Malawi COVID-19 Emergency Response and Health Systems Preparedness Project (P173806)

Labour Management Procedures (LMP)

July 2020
EXECUTIVE SUMMARY

On 20 March 2020, COVID-19 was declared a national disaster in Malawi and on 2 April 2020 Malawi registered the first cases of COVID-19. As of 20th May 2020, Malawi has cumulatively recorded 76 cases including 3 deaths. Of the 76 cases, 42 were locally transmitted while 30 were imported and 4 are still under investigation. If the spread of the infection follows the same trajectory as in other countries around the world, the number of people with COVID-19 and deaths will probably escalate in the near future. As part of the response to the COVID-19 outbreak, the Government of Malawi (GoM) with financing from the World Bank Group Fast Track COVID-19 Facility (FTCF) is implementing the Malawi’s COVID-19 Emergency Response and Health Systems Preparedness Project - P173806 (C-ERHSPP).

The project development objective (PDO) statement is to prevent, detect and respond to the threat posed by COVID-19 in Malawi and strengthen national systems for public health preparedness. The project will address critical activities and fill financing gaps that have been identified and are not financed by other partners. The Project will comprise three components namely (i) Emergency COVID-19 response, (ii) Supporting National and Sub-national, Prevention and Preparedness, and (iii) Implementation Management and Monitoring and Evaluation.

The implementation of the Malawi COVID-19 Emergency Response and Health Systems Preparedness 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.

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 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, which are identified and mitigation approaches identified within the ESMF 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 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 from the spread of COVID-19.

In order to resolve all grievances effectively, the Project will establish Grievance Redress and Management Committees at National, District and Community 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.
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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquire Immuno-Deficiency Syndrome</td>
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<tr>
<td>CoC</td>
<td>Code of Conduct</td>
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<tr>
<td>DGRMC</td>
<td>District Grievance Redress Management Committee</td>
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<tr>
<td>ESCP</td>
<td>Environmental and Social Commitment Plan</td>
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<tr>
<td>ESMP</td>
<td>Environmental and Social Management Plan</td>
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<td>ESS</td>
<td>Environmental and Social Standard</td>
</tr>
<tr>
<td>GRM</td>
<td>Grievance Redress Mechanism</td>
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<td>GVB</td>
<td>Gender Based Violence</td>
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<td>HIV</td>
<td>Human Immuno-Deficiency Virus</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>LMP</td>
<td>Labour Management Procedure</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>PAD</td>
<td>Project Appraisal Document</td>
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<tr>
<td>PAP</td>
<td>Project Affected Person</td>
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<td>PDO</td>
<td>Project Development Objective</td>
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<td>PHIM</td>
<td>Public Health Institute of Malawi</td>
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<tr>
<td>PIU</td>
<td>Project Implementation Unit</td>
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<tr>
<td>PGRC</td>
<td>Project Grievances Redress Committee</td>
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<tr>
<td>PoE</td>
<td>Point of Entry</td>
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<tr>
<td>PPDA</td>
<td>Public Procurement and Disposal of Assets Authority</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>SATBHSSP</td>
<td>Southern Africa Tuberculosis and Health Services Support Project</td>
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<tr>
<td>SEA</td>
<td>Sexual Exploitation and Abuse</td>
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<tr>
<td>SoP</td>
<td>Series of Projects</td>
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<tr>
<td>US$</td>
<td>United States Dollar</td>
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<tr>
<td>VAC</td>
<td>Violence Against Children</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>WGRC</td>
<td>Workers Grievance Redress Committee</td>
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1 OVERVIEW OF THE PROJECT
The project development objective (PDO) statement is to prevent, detect and respond to the threat posed by COVID-19 in Malawi and strengthen national systems for public health preparedness. The project will address critical activities and fill financing gaps that have been identified and are not financed by other partners. The Project will comprise three components namely (i) Emergency COVID-19 response, (ii) Supporting National and Sub-national, Prevention and Preparedness, and (iii) Implementation Management and Monitoring and Evaluation.

Component 1: Emergency COVID-19 Response (US$5.30 million equivalent)
This component would provide immediate support to Malawi to prevent the spread of COVID-19 through surveillance and containment strategies. It would support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with World Health Organisation (WHO) guidelines; and strengthening of case management capabilities.

Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting.
This sub-component will help (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Support under this sub-component will include but not limited to the following activities:

- Training of zonal core teams and district teams in rapid response and contact tracing.
- Procurement of ambulances for rapid response teams.
- Training of laboratory staff for testing of COVID-19.
- Procurement, service and maintenance of COVID-19 diagnostic equipment including purchase of testing kits, reagents, sample collection materials and cartridges, related accessories and equipment.
- Enhancement of surge capacity for healthcare workers for disease control, surveillance and laboratory services.

Subcomponent 1.2: Health systems strengthening.
Assistance will be provided to the health care system for preparedness and planning to provide optimal medical care, maintain essential community services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity will be achieved through financing clinical training of health workers and hospital infection control guidelines. Improved water, sanitation and hygiene (WASH) services will be provided for health care facilities to prevent further contamination within the premises. Support under this sub-component will include but not be limited to the following activities:

- Training of health workers in case management.
- Procurement of essential medicines and medical supplies (see annex II for examples of procurement).
- Renovations of the quarantine units at Point of Entries (PoE).
- Procurement of tents to enhance capacity for quarantine at all PoE and isolation at the infectious disease treatment centres.
Enhancement of surge capacity in healthcare workers for clinical services.

**Component 2: Supporting National and Sub-national, Prevention and Preparedness (US$0.95 million equivalent)**

This component will support the strengthening of the capacity of the public health system for preparedness and response to the COVID-19 pandemic and to future pandemics and other threats to health security. The component will support improving prevention of and response planning for emerging infectious diseases in the context of human and animal health system development. The financing of this component will target existing institutions such as the Emergency Operations Centre (EOC) within the Public Health Institute of Malawi (PHIM) and strengthen capacity of health workers to respond to emerging infectious diseases. It is estimated that this intervention activity will include the following:

- Advanced training of healthcare workers at both national and district level in emerging infectious diseases and control.
- Building the capacity of the EOC through minor renovations of the EOC office building, and financing of information technology equipment and infrastructure.

**Component 3: Implementation Management and Monitoring and Evaluation (US$0.75 million equivalent)**

The existing Project Implementation Unit (PIU) of the ongoing Southern Africa Tuberculosis and Health Services Support Project (SATHSSP) will lead coordination of the Project activities as well as fiduciary tasks of procurement and financial management, M&E, environmental and social safeguards and medical waste management specialist. If needed, the PIU will be strengthened by the appointment of additional staff/consultants responsible for specific activities under the Project. To this end, this component will support costs associated with project management and coordination, M&E and operational reviews to assess implementation progress and logistical support. The component will also support the grievance redress mechanism and other activities in the Environmental and Social Commitment Plan (ESCP).
2 RATIONALE AND OBJECTIVES OF THE LMP

2.1 LMP Objectives
The implementation of the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project (COVID-19 ERP) is expected to utilize 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 (GBV/SEA) 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 Malawi COVID-19 ERP. 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 as 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 prevent the use of all forms of forced labour and child labour;
- 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

<table>
<thead>
<tr>
<th>SN</th>
<th>Category of Workers</th>
<th>Estimated Number</th>
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<tbody>
<tr>
<td>1</td>
<td>Direct Workers</td>
<td></td>
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<tr>
<td>1.1</td>
<td>Project Implementation Unit (PIU)</td>
<td>6</td>
</tr>
<tr>
<td>1.2</td>
<td>Civil Servants</td>
<td>500</td>
</tr>
<tr>
<td>1.3</td>
<td>Consultants</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Contracted Workers</td>
<td>40</td>
</tr>
</tbody>
</table>
Direct Workers: The project will engage the following types of workers as “direct workers”:

- **Project Implementation Unit (PIU):** A PIU has been set up within the MoH to manage the project. It has a dedicated Project Coordinator (PC) with overall responsibility for the effective functioning of the Project. Staff for cross-cutting functions (procurement officers, project accountants, safeguards officers, M&E, Medical Waste Management Specialist) will be shared between the Southern Africa Tuberculosis and Health Services Support Project (SATBHSSP) and the Project, with additional staff with appropriate skills set assigned as necessary.

- **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 documentation of lessons learnt to inform future pandemic preparedness and response.

Contracted Workers: Contracted workers would be hired for the refurbishment of the Emergency Operations Centre within the Public Health Institute of Malawi (PHIM); and renovation and furnishing of Chileka International Airport quarantine unit. The subcontractors’ workforces will also be considered to be contracted workers. Key personnel for contracted workers will be skilled workers i.e. those with specialized skills. However skilled workers will require support of unskilled workers to perform certain tasks.

Primary supply workers: Procurement will be done for laboratories and to equip the quarantine, isolation and other health facilities. It is notable that most procurement will be carried out by UNICEF, or possibly directly by the World Bank. Some local suppliers will be required to provide IT and other equipment on need basis and upon agreed deliverables. The agreements will be spelt out in the respective contracts.

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 potential engagement done during project preparation
Due to the emergency situation and the need to address issues related to COVID-19, 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 MoH conducted first round of consultations were conducted as part of the Southern Africa Tuberculosis and Health Services Support Project (SATBHSSP) from 2016-2021. For the second phase of consultations used an online questionnaire that was prepared and distributed to various key players across the country because of the emergency nature of the project and also taking into consideration the COVID-19 preventive measures. The online questionnaire is still being responded to and can be found on the following link https://forms.gle/SThWrAB9udjPikFt8. 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 improve community and people’s health during Covid-19 outbreak. On a negative side, they drew the project attention to the need to carefully address environmental and social risks emanated from project activities: 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 waste handling measures, including use of equality personal protective equipment, alongside actions to raise awareness of Covid-19 preventive measures among communities.

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 and OHS risks, which are identified and mitigation approaches identified within the ESMF 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 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 from the spread of COVID-19. 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 construction phase of the sub-projects include slip and falls from manual handling of heavy objects, injuries from working on heights, burns from hot works (welding), electrocution, injury from moving machinery and dust from construction vehicles. There are also risks to COVID-19 infections for all workers engaged in project activities. Furthermore, the project will support the refurbishment of quarantine units at the two International Airports and refurbishment of the COE that may pose risks to workers and people present at the construction sites. To mitigate the impact, the project shall develop an 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). The project will also prepare and implement a simple action plan to cope with risk and emergency (e.g., fire, earthquake, floods, COVID-19 outbreak) as part of the ESMPs prepared prior to the commencement of construction works;

b) **Sexual harassment, exploitation and abuse:** there are several concerns on the potential for GBV, 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 construction contractor personnel have done the following: (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) **Child labour:** Although the risk is minimal (given the recruitment criteria for all government jobs) the risk may emerge through the contracted labour, e.g. construction related works. To mitigate this risk the contractor shall (i) Avoid employing under aged (less than 18 years) workers and this should be included in the Contractors Code of Conduct; (ii) Learners should not be engaged in any construction related activities; and conduct community sensitizations on child labour.; and (iii) Implement the Grievance Redress Mechanism (GRM).

d) **Labour disputes over terms and conditions of employment.** Likely cause for labour disputes include demand for limited employment opportunities; 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 a workers GRM will be setup as stipulated in the Stakeholder Engagement Plan for the project.

e) **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.
f) **Exposure to the virus:** this is an issue especially for the community health volunteers and other workers who may be exposed to the virus in 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 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 LABOUR LEGISLATION


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. In line with provisions of this Act, the Contractors working under Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will have to ensure that there is adequate protection for all the workers. Section 13(1) places a duty on every employer to ensure the safety, health and welfare of all his employees at work;

Section 13(1) of the Act places a duty on every employer to ensure the safety, health and welfare of all his employees at work. The Construction activities under the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project 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. Some of the protective clothing during construction shall include boots, helmets, gloves, overalls and goggles.

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 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 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

<table>
<thead>
<tr>
<th>SN</th>
<th>ESS2</th>
<th>Malawi Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fundamental employee rights, non-discrimination</td>
<td>This is provided for under Part II of the Labour Relations Act (1996)</td>
</tr>
<tr>
<td>2</td>
<td>Contractual arrangements, terms and working conditions of workers</td>
<td>This is provided for under Part II of the Labour Relations Act (1996)</td>
</tr>
<tr>
<td>3</td>
<td>Working hours;</td>
<td>This is provided for under Part VI of Employment Act (2000) specifically Sections 36 which is on ‘Normal working hours, weekly rest etc”; and Section 37 on ‘Maximum daily working hours’.</td>
</tr>
<tr>
<td>4</td>
<td>Salaries and wages and frequency of payments;</td>
<td>This is provided for under Part VII of Employment Act (2000) specifically on Sections 50,51,52,53,54 and 55.</td>
</tr>
<tr>
<td>5</td>
<td>Leave provisions – annual, maternity, sick and holidays, leave provisions for working;</td>
<td>This is covered in Employment Act (2000) specifically under Part VI (sections 40,44,45 and 46)</td>
</tr>
<tr>
<td>6</td>
<td>Retrenchment/termination of contract arrangements;</td>
<td>This is provided for Under Part V Sections 28 and 29 of the Employment Act of 2000.</td>
</tr>
<tr>
<td>7</td>
<td>Freedom or association and labour unions;</td>
<td>This is provided for under Part II of the Labour Relations Act (1996)</td>
</tr>
<tr>
<td>8</td>
<td>Dispute resolution/grievance management systems;</td>
<td>This is provided for under Part V of the Labour Relations Act (1996)</td>
</tr>
<tr>
<td>9</td>
<td>Safety provisions;</td>
<td>Covered under Part VI of the Occupational Safety, Health and Welfare Act of 1996</td>
</tr>
<tr>
<td>10</td>
<td>Health and employee welfare provisions;</td>
<td>This is provided for under Part IV of the Occupational Safety, Health and Welfare Act of 1996</td>
</tr>
<tr>
<td>11</td>
<td>Hazardous and material waste processes;</td>
<td>This is covered under Part IV of the Employment Act of 2000 on ‘Employment on young persons’ specifically Section 22(1) and (2)</td>
</tr>
</tbody>
</table>
5 RESPONSIBLE STAFF

5.1 Project Implementation Unit (PIU)

The Project Implementation Unit (PIU) will be responsible for the overall project management and coordination, including compliance with safeguards requirements such those contained herein. The PIU will engage consultant(s) with expertise in environmental, social, 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 pilot 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) Monitoring 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 will have social and environmental safeguards officers who will be responsible for ensuring the LMP is implemented and OHS requirements 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 subcontractors);
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 promptly, and report the status of grievances and resolutions regularly to the PIU and 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

<table>
<thead>
<tr>
<th>Responsibility area</th>
<th>Direct and contracted workers</th>
<th>Primary supply workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiring and managing individual project workers</td>
<td>PIU will oversee the work of consultants hired to support COVID-19 activities</td>
<td>n/a (outside the scope of ESS2)</td>
</tr>
<tr>
<td>OHS</td>
<td>All workers engaged by the project will follow OHS measures</td>
<td>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</td>
</tr>
<tr>
<td>Child labour and forced labour</td>
<td>The contract does not allow child and forced labour</td>
<td>Primary supplier to adhere to child labour requirements</td>
</tr>
<tr>
<td>Training</td>
<td>PIU/contractors</td>
<td>PIU to review</td>
</tr>
<tr>
<td>Code of conduct</td>
<td>The contract for direct workers will address relevant risks</td>
<td>n/a (outside the scope of ESS2)</td>
</tr>
<tr>
<td>Grievance mechanism</td>
<td>PIU/Contractors/facility-in-charge</td>
<td>Relevant PIU to monitor and report to PIU Coordinator</td>
</tr>
<tr>
<td>Monitoring and reporting</td>
<td>PIU/consultants to monitor and report World Bank</td>
<td>PIU to report to World Bank.</td>
</tr>
</tbody>
</table>

5.2 Construction contractors

The Contractors will be responsible for the following:

- Developing Labour Management Procedures and Occupational Health and Safety Plans which will apply to their own and subcontractor employees who work on the projects. These procedures and plans will be submitted to PIU for review and approval before the contractors are allowed to mobilize to the field;
- Employing or appointing qualified social, labour (human resources), and occupational safety experts to prepare and implement Labour Management Procedures, Occupational Health and Safety Plans, and to manage subcontractor performance;
- Supervising subcontractors’ implementation of labour managements procedures and Occupational Health and Safety Plans;
- Maintaining records of recruitment and employment of contracted workers;
- Communicating job descriptions and employment conditions to all workers;
- Developing and implementing the Worker Grievance Redress Mechanism, including ensuring that grievances received from their own and subcontractor employees are resolved in a timely manner, and reporting the status of grievances and resolutions on a monthly basis;
- Having a system for regular review and reporting to corporate management on labour and on occupational safety and health performance;
- Providing induction (including social induction) and regular training to employees in labour protection and OHS requirements, including training on their rights under Malawi labour laws, on the risks of their jobs, and on measures to reduce risks to acceptable levels;
• Ensuring that all contractor and subcontractor workers understand and sign the Code of Conduct prior to the commencement of works; and
• supervise compliance with the Code.
6 POLICIES AND PROCEDURES

This section outlines the main policies and procedures to be followed during construction phase of the project. As needed, this section will be updated and amended as needed, after construction contracts have been awarded.

The Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will be guided by an occupational safety and health policy statement which will be developed for the project. The policy will be guided by the provisions under the Occupational Safety, Health and Welfare Act (1997), the Employment Act (2000), the World Bank Standard on Labour and Working Conditions (ESS2) and the International Labour Organization (ILO) conventions to which Malawi is a party.

All contractors will adopt labour management practices in line with this labour management procedure and the legal framework presented in Chapter 4 of this procedure.

The principles and procedures presented below represent the basic requirements but should not be considered an exhaustive list of requirements. As specified in the legal framework presented in Chapter 4 of this procedure, employment of project workers will be based on the principles of non-discrimination and equal opportunity. 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.

The following measures will be developed by contractors and monitored by Ministry of Health (MoH) (and the Supervision Consultant in the case of Malawi COVID-19 Emergency Response and Health Systems Preparedness Project) to ensure fair treatment of all employees:

- Recruitment procedures will be transparent, public and non-discriminatory, and open with respect to ethnicity, religion, sexuality, disability or gender;
- Applications for employment will only be considered if submitted via the official application procedures established by the contractors or by MoH;
- Clear job descriptions will be provided in advance of recruitment and will explain the skills required for each post;
- All workers will have written contracts describing terms and conditions of work and will have the contents explained to them. Workers will sign the employment contract;
- Unskilled labour will be preferentially recruited from the affected communities, settlements and municipalities, with a goal of at least 50 percent;
- Employees will be informed at least two months before their expected release date of the coming termination. If more than 50 workers will be terminated by MoH or by any contractor within any three-month period, the contractor will prepare a retrenchment plan for review and approval by the Supervision Consultant (for Malawi COVID-19 Emergency Response and Health Systems Preparedness Project) or MoH (for other project components);
- The contracted workers will not be required to pay any hiring fees. If any hiring fees are to be incurred, these will be paid by the Employer (in this case, the “Employer” would be the contractor);
- Depending on the origin of the employer and employee, employment terms and conditions will be communicated in a language that is understandable to both parties;
• In addition to written documentation, an oral explanation of conditions and terms of employment will be provided to workers who may have difficulty understanding the documentation;
• Interpretation will be provided for workers as necessary. It is noted that language-related problems are not expected;
• Foreign workers will require work permits that will allow them to work in Malawi; and
• All workers will be at least 18 years old. This will be a requirement in Malawi COVID-19 Emergency Response and Health Systems Preparedness Project contracts with contractors.

MoH will also require construction contractors to agree and implement a Worker’s Code of Conduct that will be stipulated in their contracts. This will be reviewed by MoH or the Supervision Consultant and approved if it is consistent with MoH’s requirements. The Code of Conduct will reflect the company’s core values and overall working culture. The suggested content of the Code of Conduct is included in the World Bank Standard Procurement Documents.

6.1 Occupational Health and Safety Policy Statement for the Project

The policy will apply to all Health Care Facilities where Malawi COVID-19 Emergency Response and Health Systems Preparedness Project activities will be implemented. Specifically focus will be put in the quarantine/isolation units, laboratories carrying out COVID-19 tests and other wards assigned to COVID-19 patients.

The PIU in collaboration with relevant departments within the MoH will screen each HCF’s to determine if they are in keeping with the World Bank Group’s EHS Guidelines and current WHO Guidelines for COVID-19. Furthermore, the project has a budget to support for supervision and mentorship visits of the HCF by the referred to MoH departments in collaboration with the PIU. Through these mentorship visits, the MoH will ensure that where these measures are not being followed then technical backstopping or necessary equipment is provided.

Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will be committed to providing a health and safe working environment for its beneficiaries and volunteers with an aim of preventing injury and illness resulting from activities to be undertaken under the project.

Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will ensure that exposure to occupational risks such as injuries, illness resulting from project activities are either reduced/minimized or eliminated.

Contractors that will be hired under the project will be trained and held responsible for ensuring that the policy is being followed during project implementation. In addition, the contractors will be accountable for ensuring that beneficiaries and volunteers are adequately and suitably informed of potential hazards to which they may be exposed to at workplace and instructed and trained in the measures available for prevention and control and protection against such hazards. Contractors also have a general responsibility for ensuring the safety of equipment and facility to be used under the project.
Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will ensure that all people employed under the project whether directly or through a contractor are provided with appropriate personal protective equipment and first-aid kit.

6.2 OHS compliance
The requirements of the Environmental and Social Standard 2 on Occupational Health and Safety will be complied with through carrying out of site-specific risk assessments and development of appropriate risk prevention and mitigation measures. This will be done by the safeguards specialist in the PIU and the risk assessments will be approved by the World Bank. Where risk prevention and mitigation require provision of personal protective equipment (PPE), appropriate PPE will be provided to workers who are tasked to work on high risk tasks or areas. During risk assessment which be conducted during screening process, possible hazards or risks related to the project activities will be identified. This will assist in coming up with the right PPE during project implementation. The identification of PPE will be done will be done during the screening and development of site-specific environmental and social management plans (ESMPs). The contractor shall procure the identified PPE and First Aid kit for use during project implementation and these will be included in the Bill of Quantities (BoQs). The Contractor shall organize the training workers on the use of PPE and First Aid kit. Annexed to this LMP is a generic risk assessment tool which will be used for identifying hazards and potential prevention and mitigation measures in all project locations (Annex 1). This risk assessment tool will be updated to make it project specific prior to its use in the project.

7 GBV AND SEA
Much as the implementation of the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project has potential to cause GBV and SEA. 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 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.

The project carried out a GBV and SEA risk assessment for all specific sub-project sites and the project was rated as low. Detailed description of how the project will address GBV and SEA are included in the ESMF 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;
iii. Map out GBV/SEA 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 sensitization.

8 AGE OF EMPLOYMENT
As stipulated above, the Employment Act (2000) stipulates that the minimum age of employment in Malawi is 18, which is also stipulated in the International Labour Organization Conventions (138) on minimum age. These two legislations prohibit the employment of underage children. However, according to Section 21 of the Employment Act, children between the ages of 14 and 18 are allowed to participate in light work so long as it does not interfere with the child’s education or harm the child’s health or physical mental, spiritual, moral or social development.

Under the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project, children under the age of 18 will NOT be employed to work in different project activities because the activities are regarded as hazardous for young persons. The following procedure will be followed if underage worker(s) is (are) found in the investing in resilience-enhancing land and water management infrastructure and livelihoods component:

▪ In all sub projects underage assessment among workers will be conducted;
▪ Underage workers identified will be removed;
▪ A stiffer punishment will be imposed to the contractor.

All these requirements will be included in the contract that will be signed by contractors to ensure that not only are they enforceable but also legally binding.

During recruitment of workers who are felt to be underage, it will be compulsory to show an Affidavit of Birth as a certification measure. Further, awareness raising sessions will be conducted regularly to the communities to sensitize them on prohibition and negative impact of child and forced labour.

9 TERMS AND CONDITIONS
As already indicated, the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will involve three main categories of workers namely: Direct Project Workers; Contracted Workers and Short-term consultants; and Community workers.

The Government officials at District Level and National Level and the project officers who are employed and deployed to district councils under the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will constitute the direct workers. The terms and conditions of the employment for the staff of Government Departments and the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project are guided by the national civil service regulations and other National Labour and Employment legislation. These include Occupational Safety, Health and Welfare Act (1997) which regulates work conditions with respect to safety, health, and welfare of workers; Labour Relations Act (1996) which 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; and Employment
Act (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.

The project officers are guided by terms and conditions of their contractual agreements with the MoH. In addition to the general terms and conditions of work provided by the civil service regulations, Malawi COVID-19 Emergency Response and Health Systems Preparedness Project staff are also guided by the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project Terms and Conditions of Service.

The community workers will work on infrastructure sub-projects as decided by the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project PIU under the guidance provided in the Project Appraisal Document (PAD). The PAD stipulates, among other things, the eligibility criteria to participate in the works. Further to the guidance contained in the Projects PAD, the following terms and conditions will guide management of community workers enrolled under the infrastructural works:

- Community workers must be targeted and enrolled in the infrastructural works;
- Community workers to be employed in the infrastructural works should be above 18 years;
- Where wages are applicable, they will be pegged to the minimum wage rate established by the national labour laws;
- Enrolled households should be willing and able to undertake 8 hours of work per day for days in a week;
- Payment of wages will be done monthly on the last day of each month;

During recruitment of community workers, contractors will explain to them the working conditions prior to commencement of work.

Each Contractor’s Labour Management Procedures will set out terms and conditions for the contracted and subcontracted workers. These terms and conditions will be in line, at a minimum, with this Labour Management Procedures, the Malawian Labour Code, and General Conditions of the World Bank Standard Procurement Documents.

10 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.
### 10.1 Description of GRM

In order to resolve all grievances effectively, the Project will establish 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 property during construction and public works etc.
xv. Contractual or commercial transactions (e.g. related to procurement of goods and services by the project)

Grievances from contractor workers under the project may include:

i. Unfair dismissal from work;
ii. Suspected corruption cases;
iii. low wages;
iv. delayed wages;
v. overtime;
vi. Child labour;
vii. Gender based violence;
viii. Sexual exploitation and abuse;

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 construction 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**

<table>
<thead>
<tr>
<th>GRC Level</th>
<th>Proposed Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Grievance Redress Committee</td>
<td>• Quality Management Directorate (QMD) representative;</td>
</tr>
<tr>
<td></td>
<td>• Public Health Institute of Malawi (PHIM) representative;</td>
</tr>
<tr>
<td></td>
<td>• Social Safeguards Specialist (PIU);</td>
</tr>
<tr>
<td></td>
<td>• Ombudsman representatives (2);</td>
</tr>
<tr>
<td></td>
<td>• Representative of the Human Resources Department in MoH; and</td>
</tr>
<tr>
<td></td>
<td>• Community Health Directorate representative.</td>
</tr>
<tr>
<td>District Grievance Redress Committee</td>
<td>• Chairperson District Health Advisory Committee;</td>
</tr>
<tr>
<td></td>
<td>• Secretary District Health Advisory Committee;</td>
</tr>
<tr>
<td></td>
<td>• District Commissioner representative;</td>
</tr>
<tr>
<td></td>
<td>• Director of Health and Social Services representative;</td>
</tr>
<tr>
<td></td>
<td>• District Hospital Administrator;</td>
</tr>
<tr>
<td></td>
<td>• Chief Nursing Officer / Matron;</td>
</tr>
<tr>
<td></td>
<td>• District Environmental Health Officer; and</td>
</tr>
<tr>
<td></td>
<td>• Hospital Ombudsman.</td>
</tr>
</tbody>
</table>

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.

**10.2 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 and health facilities across the country;
- c. email – a dedicated email address will be shared for public use; and
- d. a public hotline.

The project will acquire a 24-hour toll free hotline which will be 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
10.3 Recommended Grievance Redress Time Frame
Table 4 presents the recommended time frames for addressing grievance or disputes.

Table 4: GRM Time Frame

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

10.4 Workers’ Grievance Mechanism
The Project will require contractors to develop and implement a grievance mechanism for their workforce prior to the start of civil works. The construction contractors will implement standards consistent with this labour management procedure before the start of civil works, 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 project 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 the contractors’ recording and resolution of grievances, and report these in the progress reports.
11 CONTRACTOR MANAGEMENT

Each contractor engaged by the Project to provide services (such as construction of isolation/quarantine centres, delivery of communication materials at the community level, etc.) will be expected to adopt the protective measures outlined in this document. The contracts drawn by the Government will include provisions, measures and procedures to be put in place by the contractors to manage and monitor relevant OHS issues. Measures required of Contractors will include:

a) As part of the bidding/tendering process, specific requirements for certain types of contractors, and specific selection criteria;
b) Provision of medical insurance covering treatment for COVID-19, sick pay for workers who either contract the virus or are required to self-isolate/quarantine due to close contact with infected workers and payment in the event of death;
c) Specific procedures relating to the workplace and the conduct of the work (e.g. creating at least 6 feet between workers by staging/staggering work, limiting the number of workers present);
d) Specific procedures and measures dealing with specific risks. For example, for healthcare contractors - infection prevention and control (IPC) strategies, health workers’ exposure risk assessment and management, developing an emergency response plan as per WHO Guidelines. For community workers, measures will include ensuring their security and addressing stigma;
e) Appointing a COVID-19 focal point with responsibility for monitoring and reporting on COVID-19 issues, and liaising with other relevant parties; and
f) Including contractual provisions and procedures for managing and monitoring the performance of contractors, in light of changes in circumstances prompted by COVID-19.

Contractors will be required to identify focal points and communication channels (for example, WhatsApp, SMS and email) within the company to address workers’ concerns on an ongoing basis, and ensure that such channels are adequately resourced (for example, 24-hour staffing of the emergency response call line). Workers shall not be victimized in any way for reporting a grievance.

12 COMMUNITY WORKERS

Community surveillance, mobilization and sensitization will be undertaken by community volunteers who will include community health workers, opinion leaders and religious leaders as appropriate. The following safety measures will be put in place to prevent or minimize exposure to COVID-19, as well as for addressing situations where there are cases of symptomatic workers:

a) Set up a system at the community level that links up with health facilities for the management of COVID-19 related matters (this could be an e-system);
b) Set up an online system (use WhatsApp for instance) to provide the Community Health Volunteers (CHVs) with updates on COVID-19;
c) Establish a referral system that will allow the CHVs to refer people with various COVID-19 related symptoms and questions. The online system could also assist with the triage of sick community members as necessary;
d) Develop training materials that will also give the volunteers accurate information on COVID-19 including prevention and control measures;
e) Equip the CHVs with basic protective equipment such as masks and sanitizers;
f) Provide information on the GRM to be used in case of a community complaint (abuse, stigma, etc.); and

g) Establish a monitoring system on the performance of the CHVs.
13 PRIMARY SUPPLY WORKERS

Selection of primary suppliers. When sourcing for primary suppliers, the project will require such suppliers to identify the risk of child labour/force labour and serious safety risks. The PIU 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 labour, forced labour and work safety issues in all purchase orders and contracts with primary suppliers. The PIU will, as part of its monitoring, include indicators for assessing the functions of primary supply workers.

Contractors who will be engaged under the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project will be required to develop and implement a code of conduct that will commit them to create and maintain an environment which prevents social risks. The code of conduct aims at preventing and/ or mitigating social risks within the context of the project. The social risks that may arise include but not limited to GBV; VAC; HIV/AIDS infection and prevention and Occupational Health and Safety. The developed code of conduct will be reviewed by the PIU and shared with the Bank. The contractor will be required to communicate clearly to all those engaged on the project the behaviours which guard against any form of abuse and exploitation in order to prevent social risks. A Sample of the outline of the Code of Conduct is provided in Annex 6.

14 DISCLOSURE

This Labour Management Plan will be approved by the GoM and WB and disclosed locally with translation into Chichewa, the national local language. This LMP will be disclosed on MoH website and through the World Bank’s external website.
## ANNEX 1: RISK ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>What are the hazards?</th>
<th>Who may be harmed and how?</th>
<th>What are you already doing?</th>
<th>What further action is necessary?</th>
<th>How will you put The assessment into action?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spot hazards by:</td>
<td>Identify groups of people.</td>
<td>List what is already in place to reduce the likelihood of harm or make any harm less serious</td>
<td>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</td>
<td>Remember to prioritize. Deal with those hazards that are high-risk and have serious consequences first.</td>
</tr>
<tr>
<td>• Walking around the workplace;</td>
<td>Remember:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Asking workers what they think;</td>
<td>• Some workers have particular needs;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Checking safety instructions;</td>
<td>• People who may not be in the workplace all the time;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contacting your supervisors</td>
<td>• If you share your workplace think about how your work affects others;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t forget long-term hazards</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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:
ANNEX 2: GRIEVANCE REPORTING FORM

GRIEVANCE REPORTING

<table>
<thead>
<tr>
<th>Name</th>
<th>Signatures</th>
<th>Position/Organization (If any)</th>
<th>Address:</th>
<th>E-mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names and Titles (Dr/Mr/Ms/Mrs)</td>
<td>Signature</td>
<td>Positions/Organization (If any)</td>
<td>Address:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>Authorised Representative?</td>
<td>Yes</td>
<td>Description of Group</td>
<td>Contact Tel.</td>
<td>TA/VGE</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>RESPONDENT DETAILS</th>
<th>COMPLAINANT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name</td>
<td>Full name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone No. (home/cell) IF ANY</td>
<td>Phone No. (home/cell) IF ANY</td>
</tr>
<tr>
<td>Email</td>
<td>Email</td>
</tr>
<tr>
<td>Date of complaint resolution</td>
<td>Location</td>
</tr>
</tbody>
</table>

## SUMMARY OF RESOLUTION

(a) Brief description of Complaint:

(b) Brief description of Resolution

## SIGNATURES

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Complainant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Name of Chairperson</td>
<td>Name of Complainant</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secretary</th>
<th>Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Name of Secretary</td>
<td>Name of Complainant’s Witness</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
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</tbody>
</table>
# ANNEX 4: GRIEVANCE RESOLUTION IMPLEMENTATION MINUTE (GRIM)

**GRIEVANCE RESOLUTION IMPLEMENTATION MINUTE (GRIM)**  

<table>
<thead>
<tr>
<th>RESPONDENT DETAILS</th>
<th>COMPLAINANT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name</td>
<td>Full name</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone No. (home/cell) IF ANY</td>
<td>Phone No. (home/cell) IF ANY</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
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<tr>
<td>Date of complaint resolution</td>
<td>Date of complaint resolution</td>
</tr>
</tbody>
</table>

**SUMMARY OF RESOLUTION IMPLEMENTATION**

**SIGNATURES**

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Complainant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Name of Chairperson</td>
<td>Name of Complainant</td>
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<td>Date</td>
<td>Date</td>
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<tr>
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<th>Witness</th>
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</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Name of Secretary</td>
<td>Name of Complainant’s Witness</td>
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<tr>
<td>Date</td>
<td>Date</td>
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</tbody>
</table>
## ANNEX 5: COMPLAINTS LOG

<table>
<thead>
<tr>
<th>Date and complaint from</th>
<th>Complaint e.g. non-issuance of ID</th>
<th>Officer/department complained against</th>
<th>Nature of complaint/service issue, e.g. delay</th>
<th>Type of cause – physical (e.g. system failure), human (e.g. inefficient officers, slow, unresponsive) or organization (e.g. policies, procedures, regulations)</th>
<th>Remedy granted</th>
<th>Corrective/preventive action to be taken</th>
<th>Feedback given to complainant</th>
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<tbody>
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ANNEX 6: SAMPLE OF A CONTRACTORS CODE OF CONDUCT

1.0. 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 infrastructure development interventions for the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project. The Codes of Conduct are to be adopted by contractors. The social risks that may arise include but not limited to Gender Based Violence (GBV), Violence Against Children (VAC), HIV and AIDS infection/spread, and occupational health and safety.

2.0 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, labour, 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 Labour
This involves employment of under age. 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 labour.

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 behaviours 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 sexualise 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.

**Survivor/Survivors**
This is defined as the person(s) adversely affected by GBV, VAC, and child labour. Women, men and children can be survivors of GBV, VAC, and child labour.

**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 labour.

**Work site**
This is defined as the area in which infrastructure development works are being conducted, as part of interventions planned under the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project, 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, even in the event that national legislation of the country into which the code of conduct is introduced has a lower age. 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, organisation or other institution that has been awarded a contract to conduct infrastructure development works in the context of the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project 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 labour 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 labour 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 labour and other relevant issues with the work force.

### 3.0 CODES OF CONDUCT
This chapter presents three Codes of Conduct (CoC) for use:

1. **Contractors Code of Conduct**: Commits the contractor to addressing GBV and VAC issues;
2. **Manager’s Code of Conduct**: Commits managers to implementing the Company Code of Conduct, as well as those signed by individuals; and,
3. **Individual Code of Conduct**: Code of Conduct for each individual working on Malawi COVID-19 Emergency Response and Health Systems Preparedness Project funded projects

### 3.1 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 behaviours which guard against any form of abuse and exploitation. In order to prevent Social risks, the following core principles and minimum standards of behaviour 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, colour, language, religion, political or other opinion, national, ethnic, cultural beliefs/practices, or other status.
3. Do not use language or behaviour 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 favours or other forms of humiliating, degrading or exploitative behaviour is prohibited.
6. Sexual interactions between contractor’s employees and communities surrounding the work place 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 all the applicable international and national legislation including giving terminal benefits to workers who have served for at least three months;

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.

16. Where possible, the contractor should ensure employment of local workforces especially where unskilled labour 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: ___________________________________________________________________
3.2 Code of Conduct for Construction Site Supervisor/Managers Code of Conduct

Site Supervisors at all levels play an important role in creating and maintaining an environment, which prevents workers misconduct. They need to support and promote the implementation of the Contractors Codes of Conduct and enforce Workers Codes of Conduct. Construction site supervisor must adhere to this Code of Conduct. This commits them to develop and support systems, which maintain a safe working environment. Construction Site Supervisor responsibilities include but are not limited to:

1. Where possible, ensure employment of local workforces especially where unskilled labour is required to mitigate social risks;
2. Ensure there is zero tolerance to child labour practices;
3. Promote gender inclusion at all levels;
4. Establish a workers’ committee to oversee issues of workers’ misconduct including GBV and VAC;
5. Ensure compliance to occupation health and safety requirements for all workers;
6. Ensure that workers dress code is adhered to appropriately;
7. Ensure that access to construction sites is restricted to authorized persons; hoarding is provided and that there is proper signage to construction site(s);
8. Facilitate workers training and capacity building on social, environmental and health and safety;
9. Ensure that all workers are sensitized on HIV and AIDS issues, provided with condoms and HTC services;
10. Ensure that fundamental workers’ rights (e.g. working hours, minimum wages, etc) are protected;
11. Ensure that 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 should be strictly prohibited;
12. Ensure compliance to all legal requirements;
13. Supervisors failing to comply with such provision can be in turn subject to disciplinary measures including termination of employment; and
14. Ultimately, failure to effectively respond to some provisions of the code of conduct may provide grounds for legal actions by authorities.
15. Ensure that every employee under his/her supervision has been oriented on the Code of Conduct and has signed.

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 to comply to all rules of this code of conduct. 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 disciplinary action.

Signed by: __________________________________________________________
Signature: __________________________________________________________
Date: __________________________________________________________________

FOR THE EMPLOYER
Signed by: __________________________________________________________________
Signature: __________________________________________________________________
Date: __________________________________________________________________
3.3 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, colour, language, religion, political or other opinion, national, ethnic or social origin, property, birth or other status;
3. Not use language or behaviour towards men, women or children/learners that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate;
4. 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;
5. Not exchange money, employment, goods, or services for sex, with community members including sexual favours or other forms of humiliating, degrading or exploitative behaviour;
6. 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;
7. Attend trainings related to HIV and AIDS, GBV, CAE, occupational health and any other relevant courses on safety as requested by my employer;
8. 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;
9. With regard to 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 absolutely 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.
10. Refrain from any form of theft for assets and facilities including from surrounding communities.
11. Remain in designated working area during working hours;
12. 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;
13. Wear mandatory PPE at all times during work;
14. Follow prescribed environmental occupation health and safety standards;
15. 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: ________________________________________________