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MALAWI EMERGENCY OPERATION TO PROTECT ESSENTIAL HEALTH SERVICES

PROJECT NO: P180231

Labour Management Procedures (LMP)

This is an update of an already existing LMP that was initially approved and disclosed in March 2022 for the Covid-19 Project and is being updated for the Emergency Operation to protect Emergency Health Services. The LMP is relevant for the management of health care workers that are a key project beneficiary grouping.

February 2023

EXECUTIVE SUMMARY

The Government of Malawi, through the Ministry of Finance and Economic Affairs (MoFEA) will implement the Malawi Emergency Operation to Protect Essential Health Services (P180231) (the Project), with the involvement of the Ministry of Health, as set out in the Financing Agreement. The International Development Association (the Association) has agreed to provide financing for the Project, as set out in the referred agreement(s).

The emergency operation to protect essential health services is important for the nation as inadequate stocks of essential medicines and inadequate and unmotivated health care workers contribute significantly to the burden of responding to health emergencies as evidenced in the response to the Cholera outbreak which has so far claimed 990 since its resurgence in 2022.

These Labour Management Procedures (LMP) have been prepared as a safeguard to address labour related issues that may arise in course of the implementation of the Project. The main objective of LMP is to ensure that all labour issues are managed properly including Occupational Health and Safety issues during the implementation of the Project. The implementation of the Malawi Emergency Operation to Protect Essential Health Services is expected to utilize the government, private and community human resources which are available at national, district and community levels. The overall objective of this LMP is to define different types of project workers, including direct workers, contracted workers and supply chain workers, and to have a clear understanding of what is required to manage specific labour issues.

Types of workers have been identified in line with ESS 2 which categorizes project workers into: direct workers; contracted workers; community workers; and primary supply workers. The labour category of direct workers will be government civil servants mainly those that belong to the Ministry of Health (MoH) but also staff from other government ministries, departments, and agencies (MDAs). Direct workers will also include independent consultants, who are specialized in certain disciplines, to operate as part of the Project Implementation Unit (PIU) that has been established within the MoH. While the civil servants are governed by the Employment (Amendment) Act of 2010 and a set of public service regulations, Occupation Safety Health and Welfare Act (1997), and Human Resources Manuals, the consultants will be governed by a set of mutually agreed contracts.

Potential risks are those related to labour and working conditions, such as work-related discrimination, GBV/SEA and OHS risks, and mitigation approaches are identified within this LMP and the ESMP prepared for the Project. The PIU will assess and address these risks by developing recruitment guidelines, procedures and appropriate OHS measures and applying relevant provisions of the Employment Amendment Act 2010, public service regulations and HR manual. In addition, the PIU will train all workers engaged in project activities, on the guidelines and protocols on how to protect themselves and the communities in the course of service delivery.

In order to resolve all grievances effectively, the Project will utilize the Grievance Redress Mechanism that exists in the Ministry of Health. Overall, this GRM handles all types of grievances arising from implementation of all the interventions that the Bank is financing in the Ministry of Health including worker-related grievances. To effectively cover the grievances of health care workers, the project will establish health facility workers grievance redress committees. All committees will be trained in management of GBV cases and all referral pathways which will be developed in line with the requirements of Good Practice Note addressing Gender Based Violence to ensure cases are successfully concluded.

In order to resolve all emerging grievances effectively, the Project will maintain Grievance Redress and Management Committees at National, District and Community levels. Overall, the GRM handles all types of grievances arising from implementation of all the interventions under the Project including worker-related grievances. PIU shall continue to capacitate all site GRCs in management of GBV cases and all referral pathways which will be developed in line with the requirements of Good Practice Note addressing Gender Based Violence to ensure cases are successfully concluded.

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LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
CERHSPP	Covid-19 Emergency Response and Health Systems Preparedness Project
CoC	Code of Conduct
DGRMC	District Grievance Redress Management Committee
ESCP	Environmental and Social Commitment Plan
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
GRM	Grievance Redress Mechanism
GVB	Gender Based Violence
HIV	Human Immuno-Deficiency Virus
ILO	International Labour Organization
LMP	Labour Management Procedure
MoHP	Ministry of Health and Population
PAD	Project Appraisal Document
PAP	Project Affected Person
PDO	Project Development Objective
PHIM	Public Health Institute of Malawi
PIU	Project Implementation Unit
PGRC	Project Grievances Redress Committee
PoE	Point of Entry
PPDA	Public Procurement and Disposal of Assets Authority
PPE	Personal Protective Equipment
SATBHSSP	Southern Africa Tuberculosis and Health Services Support Project
SEA	Sexual Exploitation and Abuse
SoP	Series of Projects
US$	United States Dollar
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WGRC	Workers Grievance Redress Committee

1 INTRODUCTION

1.1 Background

The Government of Malawi, through the Ministry of Finance and Economic Affairs (MoFEA) will implement the Malawi Emergency Operation to Protect Essential Health Services (P180231) (the Project), with the involvement of the Ministry of Health, as set out in the Financing Agreement. The International Development Association (the Association) has agreed to provide financing for the Project, as set out in the referred agreement(s).

The emergency operation to protect essential health services is important for the nation as inadequate stocks of essential medicines and inadequate and unmotivated health care workers contribute significantly to the burden of responding to health emergencies as evidenced in the response to the Cholera outbreak which has so far claimed 990 lives since its resurgence in the year 2022.

These Labour Management Procedures (LMP) have been prepared as a safeguard to address labour related issues that may arise in the course of implementation of the Project, which is to be implemented by Government of Malawi, through Ministry of Health. The main objective of LMP is to ensure that all labour issues are managed properly including Occupational Health and Safety issues during the implementation of the Project. The implementation of the Project is expected to utilize the government, private and community human resources which are available at national, district and community levels. The overall objective of this LMP is to define different types of project workers, including direct workers, contracted workers and supply chain workers, and to have a clear understanding of what is required to manage specific labour issues.

1.2 Overview of The Project

The Malawi Emergency Operation to Protect Essential Health Services provides emergency support in the context of an economy significantly weakened by a series of exogenous shocks and persistent macro-fiscal imbalances. As a part of the broader World Bank response to the compounding health, climate, and macroeconomic crises, the Project will provide the necessary financing for the Government of Malawi (GoM) to enable the sufficient and timely resources that will allow the health sector to provide critical front-line health services and procure and deliver essential medicines.

The operation will provide further additionality by incentivizing efficiency and accountability in health expenditure across levels of government while concurrently aiming to increase trust and strengthen controls for consolidated spending through government systems. This will enable the health sector to regain credibility and gradually improve its ability to plan, coordinate and utilize resources for service delivery aligned to its sector strategic plan priorities.

The proposed operation will provide emergency financing for the health sector to optimally deliver Essential Health Services to the most vulnerable populations in the midst of crisis response. The proposed project in the amount of US$100 million (IDA grant) will:

- protect the provision of resources for payment of front-line health service providers and timely access to essential operating expenditures (such as fuel and energy) that are necessary to keep facilities running and ambulances operational.
- Provide bolstered provision of essential medicines to public health facilities while increasing confidence in systems for procurement and distribution to last-mile to increase access to health commodities.

- Support the strengthening of core human resource management (HRM), public financial management (PFM), and accountability processes in the health sector that are necessary for ensuring sustainability and value-for-money of service delivery.

1.3 Project Development Objective

To provide emergency support and enable the continued delivery of essential health services in Malawi.**1.4 PDO Level Indicators**

a) a) Women with live births that received antenatal care (ANC) four or more times (percentage)
b) b) Under one-year-old children fully immunized (percentage)
c) c) Facilities reporting stock-outs of essential tracer medicines (percentage)[51]

d) Client satisfaction (disaggregated by gender) with availability and adequacy of primary health care services

1.5 Project Components

The project will ensure emergency funding for essential expenditures necessary for delivering health services for the citizens of Malawi in the midst of crisis. Specifically, the Project will: (i) protect the provision of resources for payment of front-line health service providers and timely access to essential operating expenditures (Component 1); (ii) provide bolstered provision of essential medicines to health facilities while investing in increasing confidence in systems for procurement and last-mile distribution to health facilities (Component 2); and (iii) strengthen core HRM, PFM, and accountability systems in the health sector (Component 3).

The project funds will be used by the GoM to finance crucial expenditures related to Essential Health Services delivery. Estimations based on the recurrent cost budget for the public health sector for the past three years show that the project would finance approximately 22.8 percent of the MoH's recurrent cost budget for districts for FY22/23 and less than 20 percent respectively for both FY23/24 and FY24/25.52 The project will not finance salaries of the central MoH administrative staff, CHAM payroll, or contractual staff hired by various health facilities who are paid by a facility's own-source revenues and/or other development partners. Additionality provided by surge financing for essential operating costs and medicines will represent 25 percent increases in available resources to tackle the emerging cholera and polio crises while the current GoM health budget is incentivized to be protected and disbursed on time and in full. The project also aims to enhance the efficiency and accountability of the health sector through support to PFM systems and to ensure efficiency and transparency of the procurement and distribution of essential medicines through CMST.

Component 1: Protecting provision of frontline health service delivery (US$82 million)

This component will provide emergency financing to support the government to protect and sustain delivery of Essential Health Services. The bulk financing will support salaries of frontline health workers already on the payroll of the MoH that are providing primary health care services at the frontlines of service delivery in health facilities particularly in vulnerable communities, including in climate vulnerable areas. It will also provide additional 'surge financing' for essential operating expenditure that ensures health facilities remain functional, provide Essential Health Services, and remain resilient to current and future pandemics and other crises.

Subcomponent 1.1: Support to frontline health workers (US$75 million)

This subcomponent will cater for salaries of frontline health workers providing primary health care services at the district level, who are already on the payroll of the MoH. The wage bill for the entire Malawi public health sector is US$152 million in FY22/23 and comprises of 34,308 workers spread across District Health Facilities, Central Hospitals, MoH headquarters, and representation in other select MDAs. Of these, frontline health workers and HSAs form the largest number – totaling 67 percent of the entire health sector labor force (24,410 workers) and tending to patients at the point of service delivery in facilities across Malawi.

Subcomponent 1.2: Support to frontline health facilities (US$7 million)

This subcomponent will ensure health facilities remain functional by increasing by 25 percent the financing available for essential and eligible non-wage operating costs. The annual MoH budget allocated to the prioritized list of essential recurrent expenditures to maintain health services is US$14 million. This allocated budget is insufficient, given the increasing demand for services with growing population, ranging from maternal, neonatal, child health and nutrition services, family planning, infectious disease control and treatment and treatment of injuries, to managing chronic diseases. The situation is exacerbated by the frequent and prolonged power outages Malawi has been experiencing, which affect service delivery. Health facilities are therefore faced with constant and increasing demand for fuel to run generators to minimize disruption.

Component 2: Provision of essential medicines (US$13 million)

The emergency financing under this component will support the MoH to address the issue of severe drug and medical supply shortage that Malawi is experiencing. The proposed operation will ensure additional surge financing to support increased procurement and delivery of essential medicines to central and district-level health facilities to meet urgent needs. As 90 percent of essential medicines are imported, the Project Steering Committee (PSC) co-chair (Secretary to Treasury) in collaboration with the Reserve Bank Governor will undertake foreign exchange tracking of allocation towards essential medicines which will be reported upon at every PSC meeting. *Procurement* of essential medicines is anticipated to follow two modalities; first by UNICEF as the supplier contracted by Government and eventually by CMST procuring through the open market, the decision of which will be guided by assessments and system strengthening interventions supported by the proposed operation. In both modalities, *distribution* of essential medicines will be undertaken by CMST through its central and zonal warehouses and network of distribution system.

Component 3: Enhancing the efficiency and accountability of public spending in the health sector (US$4 million)

This component will strengthen core institutional systems that relate to efficient service delivery and accountability in the health sector. Efficiency in service delivery has suffered from continued build-up of arrears, which has created uncertainty for suppliers and therefore higher prices. Quality of service delivery has suffered from insufficient budgets and the ever-present risk of delayed budget releases and funding; and inadequate payroll management has led to accountability concerns and efficiency losses. Addressing these issues is paramount in Malawi's fiscally constrained environment to allow for better resource utilization to maintain service delivery standards. In addition to the PBCs already identified in Component 1, this component will provide targeted technical assistance (TA) to the CMST.

Component 4: Project management (US$1 million)

This component will finance the operational costs of project implementation which will be prioritized around the emergency nature of the response. The component will provide support for the array of

project management functions to be undertaken with leadership by MoH as implementing agent. The component will support the institutionalization of functions for project implementation in a streamlined fashion within MoH and prioritize building on existing capacities.

Component 5: Contingent Emergency Response Component (US$0.0 million)
This component will allow for rapid reallocation of uncommitted funds in the event of an eligible emergency. An annex to the Project Implementation Manual ('CERC Manual') will be prepared to guide the activation and implementation of the CERC.

2 RATIONALE AND OBJECTIVES OF THE LMP

2.1 LMP Objectives

The implementation of the Malawi Emergency Operation to Protect Essential Health Services is expected to continue utilizing the government, private and community human resources which are available at national, district and community levels. The Malawi Government recognizes that sound worker-management relationships, fair treatment of workers, promotion of gender equality and protection from Gender-Based violence/Sexual Exploitation and Abuse and Sexual Harassment (GBV/SEA/SH) and provision of safe and healthy working conditions enhances development benefits of a project. It is for this reason that these labour management procedures have been developed for the emergency operation. The overall objective of this LMP is to define different types of project workers—including direct workers, contracted workers and supply chain workers—and to have a clear understanding of what is required to manage specific labour issues. This document may be adjusted as the project advances and if new categories of employees become involved in the various activities.

The specific objectives of the LMP are to:

- 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 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.

2.2 Type of Workers

ESS 2 categorizes project workers into: direct workers; contracted workers; community workers; and primary supply workers. The labour category of direct workers will be government civil servants mainly those that belong to the Ministry of Health (MoH) but also staff from other government ministries, departments and agencies (MDAs). Direct workers will also include independent consultants, who are specialized in certain disciplines, to operate as part of the Project Implementation Unit (PIU) that has been established within the MoH. While the civil servants are governed by the Employment (Amendment) Act of 2010 and a set of public service regulations and Human Resources Manuals, the consultants will be governed by a set of mutually agreed contracts. Table 1 provides an estimate of number of workers required by the project based on the five (5) identified categories.

Table 1: An estimate of number of workers required by the project

SN	Category of Workers	Estimated Number
1	Direct Workers	
1.1	*Project Implementation Unit (PIU)*	*10*
1.2	*Civil Servants*	*5500*
1.3	*Consultants*	*10*
2	Contracted Workers	100
3	Primary supply workers	5
4	Other stakeholders working in connection with the project	250

Direct Workers: The project will engage the following types of workers as "direct workers":

- **Project Implementation Unit (PIU):** The Malawi Covid-19 Emergency Response and Health System Preparedness Project PIU will support this Emergency operation. The project will engage the services of a dedicated Project Coordinator (PC) with overall responsibility for the effective functioning of the Project.

- **Civil Servants:** Various MoH staff will be involved in the project including directors of various departments and all cadres of healthcare workers and support staff.

Consultants: The PIU could be supported by national and/or international consultants, who will be hired on needs-basis. The consultants will be assigned to various functions including conducting due diligence of Environment, Social, and Quality Management System of procurement and distribution of medicines and pharmaceuticals for Health Care Facilities (HCF) (District and Faith-based), Central Medical Stores Trust (CMST), and Disaster Management systems in Malawi, and documentation of lessons learnt to inform continuous improvement initiatives in the delivery of Essential Health Services.

Contracted Workers and Suppliers: Contracted workers and suppliers will be hired for logistics of medicines to health facilities, and supply of essential medicines.

All contractors, sub-contractors and suppliers shall abide by the project's code of conduct and LMP.

Other stakeholders working in connection with the project: Stakeholders working in connection with the project, other than the above workers, will include staff from other government ministries, departments and agencies. They will remain subject to the terms and conditions of their existing public sector employment, which are governed by Constitution of Malawi, 1994, Employment (Amendment) Act 2010 and existing Public Service Regulations. There will be no legal transfer of their employment or engagement to the project.

3 ASSESSMENT OF KEY POTENTIAL LABOUR RISKS

3.1 Summary of stakeholder engagement done during project preparation

Despite internal consultations within the Ministry of Health that included the Central Medical Stores Trust (CMST) and the Health Technical Support Services (HTSS), the project has relied much on the data that was collected during the effectiveness of the Southern Africa Tuberculosis and Health System Support Project and the Malawi Covid-19 Emergency Response and Health System Preparedness Project as basis for labour practices in the government. During the preparation phase of the project, consultations were held with public authorities and health experts; Health Services Joint Fund (HSJF); as well as international health organizations such as WHO, UNICEF, Africa CDC and GAVI.

The consultations aimed to seek stakeholder's suggestions regarding project risks, impacts and mitigation measures. As a summary, their feedback received include both positive and negative impacts of the project. On a positive side, the stakeholders see the project as part of a measure to cushion the Malawi government in the protection of Essential Health Services, improve community and people's health during the health emergencies of Cholera and Covid-19. On a negative side, they drew attention to the need to carefully address environmental and social risks of project activities: occupational health and safety of health workers, community, public officials, social discrimination, accessibility to project activities by populations and disadvantaged people. Thus, they suggested that there should be appropriate infection control and medical waste management procedures, including use of appropriate personal protective equipment.

3.2 Identified risks and their mitigation measures

Potential risks are those related to labour and working conditions, such as work-related discrimination, GBV/SEA/SH and OHS risks, which are identified and mitigation approaches identified within this LMP and the ESMP prepared for the project. The PIU will assess and address these risks by developing recruitment guidelines, procedures and appropriate OHS measures and applying relevant provisions of the Employment Act 2010, public service regulations, Occupation Safety Health and Welfare Act (1997), and HR manual. In addition, the PIU will train all workers engaged in project activities, on the guidelines and protocols in infection control protocols on how to protect themselves from spread of diseases, and safe waste disposal to protect the communities from infection from waste. The following are the key labour risks anticipated during the implementation of the project.

a) **Occupational health and safety (OHS) risks:** Potential risks during the emergency operation include slip and falls, from manual handling of heavy objects, injuries from working on heights, burns from hot works, electrocution, illness from poor infection control and medical waste management. There are also risks from Cholera, TB, and COVID-19 infections for all frontline staff workers engaged in administering medical care activities.
   To mitigate the impact, the MOH shall report on their Occupational Health and Safety approach, which aims to avoid, minimize and mitigate the risk of work place 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 (PPE).

b) **Sexual Exploitation and Abuse/ Sexual Harassment:** there are several concerns on the potential for SEA/SH, increased risk of abuse and exploitation for vulnerable women workers, increased risk of sexual exploitation and violence by and Sexual Exploitation and Abuse (SEA)

of persons in quarantine/isolation centres and health facilities. Other abuses may be experienced by community members who may be subject to surveillance and follow-up, as well as health workers by co-workers, trainers and supervisors. The MoH shall ensure that all personnel have been: (i) Screened to confirm that they have not engaged in past unlawful or abusive behaviour, including SEA, sexual harassment (SH) or excessive use of force; and (ii) Adequately instructed and trained, on a regular basis, on the use of force and appropriate behaviour and conduct (including in relation to SEA and SH), as set out in the ESMF.

c) **Labour disputes over recruitment and terms and conditions of employment.** Likely cause for labour disputes include demand for limited employment opportunities; recruitment processes; labour wages/rates and delays of payment; disagreement over working conditions (particularly overtime payments and adequate rest breaks); and health and safety concerns in the work environment. Further, there is a risk that employers may retaliate against workers for demanding legitimate working conditions, or raising concerns regarding unsafe or unhealthy work situations, or any grievances raised, and such situations could lead to labour unrest and work stoppage. The project will ensure that Malawian Labour laws are complied with and the requirements of ESS2 are met and a worker's GRM will be setup as stipulated in the Stakeholder Engagement Plan for the project.

d) **Discrimination and exclusion of vulnerable groups.** If unmitigated, vulnerable groups of people may be subject to increased risk of exclusion from employment opportunities under the project. Such groups include vulnerable and marginalized group, as well as women and persons with disabilities (PWDs). Sexual harassment and other forms of abusive behaviour by workers or managers will also have the potential to compromise the safety and wellbeing of the vulnerable groups of workers and the local communities, while adversely affecting project performance. Actions to be taken include (ii) female participation in training activities as well as female representation in emergency management groups and decision-making committees; and (ii) project indicators will be disaggregated by gender, where feasible.

e) **Exposure to Cholera and the Corona Virus:** this is an issue especially for the community health volunteers and other workers who may be exposed to the virus in the line of duty due to crowded transport to their duty stations; lack of masks, particularly in remote areas or poor use of masks; and may not be able to hand wash as often as recommended. The MoH shall avoid use of community volunteers to handle Cholera and COVID-19 cases and they shall be trained in use and provided with necessary material for infection prevention. The MoH shall also provide appropriate PPE for prevention all the workers at the Health Care Facilities from contracting the virus.

4 BRIEF OVERVIEW OF MALAWI LABOUR LEGISLATION

4.1 Occupational Safety, Health and Welfare Act (1997)

The Act regulates work conditions with respect to safety, health, and welfare of workers. The Act also places a duty of care on contractors throughout the project and similarly, the workers have a duty to take reasonable care for their own safety and health. As there are no contractors under this project, MOH is the principal contractor and employer and assumes the lead in ensuring OHS measures are identified and reasonably mitigated and ensure safe work environments for the various workers engaged under the project. In line with provisions of this Act, the Contractors working under will have to ensure that there is adequate protection for all the workers.

Section 13(1) of the Act places a duty on every employer to ensure the safety, health and welfare of all their employees at work. The Work activities under the will require all workers to be provided with Personal Protective Equipment (PPE). The Contractors under the project will have to ensure that there is adequate protection for the workers as required by the Act by providing them with appropriate protective clothing and equipment.

Another Section that is applicable to this project is Section 27(1) which is on Sanitary Conveniences. According to the Section, all the contractors working under the project shall ensure that workers are provided with sufficient and suitable sanitary conveniences which shall be kept clean. Where both sexes are engaged, the contractor shall ensure that both sexes are provided with separate accommodation with distinct approach for persons of each sex.

Further, Section 33(1) of the Act stipulates that an occupier of a work place shall provide and maintain first aid box of the prescribed standard and is readily accessible. The first Aid box shall be placed under the charge of a qualified person who shall be readily available at all times during working hours.

4.2 Employment (Amendment) Act (2010)

The Employment (Amendment) Act (2010) amends some sections of Employment Act of 2000 which makes provision for establishment, reinforcement and regulating minimum standards of employment with the purpose of ensuring equity necessary for enhancing industrial peace, accelerated economic growth and social justice and for matters connected therewith and incidental thereto.

The Employment (Amendment) Act (2010) amends Section 35 of employment Act by deleting subsection (1) and substituting therefor the following new subsection (1): on the termination of a contract as a result of redundancy or retrenchment, or due to economic difficulties, or technical, structural or operational requirements of the employer, or on unfair dismissal of an employee by the employer, and not in any circumstances, an employee shall be entitled to be paid by the employer, at the time of termination, a severance allowance to be calculated in accordance with Part 1 of the First Schedule.

Section 5 (1) of the Act is on anti-discrimination states that no person shall discriminate against any employee or prospective employee on the grounds of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, property, birth, marital or other status or family responsibilities in respect of recruitment, training, promotion, terms and conditions of employment, termination of employment or other matters arising out of the employment relationship.

Section 22 (1) of the Act states that no person between the age of fourteen and eighteen years shall work or be employed in any occupation or activity that is likely to be harmful to the health, safely, education, morals or development of such a person; or prejudicial to his attendance at school or any other vocational or training program. In line with this Act, the contractor working under the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will have to ensure that there is no discrimination of any form when it comes to employment. In addition, the contractor will ensure that only people who are aged 18 years and above are employed.

4.3 Workers Compensation Act (2000)

The Workers and Compensation Act of 2000 provides for compensation for injuries suffered or diseases contracted by workers in the course of their employment or for death resulting from such injuries or diseases; provides for the establishment and administration of a Workers' Compensation Fund; and provides for matters connected therewith or incidental thereto. Part II of the Act is on eligibility for compensation in case of injury other than the contraction of a scheduled disease. Section 4 (1) states that if an injury, other than the contraction of a scheduled disease, arising out of and in the course of his employment is caused to a worker, his employer shall, subject to this Act, be liable to pay compensation in accordance with this Act.

The implication of this Act is that all the contractors under Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will ensure that all workers that will be subjected to injury or illness arising out of and in the course of discharging duties will be liable to compensation. All the workers under the project will have to be sensitized on the provisions of the Workers Compensation Act because some incidences are not reported because of ignorance.

4.4 Child Care, Protection and Justice Act (2010)

This Act consolidates the laws relating to children by making provision for child care and protection and for child justice; and for matters of social development of the child and for connected matters. The Act was assented in July, 2010 with among other objectives, to eliminate child labour, protect children and young persons and provide for grounds of care and supervision of proceedings in the event of violence against children.

Work places are amongst grounds where violence against children can thrive through child labour. It is on this background that the employers under COVID19AF Project should only consider those that are 18 years and above for employment to avoid child labour and or potential violence against children at workplace.

Part II of the Act further presents the obligations of the members of the community with regards to Child care and protection. The Act indicates that "If a member of the community believes on reasonable grounds that a child is physically, psychologically or emotionally injured, abandoned, or exposed, or is sexually abused, he/she shall immediately inform a chief, a police officer or a social welfare officer". Through this project therefore, members of the surrounding communities will be sensitized on violence against children and the need to report such cases to responsible officers as stipulated in the act. This is to make sure that the activities implemented under COVID19 AF Project, are child labour free

4.4 The Labour Relations Act (1996)

The Labour Relations Act promotes sound labour relations through the protection and promotion of freedom of association, encourages effective collective bargaining and promotes orderly and expeditious dispute settlement, conducive to social justice and economic development.

The Act, specifically Part II, gives employees freedom of association which shall include the freedom to establish and join organizations of his or her own choosing. Further, Part V of the Act is on Dispute Settlement. Section 42 of the Act defines "dispute" as any dispute or difference between an employer or employers' organization and employees or a trade union, as to the employment or non-employment, or the terms of employment, or the conditions of labour or the work done, of any person, or generally regarding the social or economic interests of employees. The Act further presents ways and channels of resolving disputes.

4.5 International Labour Organization (ILO) and United Nations (UN) Conventions

Malawi is a signatory to International Labour Organization (ILO) and United Nations (UN) Conventions. Such being case most of the provisions in the ILO Conventions are incorporated in Malawi's labour related legislation. Additionally, ESS2 is in part informed by several International Labour Organization (ILO) and United Nations (UN) Conventions. These include:

- ILO Convention 87 on Freedom of Association and Protection of the Right to Organize;
- ILO Convention 98 on the Right to Organize and Collective Bargaining;
- ILO Convention 29 on Forced Labour
- ILO Convention 105 on the Abolition of Forced Labour;
- ILO Convention 138 on Minimum Age (of Employment)
- ILO Convention 182 on the Worst Forms of Child Labour;
- ILO Convention 100 on Equal Remuneration
- ILO Convention 111 on Discrimination (Employment and Occupation).

4.6 ESS2: Labour and Working Conditions

This Environmental and Social Standards (ESS2) provides the World Bank's requirements on occupation health and safety for all projects. These requirements are extracted from the World Bank Group's Environmental, Health and Safety Guidelines. The ESS2 introduces labour management procedures; emphasizes non-discrimination and equal opportunity; provides for the treatment of direct, contracted, community, and primary supply workers, and government civil servants. It also provides for a grievance mechanism for all project workers. Table 2 highlights how these provisions in the ESS2 are applicable to Malawi's labour related legislation.

4.7 Comparison between ESS2 and Labour related pieces of legislation

Table 2 below presents comparison between Environmental and Social Standard No.2 (ESS2) and labour related pieces of legislation. ESS2 provides specific requirements on occupation health and safety, expanding upon the World Bank Group's Environmental, Health and Safety Guidelines. It introduces labour management procedures. It emphasizes non-discrimination and equal opportunity. ESS2 includes provisions on the treatment of direct, contracted, community, and primary supply workers, and government civil servants. ESS2 recognizes workers' organizations. It requires a grievance mechanism for all project workers.

Table 2: Comparison between ESS2 and Labour Related Legislation

SN	ESS2	Malawi Legislation
1	Fundamental employee rights, non-discrimination	This is provided for under Part II of the Labour Relations Act (1996)
2	Contractual arrangements, terms and working conditions of workers	This is provided for under Part II of the Labour Relations Act (1996)
3	Working hours	This is provided for under Part VI of Employment Act (2000) specifically Sections 36 and Section 37.
4	Salaries and wages and frequency of payments	This is provided for under Part VII of Employment Act (2000) specifically on Sections 50,51,52,53,54 and 55.

5	Leave provisions – annual, maternity, sick and holidays, leave provisions for working	This is covered in Employment Act (2000) specifically under Part VI (sections 40,44,45 and 46)
6	Retrenchment/termination of contract arrangements	This is provided for Under Part V Sections 28 and 29 of the Employment Act of 2000.
7	Freedom or association and labour unions	This is provided for under Part II of the Labour Relations Act (1996)
8	Dispute resolution/grievance management systems	This is provided for under Part V of the Labour Relations Act (1996)
9	Safety provisions	Covered under Part VI of the Occupational Safety, Health and Welfare Act of 1996
10	Health and employee welfare provisions	This is provided for under Part IV of the Occupational Safety, Health and Welfare Act of 1996
11	Hazardous and material waste processes	This is covered under Part IV of the Employment Act of 2000 on 'Employment of young persons' specifically Section 22(1) and (2); Environment Management (Chemicals & Toxic Substances) Regulations, 2008
12	Registration of workplaces, etc.	Part II Section 6 of the Occupational Safety, Health and Welfare Act of 1996

5 RESPONSIBLE STAFF

5.1 Project Implementation Unit (PIU)

The Project Implementation Unit (PIU) will be responsible for overall project management and coordination, including compliance with safeguards requirements including those contained herein, the ESMP, Due Diligence findings, and PIM. The PIU will engage consultant(s) with expertise in environmental, social, Infection control and medical waste management, OHS issues (the team will be in contact and work with the Ministry of Labour, Skills and Innovation). The PIU will be responsible for the following tasks:

a) Undertake the overall implementation of this LMP;
b) Engage and manage consultants and contractors in accordance with this LMP and the applicable Procurement Documents;
c) Monitor project consultants and workers to ensure their activities are included in the LMP and the applicable Procurement Documents;
d) Monitor the potential risks of child labour, forced labour and serious safety issues in relation to primary suppliers;
e) Provide training to mitigate social risks of project workers;
f) Ensure that the GRM for project workers is established and implemented and that project workers are informed about it;
g) Monitor the implementation of the Worker Code of Conduct; and
h) Report to the World Bank on labour and OHS performance and key risks and complaints.

The PIU's safeguards specialist will be responsible for ensuring the LMP, ESMP, SEP, ESCP, etc., is implemented and OHS requirements are met within the project. The project manager and entire PIU has responsibility for the implementation of these components which are integral to the project. The team will be responsible for the following:

a) Supervise workers' adherence to the LMP;
b) Maintain records of recruitment and employment of contracted workers (including sub-contractors);
c) Provide induction and regular training to contracted workers on environmental, social and OHS issues;
d) Require primary supplier(s) to identify and address risks of child labour, forced labour and serious safety issues and undertake due diligence to ensure this is done;
e) Develop and implement the GRM for contracted workers, including ensuring that grievances received from the contracted workers are resolved, and report the status of grievances and resolutions regularly to the PIU and promptly World Bank;
f) Ensure all contractor and subcontractor workers understand and sign the CoC prior to the commencement of works and supervise compliance with the CoC;
g) Ensure the abbreviated CoC (one-pager) is displayed in all project supported facilities (Annex 2); and
h) Report to the PIU on labour and OHS performance.

Table 2 presents a summary of the project staff/entity responsible for various key responsibility areas.

Table 2: Summary of project staff and key responsibilities

Responsibility area	Direct and contracted workers	Primary supply workers
Hiring and managing individual project workers	PIU will oversee the work of consultants hired to support project activities	n/a (outside the scope of ESS2)
OHS	All workers engaged by the project will follow OHS measures	The PIU will assess the risk of serious safety issues by primary suppliers and as needed require them to develop procedures to address these risks
Training	PIU	n/a (outside the scope of ESS2)
Code of conduct	The contract for direct workers will address relevant risks	
Grievance mechanism	PIU/Contractors/facility-in-charge	
Monitoring and reporting	PIU/consultants to monitor and report to the World Bank	Relevant PIU to monitor and report to PIU Coordinator PIU to report to World Bank.

6. GBV AND SEA/SH

The implementation of the Emergency Operation has potential for GBV and SEA risks. GBV may be defined as any conduct, comment, gesture, or contact perpetrated by an individual based on gender 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 without his/her consent, including threats of such acts, coercion, or arbitrary deprivations of liberty.

SEA and sexual harassment may take place at work place when individuals (working under contractors) who are charged with responsibility of employing or supervising others lure members of opposite sex to have sex with them in exchange for employment or some favours, or display conduct or gesture that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to another individual without his/her consent.

Such incidences may arise especially in situations whereby household representatives that receive salaries or wages are forced to surrender the cash to spouses; where payments may be used to lure adolescents into unsafe sexual practices; or cases of forced sexual relationships in return for employment.

Detailed description of how the project will address GBV and SEA/SH are included in the ESMP and these include:

i. Provide GBV/SEA requirements in bid documents and signing and adherence to Workers' Code of Conduct;
ii. Establish and operationalize GRM whose approach is sensitive to issues of GBV and SEA/SH;
iii. Map out GBV/SEA/SH service providers in the project areas;
iv. During implementation, ensure that CoCs are signed and understood by all contractor and consultant staff;
v. During works, separate facilities for women and men, but also provide GBV-free zone signage; and
vi. Community engagement and consultation to include GBV/SEA/SH sensitization.

7. TERMS AND CONDITIONS

The project does not anticipate the recruitment of short-term staff members, thus, all health care workers will be subjected to the civil service conditions of service.

8. WORKERS GRIEVANCE REDRESS MECHANISM

A well-designed and implemented complaints handling mechanism significantly enhances operational efficiency in a variety of ways, including generating public awareness about the project and its objectives; deterring fraud and corruption; mitigating risks; providing project staff with practical suggestions/feedback that allow them to be more accountable, transparent, and responsive to beneficiaries; assessing the effectiveness of internal organizational processes; and increasing stakeholder involvement in the project. An effective GRM can help catch problems before they become more serious or widespread, thereby preserving the project funds and reputation. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of a project;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and

- Avoids the need to resort to judicial proceedings before localised efforts to assist the aggrieved parties.

8.1 Description of GRM

In order to resolve all grievances effectively, the Project will utilize the existing Grievance Redress and Management Committees at National and District levels. Overall the GRM will handle all types of grievances arising from implementation of all the interventions under the Project including work-related grievances. All committees will be trained in management of GBV cases and all referral pathways which will be developed in line with the requirements of Good Practice Note addressing Gender Based Violence to ensure cases are successfully concluded.

The implementation of the Project may generate several complaints and grievances. Some examples of possible complaints from communities may include:

i. Breach of Doctor-Patient Confidentiality;
ii. Discrimination;
iii. Disrespecting Individual's Dignity;
iv. Matters relating to the recruitment, appointment, or contract of health workers implementing project activities;
v. Neglect of Duty by Project Implementers;
vi. Negligence or Carelessness by Project Implementers;
vii. Incompetence by Project Implementers
viii. Turpitude by Project Implementers
ix. Actions Taken without Proper Authority and Unlawful Delegation
x. Lack of Courtesy by Project Implementers
xi. Deprivation of an Opportunity to Object or to Appeal Against a Decision
xii. Gender based violence (GBV)
xiii. Sexual exploitation and abuse (SEA)
xiv. Theft of essential medicines and supplies etc.
xv. Contractual or commercial transactions (e.g., related to procurement of goods and services by the project)

Negotiation and agreement by consensus between the project implementing teams and affected persons will provide as the first step to resolve grievances. Nevertheless, PIU and the Quality Management Directorate (QMD) from MoH will ensure that Grievance Management Committees are established at District and National Levels. These committees will ensure the capturing and resolution of all issues within the prescribed timeframes. PIU and QMD shall ensure that Project Affected Persons (PAPs) are sensitized to make use of the existing GRM committees. Furthermore, there will be workers GRM Committee to manage grievances that may arise from workers from works among, other works. The GRCs shall ensure that they are gender sensitive by including in the committees at least 40% females and the composition of the GRCs is provided in

Table 3.

Table 3: Composition of GRCs

GRC Level	Proposed Composition
National Grievance Redress Committee	• Quality Management Directorate (QMD) representative; • Public Health Institute of Malawi (PHIM) representative; • National TB Control Program (NTP) representative; • Social Safeguards Specialist (PIU); • Hospital Ombudsman representatives; • Representative of the Human Resources Department in MoH; • Community Health Directorate respresentative; and • Health Education Services Directorate representative.
District Grievance Redress Committee	• Chairperson/Vice District Health Management Committee; • Hospital Ombudsman (GRC Secretary); • District Hospital Management Committee representative; • Womens representative; • Youth representative; • Religious Leaders representative; • Representative of people with disabilities; • Representative from very hard to reach areas; and • Representative of community police group

The grievance redress mechanism will be communicated to health workers, the communities, contractors and employees including all relevant stakeholders so that they are aware of its objective and how the system will be functioning.

8.2 GRM Stages

The GRM will be accessible to all project's stakeholders, including affected people, community members, health workers, civil society, media, and other interested parties. Stakeholders can use the GRM to submit complaints related to the overall management and implementation of the project. The PIU will inform the stakeholders about the system and will keep a log of the complaints at hand. Grievance feedback shall be communicated with complainants by telephone, fax, email, or in writing.

The GRM will include the following:

- Provide directly affected people (those infected and/or in quarantine) with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of the project;
- Ensure those providing services (healthcare workers, uniformed services providers, ambulance workers, etc.) can lodge complaints securely and confidentially;
- Ensure that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoid the need to resort to judicial proceedings, unless the complainant decides that the process provided has failed.

The grievance procedure for Project will have six major stages. These stages include: (i) the complaint or grievance uptake (ii) Assessment, analysis and response (iii) Resolution and closure (iv) Registry and monitoring (v) GRM Evaluation.

Step 1: Submission of grievances

Multiple channels will be availed to the public for channelling complaints on the project, including:

a. telephone and texts (a dedicated line will be purchased for this purpose);
b. in person visits to the PHIM/PIU offices, health facilities and vaccination sites across the country;
c. email – a dedicated email address will be shared for public use; and
d. a public hotline.

The project will utilize the 24-hour toll free hotline (929) which was established as part of the Emergency Operations Centre (EOC) within the PHIM. The grievance hotline will be handled by two trained grievance handlers (the number of handlers will be increased depending on demand) who speak Chichewa and English, which are the official national languages. Efforts will be made to seek handlers who are empathetic and can communicate to vulnerable people. A protocol for handing complaints, including staff complaints and confidential information e.g. GBV/SEA complaints will be developed and disseminated.

Anyone believing they are affected by the Project (referred to as Project Affected Persons – PAPs) or anyone from the affected communities can submit a grievance to a respective Grievance Redress Committee (GRC). Grievances at national level will be handled at the project's level by the Projects Grievance Redress Committee (PGRC). For district or community specific grievances, they will be handled by the District GRC (DGRC) and Health Facility GRC (HFGRC) respectively.

The GRC's will record all received complaints or grievances in a Grievance Reporting Form as attached in Annex 2. The case shall only be referred to a superior GRC when it has not been resolved at the lower level such as the HFGRC refers to the DGRC which in turn can refer to the PGRC.

Stage 2: Assessment, Analysis and Response

When a complaint is received, a maximum of 7 days has been provided for a receiving GRC to resolve the complaint or respond to the PAP. This is so to make sure that grievances/complaints are resolved as early as possible.

Once complaints are received, the GRCs shall assess whether the complaint or grievance is related to this Project activity implementation or not. In a situation where the complaints are not related to the project, PAPs shall be advised to channel their complaints to the right institutions. For Project specific complaints or grievances, GRCs shall hear such cases and make necessary follow ups to gather evidence and make necessary determination. The outcome of the analysis shall be communicated to the PAP and shall be recorded on a grievance resolution agreement minute (GRAM) as attached in Annex 3.

Stage 3: Resolution and Closure

Where a resolution has been arrived at and the PAP accepts the resolution, the PAP shall be required to sign the resolution and closure section as attached in Annex 4. Two members of the specific GRC (Chairperson and Secretary) shall also be required to counter sign. This shall signify that the complaint or grievance which was presented, has been fully discussed resolved and closed.

Stage 4: GRM Registry

A register shall be kept at all GRCs at all levels to ensure proper record of all complaints and their resolutions. For any case heard, closed or referred to an upper level GRC, a copy of logs and resolution forms for every case shall be submitted as well. This shall enable the GRCs to keep a register (Annex 5), of all cases recoded and handled by them. Using this information, the GRM will be able to generate a matrix of cases and agreed resolutions and be able to follow up if the resolutions are being implemented.

Stage 5: GRM Evaluation

The GRM evaluation can be undertaken alongside any other evaluation exercises for the project. This will be possible using copies of registers that the GRCs will be keeping. This may assist to trace whether the GRM system was efficient and effective to respond to peoples' complaints and whether the GRM principles were met during the project implementation.

The grievance redress mechanism shall contribute a lot to the efficient running of the project as it shall assist to investigate complaints and bring up a much clear version of the complaint at an earliest time possible, provide a fair and speedy means of dealing with complaints, prevent minor disagreements from developing into more serious disputes, thereby, providing a simple, speedy and cost-effective mechanism of re-installing satisfaction to the ones that were affected.

Step 6: Appeals process

Where the complainant is not satisfied with the outcome of his/her complaint, the staff in charge for complaints at the PMU shall advise the complainants that if they are not satisfied with the outcome of their complaint, they may re-address the issue to the Minister of Health. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse. Some cases such as rape and theft which need evidence in the court may go through referral pathway including the police to avoid destruction of evidence required legally. The project personnel, where required to provide additional information or evidence as witnesses in a court of law, they will be encouraged to do so. Figure 1 provides a summary of the processes and Institutional arrangement for the Grievance Redress Mechanism.

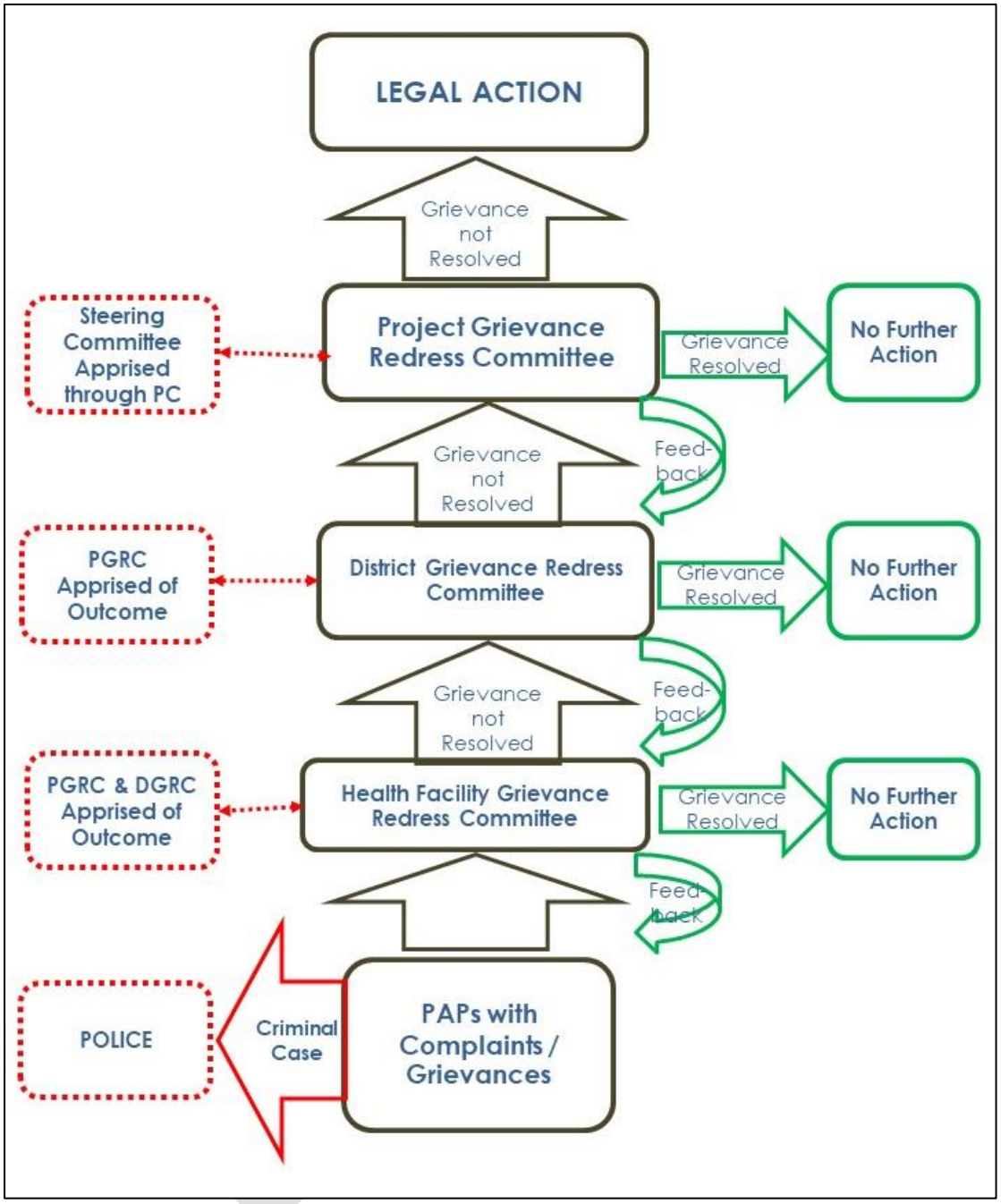

Figure 1: Processes and Institutional arrangements for the GRM

8.3 Recommended Grievance Redress Time Frame

Table 4 presents the recommended time frames for addressing grievance or disputes.

Table 4: GRM Time Frame

Step	Process	Time frame
1	Receive and register grievance	within 24 hours
2	Acknowledge	within 24 hours
3	Assess grievance	Within 24 hours
4	Assign responsibility	Within 2 Days
5	Development of response	within 7 Days
6	Implementation of response if agreement is reached	within 7 Days
7	Close grievance	within 2 Days
8	Initiate grievance review process if no agreement is reached at the first instance	within 7 Days
9	Implement review recommendation and close grievance	within 14 Days
10	Grievance taken to court by complainant	-

8.4 Workers' Grievance Mechanism

The Project will require health facilities to establish workers grievance mechanism for their workforce for the period of the project and beyond. Health facility management will implement standards consistent with this labour management procedure throughout the project life cycle, which will also include a functioning worker's grievance mechanism. The worker's grievance mechanism will include:

- a procedure to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline;
- stipulated timeframes to respond to grievances;
- a register to record and track the timely resolution of grievances;
- an assigned staff to receive, record and track resolution of grievances.

The worker's grievance mechanism will be described in staff induction trainings, which will be provided to all workers. 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 other means as needed. The PIU will monitor health facilities'recording and resolution of grievances, and report these in the progress reports.

9. PRIMARY SUPPLY WORKERS

All health facilities under the operation will be required to implement the Malawi Public Service Regulations(MPSR) to better manage all social risks in the work place The MPSR aim at preventing and/ or mitigating social risks within the context of the project and public service in general. The social risks that may arise include but not limited to GBV; VAC; HIV/AIDS infection and prevention and Occupational Health and Safety.

10. DISCLOSURE

This LMP will be disclosed on MoH website and through the World Bank's external website.

ANNEX 1: RISK ASSESSMENT TOOL

What are the hazards? Identify the different types of hazards	***Impacts as result of identified hazards.***	***Who may be harmed and how?***	***What are you already doing ?***	***Likelihood (likelihood the hazard will cause harm)***	***Severity (severity of harm)***	***Risk Rating (likelihood x severity)***	***What further action is necessary?***	***How will you put The assessment into action?***		
Health hazards? (e.g. dust, fumes, contamination, waste, noise, vibration, light including UV and infrared, etc.) **Safety hazards?** (work at height, trips and falls, lifting heavy objects, electrocution, moving parts, moving vehicles, naked flame, deep water, toxic or corrosive chemicals (hazmat), staked materials, wild animals, etc.)		Identify groups of people. Remember: • Workers, public, patients, children, elderly/frail persons, maintenance staff/cleaners; • Some workers have particular needs; • People who may not be in the workplace all the time; • If you share your workplace think about how your	List what is already in place to reduce the likelihood of harm or make any harm less serious for each hazard identified.				You need to make sure that you have reduced risks "so far as is reasonably practicable". An easy way of doing this is to compare what you are already doing with best practice. If there is a difference, list what needs to be done.	Remember to prioritize. Deal with those hazards that are high-risk and have serious consequences first.		
								Action by whom	Action by when	Done

Spot hazards by: • Walking around the workplace; • Asking workers what they think; • Checking safety instructions; • Contacting your supervisors *Don't forget long-term hazards*		work affects others;					What else can be done?			

	Review your assessment to make sure you are still improving, or at least not sliding back **If there is a significant change in your worksite, remember to check your risk assessment and where necessary, amend it**				**Review Date:**
	Assessment completed by:				**Signature:**

Example of a risk matrix for risk rating scoring

5	**5**	**10**	**15**	**20**	**25**
4	**4**	**8**	**12**	**16**	**20**
3	**3**	**6**	**9**	**12**	**15**
2	**2**	**4**	**6**	**8**	**10**
1	**1**	**2**	**3**	**4**	**5**
0	1	2	3	4	5

Consequence or Severity >

Likelihood or Probability >

Risk Assessment Matrix

ANNEX 2: GRIEVANCE REPORTING FORM

GRIEVANCE REPORTING

PHIM/GRM ……/……
(Location) (Reference No.)

1. Complainant's Information				
(This information must be provided. The identity of complainants will be kept confidential if they request so.)				
Names and Titles (Dr/Mr/Ms/Mrs)	Signatures	Positions/ Organizations *(If any)*	Addresses:	E-mail:
			Contact Tel.	TA/VGE
Authorised Representative? ☐	If yes	Description of Group		
Please indicate how you prefer to be contacted (e-mail, mobile, etc.):				
2. Brief Description of the problem:				
3. Description of the Complaint				
(a) What harm do you believe the COVID-19 Emergency Project caused or is likely to cause to you?				
(b) Why do you believe that the alleged harm results directly from the COVID-19 Emergency Project?				
(c) Do you have any other supporting documents that you would like to share?				
4. Previous Efforts to Resolve the Complaint				
(a) Have you raised your complaint with any other authorities? No☐ Yes ☐				
(a)Have you raised your complaint with any other authorities? No ☐ Yes ☐				
If Yes (Please, provide the following details): When?:				
• How and with whom the issues were raised?				
• Please describe any response received from and/or any actions taken by the project level grievance mechanism. • Please also explain why the response or actions taken are not satisfactory.				
If No, Why?				

(b) How do you wish to see the complaint resolved?		
5. Name of the person who completed this form:	**Signature:**	**Date:**

ANNEX 3: GRIEVANCE RESOLUTION AGREEMENT MINUTE (GRAM)

GRIEVANCE RESOLUTION AGREEMENT MINUTE (GRAM)

REE NO.: PHIM/GRM/……/……
(Location) (Reference No.)

RESPONDENT DETAILS		**COMPLAINANT DETAILS**	
Full name		Full name	
Address:		Address:	
Phone No. (home/cell) IF ANY		Phone No. (home/cell) IF ANY	
Email:		Email:	
Date of complaint resolution		Location	
SUMMARY OF RESOULTION			
(a) Brief description of Complaint:			
(b) Brief description of Resolution			
SIGNATURES			
Chairperson Signature		**Complainant** Signature	
Name of Chairperson		Name of Complainant	
Date		Date	

Secretary Signature		**Witness** Signature	
Name of Secretary		Name of Complainant's Witness	
Date		Date	

ANNEX 4: GRIEVANCE RESOLUTION IMPLEMENTATION MINUTE (GRIM)

GRIEVANCE RESOLUTION

IMPLEMENTATION MINUTE (GRIM)

REE NO.: PHIM/GRM/……/……
(Location) (Reference No.)

RESPONDENT DETAILS		**COMPLAINANT DETAILS**	
Full name		Full name	
Address:		Address:	
Phone No. (home/cell) IF ANY		Phone No. (home/cell) IF ANY	
Email:		Email:	
Date of complaint resolution			
SUMMARY OF RESOULTION IMPLEMENTATION			
SIGNATURES			
Chairperson Signature		**Complainant** Signature	
Name of Chairperson		Name of Complainant	
Date		Date	
Secretary Signature		**Witness** Signature	

Name of Secretary		Name of Complainant's Witness	
Date		Date	

ANNEX 5: COMPLAINTS LOG

Date and complaint from	Complaint e.g. non-issuance of ID	Officer/ department complained against	Nature of complaint/ service issue, e.g. delay	Type of cause – physical (e.g. system failure), human (e.g. inefficient officers, slow, unresponsive) or organization (e.g. policies, procedures, regulations)	Remedy granted	Corrective/ preventive action to be taken	Feedback given to complainant