacturing facility (air handling units, water treatment, and distribution, warehouse), (v) equipping side labs in Selected Universities and reagents, (vi) laboratory equipment and reagents for detection and diagnosis of potential epidemics/pandemics diseases, (vii) equipping point of entry and isolation centers (emergency and critical care), (viii) renovation and construction of point of entries and isolation centers, (ix) refrigerated trucks and vehicles, (x) raw materials and reagents for vaccine production, (xi) recruitment of Technical Assistants, (xii) water treatment chemicals for drought and flood affected cross border areas, etc.

Component 3: Program Management

Sub-component 3.1 will support monitoring and evaluation and engagement of academia and think tank groups – This component will provide financing for i) coaching and technical support for data analysis, interpretation and lesson sharing and support for decision-making; ii) third party implementation and monitoring to support implementation of the project activities in conflict and security constrained areas; and (iv) data-based cross-border learning initiatives.

Sub-component 3.2 will focus on all other aspects of program management – Implementing the proposed project will require administrative and human resources that exceed the current capacity of the implementing institutions. Specific activities include: i) support for procurement, FM, environmental and social safeguards, monitoring and evaluation, and reporting; ii) recruitment and training of Grants Management Unit and EPHI staff and technical consultants; iii) operating costs and; iv) support for cross border related administrative activities.

Component 4: Contingent Emergency Response Component (CERC)

This Contingent Emergency Response Component (CERC) is included under the MPA in accordance with World Bank's Investment Project Financing Policy, paragraphs 12, for situations of urgent need of assistance. This will allow for rapid reallocation of Project proceeds in the event of a natural or man-made disaster or health outbreak or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact. To trigger this Component, the Government needs to declare an emergency or provide a statement of fact justifying the request for the activation of the use of emergency funding.

3 Rationale of the LMP

This project carries potential risks to labor and working conditions for applicable direct and contracted workers including the consultants who will be engaged in the technical assistance activities. health and safety hazards may affect health care providers, cleaning and maintenance personnel, workers involved in waste management handling, treatment, and disposal, workers who are involved in renovation and expansion of ICUs/Emergency facilities and construction and rehabilitation to be undertaken within hospitals . The specific hazards include exposure to infections and diseases, hazardous materials / waste and radiation as well as fire risks. The project may result in the labor related risks and impacts which include but not limited to: (i) Lack of compliance with national employment and labor and occupational health and safety laws and regulations; (ii) Unsafe and unhealthy working conditions for the workers involved in construction and manufacturing activities and operation of HCFs and laboratories in the project; (iii) Gender Based Violence/Sexual Exploitation and Abuse (GBV/SEA) or Sexual Harassment in the workplace and / or within the project host communities and the workforce; (iv) Safety risks and

impacts related to construction and rehabilitation to be undertaken within hospitals, (iv) Accident that may occur as a result of inappropriate use and/or storage of equipment and drugs

The use of government and private human resources is anticipated at all levels from Federal to *woreda/kebele* for this project. The Government of Ethiopia recognizes that comprehensive management of the human resources is important to augmenting the positive outcomes of the project. These LMPs have, therefore, been developed to:

- i. Promote safety and health at work;
- ii. Promote the fair treatment, non-discrimination and equal opportunity for project workers;
- iii. Protect project workers, including vulnerable workers such as women, persons with disabilities, youth (of working age, in accordance with Ethiopian legal provisions and WB's ESF-ESS2) and migrant workers, contracted workers, community health workers and primary supply workers, as appropriate.
- iv. Prevent the use of all forms of forced labor and child labor;
- v. Support the principles of freedom of association and collective bargaining of project workers in a manner consistent with Federal law;
- vi. Provide project workers with accessible means to raise workplace concerns.

4 Overview of Labor Use on the Project

There are different categories of workers expected to be employed to work on the Project. Although a definitive figure cannot be provided at this point on planned numbers of workers as it might change depending on circumstances and phases of the Project, it is estimated a total of 302 people will be involved in the project work. Federal and regional state institutions involved in the implementation of various project activities are expected to mobilize hundreds of workers of various expertise, including contracted workers.

The majority of workers are expected to be existing government civil servants, especially those working in the health sector. Existing civil servants will remain subject to the terms and conditions of their existing sector employment. Additional staff who may be directly engaged (Direct workers) to support the Project will need to be contracted in line with the requirements of ESS2 in relation to Labor and working conditions, non-discrimination and equal opportunities and occupational health and safety.

The Project will use Direct workers, Contracted workers, Community health workers and Primary supply workers. However, it will not use migrant workers.

Direct Workers: these include the grant coordinators and project managers at EPHI and MoH, Environmental Safeguard Specialist and Social Development and GBV Specialist at MoH, Environmental and Social Focal Persons at AHRI, EPHI, EPSA, EFDA, as well as health extension workers.

Contracted workers: are those who will be recruited by the PIU for the key implementation activities of the Project. If the contracted workers are going to be sourced through an employment agency (broker), information regarding the number, type and duration of contracts must be clearly communicated to the Bank. As it stands now these workers include: (i) Health Care Workers such as: Technical Assistants for vaccine manufacturing; Technical Assistants for One Health Coordination platform; and (ii) Support staff such as data management and IT technicians, and Finance officers at Federal, Region, Zone, and cluster, and (iii) workers contracted for construction related activities. At this time, it is difficult to estimate the number of contracted workers that will be engaged in the project.

Community health workers: these workers will engage in activities including community surveillance, mobilization and sensitization.

Primary supply workers: A “primary supply worker” is a worker employed or engaged by a primary supplier, providing goods and materials to the project, over whom a primary supplier exercises control for the work, working conditions, and treatment of the person. It is expected that sub-project activities will entail the engagement of primary supply workers such as those provide vaccines/pharmaceuticals, lab and other equipment, operate trucks and vehicles, etc.

Workforce requirement: the requirement of the work force at different levels will be determined by the scope of the project activities operated by each implementing institution (MoH and EPHI) which is variable over time. The Table below presents the estimated number of Labor force for each type of work. Most of these workers are government civil servants who will remain subject to the terms and conditions of their existing sector employment.¹ Direct workers who may be directly engaged as additional staff will need to be contracted in line with the requirements of ESS2 in relation to Labor and working conditions, non-discrimination and equal opportunities and occupational health and safety. All contractors and sub-contractors that will be involved in this project adhere to the legal frameworks of both the GoE and the WB’s provisions of ESS2 (Labor and Working Conditions).

Table 1: Number and Types of workers to be employed on the Project

No.	Type of Worker by Job Classification	Estimated No.
I	Direct Workers	
	Grant Coordinator and Project Managers – EPHI	18
	Grant Coordinator and Project Managers – MoH	5

¹ All government civil servants seconded to work on the project will remain subject to the terms and conditions of their existing public sector employment agreements/arrangements, as understood under ESS2, Scope of Application, paragraph 8.

	Environmental Safeguard Specialist – MoH	1
	Social Development and GBV Specialist – MoH	1
	Environmental and Social Focal Person (AHRI, EPHI, EPSA, EFDA)	4
II	Contract Workers (By types of work)	
	TA – Vaccine manufacturing	100
	TA – One Health Coordination platform	20
	Data management and IT technicians	34
	TA- Finance officers (at Federal, Region, Zone, and cluster)	119
	Workers contracted for construction activities	# To be updated
Grand Total		302*

* No to be updated

5 Potential Labor Risks

Most activities supported by this AF project are being conducted by health- and Laboratory workers, i.e., civil servants employed by the Government of Ethiopia and construction workers during construction activities. Activities encompass thereby treatment of patients as well as assessment of samples and provision of vaccines. Key risks related to the project continue to be public and occupational health risks deriving from engagement with people and samples contaminated with COVID-19. The most significant of these risks are presented in the table below:

Table 2: Potential Labor Risks in the Project

	Risk	Associated Project Component/Activity
1.	<p><i>Occupational health and safety -General:</i> There may potentially be OHS risks associated with the rehabilitation of medical facilities/minor civil works to be financed by the project such as repair, rehabilitation and construction of ICUs and emergency facilities. Improper work procedures during such civil works can cause OHS risks on site workers, health care providers and supportive staff or persons with disabilities. Workers participating in these construction activities may be exposed to various occupational accidents and health risks due to low level of awareness on safety precautions and lack of personal protective equipment (PPE). COVID-19 exposure and infection is another risk. Key potential risks as per the WB EHSR include:</p> <p>Physical hazards: including risk from rotating and moving equipment, noise, vibration, electrical, eye hazards, welding / hot work, industrial vehicle driving and site traffic, working environment temperature, ergonomics, repetitive motion, manual handling, working at heights, over-exertion, slips and falls, struck by objects, confined spaces and excavations</p>	<ul style="list-style-type: none"> • Production of pharmaceuticals • Renovation and expansion of ICUs/Emergency facilities • Construction and rehabilitation to be undertaken with in hospitals

	<p>Chemical Hazards: including risks from Poor air quality, Fire and Explosions, Corrosive, oxidizing, and reactive chemicals, Asbestos Containing Materials (ACM)</p> <p>Biological Hazards: Biological agents that represent potential for illness or injury due to single acute exposure or chronic repetitive exposure.</p> <p>Radiological Hazards: Radiation exposure can lead to potential discomfort, injury or serious illness to workers</p> <p>OHS related risks due to Project worker travel and use of trucks and vehicles by Project (e.g, road safety, accidents)</p> <p>OHS related risks associated with disaster and emergency circumstances such as draught, flooding, etc.</p>	
2.	<p><i>Occupational Health and Safety in Healthcare facilities:</i></p> <p>Exposure to Infections / Diseases: Health care providers and personnel may be exposed to general infections, blood-borne pathogens, and other potential infectious materials (OPIM) during care and treatment, as well as during collection, handling, treatment, and disposal of health care waste.</p> <p>Exposure to Hazardous Materials and Waste: HCF workers may be exposed to hazardous materials and wastes, including glutaraldehyde (toxic chemical used to sterilize heat sensitive medical equipment), ethylene oxide gas (a sterilant for medical equipment), formaldehyde, mercury (exposure from broken thermometers), chemotherapy and antineoplastic chemicals, solvents, and photographic chemicals, among others.</p> <p>Waste Anesthetic Gas (WAG) Exposure: Health care workers may be at risk of toxic exposure to nitrous oxide; the halogenated agents halothane (fluothane), enflurane (ethrane), isoflurane (forane); and other substances typically used as inhalation anesthetics</p>	<p>Subcomponent 2.1 Surveillance and laboratory diagnostics</p>
3.	<p><i>Risks associated with medical waste management.</i> The MoH will, put in place and monitor an appropriate Environmental Health and Safety (EHS) risk management system for proper collection, transportation, and disposal of hazardous medical wastes and for minimization of occupational health and safety risks, which will be strictly adhered to and monitored by all project implementation units.</p>	<p>Subcomponent 2.1 Surveillance and laboratory diagnostics</p>
4.	<p><i>Reprisals and retaliation against healthcare workers and researchers.</i> In the past, there have been incidents of reprisals and retaliation against researchers and health workers, which were mainly due to false rumors. This risk will be mitigated through explicit inclusion in robust implementation of RCCE.</p>	<p>Subcomponent 2.1 Surveillance and laboratory diagnostics</p> <p>Subcomponent 2.3 Support accelerated access to and deployment of R&D, legal, and regulatory countermeasures in a PHE, leveraging public and private sector resources</p>
5.	<p><i>GBV, sexual exploitation and abuse, and sexual harassment:</i> these concerns are expected on vulnerable worker women at the isolation, quarantine and treatment centers and vaccination sites and facilities. Mitigation measures would include: preparing awareness materials that would guide on how to deal with anxiety and</p>	<p>Subcomponent 2.1 Surveillance and laboratory diagnostics</p>

	<p>stress and connect with possible support organizations; ensure mental health facilities are well-resourced and support NGOs in increasing their services, as well as dedicating hotlines and appropriate reporting mechanisms; apply ethics and professional code of conduct and provide gender-sensitive infrastructure; and strengthen workers' respect to local cultures through engaging them in community interaction trainings. The project will include messages related to GBV and SH, as well as GBV referral services, which, including legal protection and hotlines, are being made available free of charge; where there are gaps, the MoH and its regional bureau counterparts will provide the necessary resources to strengthen it. The contractors will maintain labor relations with local communities through a code of conduct (CoC), which commits all persons engaged by the contractor, including subcontractors and suppliers, to acceptable standards of behaviour. The CoC shall include sanctions for noncompliance, including non-compliance with specific policies related to gender-based violence, sexual exploitation and sexual harassment (e.g., termination).</p>	
6.	<p><i>Labor disputes over terms and conditions of employment:</i> including limited employment opportunities, wages, delays of payment, overtime, rest time, and health and safety concerns. Employers may retaliate against workers for demanding legitimate working conditions or raising concerns regarding unsafe or unhealthy work situations, or any grievances raised, such situations could lead to Labor unrest and work stoppage. The project will ensure that Ethiopian Labor laws are complied with and a worker's GRM setup (see Section 12.6). Additionally, the employer is required to pay overtime in compliance with national laws as well as support his employees with necessary health care, among other measures.</p>	<p>Component 1: Strengthening the Preparedness and Resilience of the Health System to manage PHEs Component 2: Improving the detection of and response to public health emergencies</p>
7.	<p><i>Child Labor:</i> In accordance with ESS2 and also as per the provisions of the Ethiopian Labor Proclamation No.1156/2019 (Art.89(3)) young workers should not be involved in any work that endangers their lives or health. Art.89(4) outlines the prohibited areas for young workers and Art. 90 further states that, young workers should not be assigned to night and overtime work. For the detailed legal provisions on Child Labor, see Sub-section 'Prohibition of Child and Forced Labor' below, and for child labor risk mitigation measures, see <i>Section 9 'Age of Employment'</i>. The project may outsource minor works to contractors. To mitigate the risk of child Labor, the contractor shall include in the Contractors Code of Conduct (i) avoid employing persons under the age of 18,; (ii) not to engage students in any construction related activities; (iii) conduct community sensitizations on child Labor; and (iv) implement the worker GRM. In Ethiopia, child labor, for any person under the age of 18, is forbidden due to the hazardous work situation.</p>	<ul style="list-style-type: none"> • Production of pharmaceuticals • Renovation and expansion of ICUs/Emergency facilities • Construction and rehabilitation to be undertaken with in hospitals
8.	<p><i>Labor Influx:</i> It is unlikely that the project area will experience Labor influx since, apart from small scale refurbishing of the existing health infrastructure, no civil works will be financed in the AF.</p>	
9.	<p><i>Risk of discrimination:</i> This includes potential inappropriate treatment or harassment of project workers on basis of gender, age, disability, ethnicity, or religion. No discrimination is acceptable as per the Ethiopian Labor Law and ESS2 and the Project supports equal opportunities for women and men, with emphasis on equal criteria for selection, remuneration, and promotion, and equal application of those criteria. Measures to prevent harassment of project workers, including sexual harassment, in the workplace is addressed through code of conduct trainings, including messaging in the communication.</p>	<p>Component 1: Strengthening the Preparedness and Resilience of the Health System to manage PHEs Component 2: Improving the detection of and response to public health emergencies</p>

6 Overview of Labor Legislations and WB's ESS2

The Constitution of the FDRE (1995) Art.42(1-2) contains provisions on the rights of factory and service workers, laborers, and other rural workers and these rights include forming associations, bargaining collectively with employers, expressing grievances including the right to strike, reasonable limitation of working hours, rest, periodic leave with pay, remuneration for public holidays as well as healthy and safe work environment.

6.1 Ethiopian Labor Legislation

Pursuant to the broader provision of the FDRE Constitution, the terms and conditions stipulated under various Articles of the following Proclamations apply for the Project workers (in addition to the provisions of ESS2)²:

- i. Labor Proclamation No. 377/2003;
- ii. Federal Civil Servants Proclamation 1064/2017;
- iii. Labor Proclamation No.1156/2019 (complements, but does not replace, Labor Proc. No. 377/2003);
- iv. Proclamation No. 632/2009, Employment Exchange Service Proclamation; and
- v. Proclamation No. 568/2008, Right to Employment of Persons with Disability.

In case of variations between the national legislations, regulations, and the World Bank Environment and Social Standards, the more stringent provision will be applied.

The *Labor Proclamation* No. 377/2003, Part 7 provides a framework for the conditions of employment in workplaces as regards to safety, health and directs the prevention of accidents occurring to persons employed or authorized to enter the sites of work or the general public; through implementation of identified mitigation measures for the specifically identified potential hazards to safety and health. The Proclamation specifically states the responsibilities of the worker and the obligation of the employer, all of which will be adhered to under this Project.

The Labor Proclamation also provides the framework for workers management and the protection of their rights. The Proclamation regulates employment matters in terms of minimum wages, fair Labor practices, non-discrimination and prohibition of employment of children. It also promotes sound Labor relations through protection and promotion of freedom of association, encouraging

² The Civil Servants Proclamation applies only to civil servants, while the rest apply to all other types of workers in the project.

collective bargaining, settling Labor complaints and disputes, establishment of disputes handling machinery in organization.

Under *Labor Proclamation* No. 1156/2019, the employer is obligated to provide the employee with work as stipulated in the employment contract; to pay the worker wages and other emoluments in accordance with this Proclamation or the collective agreement; to take all the necessary occupational safety and health measures and to abide by the standards and directives to be given by the appropriate authorities in respect of these measures. Article 55(1) provides “Wages shall be paid in cash, provided, however, that where the employer and workers agree, it may be paid in kind. Wages paid in kind may not exceed the market value in the area of the payment in kind and in no case may exceed 30% of the wages paid in cash.”

On child labor, Art. 89(1-2) provides “For the purpose of this Proclamation, “young worker” means a natural person who has attained the age of 15 but is below the age of 18 years. It is prohibited to employ a person less than 15 years of age.” Sub-Art. 3 further provides “It is prohibited to assign young workers on work, which on account of its nature or due to the condition in which it is carried out endangers their lives or health.”

Article 4(1) of Proclamation No. 568 (2008) the *Right to Employment of Persons with Disabilities* states that a person with disability having the necessary qualification and scored more than other candidates shall have the rights without any discrimination to:

- Occupy a vacant post in any office or undertaking through recruitment, promotion, placement or transfer procedures; or
- Participate in a training program to be conducted either locally or abroad.

i. Rest

Art. 61(2) of Proclamation 1156/2019 provides “Normal hours³ of work shall not exceed 8 hours a day or 48 hours a week.” Article 69(1) stipulates “A worker shall be entitled to a weekly rest period covering not less than twenty-four non-interrupted hours in the course of each period of seven days”.

ii. Sexual Harassment and Violence

The new law obviates the need for interpretation of sexual harassment and sexual violence by providing definitions. It also provides prohibitions and punishments specific to the acts. The commission of either or both of the two acts at workplaces either by the employee or employer may be used as grounds of termination of an employment contract without notice by the employer or the employee respectively. Additionally, an employee who resigns on the ground of sexual harassment or violence is entitled to severance pay as well as a compensation amounting to 90

³ “In this proclamation, “normal hours of work” means the time during which a worker actually performs work or avails himself for work in accordance with law, collective agreement or work rules.” (Art. 61(1).

times the daily rate of the last week of service of the employee. As per the definition of the new proclamation:

- *Sexual Harassment* means to persuade or convince another through utterances, signs or any other manner, to submit for sexual favor without his/her consent.
- *Sexual Violence* means sexual harassment accompanied by force or an attempt thereof.

iii. Wages

Art. 53(1) of Proc. No 1156/2019 provides ““Wages” means the regular payment to which a worker is entitled in return for the performance of the work that he performs under a contract of employment.” According to Article 53(2) “Wages” does not include (a) Over-time pay; (b) Amount received by way of per-diems, hardship allowances, transport allowance, relocation expenses, and similar allowance payable to the worker on the occasion of travel or change of his residence; (c) Bonus; (d) Commission; (e) Other incentives paid for additional work results; f) Service charge received from customers.

Article 28(1) of the 1977 Labor Act provides that: Any contract that exceeds three months in duration shall be made in writing by the employer. Such contract shall be written in three copies and signed by the two parties. Each party shall keep one copy and the third copy shall be deposited with the Labor Office. Article 30 gives the content of contract which should include among others “the agreed wage and the time of payment”. The legislation does not mandate minimum wages.

iv. Leave (annual, sick, family events, union members, special purpose, and maternity leave)

According to Labor Proclamation, a worker is entitled to uninterrupted *annual leave* with pay which shall in no case be less than sixteen (16) working days for the first one year of service; sixteen (16) working days plus one (1) working day for every additional two years of service.

The wage a worker receives during his annual leave shall be equal to what he would have received if he had continued to work. A worker whose contract of employment is terminated under this Proclamation is entitled to his pay for the leave he has not taken. Where the length of service of a worker does not qualify for an annual leave provided for in this Article, the worker shall be entitled to an annual leave proportionate to the length of his service. A worker shall be granted his first period of leave after one year of service and his next and subsequent period of leave in the course of each calendar year. The new labor law of Ethiopia also grants a male worker a *paternity leave* for 3 working days with pay.

The Labor Proclamation provides for the paid *sick leave* for up to 6 months on completion of probation period if sickness is certified by a qualified doctor. A worker is entitled to sick leave if he/she is incapable of working due to sickness other than resulting from occupational injury. A

worker must inform the employer about his/her absence due to sickness and provide a medical certificate issued by a medical organization recognized by the Government. The employer will provide paid sick leave as follows: 100% of wages during the first month of sick leave; 50% of wages during the second & third months of sick leave; and unpaid leave from four to sixth months.

v. Benefits in the Case of Employment Injuries

Article 105 of Proclamation 1156/2019 declares that, where a worker sustains employment injury, the employer shall cover the following expenses, among others, include:

- a) general and specialized medical and surgical care;
- b) hospital and pharmaceutical care;
- c) any necessary prosthetic or orthopaedic appliances.

According to Art. 107, a worker who has sustained employment injury shall be entitled to:

- a) periodical payment while he is temporarily disabled;
- b) disablement pension or gratuity or compensation where he sustains permanent disablement;
- c) Dependents' pension or gratuity or compensation to his dependent where he dies.

vi. Prohibition of Child and Forced Labor

Ethiopia has ratified ILO Conventions related to Child Labor and Forced Labor such as ILO Convention 182 on the Worst Forms of Child Labor; Minimum Age Convention No. 138/1973; The Rights of the Child Convention, 1989; Forced Labor Convention No. 29/1930; and Abolition of Forced Labor Convention, No.105/1957. According to Article 98(1) of Labor Proclamation 1156/2019, “young worker” means a natural person who has attained the age of 15 but is below the age of 18 years”, replacing previous provisions under Proclamation 377/2003 which set the age of young workers at 14 years. Art. 89(3), prohibits assigning young workers on work, which on account of its nature or due to the condition in which it is carried out endangers their lives or health. Further, Sub-Article 4(a-d) outlines the barred areas for young workers. Further, Art.91(1-4) states that, young workers should not be assigned to night and overtime work, of the following nature; (i) night work between 10 pm and 6 am; (ii) over time work; and, (iii) work done on weekly rest days; or (iv) work done on Public Holidays.

6.2 World Bank Standard on Labor and Working Conditions (ESS2)

ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. The objectives of ESS2 are:

- To promote safety and health at work.
- To promote the fair treatment, non-discrimination and equal opportunity of project workers.
- To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate.
- To prevent the use of all forms of forced Labor and child Labor.
- To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law.
- To provide project workers with accessible means to raise workplace concerns.

ESS2, under section D: ‘Occupational Health and Safety (OHS)’, para. 24-30 outlines mitigation measures to be followed as summarized below: f:

24. Measures relating to occupational health and safety will be applied to the project. The OHS measures will include the requirements of this Section, and will take into account the General EHSs and, as appropriate, the industry-specific EHSs and other GIIP.

These will include WB EHS for Health Care Facilities (including those related to HCF operations) and WB EHSF Pharmaceuticals & Biotechnology Manufacturing (including those related to operation phase).

The OHS measures applying to the project will be set out in the legal agreement and the ESCP.

25. The OHS measures will be designed and implemented to address: (a) identification of potential hazards to project workers, particularly those that may be life threatening; (b) provision of preventive and protective measures, including modification, substitution, or elimination of hazardous conditions or substances; (c) training of project workers and maintenance of training records; (d) documentation and reporting of occupational accidents, diseases and incidents; (e) emergency prevention and preparedness and response arrangements to emergency situations;¹⁹ and (f) remedies for adverse impacts such as occupational injuries, deaths, disability and disease.²⁰

26. All parties who employ or engage project workers will develop and implement procedures to establish and maintain a safe working environment, including that workplaces, machinery, equipment and processes under their control are safe and without risk to health, including by use of appropriate measures relating to chemical, physical and biological substances and agents. Such parties will actively collaborate and consult with project workers in promoting understanding, and methods for, implementation of OHS requirements, as well as in providing information to project workers, training on occupational safety and health, and provision of personal protective equipment without expense to the project workers.

27. Workplace processes will be put in place for project workers to report work situations that they believe are not safe or healthy, and to remove themselves from a work situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health. Project workers who remove themselves from such situations will not be required to return to work until necessary remedial action to correct the situation has been taken. Project workers will not be retaliated against or otherwise subject to reprisal or negative action for such reporting or removal.

28. Project workers will be provided with facilities appropriate to the circumstances of their work, including access to canteens, hygiene facilities, and appropriate areas for rest. Where accommodation services are provided to project workers, policies will be put in place and implemented on the management and quality of accommodation to protect and promote the health, safety, and well-being of the project workers, and to provide access to or provision of services that accommodate their physical, social and cultural needs.

29. Where project workers are employed or engaged by more than one party and are working together in one location, the parties who employ or engage the workers will collaborate in applying the OSH requirements, without prejudice to the responsibility of each party for the health and safety of its own workers.

30. A system for regular review of occupational safety and health performance and the working environment will be put in place and include identification of safety and health hazards and risks, implementation of effective methods for responding to identified hazards and risks, setting priorities for taking action, and evaluation of results.

Moreover, the following specific requirements shall be met for specific condition:

- For project construction works, a subproject ESMP will be developed according to the ESMF and this will include subproject OHS measures. The bid and contract for such works will include OHS terms and conditions including for the Contractor to prepare and implement a CESMP which shall include a OHS Plan.
- For all subprojects involving HCFs, laboratories or vaccine/pharmaceutical production, an operation phase OHS plan shall be prepared and implemented
- For all project activities that involve travel or use of trucks and vehicles, a set of traffic safety measures shall be developed and implemented (including training)
- In the case of any significant OHS incident or accident related to the Project, provide sufficient detail regarding the scope, severity, and possible causes of the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and/or supervising firm, as appropriate. Subsequently, at the WB's request, prepare a report on the incident or accident and propose any measures to address it and prevent its recurrence
- For Primary Suppliers, the project shall comply with ESS2 requirements (See ESS2 for details)

6.3 Occupational Health and Safety (OHS)

Ethiopia has legal frameworks on OHS. The parent legislative framework is the Constitution of the FDRE Proc. No. 1/1995 (21st August, 1995). This legislation has several articles pertaining to matters of Decent Work in general and of Safety, Health and Working Environment in particular. Article 42(2) provides that “workers have the right to reasonable limitation of working hours, to rest, leisure, to periodic leaves with pay, to remuneration for public holidays as well as healthy and safe work environment”. Article 89(8) provides “Government shall endeavour to protect and promote the health, welfare and living standards of the working population of the country.”

The Constitution has numerous articles that ensure the protection of citizens and workers from environmental and work-related hazards. The Ethiopian Labor Proclamation has established the provisions of OHS in workplaces. It clearly indicates the duties and responsibilities of the three parties: employer, employee and the government inspectors as stakeholders (FDRE, 2004). There are OHS directives and guidelines used by OHS inspectors and safety officers to ensure the protection of workers (MoLSA, 2008).

Furthermore, there are different legal frameworks on OHS which include: The National Occupational Health Policy and Strategy; Occupational Health and Safety Directive (2008)⁴; Occupational Health and Safety Policy and Procedures Manual; and on Work Occupational Health and Safety Control manual for Inspectors (2017/18) which will apply to the ‘*Digital Ethiopia*’. Occupational Health and Safety promotion is also included as priorities in the National Health Policy Statement (1993). Ministry of Labor and Social Affairs (MoLSA) and its regional counterparts are responsible for OHS at Federal and Regional levels. MoLSA has OHS and Working Environment Department responsible for OHS.

Further, Part Seven, Articles 92-106 of Proc. No. 1156/2019 defines the occupational safety and health and working environment focusing on: (i) preventive measures (Art. 92-4); (ii) occupational injuries (Art. 95-8); (iii) defining degree of disablement (99-102); (iv) benefits to employment injuries (103-4); and (v) medical services (105-6). Articles 107-112 provide for ‘*Various Kinds of Cash Benefits*’ to which workers are entitled.

⁴ 10 Ministry of Labor and Social Affairs of the Federal Republic of Ethiopia. Occupational Safety and Health Directive. Addis Ababa: May, 2008.

https://scholar.google.com/scholar_lookup?title=Occupational+Safety+and+Health+Directive&publication_year=2008&

Each administrative region has an OHS department within the Labor and Social Affairs Bureau with the responsibilities of inspection service and imposing penalties for violations or non-compliance. The Labor proclamation vests in the Regional Bureaus the power to determine standards and measures for the safety and health of workers and follow up their implementation. It is also indicated that Regional Bureaus must collect, compile and disseminate information on safety and health of workers.

It is unlawful for an employer to: (a) impede the worker in any manner in the exercise of his rights or take any measure against him/her because he/she exercises his/her right; (b) discriminate against female workers, in matters of remuneration, on the ground of their sex; (c) terminate a contract of employment contrary to the provisions of the Labor Proclamation No. 1156/2019; (d) coerce any worker by force or in any other manner to join or not to join or to cease to be a member of a trade union or to vote for or against any given candidate in elections for trade union offices; (e) require any worker to execute any work which is hazardous to his life; and (f) discriminate between workers on the basis of nationality, sex, religion, political outlook or any other conditions. Ethiopian law does not specifically state that it prohibits an employer to retaliate against a worker for reporting a dangerous work situation or removing himself/herself from a dangerous work situation.

7 Policies and Procedures

The project will depend on the various laws: (i) Labor Proclamation No. 42/1993 (replaced by Labor Proclamation No. 377/2003); (ii) Labor Proclamation No. 377/2003; (iii) Labor Proclamation No.1156/2019 (complements (does not replace, Labor Proclamation No. 377/2003); (iv) Proclamation No. 632/2009, Employment Exchange Service Proclamation; and (v) Proclamation No. 568/2008, Right to Employment of Persons with Disability. Further, Ethiopia is a signatory to international conventions and has ratified the major international human rights instruments. Ethiopia has also ratified the following ILO conventions:

1. Forced Labor Convention No. 29/1930;
2. Freedom of Association and Protection of the Right to Organize Convention, No. 87/1948;
3. Employment Service Convention, No. 88/1948;
4. Right to Organize and Collective Bargaining Convention, No. 98/1949; 5. Abolition of Forced Labor Convention, No.105/1957;
5. Minimum Age Convention No. 138/1973;
6. Occupational Safety and Health Convention, No. 156/1981;
7. Termination of Employment Convention, No. 158/1982;
8. The Rights of the Child Convention, 1989; and
9. The Worst Forms of Child Labor Convention No. 182/1999.

Hence, employment will be based on the principles of non-discrimination and equal opportunity (Convention – C111 Discrimination (Employment and Occupation), 1958). There will be no discrimination with respect to any aspects of the employment relationship, including recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment. Recruitment procedures will be transparent, public and non-discriminatory, and open with respect to ethnicity, religion, disability, gender, or gender orientation.

A gap between the WB and Ethiopian law is that the latter does not clearly indicate that the employer is prohibited against retaliating a worker for reporting a dangerous work situation or removing himself/herself from a dangerous work situation. ESS2 of the World Bank’s ESF provides that project workers will not be retaliated against or otherwise subject to reprisal or negative action for reporting a dangerous work situation or removing himself/herself from a dangerous work situation. The PIU will ensure that all project workers, including those engaged by contractors, will have the right to report and remove themselves from dangerous work situations without being subjected to reprisal or negative action.⁵

In case of differences between the international conventions, national legislations and regulations, and the World Bank Environment and Social Standards, the more rigorous provision will be applied.

8 Age of Employment

Ethiopia has ratified ILO Minimum Age Convention No. 138/1973. As per the Ethiopian Labor Proclamation No.1156/2019 Article 89(1-4) the minimum age for employment is 15. The minimum age for hazardous Work is 18 years. Workers between the ages of 15 to 18 years are classified as young workers. It is prohibited to employ young workers to carry out work which on account of its nature such as possible exposure to COVID-19 or due to the condition in which it is carried out (i.e., hazardous nature of the work (e.g., in health care facilities and medical waste treatment), endangers the life or health of the young workers.

Proc. No.1156/2019 states that: normal working hours for young persons may not exceed seven hours a day. It is prohibited to employ young workers on night work between 10 p.m. and 6 a.m.; overtime work; weekly rest days; and public holidays. **Because the project mainly mobilizes government civil servants and a handful of adult professionals and experts, expatriates included, it will not employ/engage any person under 18 years of age.**

The PIU will undertake monitoring, at a minimum every six months, of all project workers, to ensure that there are no direct hires under 18 years of age or no community workers, and that all contractors and subcontractors involved in the project are not employing/engaging anyone under

⁵ ESS2, paragraphs 26 and 27.

18 years of age for the project work. Further, awareness-raising sessions will be conducted regularly among the communities, as well as for Implementing Agencies (IA) and contractors to sensitize on prohibition and negative impacts of child and forced Labor.

The Project will use the following process, prior to the employment or engagement of an applicant for work on the project, to verify the person's age. The PIU will ensure that each contractor/subcontractor also uses this process and provides it (the PIU) with written confirmation that each worker they employ or engage in relation to the project is at least the minimum age of 18 years. The following information will be kept on file in the PIU administrative offices:

- Written confirmation from the applicant of their age; and
- Where there is reasonable doubt as to the age of the applicant, requesting and reviewing available documents to verify age (such as a birth certificate, national identification card, medical or school record, or other document or community verification demonstrating age).

If a person under the minimum age of 18 years is discovered working in relation to the project, the PIU will take measures to terminate the employment or engagement of that person in a responsible manner, considering the best interest of that person.

To ensure that the best interests of the child under 18 years are considered, the PIU will undertake, and ensure that all contractors/subcontractors also undertake, remediation within a reasonable time period agreeable to the World Bank. The remediation activities could include, among other options:

- Enrolling the child in a vocational training/apprenticeship program, but which does not interfere with the child's completion of compulsory school attendance under national law.
- Employment of a member of the child's family, who is at least 18 years of age, by the primary supplier, contractor, or subcontractor for project-related or other work.

9 LMP Implementation Arrangements

The overview of responsible staff and oversight mechanisms will be discussed in the Project Operation Manual (POM) and can be further refined during the implementation stage. The Project Coordination Unit (PCU) to be established along with the already existing MoH Grant Management Unit (GMU) has the overall responsibility to oversee all aspects of the implementation of the LMP, in particular to ensure contractors' compliance. The PCU will address all LMP aspects as part of procurement for works as well as during contractor induction.

A. Institutional and Implementation Arrangements

The Ethiopia MoH will be the implementing agency for the project and oversee the overall implementation of the project. The state minister for Programs will be responsible for the execution of project activities and oversee the overall implementation of the project including the LMP. The

Grant Management Unit (GMU) of the MoH's Partnership and Cooperation Directorate (PCD) will be responsible for the day-to-day management of activities supported under the project as well as the preparation of a consolidated annual work plan and a consolidated activity and financial report for the above-mentioned project components. The MoH will also deploy the staff needed for proper implementation of the LMP, as part of the placement of staff for implementation of the environmental and social management framework and plan.

The Ethiopian Public Health Institute (EPHI) will serve as the key technical entity for the implementation of the project activities. The EPHI will report directly to the State Minister, and it will share the project's technical and financial updates with the grant management unit (GMU). In addition to MoH and the Ethiopia Public Health Institute (EPHI), the Armauer Hansen Research Institute (AHRI), the Ethiopia Pharmaceutical Supply Agency (EPSA), Ethiopian Food and Drug Administration (EFDA), Regional Health Bureaus, technical directorates at the MoH and other key agencies will be involved in project activities based on their functional capacities and institutional mandates. Relevant sections in each PIU will be responsible for implementing the LMP.

Notwithstanding the above, this section briefly outlines the roles and responsibilities of project implementing entities in: (i) engagement and management of project workers, including direct hires and workers employed/engaged in relation to contractors/subcontractors and community workers; (ii) engagement and management of contractors/subcontractors; (iii) occupational health and safety (OHS); (iv) training of workers; and (v) addressing worker grievances. The source of budget for the implementation of OHS measures is the part of the project cost.

The responsible body for workers management varies depending on the types of workers and the location. The direct workers will be managed by the MoH, EPHI, AHRI, EFDA, EPSA, and regional and city administration Health Bureaus pursuant to the Federal Civil Servants Proclamation 1064/2017 at the National and regional states levels as key implementing entities. Whereas, the contracted workforce's contract terms and conditions would be determined by the laws and WB's ESS2 requirements specified under *sections 6.1* and *6.2* above, respectively, the MoH and its partner implementing agencies, will provide the required workers' training and occupational health and safety equipment and procedure to address worker grievances. This responsibility of managing staff will also pass to contractors and sub-contractors.

Contractors must engage a minimum of one health and safety representative, which is responsible for monitoring the day-to-day compliance to safety precautionary measures indicated in the ESMF, SEP, Project Implementation Manual (PIM) and LMP, and records of any incidents and report to the GMU/Project Coordination Unit (GMU/PCU). The GMU/PCU is responsible to promptly notify the incidence and accident to the WB within 48 hours, which will be followed by formal investigation of the causes and identification of a set of corrective actions. Besides, the PIU monitors labor and working conditions quarterly, and annually throughout the project implementation period. Any identified non-compliance will be included in these monitoring

reports accompanied by relevant corrective actions. More specifically, the PIU will be responsible for the following:

- Develop, maintain, implement, and update LMP document;
- Provide project-specific training on GBV-SEA/SH and OHS requirements to project workers periodically throughout the project life cycle, including on-the-job trainings. The PIU will provide such training by its E&S specialists, however, it also will consider procuring specialized GBV-SEA/SH and OHS trainings from eligible consultancy firms, where necessary;
- Ensure, monitor, and verify that all health care facility workers, contractors/subcontractors, chain suppliers, and community workers comply with these LMPs;
- Ensure, monitor, and verify that the contracts with the contractors are developed in line with the provisions of these LMPs, and that contractors include enough obligations toward providing GBV-SEA/SH and OHS-related training to their workers;
- Ensure that the grievance redress mechanism for project workers is established and implemented and that workers are informed of its purpose and how to use it; ⁶ Have a system for regular monitoring and reporting on labor and OHS performance; and
- Monitor implementation of the Worker Code of Conduct.

The international competitive procurement will use the World Bank's Standard Procurement Documents (according to the New Procurement Framework and Regulations for Projects After July 1, 2016)⁶. However, when approaching the national market, as shall be agreed in the Procurement Plan, the country's own procurement procedures may be applied, provided that such procedure shall be subject to the requirements as provided in section 5 paragraph 5.3 to 5.6 of the Procurement Regulations for IPF Borrowers.

As such, the project will use contracting templates provided by the Procurement Framework and Regulations. The Contracting Agreement will include conditions and clauses on Forced Labor/Child Labor, Trafficking-in-person and GBV-SEA/SH as well as on obligations to Health and Safety, to which the contractors will need to commit and adhere.

The LMP and OHS responsibilities of all implementing agencies including the contractors will include the following:

- Develop and implement an Occupational Health and Safety plan, which aims to avoid, minimize and mitigate the risk of workplace accidents. This would include identifying potential risks and identifying safe working practices, using only trained workers, using safe machinery and equipment and providing necessary personal protective equipment

⁶ <https://www.worldbank.org/en/projects-operations/products-and-services/brief/procurement-new-framework>

(PPE). The development of such plans should be based on WB EHS for Health Care Facilities, and WB EHS Pharmaceuticals & Biotechnology Manufacturing

- Develop and implement an OHS plan for the operation phase all HCFs, laboratories and vaccine/pharmaceutical production.
- Comply with all national and good practice regulations regarding workers' safety.
- Prepare an Emergency Response Plan (ERP) based on ESS4 to cope with risk and emergency (e.g., fire, earthquake, floods, and disease outbreak).
- Provide minimum required training or orientation on occupational safety regulations and use of personal protective equipment; and OHS requirements in this LMP, and any subproject specific OHS plan
- The contractor(s) shall provide safety measures as appropriate during works such as fire extinguishers, first aid kits, restricted access zones, warning signs, overhead protection against falling debris, lighting system to protect hospital staff and patients against construction risks as stated in WB EHS General, WB EHS for Health Care Facilities, and WB EHS Pharmaceuticals & Biotechnology Manufacturing.
- Follow the Labor Management Procedures and occupational health and safety requirements as stated in the contracts signed with the MoH;
- Contractors will keep records detailing the specifications of the job description of each worker;
- Supervise the subcontractors' implementation of LMPs and OHS requirements;
- Maintain records of employment, and training of contracted workers as provided in their contracts;
- Communicate clearly job descriptions and employment conditions to all workers; including work and employer rights and responsibilities related to OHS.
- Make sure every project worker hired by contractor/subcontractor is aware of the PIU/MoH's dedicated call center, hotline, email address, and web portal through which any worker can submit his/her grievances; and
- Provide induction and monthly training to employees on labor law protections in relation to occupational health and safety, including training on their rights to safe and healthy working conditions under Ethiopia labor laws, World Bank ESS2 requirements, this LMP and any sub project specific OHS plans on the risks of job-related injuries and accidents, and on measures to reduce risks to acceptable levels, as well as periodical trainings on GBV/SEA/SH.
- x Report on OHS performance and (ii) report any OHS significant incident or accident.

Note: The child labor and forced labor (if any) as well as GBV/SEA/SH and OHS requirements apply to all categories of workers in the project activities.

10 Terms and Conditions

The terms of condition follow stringent international requirements where the gaps of the national law are filled by WB requirements and ILO convention. Hence, the terms of condition include the name and legal domicile of the employer; the worker's name; the worker's job title; the date employment began; where the employment is not permanent, the anticipated duration of the contract; the place of work or, where the work is mobile, the main location; benefit packages; hours of work, rest breaks, leave entitlements and other related matters; rules relating to overtime and overtime compensation; the pension and other welfare arrangements applicable to the worker; the length of notice that the worker can expect to give and receive on termination of employment; the disciplinary procedures that are applicable to the worker, including details of representation available to the worker and any appeals mechanism; and details of grievance procedures, including the person to whom grievances should be addressed.

Specifically, labor relations shall be governed by the relevant Ethiopian legislation. As per Labor Proclamation No.1156/2019, the normal working hour for project workers shall not exceed 8 hours a day or 48 hours a week. Work done in excess of the normal daily hours of work fixed in accordance with the provisions of this Proclamation shall be deemed to be overtime and overtime work shall be paid as per the provisions of the proclamation. If collective agreements are entered between workers and contractors, these shall follow the provisions of the relevant Ethiopian labor laws.

The following general terms and condition should be followed as per the relevant Ethiopian labor laws.

Table 3: General Labor Terms and Conditions

Issue	Terms and Conditions
Wages	Wages should be in cash on a working day at the workplace unless otherwise agreed; should be directly to the worker or to the person authorized by the worker. Wages may be paid in kind but may not exceed the market value in the area of the payment in kind and in no case may exceed 30% of the wages paid in cash. Wages are to be paid at such intervals as required under the national law, collective agreement or employment contract. Employer is not allowed to make deductions from wages except where it is provided by the law or collective agreement or work rules or in accordance with a court order or a written agreement with the worker.
Deduction from wages	The employer shall not deduct from, attach or set off the wages of the worker except where it is provided otherwise by law or collective agreement or work rules or in accordance with a court order or a written agreement of the worker concerned.

	Unless the worker expresses his consent in writing, the amount that may be deducted at any one time, from the worker's wage shall in no case exceed one-third of his monthly wage.
Hours of work	Normal hours of work shall not exceed 8 hours a day or 48 hours a week. Hours of work shall spread equally over the working days of a week, provided, however, where the nature of the work so requires, hours of work in any one of the working days may be shortened and the difference be distributed over the remaining days of the week without extending the daily limits of eight hours by more than two hours.
Rest	Workers are entitled to a weekly rest period consisting of not less than twenty-four non-interrupted hours in the course of each period of seven days.
Documentation	Contracts of employment made in writing should contain proper documentation, including the following information 1/The name and address of the employer; 2/ The name, age, addresses and work card number, if any, of the worker; 3/ the agreement of the contracting parties made in accordance with Article 4 (3) of this Proclamation; and 4/ The signature of the contracting parties.
Termination	A contract of employment shall only be terminated upon initiation by the employer or worker and in accordance with the provisions of the relevant Ethiopian law or a collective agreement or by the agreement of the parties. Termination may arise by operation of the law, by agreement, or initiation of the parties. In all cases, termination shall be affected as per stipulation of the relevant Ethiopian laws.
Leaves	A worker shall be entitled to uninterrupted annual leave with pay. Such leave shall in no case be less than: a) Sixteen (16) working days for the first year of service; b) Sixteen (16) working days plus one working day for every additional two years' service. In addition, workers are entitled to various other leaves including family leave, maternity leave, union leave, sick leave, and other special leaves as per the relevant Ethiopia labor laws.
Medical coverage	Where a worker sustains employment injury, the employer shall cover the following medical service expenses: 1/ General and specialized medical and surgical care; 2/ Hospital and pharmaceutical care; 3/ Any necessary prosthetic or orthopedic appliances.

OHS	<p>OHS measures of the Project shall include the requirements of the relevant sections of ESS2. The OHS measures will be designed and implemented to address:</p> <ul style="list-style-type: none"> • identification of potential hazards to project workers, particularly those that may be life-threatening. • provision of preventive and protective measures, including modification, substitution, or elimination of hazardous conditions or substances. • training of project workers and maintenance of training records. • documentation and reporting of occupational accidents, diseases and incidents. • emergency prevention and preparedness and response arrangements to emergencies; and • remedies for adverse impacts such as occupational injuries, deaths, disability, and disease.
-----	---

11 Grievance Redress Mechanism (GRM)

11.1 Worker Grievance Mechanism: General Description

The Project recognizes the vulnerability of the target communities, beneficiaries and the different types of workers to be involved the project activities. Effective grievance redress mechanism (GRM) for addressing and managing workplace and employment related conflicts or complaints as well as gender-based violence (GBV) is crucial for the Project. Typical workplace grievances include demand for employment opportunities; labor wage rates; delays of payment; disagreement over working conditions; and health and safety concerns in the work environment.

A grievance structure will be established for project workers (direct workers⁷ and contracted workers), as required in ESS2. Handling of grievances should be objective, prompt and responsive to the needs and concerns of the aggrieved workers. The worker Grievance Redress Mechanism

⁷ As indicated above, **Section 3** ‘*Overview of Labor use on the project*’ (see also footnote 4), “All government civil servants seconded to work on the project will remain subject to the terms and conditions of their existing public sector employment agreements/arrangements, as understood under ESS2, Scope of Application, paragraph 8.” But, in the event of inaction on the part of the concerned body or dissatisfaction with its decision regarding the worker’s complaints about his/her occupational health and safety and other concerns associated with the new assignment on the project, he/she may lodge grievances to the GRM established for the project, especially issues related to GBV and discrimination of some sort.

(WGRM) will also allow for anonymous complaints to be raised and addressed. Individuals who submit their complaints or grievances may request that their names be kept confidential, and this should be respected. The workers will be informed of the GRM at the time of recruitment and the measures put in place to protect them against reprisal for its use.

According to ESS2 paragraphs 21-23, different types of workers (including all direct workers and contracted workers, and, where relevant, their organizations) may approach the workers' GRM for the following key reasons, among many others:

- Demand for employment opportunities.
- Labor wages rates and delays in payment of wages;
- Disagreements over working conditions;
- GBV/SEA/SH in the workplace; and
- Health and safety concerns in work environment.

The MoH, under whose leadership the project will be implemented, will establish, coordinating with EPHI, an accessible and functional WGRM for all categories of workers described in this EMP, including direct hires, and workers hired through contractors/subcontractors. This is particularly important for pastoralist areas where *Woreda* offices could be miles away from workers sites. Labor Proclamation No. 1156/2019 provides “Employers and workers or their respective associations may introduce social dialogue in order to prevent and resolve labor disputes amicably” (Art.141). The government civil servants seconded to this project will also have access to grievance procedures under Ethiopian government public service laws.⁸

The worker GRM, which is different from the public GRM, will leverage existing procedures and systems, and will be established in early stages of the project and will serve throughout the project implementation. The worker GRM will be based on the requirements of the WB's ESS2 – Labor and Working Conditions.

11.2 Principles of the GRM

Specifically, the worker GRM will operate according to the following *key principles*:

- The workers GRM is not same as the grievance mechanism to be established for project affected stakeholders.
- It will be made available for all direct and contracted workers (and where relevant their organizations);
- It will be proportionate to the nature and scale and the potential risks and impacts foreseen from the project;

⁸ Labor Proclamation No. 1156/ 2019.

- It will be designed to promptly address concerns using an understandable and transparent process that provides timely feedback to those concerned in a language that they understand, without any retribution;
- It will operate in an independent and objective manner;
- It will be a free system. Complaining workers will not pay fees to use the worker GRM;
- It will utilize existing grievance systems and experiences. In this context, the worker GRM will leverage human resource (HR) complaining procedures for direct workers that are available at their respective health ministries and departments, and will ensure HR procedures at contractors' organizations are consistent with the official worker GRM system characterized in this document, which will be further referenced in their working agreements, and monitored accordingly;
- Anonymous grievances are also allowed and facilitated, and will be treated equally as other grievances, whose origin is known, however, a suitable contact information is a must to be able to communicate responses back;
- There will be no discrimination against those who express grievances, and any grievances will be treated confidentially;
- To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the worker GRM will have a different and sensitive approach to GBV/SEA/SH-related cases;
- It does not replace or override the requirements to provide workplace processes to report work situations that a project worker believes are not safe or unhealthy;
- Workers will be able to raise concerns regarding unsafe or unhealthy work situations through this system; and
- It will not impede access to other judicial or administrative remedies that might be available under the law or through existing arbitration procedures, or substitute for grievance mechanisms provided through collective agreements.

11.3 Procedures of the GRM

The WGRM will have the following design and procedural features:

- Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of “suggestion/complaint boxes”, and all pertinent information, such as: designated call centers, hotline numbers, email addresses, office work hours, comment/complaint forms, suggestion display boxes, stipulated timeframes to respond to grievances; info on a register to record and track the timely resolution of grievances; the responsible department to receive, record and track resolution of grievances, and other means as needed.
- Grievance handling will be transparent and aggrieved workers will be informed within 10 days of their grievance application, either with a respective solution or with a request of extension if more time is needed to investigate and decide upon the case.

- The aggrieved party will have the option to refer to a grievance log with key information that will be established by the Regional/City Administration Health Bureaus and quarterly reported upon.
- Grievance logbook will be maintained in the project office.
- The WGM, however, does not replace or override the requirement that the PIU provides for workplace processes for project workers to report work situations that they believe are not safe or healthy, such as reporting requirements regarding workplace injuries and accidents.
- The WGM will not prevent workers to use judicial procedure or administrative remedies that might be available under the law or existing arbitration procedures or substitute for collective agreements grievance mechanisms, if preferred.
- The quarterly environment and social implementation monitoring will include reports on grievances related to project labor and working conditions issues.
- If not satisfied with the outcome of the Regional State/City Administration level, the aggrieved party will be able to access a second level committee on the Federal level within the MoH.

11.4 Capacity Building for Worker GRM's Responsible Staff

The Project will develop a capacity development plan for WGRM responsible bodies and ensure that the GRM officers receive adequate training on their roles and responsibilities as well as the overall procedures of the GRM. The WGRM will be described in staff induction and on-the-job trainings, which will be provided to all project workers. Further, the project will ensure that adequate resources are available for running and managing the WGRM, including building capacities of GRM officers. Training topics would include workers' rights and pertinent national legislations and international conventions/standards; receiving, filing, and closing work-related complaints; dealing with complaints raised by vulnerable workers (including female and young workers of working age, as well as workers with disabilities); and IT and communication skills.

On GBV/SEA/SH, there will be a need to ensure that GRM procedures and mechanisms for reporting allegations of GBV/SEA/SH are known to all GRM Focal Persons. And most importantly to fulfil the role of addressing GBV/SEA/SH, focal persons will be trained (and/or have previous knowledge and experience) on GBV/SEA/SH related Guiding Principles including those of confidentiality and safety of complainants/survivors, on the survivor-centered approach. This set of skills will help GRM Focal Persons to support the quality of the complaint mechanism, while at the same time ensuring the adherence to GBV/SEA/SH related Guiding Principles and a survivor-centered approach, including right to safety, respect, and confidentiality, of the complaint intake and management.

11.5 Promotion of the worker GRM

The worker GRM messaging will be incorporated into the wider project Communication Strategy. Information on the various channels to submit grievances, complaints, and concerns will be publicized through meetings, monthly information brochures and posters explaining the GRM process in languages understood by project workers, and through one-on-one meetings during recruitment. Those posters will be displayed in accessible places, and suggestion boxes will be also available in each locality, state level responsible health ministries and all implementing agencies' (Regional and City Administration Health Bureaus) offices. Meetings will be held at least quarterly; announcements will also be placed on Notice Boards. Other sensitization methods such as print media as well as electronic media such as adverts on local radio will be used.

11.6 Worker Grievance Mechanism Structure

The project specific WGM will be established at three levels: (1) at the national level in MoH, AHRI, and EHPI; (2) Regional/City Administration level Health Bureaus; and 3) at the *woreda* level Health Offices. It should be emphasized that this GRM is not a substitution to legal system for receiving and handling grievances. However, this is formed to mediate and seek appropriate solutions to labor related grievances, without escalating to higher stages. At the national level, to be housed in MoH, the members of the Worker Grievance committees include: (i) HR heads of MoH, AHRI, and EHPI; (ii) Grievance focal officer; (iii) representative of Health Workers Union; and (iv) MoH PCU representative. The Regional/City Administration and *Woreda* level WG Committees follow the principles adopted at the federal level in constituting their membership. But since the EPHI is a federal level institution and does not have institutional representation at the regional/city administration and *woreda* levels, the position will be filled by women, children and youth office representative. The National and the Regional/City Administration GR Committees will be chaired by the HR heads of their respective health institutions, and the *Woreda* level GR Committees by the *woreda* administration representative.

Table 4: Worker GRM Structure

<i>Woreda level</i>	The project focal person at the <i>woreda</i> level will serve as Grievance Focal Point (GFP) to file the grievances and appeals of the project workers. He/she will be responsible for coordinating with relevant Labor and Social Affairs offices and persons to facilitate addressing these grievances. If the issue cannot be resolved at the <i>woreda</i> level within five working days, then it will be escalated to the <i>Regional/City Administration level</i> .
<i>Regional/City Administration levels</i>	If there is a situation in which there is no response from the <i>woreda</i> level GR committee, or if the response is not satisfactory then complainants and feedback providers have the option to contact the Focal Person at <i>Regional/City Administration level</i> , i.e., Human Resources Directorate of the Health Bureau directly to follow up on the issue.
<i>Federal level</i>	The Federal GR committee housed in the MoH will provide an overall oversight on workers' grievances handling of the project, and will examine and decide on grievance cases of the complainants dissatisfied with the decisions of the Regional/City Administration Grievance committees.
MoLS	Workers who are not satisfied with the decisions of the Federal level GR Committee could take their cases to the Labor dispute court at the MoLS. This could be dealt with at two

	levels: (i) by taking the case to the formal Labor division courts; and (ii) through the Labor relations board for conciliation.
--	--

11.7 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a WB supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit, <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit, www.inspectionpanel.org.

12 Contractor Management

12.1 Selecting Contractors

The MoH, as a Federal Institution entrusted with the leadership role of the project, will coordinate with EPHI and other institutions to determine which project activities can be done in-house and which ones will be outsourced. In a situation where contractors are hired, MoH will undertake due diligence assessment of the contractors' Labor practice and adherence to the international conventions Ethiopia has ratified, national law, ESMF, ESS2 and this LMP. The contract will include clauses that refer to the Environmental and Social Commitment Plan (ESCP), Stakeholders Engagement Plan (SEP), and the LMP requirements including those related to OHS in section 6.2, 6.3, and 9.

Moreover, the PIU will make reasonable efforts to ascertain third parties who engage contracted workers are legitimate and reliable entities and have in place Labor management Procedures applicable to the project that will enable them to operate in accordance with the requirements of ESS2. Specifically, the Project will ensure the project national contractors (including third party suppliers) provide the following information as part of the contracting process:

- Business licenses, necessary registrations, permits, and approvals;
- Proofs of having a Labor management system in place, including OHS-related management systems and associated procedures, templates and forms;
- Qualifications and certifications of Labor management, safety and health personnel;

- Certifications, necessary permits and training qualifications of workers, who will perform the required work;
- Records of safety and health violations and responses (corrective and preventive measures);
- Payroll records and proofs of enrolment of workers in health and benefit-related programs;
- Identification of safety committee members and records of meetings, as seen appropriate by the project management, to the nature of goods and services to be rendered; and
- Copies of similar engagement with other employers, showing adequate experience and compliance with sensitive work issues, such as, child Labor, forced Labor, GBV/SEA/SH, OHS, and others, as required by the provisions of ESS2 (all except paras. 34-38).

The PCU will ensure that the requirements of the Environmental and Social Standard (ESS2) on Labor and working conditions and non-compliance remedies are incorporated into the Contractors' contractual agreements. Contractors, including construction contractors and vaccine/pharmaceutical providers will be required to develop and sign a contractors' ESMP that will also include issues of GBV/SEA/SH, child and forced Labor, child protection and accessibility of GRM at contractor's worksite, OHS, as well as a specific worker code of conduct. Similarly, the PIU will ensure that issues concerning subcontracting are done with the written consent of the relevant public health inspectorates of MoH, as well as Labor inspectorates of the MoLS.

12.2 Managing and Monitoring Performance

The PCU within the relevant organization will manage and monitor the performance of contractors in relation to contracted workers, focusing on compliance by contractors with their contractual agreements (obligations, representations, and warranties) and Labor management procedures. The MoH, through its PIU, will undertake due diligence assessment of the engaging contractors on their Labor practices and adherence to the national law, the Environmental and Social Management Framework (ESMF), the ESS2 provisions, and to these LMPs. This will include periodic audits and spot-checks on project locations as appropriate. Specifically, the PIU staff will look how the following obligations are fulfilled by the Contractors:

- *Labor conditions*: records of workers engaged under the Project, including sample contracts, registry of induction of workers, and working hours' logs;
- *Workers*: number of workers, indication of origin (expatriate, local, nonlocal nationals), gender, age with evidence that no child Labor is involved, and skill level (unskilled, semiskilled, skilled, supervisory, professional, managerial);
- *Training/induction*: dates, number of trainees and topics, records on training provided for contracted workers that were tailored to educate workers on occupational health and safety risks and applying corrective and preventive measures;
- *Incidents and safety*: records of incidents, such as, lost time incidents, medical treatment cases, first aid cases, remedial and preventive activities taken, as well as reports relating to

safety inspections, including fatalities and incidents and implementation of corrective actions, records relating to incidents of non-compliance with national law;

- *Details of any security risks*: details of the risks the Contractors may be exposed to, while performing their work—the threats may come from third parties, external to the project; and
- *Worker grievances*: details including occurrence date, grievance description, and date submitted; actions taken and dates; resolutions/referrals (if any) and progress dates; and follow-up yet to be taken. Grievances listed should include those received since the preceding report and those that were unresolved at the time of preparing the new report.
- *OHS Monitoring*: details include monitoring of requirements outlined in the OHS plan. Indicators to be monitored and frequency of monitoring will be outlined in the OHS plan.

In ensuring that there is compliance with the requirements of ESS2 by service providers, the project will regularly monitor and evaluate activities of contractors in line with the project's M&E framework. The project will also ensure that there is a comprehensive and continuous awareness raising among workers, about their entitlements. The MoH subsequently will provide regular reports (on monthly, quarterly and annual basis) regarding the performance of the contractors.

12.3 Accessing Worker GRM

Where third parties are engaged in the project, the PIU will ensure that these parties report regularly on concerns raised by their workers, and how their grievances were resolved. These requirements will be included in the third party's terms and conditions. However, in case the third party doesn't possess any dedicated worker grievance mechanism, the PIU will ensure this project's worker GRM included in the third party's agreement, and that it is used accordingly during the course of the contract period. As a result, the PIU will communicate back all concerns received by the workers of the third party to the attention of their respective employers for resolution. Similarly, these requirements will be included in the terms and conditions.

13 Primary Supply Workers

It is expected that sub-project activities will entail the engagement of primary supply workers such as those provide vaccines/pharmaceuticals, lab and other equipment, operate trucks and vehicles, etc.

When sourcing for primary suppliers, the project will require such suppliers to identify the risk of child labor/forced labor and serious safety risks. The PMU will review and approve the purchase of primary supplies from the suppliers following such risk identification/assessment. Where appropriate, the project will be required to include specific requirements on child labor, forced labor and work safety issues in all purchase orders and contracts with primary suppliers. The PMU will, as part of its monitoring, include indicators for assessing the functions of primary supply workers.

In cases where contractors purchase materials from suppliers, contractors shall be required to carry out due diligence procedure to identify if there are significant risks that the suppliers are exploiting child or forced labor or exposing worker to serious safety issues. If there are any risks related to child and forced labor, and safety identified, the Contractor will notify PMU and will address these risks and may avoid such suppliers, where possible.

14 Community Health Workers

It is expected that the project will employ community health workers for surveillance, mobilization and sensitization activities. The risk of exposure to infectious diseases might be increased for community health workers, particularly due to the low level of awareness on safety precautions and lack of personal protective equipment (PPE). The following safety measures will be put in place to prevent or minimize exposure to infectious diseases.

- a) Set up an online system to provide the Community Health Workers (CHWs) with updates on health emergencies;
- b) Establish a referral system that will allow the CHWs to refer patients. The online system could also assist with the triage of sick community members as necessary;
- c) Develop training materials that will give the volunteers accurate information on health emergencies including prevention and control measures;
- d) Equip the CHWs with basic personal protective equipment such as masks and sanitizers;
- e) Provide information on the GRM to be used in case of a community complaint (abuse, stigma, etc.); and
- f) Establish a monitoring system on the performance of the CHWs.

15 Disclosure

These Labor Management Procedures will be approved by the GoE and WB and disclosed locally with translation into Amharic and the Working Languages of the respective Regional States and City Administrations. These LMPs will be disclosed on the MoH website and through the World Bank's external website.

References

FDRE, Labor Proclamation No.1156/2019.

_____, Labor Proclamation No. 42/1993.

_____, Labor Proclamation No. 377/2003.

_____, Federal Civil Servants Proclamation No.1064/2017.

_____, Proclamation No. 632/2009, Employment Exchange Service Proclamation. _____, Proclamation No. 568/2008, Right to Employment of Persons with Disability.

MoH, *National Comprehensive COVID19 Management Handbook* was issued by the Federal Ministry of Health in April 2020.

_____, Ethiopia National Deployment and Vaccination Plan for COVID-19 Vaccines, Feb. 2021.

MoLSA, 2006, Occupational Safety and Health profile for Ethiopia, Addis Ababa, Ethiopia. _____, 2008, Occupational Safety and Health Directive of Ethiopia, Addis Ababa, Ethiopia.

PAD, Additional Financing (AF) and restructuring of the Ethiopia COVID-19 Emergency Response Project, March 2021.

National OSH Programmes (adapt.it)

Labor Market Profile 2020 (ulandssekretariatet.dk)

[https://www.worldbank.org/en/projects-operations/products-and-services/brief/procurement new-framework](https://www.worldbank.org/en/projects-operations/products-and-services/brief/procurement-new-framework)

https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

<https://www.who.int/publications/i/item/10665-331495>

<https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-WASH-2020.4>

https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf?sequence=1

Annex: Sample of a contractors Code of Conduct

AIM OF THE CODE OF CONDUCT

The main aim of the Code of Conduct is to prevent and/or mitigate the social risks within the context of project interventions for the IDRMP. The Codes of Conduct are to be adopted by contractors.

KEY DEFINITIONS

The following definitions apply:

Gender-Based Violence (GBV) This is defined as any conduct, comment, gesture, or contact perpetrated by an individual (the perpetrator) on the work site or in its surroundings, or in any place that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to another individual (the survivor) without his/her consent, including threats of such acts, coercion, or arbitrary deprivations of liberty.

Violence Against Children (VAC) This may be defined as physical, sexual or psychological harm of minor children (i.e. under the age of 18), including using for profit, labor, sexual gratification, or some other personal or financial advantage. This also includes other activities such as using computers, mobile phones, or video and digital cameras appropriately, and never to exploit or harass children or to access child pornography through any mediums.

Child Labor This involves employment of underage. Any person under the age of 18 should not be employed in the project sites.

Child Protection (CP) An activity or initiative designed to protect children from any form of harm, particularly arising from VAC, and child labor.

Child The word is used interchangeably with the term ‘minor’ and, in accordance with the United Nations Glossary on Sexual Exploitation and Abuse, refers to a person under the age of 18.

Grooming This is defined as behaviors that make it easier for a perpetrator to procure a child for sexual activity. For example, an offender might build a relationship of trust with the child, and then seek to sexualize that relationship (for instance by encouraging romantic feelings or exposing the child to sexual concepts through pornography).

Online Grooming This is the act of sending an electronic message with indecent content to a recipient who the sender believes to be a minor, with the intention of procuring the recipient to engage in or submit to sexual activity with another person, including but not necessarily the sender.

Perpetrator This is defined as the person(s) who commit(s) or threaten(s) to commit an act or acts of GBV, VAC, and child labor.

Work site This is defined as the area in which infrastructure development works are being conducted, as part of interventions planned under the ETUSNJP, funded by the World Bank.

Work site surroundings These are defined as the ‘Project Area of Influence’ which is any area, urban or rural, directly affected by the project, or located within the distance of three kilometres’ radius from the work site and/or worker’s camps, including all human settlements found on it.

Consent This word is defined as the informed choice underlying an individual’s free and voluntary intention, acceptance, or agreement to do something. No consent can be found when such acceptance or agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. Any use of a threat to withhold a benefit, or of a promise to provide a benefit, or actual provision of that benefit (monetary and non-monetary), aimed at obtaining an individual’s agreement to do something, constitutes an abuse of power; any agreement obtained in presence of an abuse of power shall be considered non-consensual. In accordance with the United Nations, the World Bank considers that consent cannot be given by children under the age of 18, which is consistent with the legislation of the country. Mistaken belief regarding the age of the child and consent from the child is not a defence.

Contractor This is defined as any firm, company, organization or other institution that has been awarded a contract to conduct infrastructure development works in the context of the ETUSNJP and has hired managers and/or employees to conduct this work.

Manager The word is used interchangeably with the term ‘supervisor’ and is defined as any individual offering labor to the contractor, on or off the work site, under a formal employment contract and in exchange for a salary, with responsibility to control or direct the activities of a contractor’s team, unit, division or similar, and to supervise and manage a pre-defined number of employees.

Employee This is defined as any individual offering labor to the contractor on or off the work site, under a formal or informal employment contract or arrangement, typically but not necessarily in exchange for a salary (e.g. including unpaid interns and volunteers), with no responsibility to manage or supervise other employees.

Workers Committee

A team established by the Contractor to address GBV, VAC, child labor and other relevant issues with the work force.

Contractors Code of Conduct

Contractors are obliged to create and maintain an environment which prevents social risks. They have the responsibility to communicate clearly to all those engaged on the project the behaviors which guard against any form of abuse and exploitation. In order to prevent social risks, the following core principles and minimum standards of behavior will apply to all employees without exception:

1. GBV or VAC constitutes acts of gross misconduct and are therefore grounds for sanctions, penalties and/or termination of employment and/or contract. All forms of social risks including grooming are unacceptable be it on the work site, the work site surroundings, or at worker's camps of those who commit GBV or VAC will be pursued.
2. Treat women, children (persons under the age of 18) and people with disability with respect regardless of race, color, language, religion, political or other opinion, national, ethnic, cultural beliefs/practices, or other status.
3. Do not use language or behavior towards men, women or children that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
4. Sexual activity with children/learners under 18 (including through digital media) is prohibited. Mistaken belief regarding the age of a child and consent from the child is not a defence.
5. Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior is prohibited.
6. Sexual interactions between contractor's employees and communities surrounding the workplaces that are not agreed to with full consent by all parties involved in the sexual act are prohibited (see definition of consent above). This includes relationships involving the withholding, promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex.
7. Where an employee develops concerns or suspicions regarding acts of GBV or VAC by a fellow worker, whether in the same contracting firm or not, he or she must report such concerns in accordance with established Grievance Redress Mechanism (GRM) that protects the identities of victims and whistle-blowers.
8. All contractors are required to attend an induction prior to commencing work on site to ensure they are familiar with the social risks and Codes of Conduct.
9. All employees must attend a mandatory training once a month for the duration of the contract starting from the first induction prior to commencement of work to reinforce the understanding of the institutional social risks and Code of Conduct.
10. The Contractor shall ensure provision of financial resources and support compliance to occupation health and safety requirements for all workers.
11. The Contractor shall ensure that workers dress appropriately i.e. dress in a way that:-
 - Is unlikely to be viewed as offensive, revealing, or sexually provocative.
 - Does not distract, cause embarrassment or give rise to misunderstanding
 - Is absent of any political or otherwise contentious slogans • Is not considered to be discriminatory and is culturally sensitive

12. The Company shall ensure provision of financial resources and trainings to prevent spread of HIV and AIDS.
13. The company shall comply with the national, international labor laws and all applicable laws.
14. All contractors must ensure that their employees sign an individual Code of Conduct confirming their agreement to support prevention of social risks activities.
15. The contractor should ensure equitable access to limited natural resources (e.g. water points) to avoid conflicts with local communities
1. 16. Where possible, the contractor should ensure employment of local workforces especially where unskilled labor is required to mitigate social risks I do hereby acknowledge that I have read the foregoing Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in termination of the contract.

FOR THE CONTRACTOR

Signed by: _____

Signature: _____

Title: _____

Date: _____

Signed by: _____

Signature: _____

Date: _____

Annex II: Workers Code of Conduct

I, _____, acknowledge that preventing any misconduct as stipulated in this code of conduct, including gender-based violence (GBV), child abuse/exploitation (CAE) are important. Any activity, which constitute acts of gross misconduct are therefore grounds for sanctions, penalties or even termination of employment. All forms of misconduct are unacceptable be it on the work site, the work site surroundings, or at worker's camps. Prosecution of those who commit any such misconduct will be pursued as appropriate.

I agree that while working on this project, I will:

1. Consent to security background check;
2. Treat women, children (persons under the age of 18) and persons with disability with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, birth or other status;
3. Not use language or behavior towards men, women or children/learners that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate;
2. Not participate in sexual activity with children/learners—including grooming or through digital media. Mistaken belief regarding the age of a child and consent from the child is not a defence;
3. Not exchange money, employment, goods, or services for sex, with community members including sexual favours or other forms of humiliating, degrading or exploitative behavior;
4. Not have sexual interactions with members of the communities surrounding the work place, worker's camps and fellow workers that are not agreed to with full consent by all parties involved in the sexual act (see definition of consent above). This includes relationships involving the withholding, promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex - such sexual activity is considered “non-consensual” within the scope of this Code;
5. Attend trainings related to HIV and AIDS, GBV/SAE, occupational health and any other relevant courses on safety as requested by my employer;
6. Report to the relevant committee any situation where I may have concerns or suspicions regarding acts of misconduct by a fellow worker, whether in my company or not, or any breaches of this code of conduct provided it is done in good faith;
7. Regarding children (under the age of 18):
 - Not invite unaccompanied children into my home, unless they are at immediate risk of injury or in physical danger.
 - Not sleep close to unsupervised children unless necessary, in which case I must obtain my supervisor's permission, and ensure that another adult is present if possible.
 - Refrain from physical punishment or discipline of children.
 - Refrain from hiring children for domestic or other labour, which is inappropriate given their age, or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury.
 - Comply with all relevant local legislation, including labour laws in relation to child labour.

8. Refrain from any form of theft for assets and facilities including from surrounding communities.
9. Remain in designated working area during working hours;
10. Refrain from possession of alcohol and illegal drugs and other controlled substances in the workplace and being under influence of these substances on the job and during workings hours;
11. Wear mandatory PPE at all times during work;
12. Follow prescribed environmental occupation health and safety standards;
13. Channel grievances through the established grievance redress mechanism.

I understand that the onus is on me to use common sense and avoid actions or behaviours that could be construed as misconduct or breach this code of conduct.

I acknowledge that I have read and understand this Code of Conduct, and the implications have been explained with regard to sanctions on-going employment should I not comply.

Signed by: _____

Signature: _____

Date: _____

FOR THE EMPLOYER

Signed by: _____

Signature: _____

Date: _____