

**The Republic of South Sudan
Ministry of Health**

**Health Sector Transformation Project (HSTP)
(P181385)**

**LABOR MANAGEMENT PROCEDURES (LMP)
(DRAFT)**

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DRAFT

1. INTRODUCTION

1.1. BACKGROUND

This Labor Management Procedures (LMP) has been prepared for the South Sudan Health Sector Transformation Project (HSTP) which will ensure compliance with Environmental and Social Standard on Labor and Working Conditions (ESS2) of the World Bank's Environmental and Social Framework (ESF) and the relevant national legislation and regulations of the Government of South Sudan. ESS2 requires that Borrowers develop and implement written labor management procedures applicable to the project. Accordingly, the purpose of this LMP is to facilitate the planning and implementation of the project by identifying the main labor requirements, the associated risks, and the procedures and resources necessary to address the project-related labor issues. The LMP sets out general guidance relevant to different forms of labor but also issues and concerns that relate to emergency preparedness considerations.

The HSTP builds on the Covid-19 Emergency Response and Health Systems Preparedness Project (CERHSP) and its Additional Financing which provided health service delivery, as well as Covid-19 emergency response and health systems strengthening to three states of Jonglei, Upper Nile and Unity. The HSTP is designed to expand access to an essential package of health and nutrition services to the whole of South Sudan. The project objective is the provision of essential health and nutrition nationwide. The project will focus on the following key main areas:

- Improve the availability of essential medicines at health facilities through strengthened supply systems including the last mile delivery.
- Delivery of high impact essential health and nutrition services nationwide through health facilities including refugees and host communities.
- Expand and strengthen the Boma Health Initiative (BHI) to deliver basic health services at the community level.
- Responding to and minimizing the impacts of climate change on the population, health systems and the project.
- Strengthen the health systems of the country to increase access to health services and capacity improvements, with an emphasis on developing the stewardship capacity of the MOH.
- Develop systems and procedures for the Health Management Information System with an emphasis on supporting the collection of routine data through the DHIS2.
- Improve the health system's ability to prepare and respond to health emergencies.
- Improve health services quality in the country and enhance the health sector stewardship and financing capacities both at the national and state level.

1.2. SECTORAL AND INSTITUTIONAL CONTEXT

1.2.1. Healthcare Outcomes

South Sudan faces significant challenges that adversely impact its human capital with one of the lowest human capital indices (HCI) scores at 0.31. In the country, 31 out of every 100 children are stunted, increasing the risk of physical and cognitive impairment, which can ultimately affect the adult survival rate. South Sudan's adult survival rate is 0.68; once a child reaches the age of 15, under current conditions, they have a 68 percent chance of surviving to the age of 60.¹¹ Factors

such as widespread violence, limited human resources for health, and inadequate health infrastructure further contribute to the low HCI.

South Sudan's health outcomes rank among the poorest in the world. As of 2021, life expectancy at birth is one of the lowest in the world, estimated at 54.98 years, and the under-five mortality rate was 98.69 per 1,000 live births from 2017 to 2021. The country has the highest neonatal mortality globally at 39.63 per 1,000 live births. The health system is systemically underdeveloped, with 71 percent of the population residing over five kilometers from the nearest health facility.

South Sudan is one of the most hazardous places in the world to give birth with the highest maternal mortality ratio globally at 1,223 per 100,000 live births. This is driven by both demand and supply side constraints with only 41.8 percent of births taking place in facilities. On the supply side, poor health facility infrastructure, limited availability of reproductive and maternal health services, lack of adequate medical supplies and pharmaceuticals, skilled health worker shortages, and inadequate arrangements for patient privacy act as barriers. Notably, only 38 percent of CEmONC facilities are partially functional and cesarean sections are only available in major urban areas, accounting for only 1 percent of all deliveries, much lower than the expected rate of necessary cesarean sections at around 10-15 percent. Rural areas during the rainy season often experience stockouts of life-saving medications and supplies, and health worker shortages since they are unable to reach these rural communities. Conflict has also taken its toll on the health infrastructure, further contributing to supply disruptions and shortages.

Low demand for reproductive and maternal healthcare is a key barrier to accessing reproductive and maternal health services. The 2020 Lot Quality Assurance Survey showed only 28.8 percent of expectant mothers received four antenatal care visits. Cultural norms and a preference for larger families dampen the demand for reproductive and maternal health services. Even when women show interest in family planning, they often encounter barriers to access. The combination of a contraceptive prevalence rate of only 6 percent, persistent high fertility rates, and challenges like early marriage precipitate adolescent childbearing. One in 3 adolescent girls in South Sudan have begun childbearing, which increases the risk of maternal mortality and childbirth injuries like obstetric fistula. Acute malnutrition remains a major public health emergency in South Sudan. As of November 2022, 6.6 million people, or over half of South Sudan's population, experienced high levels of acute food insecurity, classified as a crisis (Integrated Food Security Classification, IPC Phase 3). Of those, 2.2 million people are experiencing emergency condition (IPC Phase 4) acute food insecurity and an estimated 61,000 people in catastrophe (IPC Phase 5) acute food insecurity in Fangak, Canal/Pigi and Akobo of Jonglei State; Pibor County in the Greater Pibor Administrative Area.

The country grapples with frequent disease outbreaks exacerbated by conflict, persistent seasonal flooding, inadequate sanitation and water infrastructure, a fragile health system, and low vaccination coverage. Preventable and curable climate sensitive diseases, such as malaria and cholera, are leading causes of death in the country. WHO and UNICEF estimate that only 49 percent of children receive the Pentavalent 3 vaccine. The country also has one of Africa's lowest measles immunization coverages estimated at 49 percent for the first dose of the measles vaccine, while a 95 percent coverage rate is needed to substantially reduce transmission. Additionally, the 2017 EPI coverage survey estimated that only 18.9 percent of children are fully immunized, contributing to the high levels of vaccine preventable diseases.

1.2.2. Health System and Service Delivery Challenges

Substantial supply and demand side health service delivery challenges persist across all health services. Supply-side issues include very limited physical infrastructure, supply stock-outs, severe health service delivery capacity gaps, and a long history of suboptimal health service delivery. While historically, the focus has been on supply side challenges, demand side issues require equal attention. The Boma Health Initiative (BHI), is a community health worker program, targeting these issues by improving community level interventions and bridging the gap between health service supply and demand.

Health and health service delivery in South Sudan are intertwined with climate change and the country's climate patterns. The heavy annual flooding in the country seizes ground transportation annually, making road transport to most rural areas impossible and severely limiting air transport. As a result, supply lines are cut off and staff movements are difficult. Patient travel to facilities, which is by foot in most areas year-round, is further hampered. The record level flooding between 2019 and 2022 further impacted service delivery; for example, in 2021, 121 health facilities and 69 nutrition facilities were destroyed by floods. Simultaneously, transmission of water and vector borne diseases increase annually during this period, causing spikes in diarrheal diseases and malaria, which account for 8.59 and 8.07 percent of the country's burden of disease, respectively.

The overall response to Sexual and Gender Based Violence (SGBV) remains inadequate in reach, quantity and quality. There is a severe shortage of medical personnel trained in Clinical Management of Rape (CMR) and basic psycho-social support is insufficient. Across the country health professionals seldom receive training in counseling and psycho-social care. Specialized mental health expertise is virtually non-existent, with currently only one South Sudanese psychiatrist working for the entire country. Some organizations have integrated Mental Health and Psycho-Social Support (MHPSS) into the package of services they support but remain at small-scale, high cost and mostly provided by international staff, limiting their ability to be expanded to meet the needs of the population.

South Sudan's health system is characterized by fragmentation and minimal Government engagement. Since 2013, health service delivery has been supported through external financing from the World Bank, through UNICEF and ICRC, the European Union (EU), GAVI through a consortium led by Crown Agents and bilateral donors including the United Kingdom (UK), United States, Canada, and Sweden. Although donor coordination has resulted in improved service delivery While donors have strengthened coordination between the two geographical coverage areas, including delivering the same package of services and harmonizing monitoring along with the HRH incentive scheme, the two areas have separate management structures creating inefficiencies and coordination challenges.

The Government contributes a mere 4 percent of its budget to health demonstrating its minimal commitment to the sector. Low government contributions to the health sector since 2013 have led to the sector's chronic underfunding and undermine the system's sustainability. Household out-of-pocket expenditures on health exceed government expenditure, potentially as high as 79 percent of total health expenditure. Robust data on household health-related expenditure is unavailable, but estimates suggest that the amounts are high, especially in urban areas. High out-of-pocket health expenditures are a significant constraint to accessing healthcare, also reinforcing inequities across socioeconomic groups, increasing household vulnerability to catastrophic expenditure, and undermining the principles of universal health coverage.

The Health Sector Transformation Project (HSTP) faces substantial **supply-side** and **demand-side** challenges in service delivery, worsened by the **Fragility, Conflict, and Violence (FCV)** context in South Sudan. These challenges persist across all health services and include:

1. Supply-Side Challenges:

- **Limited Physical Infrastructure:** The health system has an inadequate number of health facilities, many of which have been destroyed or are inaccessible due to conflict and natural disasters.
- **Severe Capacity Gaps:** There is a critical shortage of health personnel, compounded by poor training, and the brain drain of qualified professionals due to instability. For example, there is only one psychiatrist in the country, and there are very few medical professionals trained to provide specialized care like the Clinical Management of Rape (CMR) or psychosocial support.
- **Frequent Stock-Outs:** Supply chain disruptions are common due to FCV conditions, making it difficult to ensure continuous availability of essential medicines and medical supplies.
- **Impact of Climate Change:** Heavy annual flooding isolates large parts of the country by cutting off transportation networks. In 2021, floods destroyed 121 health facilities, complicating the already difficult task of delivering health services, particularly in rural areas. This situation worsens the transmission of waterborne and vector-borne diseases, such as diarrhea and malaria, increasing the disease burden during these periods.

2. Demand-Side Challenges:

- While historically the focus has been on supply-side interventions, there are substantial **demand-side issues** that need attention. **Limited access to health services** due to geographical isolation and insecurity in conflict zones significantly reduces demand for healthcare.
- The **Boma Health Initiative (BHI)** is a community-level intervention aimed at addressing these gaps by training community health workers to deliver essential health services and bridging the gap between supply and demand.

3. FCV Context and Security Challenges:

Operating in an FCV context adds **security challenges** to service delivery:

- **Conflict and Insecurity:** Ongoing conflict and intercommunal violence severely hinder access to health services. Many health facilities are located in areas that are unsafe due to active conflict, causing periodic closures and reducing the mobility of health workers.
- **Insecurity for Health Workers:** Health workers and patients face security risks, including attacks on facilities, abductions, and harassment. Health professionals are often reluctant to work in such dangerous areas, further exacerbating staffing shortages.
- **Sexual and Gender-Based Violence (SGBV):** The high incidence of SGBV is exacerbated by conflict. There is an urgent need to scale up health responses to SGBV, including training in CMR, but capacity remains low due to insecurity and lack of trained personnel.

4. Service Delivery Challenges Related to Climate Change:

- **Inaccessibility During Flooding:** Seasonal flooding in South Sudan cuts off road transport to most rural areas, leaving large segments of the population without access to healthcare. Flooding also damages health infrastructure and leads to spikes in diseases such as malaria and cholera.

5. Government Engagement and Sustainability Issues:

- The **Government of South Sudan** allocates only 4% of its budget to health, contributing to the sector's chronic underfunding. This minimal contribution, combined with heavy reliance on external donors such as the **World Bank, UNICEF, WHO, and bilateral donors**, makes the health system unsustainable. There are significant inefficiencies in service delivery due to fragmented coordination between different donor-supported programs.

In summary, service delivery under HSTP is faced with **complex challenges** due to both supply and demand factors. These are further compounded by the **FCV context**, security risks, climate change-related disruptions, and low government funding, all of which require tailored approaches to improve health outcomes for South Sudan's vulnerable populations.

1.3. PROJECT DESCRIPTION AND OBJECTIVES

1.3.1. Project Description

The project is designed to expand access to an essential package of health and nutrition services for the people in South Sudan including refugees, with a scope of support by both available and future financing over the immediate and short-term.

1.3.2. Project Development Objectives

The objective of the Health Sector Transformation Project (HSTP) is to expand access to a basic package of health and nutrition services, improve health sector stewardship, and strengthen the health system.

1.3.3. Project Components

Component 1: Provision of Basic Services of Health and Nutrition Nationwide

The HSTP enabled the delivery of essential health services nationwide, with a focus of improving health availability including to refugees and host communities. Through subcomponents 1.1 and 1.2 UNICEF will contract IPs to deliver health services to designated lots.

Subcomponent 1.1. Delivery of high impact basic health and nutrition services nationwide through health facilities. This subcomponent will deliver cost-effective, high impact essential health and nutrition services through health facilities. The subcomponent aims to cover 1,158 health facilities throughout the project life of the project using a phased approach beginning with 600 health facilities, including 135 health facilities in refugees and host communities' areas.

Subcomponent 1.2: Boma Health Initiative. This subcomponent will invest in expanding and strengthening the BHI to deliver basic health at the community level. Specifically, the component will (i) finance the delivery of health services through the BHI; (ii) increase the coverage of the BHI based on the needs assessment and time plan; (iii) increase the number of female Boma health workers; (v) strengthen supervision, training, supply chain and support for BHWs.

Subcomponent 1.3. Pharmaceutical and Supply Last Mile Delivery. This subcomponent aims to improve the availability of essential medicines at health facilities through strengthened supply

systems. The subcomponent will finance a pharmaceutical supply agent to be responsible of: (i) country-wide pharmaceutical and medical supply distribution of health supplies for health facilities; (ii) last mile logistics including delivery of medical supplies and pharmaceuticals to health facilities.

Subcomponent 1.4: Climate Resilience Health Service Delivery. This subcomponent will enable the broad climate change adaptation through the project with the aim of minimizing the impact of climate change on South Sudan's population, health system and the project. The subcomponent will finance: (i) WASH improvements in facilities; (ii) minor rehabilitation to selected health facilities; (iii) minor rehabilitation of pharmaceutical stores; (iv) solar electrification of health facilities; (v) development and dissemination of climate adaptive and energy efficient rehabilitation guidelines; (vi) development and dissemination of multi-hazard climate emergency preparedness and response plan; (vii) training for health facility, CHD and state UNICEF staff on climate emergency preparedness and response as well as climate and health adaptation.

Component 2: Health Systems Strengthening

This component will be implemented by the World Health Organization (WHO) with the aim of strengthening South Sudan's health system and to facilitate health service access and capacity improvements.

Subcomponent 2.1. Health System Preparedness and Response, Laboratory strengthening and Disease Control. The subcomponent will finance specific activities (i) training and operational support to the Integrated Surveillance and Response (IDSR); (ii) operational and rehabilitation cost for three Public Health Emergency Operation Centers (PHEOC); (iii) development, dissemination and training of trainers on multiphase emergency preparedness and response; (iv) training and staff costs for Points of Entry (PoE) surveillance; (v) update and disseminate laboratory guidelines; (vi) procure laboratory equipment, consumables, reagents and test kits; (vii) develop a laboratory accreditation program and scale up quality management; (viii) Neglected Tropical Diseases training of trainers; (iv) development of NCD's guidelines.

Subcomponent 2.2. Blood Banking and Transfusion. This subcomponent will focus on strengthening the country's blood banking and transfusion system, which currently has very limited reach. It will finance (i) development of guidelines for the proper collection, storage, transport, and use of blood for transfusions; (ii) strengthening existing blood banking services; (iii) development of systems and protocols for the transfer of blood products for transfusion; (iv) conducting community and donor sensitization on the collection and use of blood products.

Subcomponent 2.3: Health Service Quality Improvement. This sub-component will: (i) develop a Human Resources for Health (HRH) policy, strategy, and manual; (ii) implement the national Human Resources for Health Information System (HRHIS); (iii) Review and update the health worker training curriculum; (iv) review and update the essential medicines list and standard treatment guidelines, including rational use of medicines; strengthen the capacity of the Drug and Food Control Authority (DFCA) at the State and National levels through training, development of tools and guidelines, and operational support for testing and supervision; (v) review and update the national quality of care policy and strategy; (vi) review and update the BPHNS; (vii) establishment of a quality of care system through development of guidelines, tools, and standards, training of trainers on quality of care, piloting quality of care teams and supporting national scale up, and support for National and State level quality improvement supervision.

Subcomponents 2.4: Health Management Information System. This subcomponent will (i) finance procurement of ICT equipment at the national level and train staff on data entry and use; (ii) train trainers to develop health facility staff data entry, management, and use capacity; (iii) create interoperability and integration between data systems and ensure data storage and backup; (iv) develop, print, and disseminate SOPs for HMIS data entry and use at all levels; (v) conduct data review meetings and generate data use tools; (vi) Establish and operate the National and State level HMIS and M&E Technical Working Groups; (viii) conduct data quality improvement activities at the facility and national level; (ix) operationalize a national and state level research committee, building on existing structure; (x) conduct an annual health sector review meeting; and (xi) maintain and institutionalize the Health Service Functionality (HSF) Database.

Subcomponent 2.5: Health Sector Stewardship and Financing. This subcomponent will (i) Train National and State UNICEF managers and leaders on leadership, management, policy formulation, operational planning, data use for decision making, and budgeting; (ii) develop annual operational plans at the National and State levels, aligned with the UNICEF's HSSP; (iii) establish health sector coordination units at the National and State UNICEFs by setting up offices; (iv) conduct intersectoral and inter-ministerial advocacy on the determinants of health through the development of materials and health communication activities; (v) develop a Public Private Partnership framework; (vi) conduct a National Health Accounts (NHA); (vii) develop, validate, and disseminate a national Health Financing Strategy; and (viii) develop UNICEF capacity for financial management, with a focus on improved budget execution, and intersectoral advocacy for health sector budget allocations.

Component 3: Monitoring and Evaluation and Project Management

This component will finance costs related to monitoring and evaluation and management of project activities.

Subcomponent 3.1 Third Party Monitoring. The project will finance third-party monitoring of delivery of essential health services under subcomponent 1.1, and will build on arrangements through the CERHSPP, incorporating lessons learned from the project.

Subcomponent 3.2: Data analysis and visualization platform. This sub-component will develop a data visualization and use platform (software) focusing on visual representations of TPM and routine data, inclusive of BHI data.

Subcomponent 3.3: Contract and Program Management Capacity Development. This sub-component will develop the capacity of the PMU (through consultancy work) to manage health service delivery contracts focusing on monitoring health service delivery performance and taking actions; resolution of disputes related to health service contracts; review and feedback on contractor deliverables; liaising and coordinating with other relevant departments within the UNICEF to provide technical guidance to contractors; providing field level supervision to contractors; and developing a contract management manual. The subcomponent will finance: (i) technical assistance and capacity development on contract, environmental and social risk, and program management; and (ii) the development of contract management plan.

Subcomponent 3.4: Project Management. This subcomponent will finance the day-to-day operations of the PMU including project supervision, management, and oversight. The subcomponent will support: (a) PMU staff costs; (b) PMU project supervision and oversight; (c) environmental and social risk management activities; (d) PMU office equipment, stationary, and

other day-to-day operating costs; State MoH project supervisory visits; (f) costs of specialists needed to support the project; and (g) operational costs of the project's Steering Committee.

Component 4: Contingent Emergency Response Component (CERC)

The objective of this subcomponent is to improve the country's response capacity in the event of an emergency, following the procedures governed by Paragraph 12 of World Bank Investment Project Financing (IPF) Policy (O.P 10). The actual activities and their potential implications on environment and social safeguards will depend on the nature of the emergency and response.

2. OVERVIEW OF LABOR USE ON THE PROJECT

The Labor Management Procedures (LMP) applies to all project workers. According to ESS2 of the WB's ESS, project workers refer to:

- People that are employed or engaged directly by the borrower to work specifically in relation to the project (direct workers);
- People that are employed or engaged through third parties to perform work related to core functions of the project, regardless of location (contracted workers);
- People that are employed or engaged by the borrower's primary suppliers (primary supply workers); and
- People that are employed or engaged in providing community labor (community workers).

It is anticipated that human resources for the project will be drawn from a wide array of entities including government bodies, managing organizations, implementing partners, the private sector, and local communities. The objectives of developing the LMP for the project use is:

- Promotion of health and safety at workplaces.
- Promotion of fair treatment, nondiscrimination, and equal opportunity.
- Protection of project workers, including vulnerable and migrant workers.
- Prevention of the use of all forms of forced and child labor.
- Supporting the principles of freedom of association and collective bargaining in a manner consistent with the national law.
- Providing project workers with accessible means to raise workplace concerns.

2.1. CHARACTERISTICS AND NUMBER OF PROJECT WORKERS

At this stage, preliminary numbers and characteristics of workers that may be engaged to implement project activities are provided. The details outlined in this section are subject to change during the course of the Project. However, changes of numbers and characteristics of workers will be updated and embedded accordingly in this document. The different categories of the workers expected to engage in the project are as follow:

2.1.1. Direct Workers

Direct workers are those who will be employed or directly engaged by the Borrower (Ministry of Health) and the Project Management Unit (PMU) to work specifically on the HSTP. These workers will include personnel in the Ministry of Health (MOH) that are assigned direct roles on the project,

the Project Management Unit (PMU) which will be stationed at the MOH, as well as consultants and specialists that are directly hired to the project. It is envisaged that the PMU will be staffed with personnel that possess the relevant background in areas such as financial management, procurement, GBV specialist, environment, and social risk management specialists among others.

These workers will include a variety of personnel assigned to the project, particularly in the Project Management Unit (PMU), which will be located within the Ministry of Health (MOH). Key roles anticipated within the PMU include:

- **Environmental Specialist** to ensure that the environmental and social standards required by the World Bank are upheld.
- **A Gender-Based Violence (GBV) Specialist** with expertise in gender issues to address the heightened risks of sexual exploitation and abuse (SEA), as well as gender-based violence (GBV), in the context of South Sudan's FCV environment.
- **Social Risk Management Specialists** for monitoring and reporting on environmental and social risks, and for engaging communities in stakeholder consultations.
- **Security Management Specialist:** Given the high likelihood of security risks in South Sudan's FCV context, it is recommended that a Security Management Specialist is included in the PMU. This specialist would assess and manage security risks for project personnel, especially in insecure regions where health services will be delivered.
- **Procurement Specialist:** Overseeing Procurement Processes: The Procurement Specialist ensures that all goods, works, and services procured under the HSTP adhere to the World Bank's procurement policies and South Sudan's national procurement regulations.
- **Finance Specialist:** The Finance Specialist develops and implements a robust financial management system, including budgeting, financial reporting, and monitoring project expenditures.

Government Civil Servants

Government civil servants may work directly on the HSTP. This group will include staff from the Ministry of Health (MoH) who are assigned specific roles within the project. These civil servants are direct workers under the project and include health professionals, supervisors, and other support personnel who will be directly engaged by the Ministry.

Various cadres of health workers that are direct employees of the MOH will be supported through the project with incentives in line with the approved incentive scale. The purpose of the funding is to ensure that staff are supported, supervised and capacity built to deliver appropriate health services. However, incentivized civil servants will not be considered project workers and therefore, are not covered by the LMP and will remain subject to the terms and conditions of their existing public sector employment agreement.

Management Organizations (MOs)

The direct workers category also extends to personnel employed by the MOs such as UNICEF and WHO which are engaged in supporting project implementation. These MO personnel are subject to the UN and relevant Agency-specific internal Staff Rules, Policies, Procedures and Guidelines and do not follow local legislation. The timing and number of MO personnel will be defined as part of each MO's respective Standard Form of Agreement for the Delivery of Outputs with the MOH. Implementing Partners (IPs) include NGO partners engaged by the MOs to support the implementation of the project. The timing and number of IPs and their workers will vary depending on the nature and scope of their partnership agreements with the respective MOs.

Direct workers will be engaged in the day-to-day implementation of the project, oversight and reporting to higher management including the World Bank on progress of the project. Direct workers will also be responsible for undertaking all types of procurement, including procurement of services, supplies, and goods; contracting with third parties, designing, and implementing communication and outreach campaigns. Other key roles include monitoring and evaluation of project implementation to ensure fulfillment of project's objectives. Furthermore, direct workers will be in charge of monitoring environmental and social risks of the project, and the reiteration of management plans for mitigating adverse impacts, all in compliance with the WB's ESF and relevant national requirements.

2.1.2. Contracted Workers

Implementing Partners (IPs): These include organizations such as NGOs contracted by the Ministry of Health or other Management Organizations (MOs) (e.g., UNICEF, WHO) to provide specific services or interventions in support of the project. The number and timing of IPs and their workers will depend on the scope and nature of the agreements established with the MOs.

Contractors: Engaged contractors include specialized service providers, contractors and their subcontractors contracted by the PMU/MO and IPs to support the implementation of the project. Contracted workers will have core functions on the project and will include short-time workers hired for the rehabilitation of health facilities, providers of specialized services, as well as casual/unskilled labor preferably sourced from within project host communities. This group also encompasses third party contracting companies who will be engaged on a need basis to provide services that range from third party monitoring to various forms of research, consulting services, capacity building and rehabilitation works. Their selection will be through an open process and best value for money considerations will be applied. The number of contractors recruited will vary depending on the nature and scope of the contract.

Third-Party Monitoring Agency (TPMA): The TPMA plays a critical role in ensuring that the Health Sector Transformation Project (HSTP) adheres to its environmental and social obligations, particularly around Environmental Social Health and Safety (ESHS) compliance. Workers in the TPMA can be considered as contracted workers. The key responsibilities of the TPMA under the HSTP include:

- *Monitoring ESHS Compliance:* The TPMA is responsible for conducting regular assessments to ensure that all project components meet the required ESHS standards. This includes evaluating the performance of contractors, partners, and any involved stakeholders in implementing safety, environmental, and social safeguards. The agency will oversee compliance with national environmental laws, World Bank Environmental and Social Standards (ESS), and any other relevant international best practices.
- *Environmental and Social (E&S) Management:* The TPMA will track the implementation of the project's Environmental and Social Management Plans (ESMPs) and Environmental and Social Impact Assessments (ESIAs). It will assess how effectively the project manages environmental and social risks, including labor management, pollution control, community health, safety, and security.
- *Gender-Based Violence (GBV)/Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) Action Plan:* Monitoring the implementation of the GBV/SEA/SH Action Plan is expected to be one of the TPMA's responsibilities. This involves assessing whether

appropriate prevention and response measures for GBV/SEA/SH are in place and actively being followed by project stakeholders, evaluating the effectiveness of grievance mechanisms and reporting systems for SEA/SH incidents, and monitoring the training and capacity building of workers and community members on GBV/SEA/SH awareness, prevention, and response.

- **Reporting and Recommendations:** The TPMA will provide regular reports to the Project Management Unit (PMU) and relevant oversight bodies, identifying any areas of non-compliance and offering recommendations for corrective actions. The agency will serve as an independent entity to ensure transparency and accountability in project implementation, particularly in high-risk areas.

By including these detailed roles, the TPMA will ensure that ESHS compliance and the management of social risks, such as GBV/SEA/SH, are effectively monitored throughout the project lifecycle. This oversight is crucial, particularly given the FCV (fragility, conflict, and violence) context in South Sudan, where such risks are elevated.

2.1.3. Primary Supply Workers

Primary supply chain workers are those, who will be employed by project suppliers that will be providing goods and non-consulting on an ongoing basis. Examples of some of the supplies include procurement of medicine and medical equipment, project vehicles, office furniture, IT equipment, office consumables, to mention but a few. The Project will contract suppliers in line with the government's procurement legal and regulatory framework. The procurement approach will entail international, national, limited, and direct selection, among others.

2.1.4. Community Workers

Community workers include those employed from local communities such as the Boma Health Initiative (BHI) workers and volunteers. Boma Health Workers are community health workers that are employed in line with the Boma Health Initiative (BHI) Policy and will be incentivized under the HSTP. They provide treatment for simple diseases- Malaria, Pneumonia and Diarrhea and form an active workforce for identification and referral of complicated cases to nearby health facilities. They play an integral role in facilitation of community engagement and messaging. In addition to the Boma Health workers, a network of community-based volunteers will be engaged in the promotion and provision of selected health and nutrition services, demand creation, default tracing, and follow-ups.

2.1.5. Migrant Workers

Domestic Migrant Workers: In the context of the HSTP, migrant workers can include nationals from other regions within South Sudan who relocate to project areas for work. Contractors may be recruited from outside the community, which suggests there may indeed be some degree of labor movement into the project area.

Foreign Migrant Workers: While foreign workers are not expected to be a major part of the workforce, they may be employed in cases where specialized skills are required that are not readily available within the local labor pool. These foreign workers would likely be involved in technical or highly specialized roles.

Despite the relatively limited scope of the project, the recruitment of contractors from outside local communities could still contribute to labor influx and its associated risks. It is important to ensure that all such workers, regardless of origin, are managed carefully, especially in terms of potential gender-based violence (GBV) risks.

2.2. TIMING OF LABOR REQUIREMENT

Direct workers on contract will be contracted for the whole duration of the Project. Moreover, MOH staff will be incentivized for the whole duration of the grant in line with the agreed incentive rate. Borrower Consultants will be hired to fulfill specific assignments as per the applicable terms of reference. Similarly, all other Borrower contracted workers will be contracted for the duration of the assignments assigned to them in line with the scope of the approved terms of reference.

3. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

3.1. LESSONS LEARNED FROM PREVIOUS PROJECTS

Incorporating lessons learned from the South Sudan COVID-19 Emergency Response and Health Systems Preparedness Project and its Additional Financing into the Health Sector Transformation Project (HSTP) is crucial for improving the management of labor risks. A summary of key lessons learned regarding the management of Occupational Health and Safety (OHS) risks, Gender-Based Violence (GBV), Grievance Redress Mechanism (GRM), and engagement of community workers is presented below:

(1) Management of Occupational Health and Safety (OHS) Risks

Lesson Learned: Comprehensive OHS training and compliance monitoring is required:

- *Training and Awareness:* Ensuring that all workers receive thorough OHS training at the start of their employment and ongoing refresher courses. This helps in maintaining high safety standards and reducing the incidence of workplace accidents.
- *Implementation of Safety Protocols:* Clearly defined safety protocols and regular safety audits are essential. Regular inspections and adherence to safety guidelines help in identifying and mitigating potential hazards.
- *Monitoring and Reporting:* Establish robust monitoring and reporting mechanisms for OHS risks. This includes setting up clear channels for reporting safety concerns and ensuring prompt action is taken to address them.

Application to HSTP: Integrate regular OHS training for all project staff and contractors, conduct periodic safety audits, and ensure a transparent reporting mechanism for safety issues.

(2) Management of Gender-Based Violence (GBV)

Lesson Learned: Establishing clear GBV prevention and response mechanisms is necessary:

- *Preventive Measures:* Implement comprehensive GBV prevention strategies, including awareness campaigns and training for all staff on GBV issues.
- *Response Mechanisms:* Develop and communicate clear procedures for reporting and responding to GBV incidents. This includes establishing confidential reporting channels and support services for survivors.

- *Community Engagement:* Engage with the community to raise awareness about GBV and promote a zero-tolerance policy.

Application to HSTP: Implement preventive measures, establish a GBV response mechanism, and ensure community awareness programs are in place to address and prevent GBV.

(3) Grievance Redress Mechanism (GRM)

Lesson Learned: Effective and accessible GRM is crucial for management of labor risks:

- *Accessibility:* Ensure that the GRM is accessible to all workers and community members, including those from vulnerable groups. This might involve providing multiple channels for submitting grievances (e.g., in-person, phone, online).
- *Transparency and Accountability:* Maintain transparency in the grievance handling process and ensure that grievances are addressed in a timely and fair manner. Regularly report on the status and outcomes of grievances to build trust.
- *Feedback Mechanisms:* Incorporate feedback from users of the GRM to continuously improve its effectiveness.

Application to HSTP: Design a GRM that is accessible, transparent, and responsive. Regularly review and update the GRM based on feedback and performance.

(4) Engagement of Community Workers

Lesson Learned: Inclusive and fair engagement practices are necessary:

- *Clear Terms of Engagement:* Define clear terms and conditions for the engagement of community workers, including roles, responsibilities, and compensation. Ensure these terms are communicated effectively.
- *Training and Support:* Provide adequate training and support to community workers to ensure they can perform their roles effectively and safely.
- *Fair Treatment:* Ensure that community workers are treated fairly and have access to the same rights and protections as other workers. Address any issues of exploitation or discrimination promptly.

Application to HSTP: Develop clear engagement terms for community workers, provide necessary training and support, and ensure fair treatment and protection for all workers.

3.2. KEY LABOR RISKS

All workers are affected by the general terms and conditions of employment (e.g., hours of work, overtime, benefits remuneration, termination of employment; disciplinary measures and grievance procedures). Key labor risks related to working conditions in the project could include:

- Risks of exposure to health risks while handling medical specimens, including inadequate understanding of Occupational Health and Safety (OHS) measures.
- Exposure and dealing with biological waste, chemical waste, and other hazardous by-products generated by health care facilities.
- Risks of forced labor for any activities related to the project, from the suppliers, contractors or any third parties.
- Risks of transmission of communicable diseases due lack of awareness of precautionary measures for example, both direct and contracted staff may be at risk of contracting communicable diseases when visiting health facilities.

- SEA/SH and other forms of GBV related risks
- Risks of child labor
- Bribery/collusion, and bullying, harassment, and discrimination risks
- Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment.
- Risk of trauma, mental distress, burn-out for project workers and contractors.
- Security risks that could affect the safety of project personnel and stakeholders include lack of security arrangement, working and operating in high risk/ conflict areas, untrained security personnel, threats to the personal safety of the workers due to intercommunal violence or conflict between opposing forces. These may lead to loss of life, looting and destruction of health facilities by raiding forces on a community and result in displacement of communities and health workers leading to a humanitarian crisis.
- Community health and safety risks, including those related to the engagement of security personnel in the project sites.
- Elite capture.
- Discrimination and exclusion of vulnerable and disadvantaged groups (as separate from Bribery/collusion, and bullying, harassment).

3.3. OCCUPATIONAL HEALTH AND SAFETY (OHS) RISKS

The project involves rehabilitation of healthcare facilities and providing healthcare services. These project activities will result in OHS risks to project workers. The risks include:

- i. OHS risks during rehabilitation of healthcare facilities:
 - risk of fall due to work-at-height (any work performed 2 m above ground is considered as work-at-height).
 - risk of collapse of structure and hitting/trapping workers during rehabilitation of healthcare facility structures.
 - risk from heavy load lifting, particularly during installation of buildings components including risk of falling loads hitting workers.
 - risk of ambient air pollution from demolishing, concrete, plastering, painting works (painting work exposes workers to volatile organic carbons).
 - risk from operation of machines and equipment used during rehabilitation work.
 - exposure to high pitch noise from grinding and cutting works.
 - risk from hot works such as cutting, grinding, and welding for metal work, including risk of electrocution and fire.
 - risk of cuts, bruises, and abrasions.
 - risk of exposure to hazardous chemicals such as cement, fuel, paints, adhesives, admixtures, etc.
 - risk from flying debris affecting workers' eyes.
 - risk from poor housekeeping including tripping, slipping, and falling.
 - manual handling including load lifting by workers.
 - risk from construction traffic including trucks used to transport construction materials and vehicles transporting construction workers.
 - risk to workers from lack of amenities including first-aid station.
- ii. OHS risks during healthcare service delivery:

- risk of exposure to infectious diseases, blood-borne pathogens, and other potential infectious materials during patient treatment and care, and during collection, handling, treatment, and disposal of healthcare waste.
- risk of exposure to hazardous materials and waste including toxic materials used to sterilize medical equipment, solvents, mercury, laboratory chemicals, cleaning chemicals, infectious waste, pathological waste, sharps, chemical wastes, and radioactive waste.
- risk during handling and administering of pharmaceuticals which may pose risks if workers are unintentionally exposed to them.
- risk of exposure to radiation.
- risk of fire.

Mitigation measures to consider for the identified OHS risks include:

- measures for OHS risks during rehabilitation of healthcare facilities:
 - all work-at-height should be done on proper scaffolds; working on drums, barrels, wooden planks, stacks of HCBs and bricks is strictly prohibited.
 - scaffolds should be fully boarded, fitted with guard rails, toe boards, and outriggers.
 - scaffolds should have proper access ladders/stairs.
 - scaffolds should be placed on a firm and level ground.
 - scaffolds should be inspected periodically for their integrity and safety.
 - ladders can only be used for short duration work or inspection which can be done safely.
 - wooden ladders should not be used.
 - do not throw materials and debris from heights.
 - during operating machines, make sure that workers are not working near the machine and access is restrict around the machines in operation.
 - make sure that weights to be lifted are within the capacity of the lifting machines/equipment or mechanism.
 - properly secure the load or any part of the load which might slip and fall during lifting operations.
 - workers should not be underneath the weight to be lifted during the operation, access to the lifting area should be restricted.
 - provide good ventilation of the work area to reduce ambient air pollution.
 - use dust reducing techniques (such as wetting the work area) to limit dust suspension.
 - use earmuffs for high pitch works,
 - use appropriate PPE when handling hazardous materials and waste.
 - maintain housekeeping of work area to prevent risk of fire (remove unnecessary accumulated debris, flammable liquids/gases, wooden materials, plastics, etc.).
 - provide fire arrest equipment, with volume commensurate to the volume and type of flammable materials available at construction area.
 - insulate all open electric conductors.
 - electrical equipment should not be operated in wet environment.
 - hot works should not be done near inflammable materials.
 - hot works area should be covered by screens and only the assigned worker should be in the screened area.
 - hot works should not be done for continuous period, rather allow breaks during hot works to avoid overheating of workers.

- do not leave debris/refuse lying about in the work area, clean up frequently.
 - ensure that all waste is disposed of in the correct bin, segregate wastes.
 - do not obstruct walkways or access with tools or materials.
 - make sure that spilled oil, grease, or liquids are cleaned up from floors.
 - appropriately and frequently dispose cutoff or excess timber, bars, and any other materials.
 - position all cables and hoses out of the way, do not lay cables and hoses across a pedestrian walkway.
 - use mechanical equipment as much as possible to avoid manual handling.
 - workers should be given work based on their physical capabilities and jobs they can reasonably handle.
 - always check the weight of a load before manually lifting.
 - know the correct way of lifting weight before attempting.
 - when working with hand tools, select proper tools for the job, make sure they are in good condition, and use them correctly.
 - use appropriate types of PPE for each work type; wear high visibility vest, hard hat, and safety boots at all times.
 - speed of construction machines, trucks, and vehicles should be controlled in the work area and on public roads.
 - flagmen should be assigned to coordinate site traffic.
 - traffic signs should be used during specific works in progress.
 - safety zones must be created in the work area with the speed of the traffic considered.
 - safety signs should be used to communicate with workers, visitors, and the public.
 - first aid station with first aid and trauma kits should be made available at the work area and should be replenished after use.
 - trained first aider should be available at the work area, at all times.
- measures for OHS risks during healthcare service delivery:
 - prepare infection exposure control procedures and disseminate information on the procedures for healthcare facility workers.
 - immunize project workers (through vaccinations) where necessary.
 - use appropriate PPE such as gloves, masks, safety glasses, gowns, etc.
 - provide adequate amenities such as handwash facilities.
 - develop procedures for handling dirty linen and contaminated clothing.
 - develop procedures for preparing and handling of food in the healthcare facilities.
 - reduction, sorting and disposal of medical waste shall be carried out taking into consideration workers' health and safety in line with the Medical Waste Management Plan (MWMP).
 - needles and sharps shall be handled in safe manner such as using safer needle devices; do not bend, break, or shear contaminated sharps; provide needle containers where needles are used; discard contaminated sharps immediately in appropriate containers.
 - provide appropriate PPE for persons involved in medical waste management.
 - provide washing facilities for persons involved in medical waste management, particularly at waste storage locations.
 - frequently dispose medical waste in accordance with the MWMP, do not allow medical waste to be stored for long in the healthcare facility.
 - store hazardous materials in a safe and secure location.

- develop a plan to control radiation exposure including limit or shield the radiation source and provide PPE designed to protect against near-infrared, visible, and ultraviolet range radiation.
- store inflammable materials away from sources of heat and electricity.
- if possible, provide fire warning system.
- provide fire arrest equipment such as fire extinguishers.
- develop fire emergency response and evacuation plan for the healthcare facility.
- training workers on operation of fire extinguishers, emergency, and evacuation procedures.

3.4. TRANSMISSION OF COMMUNICABLE DISEASES

IP's will be obligated to implement measures to prevent transmission of communicable diseases and provide protections to their workers:

- Train workers to detect symptoms, transmission mechanisms and preventive measures, and what to do if they or a colleague becomes ill while on the job.
- Ensure that Project workers maintain and enforce physical distancing of 1 to 2 meters between themselves and others.
- Ensure that all the procedures are in place to protect workers and that the necessary precautions are adhered to including wearing PPEs, regularly washing their hands or cleaning them with hand sanitizer.
- Allocate a separate enclosed space for isolation if a worker is found to be suspected of infection until that person is directed to a medical facility for treatment.
- All public facing areas in health facilities should be disinfected on a daily basis, without causing alarm to beneficiaries.
- Procedure to follow if a worker becomes sick (WHO guidelines), rules should be strictly enforced to keep sick employees at home and away from the workplace.
- All project workers will be sensitized on the procedure and focal points will be identified to be responsible for office protocols in various locations.

3.5. SECURITY-RELATED RISKS

A series of mitigation measures will be in place, which will be identified through the regular Security Risk Assessments conducted by the IPs, as defined under the Security Management Plan (SMP). The SMP defines the support that MOs will provide to assist the IPs security risk management protocols. These include:

- Conduct of regular security assessments to provide early alert and warning mechanisms on potential and incoming threats to the security of the health workers and IP workers in the project areas.
- Provision training to health workers on identifying security threats.
- Establishment of clear communication structures to the government and forces in the different localities.
- The decision, where appropriate, to suspend activities and evacuation of staff in areas of potential and active conflict. This will be decided on a case-by-case basis between MOs and IPs.

- Mobile outreaches done after security clearance following movement protocols and convoys.
- Operation within humanitarian principles of neutrality and not take any active part in conflict.

Given the Fragile, Conflict, and Violence (FCV) context of South Sudan and the high likelihood of security risks during the implementation of the Health Sector Transformation Project (HSTP), it is critical to include a Security Management Specialist within the Project Management Unit (PMU). The Security Management Specialist would provide essential oversight and guidance in managing security risks to ensure safe project implementation, particularly in areas affected by conflict and instability. The role of the Security Management Specialist includes:

- *Risk Assessment:* The specialist would conduct regular security assessments, identifying and evaluating threats in project areas. This includes considering risks such as armed conflict, community violence, and environmental hazards like flooding, which are common in South Sudan.
- *Security Protocol Development:* The specialist would develop and implement robust security protocols and contingency plans to protect project staff, beneficiaries, and assets. This includes setting up guidelines for safe travel, communication, and evacuation in high-risk areas.
- *Coordination with Local Authorities:* In collaboration with local governments, security forces, and community leaders, the Security Management Specialist would help to secure project locations and ensure the safety of health workers and facilities.
- *Training and Capacity Building:* The specialist would provide training to the PMU, implementing partners (IPs), and health workers on safety and security measures, including personal safety, security awareness, and emergency response strategies.
- *Monitoring and Reporting:* Monitoring security developments and providing regular reports to the PMU and the World Bank on security threats and incidents. This would help in real-time decision-making and adjustments to project activities to avoid disruptions.
- *Crisis Management:* Establishing a crisis management framework, ensuring that the PMU and field teams are prepared to respond to emergencies, including kidnappings, violent attacks, or natural disasters.
- *Liaison with International Organizations:* Working closely with international partners such as the UN, WHO, and UNICEF to share information on security risks and to coordinate security responses in line with international best practices.

By integrating a Security Management Specialist into the PMU, the HSTP can better navigate the security challenges inherent to operating in FCV contexts. This proactive security approach is crucial to ensuring the safety of all project personnel and maintaining continuity in service delivery.

3.6. GENDER-BASED VIOLENCE (GBV)/SEXUAL EXPLOITATION AND ABUSE (SEA)/SEXUAL HARASSMENT (SH)

The economic opportunities created by the HSTP may have the potential to increase risks of GBV including sexual violence, child marriage, SEA and SH to the high vulnerability of beneficiaries, a differential of power between project staff and vulnerable women and girl beneficiaries. Existing factors including conflict, poverty, breakdown in social structures, widespread GBV, child and forced marriage, and negative coping strategies such as transactional sex continue to increase the risk of SEA. Contractors anticipated to be moving to project areas for work brings inherent risks

– many of them will probably be males and recruited from outside their locality. Therefore, strong mitigation measures need to be applied to prevent GBV and SEA.

Mitigation measures:

- Conduct Prevention of sexual exploitation and abuse (PSEA) assessments of all MO engaged Implementing Partners working under the project (MO).
- Provide mandatory PSEA training for all personnel working on HSTP (including health workers, implementing partners personnel) (MO).
- Strengthen GBV service delivery in health facilities by enhancing the capacity of health-care providers to deliver quality care to survivors through training, support, and supervision, including on clinical management of rape and IPV and survivor centered care. (MO) Improve coordination and development of functional referral pathway systems between health and GBV service providers at the national, state and county levels through training, materials, and other support. (MO and IPs).
- Ensure that both women and men are able to participate meaningfully and equitable, with equitable access to project resources and that the project does not discriminate against women or girls or reinforce gender-based violence, discrimination and/or inequalities.
- MO engaged IPs will require staff sign a Code of Conduct and monitor staff behavior to prevent and mitigate the risks of GBV/SEA/SH by contracted employees.
- Implement specific actions and design parameters to ensure the inclusion and participation of women including equal opportunities for employment with NGOs and MOH and promoting gender balance across all cadres of health staff.
- Use gender-sensitive third-party monitoring arrangements including female focus group discussions to provide more insight into the context and nature of these potential risks, as well as further ideas to increase the safety of female workers.
- Develop the capacity of IPs to conduct regular consultations with women and girls including those with disabilities as a standard activity to understand GBV/SEA/SH risks and threats to women and girls accessing health facilities. (MO and IPs)
- Strengthen Grievance Redressal Mechanism (GRM) at all levels including community awareness on PSEA and reporting mechanisms that beneficiaries and community members can report concerns with specific referral pathways for GBV and SEA/SH.(MO).

3.7. FORCED LABOR

In the Health Sector Transformation Project (HSTP), forced labor is a significant risk, especially given the nature of subcontracted and third-party involvement. Here are the main mitigation strategies:

- *Contractor Screening*: Contractors will undergo screening and adhere to provisions prohibiting forced labor in their supply chains.
- *Third-Party Monitoring*: Independent audits of contractors and suppliers will monitor compliance, particularly in high-risk areas.
- *Legal Penalties*: Enforcing legal frameworks that impose severe penalties for forced labor involvement.

3.8. CHILD LABOR

The dire humanitarian situation may lead families to adopt negative coping mechanisms, including child labor. To mitigate the risk of child labor, the Project will:

- Ensure the existence of contractual requirements on prevention of child labor, minimum age of 18 and age verification protocol for each implementing entity.
- Obtaining written confirmation from the applicant of their age.
- Ensuring that contractual requirements are existing on prevention of child labor including awareness sessions on the requirements when needed.
- Where there is any reasonable doubt as to the age of the applicant, request and review available documents to verify age (such as a birth certificate, national identification card or other document or community verification demonstrating age).

3.9. COMMUNITY HEALTH AND SAFETY RISKS

Community health and safety risks in development projects, such as the Health Sector Transformation Project (HSTP), can be diverse and multifaceted. Below are mitigation measures for community health and safety risks:

- *Community Engagement Plans*: Regular engagement with local communities to raise awareness about potential risks and mitigation measures.
- *Health and Safety Protocols*: Strict adherence to health and safety protocols to prevent accidents and exposure to hazards in and around project sites.

3.10. ELITE CAPTURE

HSTP activities may lead to risk of elite capture in the form of project resources and benefits could be biased for the benefit of a few individuals of higher social status. This will impact the benefits drawn from the project to the larger population or the target project beneficiaries. Mitigation measures can be:

- *Transparency and Accountability Measures*: Implementing transparent procedures for the distribution of project benefits and resources to prevent elite capture.
- *Community Monitoring*: Engaging local communities in monitoring the fair allocation of resources and services.

3.11. DISCRIMINATION AND EXCLUSION OF VULNERABLE GROUPS

Discrimination and exclusion risks in the Health Sector Transformation Project (HSTP), can significantly impact their effectiveness and sustainability. Addressing these issues involves recognizing and actively working to include all community members, particularly those who are often marginalized. Key considerations to manage the risk include:

- *Identifying Vulnerable Groups*: Vulnerable groups may include women, children, elderly individuals, people with disabilities, ethnic minorities, and economically disadvantaged individuals. Understanding their specific needs and challenges is essential.

- *Ensuring Equal Access to Services:* Development projects should ensure that all community members, especially those from vulnerable groups, have equal access to health services, education, and other benefits. This might involve making facilities accessible or providing targeted outreach and support.
- *Addressing Discrimination:* Discrimination can manifest in various forms, including bias in service delivery or unequal representation in decision-making processes. Policies and practices should promote inclusivity and prevent discrimination.
- *Promoting Participation:* Involve vulnerable groups in the planning and implementation phases of projects to ensure their needs and perspectives are considered. This can include consulting with community representatives and conducting inclusive stakeholder engagement.
- *Providing Targeted Support:* Specific programs or interventions might be necessary to support vulnerable groups. This could involve tailored health services, financial assistance, or educational programs designed to address their unique challenges.
- *Monitoring and Evaluation:* Regularly assess the impact of the project on vulnerable groups to ensure they are benefiting equally and to identify any emerging issues. Feedback mechanisms should be in place to address concerns promptly.
- *Training and Capacity Building:* Train project staff and stakeholders on issues related to discrimination and inclusion to build a more equitable environment. Awareness and sensitivity training can help prevent unconscious biases and promote fair treatment.
- *Legal and Policy Frameworks:* Ensure that project activities align with national and international standards on human rights and non-discrimination. This includes adhering to policies and regulations designed to protect vulnerable groups.

4. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

The Transitional Constitution of South Sudan 2011 provides the legislative legal framework for labor issues. The public service is governed by the Civil Service Act 2011 (Law Number 11) that covers wages, rest, leave, and benefits in case of employment related injuries. South Sudan major legislation regarding employment and labor include:

- The Constitution of South Sudan 2011
- The Labor Act, 2017
- Work Injuries Compensation Act, 1983
- Social Insurance Act, 1990; Amended, 2008
- Child Act, 2008
- Penal Code ACT 2008, and;
- Worker's Trade Union Act, 2013

Moreover, South Sudan has ratified seven fundamental International Labor Organization (ILO) conventions as highlighted below:

Convention	Date	Status	Note
C029 - Forced Labour Convention, 1930 (No. 29)	29 Apr 2012	In Force	
C098 - Right to Organise and Collective Bargaining Convention, 1949 (No. 98)	29 Apr 2012	In Force	
C100 - Equal Remuneration Convention, 1951 (No. 100)	29 Apr 2012	In Force	
C105 - Abolition of Forced Labour Convention, 1957 (No. 105)	29 Apr 2012	In Force	
C111 - Discrimination (Employment and Occupation) Convention, 1958 (No. 111)	29 Apr 2012	In Force	
C138 - Minimum Age Convention, 1973 (No. 138) <i>Minimum age specified: 14 years</i>	29 Apr 2012	In Force	
C182 - Worst Forms of Child Labour Convention, 1999 (No. 182)	29 Apr 2012	In Force	

The Labor Act 2017 is a legal framework for the minimum conditions of employment, labor relations, labor institutions, dispute resolution and provision of health and safety at the workplace, in accordance with the Constitution of the Republic of South Sudan, 2011, and in conformity with the international and regional obligations of South Sudan. South Sudan has drafted policies and established institutions and responsibilities for Labor management, joined international conventions and developed sector legislation and procedures. Contracted Workers are governed by the Local Labor Law policies. Key provisions among these are presented below.

4.1. NON-DISCRIMINATION

No person shall discriminate, directly or indirectly, against an employee or job applicant in any work policy or practice. No trade union, Employers' association or federation shall discriminate, directly or indirectly in any admission, representation or termination of membership, work policy or practice, collection agreement. This includes any distinction, exclusion, or preference with the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, based on the following grounds: race, tribe or place of origin, national extraction, color, sex, pregnancy or childbirth, marital status, family responsibilities, age, religion, political opinion, disability or persons with special needs; health and HIV/AIDS or membership in trade union or participation in trade union activities.

4.2. SEXUAL HARASSMENT

No person shall sexually harass an employee or an employer. This shall be an offense against an employee and which by its nature has a detrimental effect on that employee's job performance or satisfaction. An employer shall ensure that no person shall sexually harass an employee in the course of such employee's work for the employer. An employer who employs twenty or more employees shall, after consulting with the employees' representatives, issue a policy statement on sexual harassment. The policy statement shall contain, at a minimum: the definition of sexual harassment as specified above; and a statement that every employee is entitled to work that is free of sexual harassment; and that the employer shall take steps to ensure that no employee is subjected to sexual harassment; that the employer shall take such disciplinary measures as the employer deems appropriate against any person under the employer's direction who subjects any employee to sexual harassment; that provides the process for bringing complaints of sexual harassment to the attention of the employer; that the employer will not disclose the name of a complainant or the

circumstances related to the complaint to any person except where disclosure is necessary for the purpose of investigating the complaint or taking disciplinary measures in relation thereto; and that an employee who brings a complaint of sexual harassment in good faith shall not be disciplined, demoted, dismissed or otherwise prejudiced in such employee's employment with the employer as a consequence. Sexual harassment does not refer to behavior that is mutually acceptable to the parties involved. Friendships, whether sexual or otherwise, are a private concern and should be kept out of the workplace. An Employer shall make rules and regulations against sexual harassment to govern employer and employees in the place of work. The employer shall bring the policy statement to the attention of each person under the employer direction employee's work for the employer.

4.3. EQUAL REMUNERATION FOR WORK OF EQUAL VALUE

Every employee including people with disabilities shall be entitled to equal remuneration for work of equal value. Every employer shall take steps to guarantee equal remuneration for every employee for work of equal value. Work of equal value is work, which requires of workers a comparable amount of knowledge attested to by a qualification, or work experience, capacities derived from acquired experience, responsibilities and physical or intellectual effort. Any unilateral decision by an employer or group of employers and any provisions of any agreement of whatever nature, which contravenes the provisions of this section shall be deemed null and void. The rate of remuneration of employees who have been prejudiced by any discriminatory decision or agreement shall be replaced by the rate of remuneration attributed by virtue of that decision or agreement to the other employees. An employee who has been paid remuneration at less than the rate to which such employee is entitled in keeping with the equal pay rule, shall have the right to recover from the employer the amount by which such employee has been underpaid. The Ministry of Labor, Public Service and Human Resources Development has the right to apply this section without prejudice to subsection above.

4.4. FREEDOM OF ASSOCIATION

All employees and employers, without restriction whatsoever, shall have the right to establish and, subject only to the rules of the trade unions or Employers' Association concerned, join trade unions or Employers' Association of their own choosing.

4.5. PROHIBITION OF FORCED LABOR

No person shall engage in the recruitment or use of forced labor or assist any other person to engage in such activities. For the purpose of this sub-section, the following shall not constitute forced labor: any work or service exacted by virtue of compulsory military service laws or for work of a purely military character, provided that the recruitment of children for use in armed conflict shall be deemed to be forced labor; any work or service which forms part of the normal civic obligations of citizens of South Sudan; any work or service exacted from any person as a consequence of a conviction in a court of law, provided that the work or service is carried out under the control and supervision of a public authority and that the person is not hired out to or placed at the disposal of any private person, company or association; any work or service exacted in case of emergency, such as in the event of war, natural disaster or threat of natural disaster or calamity, or any other circumstance that may endanger the existence or the wellbeing of the population or part of it; or Minor community service performed by any member of a community in the direct interest of the community, provided that the members or the representatives of such community are consulted.

4.6. ILLEGAL MOVEMENT OF EMPLOYEES

No person shall organize, or assist in the organization of, illicit or clandestine movement of one or more Employees into or out of South Sudan for the purposes of having the Employee perform work for: (a) the person who organized or assisted in the organization of the illicit or clandestine movement; or (b) a third party. An employer shall not employ or engage for the purposes of performing work an employee whom the employer knows to be illegally present in South Sudan.

4.7. MINIMUM WORKING AGE

This section shall apply to all forms of work performed by children, whether or not the child is an employee. Subject to the provisions of sub-section (3) this section, no person shall engage or permit the engagement of a child under the age of 14 years to perform works defined under section 13 as worst forms of work in this Act. The prohibition established under sub-section (2) above shall not apply to children's work in school or in other training institution for educational or vocational purposes, if such work is carried out in accordance with conditions prescribed by the Minister, after consultation with the Council, and is an integral part of: a course of education or training for which a school or training institution is primarily responsible; a program of training approved by the Minister; or a program of orientation designed to facilitate the choice of an occupation or of a line of training. Without prejudice to the provisions of section 25 of the Child Act, 2008, and in line with this section, a child who has attained the age of twelve years may be engaged to perform light work, provided that such work: is not harmful to the child's health or safety, or the child's moral or material welfare or development; and does not interfere with the child's attendance at school, participation in vocational orientation or training programs approved by the Minister or the child's capacity to benefit from instruction received.

4.8. WORST FORMS OF CHILD LABOR

No person shall engage or permit the engagement of a child under the age of eighteen years in any hazardous work, which constitutes the worst forms of child labor. The worst forms of child labour shall include: (a) all forms of slavery or practices similar to slavery, such as sale and trafficking of children, debt bondage and serfdom, forced or compulsory labor, and forced or compulsory recruitment of children for use in armed conflict; (b) the use, procurement or offer of a child for prostitution, for the production of pornography or for pornographic performances; (c) the use, procurement or offer of a child for illicit activities, in particular for the production and trafficking of drugs as defined in international treaties as ratified by the government; (d) Work, which by its nature or circumstances in which it is carried out, is likely to harm the health, safety or morals of the child.

4.9. RIGHT TO PRIVACY

During the course of selecting, appointing, engaging or employing an employee, or following the termination of an employee's contract, an employer or Private Employment Agency shall not: (a) collect any personal data that is irrelevant to the inherent requirements of the position; (b) cause or permit any personal data collected to be accessed or disseminated for reasons other than those for which it was originally collected or as otherwise provided by law; or (c) store any Personal data related to an employee for a longer period than is required for the specific purpose for which such data was collected. (2) An employer shall have the right to access personal data pertaining to that

employee that is held by another employer or Private Employment Agency and to request removal or correction of irrelevant or inaccurate data. (3) An employer may establish rules and limits on, or prohibit the use of the employer's information technology for personal purposes. (4) The use of remote surveillance facilities at the workplace for the purposes of monitoring is prohibited. (5) Without prejudice to sub-section (4) above, the employer may use remote surveillance facilities at the workplace for the protection and safety of persons and property, or as part of the productive process, in which case the employer shall inform employees of the existence and the purpose of such facility.

4.10. DISPUTES REGARDING FUNDAMENTAL RIGHTS AT WORK

If there is a dispute about the interpretation or application of any provision of this chapter, any party to the dispute may report the dispute in writing to the Commission for Conciliation in accordance with Section 102 of this Act. (2) If the dispute remains unresolved following conciliation, any party to the dispute may appeal to the Labor Court for adjudication.

4.11. EMPLOYMENT CONTRACTS

An employment contract may be oral or written and may be for a definite period, an appropriate period or the performance of a specific task. An employer may require an employee to serve a probationary period, provided that such probationary period shall not exceed 3 months. If, upon the expiration of a contract for a definite period, an employee continues working without the express dissent of the employer, the contract shall be deemed to be renewed on the same terms and conditions as the expired contract. Where an employee's employment continues for a total period of two years, the employee shall be deemed to be employed under an employment contract for an indefinite period.

Every employment contract shall contain all such particulars as necessary to define the rights and obligations of the parties including name of employer and place of employment, name of employee, place of employee, duration of employment, appropriate period of notice to be given by the party wishing to terminate the contract, which shall not be less than the minimum period of notice provided for in the Act. Rates of remuneration and method of calculation, the manner and periodicity of payment of wages and advances of wages, if any and the manner of payment of any such advances. No employment contract shall provide less favorable conditions for the employee than those provided for under the Labor Act and any applicable law, regulation, or collective agreement.

4.12. DISPUTES REGARDING EMPLOYMENT CONTRACTS

If there is any dispute about the interpretation or application of any provision of the Act, any party to the dispute may refer the dispute in writing to the Commission for conciliation in accordance with Section 102 of the Labor Act. If the Commission fails to resolve the dispute within a period of one month from the date of reference, any party of the dispute may apply to the Labor court for adjudication.

4.13. WAGES/SALARIES

All employers shall pay the wages/salaries of their employees without discrimination on the bases of nationality and in the same legal tender as stated in Section 8 (1) and (2) of the Labor Act 2019. Payment shall be made during working hours of working days at or near the place of employment or to bank account advised in writing by employee to employer. Employers shall pay wages/salaries of employees as follows: (a) for employees employed on hourly or daily basis, at the end of each day (b) employees employed for a period of up to one month, at the end of each month; and (c) for employees employed to perform specific task, at the end of completion of the task.

An employer shall pay the net due to the employee and deductions from the wage/salary shall be made for taxes, rates subscriptions provided by law; alimony or child care payments ordered by a competent court; an amount due from an employee as a contribution to a pension scheme; a reasonable amount by way of rent for any accommodation provided by an employer to an employee; an amount on account of monies lent or advanced by the employer, subject to a written prior agreement; an amount for damage or loss to the property of employer provided that the damage or loss is on reasonable grounds proven of negligence and total amount deducted does not exceed the damage or loss actually suffered by the employer. An employee shall be informed of any such deductions.

An employer shall provide an employee, with each payment of wages/salaries with a written pay statement in writing in form and language that an employee understands. An employer shall pay an employee all wages and other accrued entitlements and benefits to which such employee is entitled within 30 days from the date on which employment of such employee was terminated, regardless of the cause of such termination.

If there is a dispute about the interpretation or application of any provision of this chapter, any party to the dispute may report the dispute in writing to the Commission for Conciliation.

4.14. NORMAL WORKING HOURS

The normal working hours for an employee shall not exceed 8 hours per day and 40 hours per week. An employer may require an employee to perform more than eight normal working hours for one or more days per week, provided that the normal working hours of employees engaged in shift work shall not exceed nine hours in a day; proportionately reduced on other days in the week such that the working hours of an employees do not exceed forty hours in a week.

4.15. OVERTIME WORK

When an employee works beyond the maximum normal working hours provided, the extra working hours shall be considered overtime. Overtime shall not apply to employees employed; (a) in a position classified by an employer as senior management position; (b) in case of employees subject to the Civil Service Act, 2011, in position classified as leadership or Super Grade Category position; (c) an employee may be granted leave in lieu of overtime.

An employer may agree with an employee to work more than three hours of overtime work provide in following emergency situations: (a) actual or imminent disaster or accident in order to avert a peril to life or health or to prevent serious damage to property, or to ensure the continued operation

of the undertaking; (n) urgently required work to be done to the plan, equipment, machinery or other property to maintain the undertaking; (c) prevention of damage to perishable goods; (d) Performance of work of vital public importance.

An employer shall pay an employee for overtime on the date of the payment of wages and not later than a month from the date on which the overtime work was performed at the rate of at least; (a) one and half times an employee regular hourly rate, if the overtime work was performed on an ordinary working day and; (b) two times an employee regular hourly rate, if the overtime work was performed on a weekly holiday.

4.16. BREAK REST AND WEEKLY HOLIDAY

An employer shall give an employee who works continuously for more than five hours, a break rest of meal for at least one continuous hour with pay. For the purposes of this section, work is continuous unless it is interrupted by an interval of at least sixty minutes. Any rest period for an employee of less than one half hour shall be considered part of working time.

An employee shall be entitled for a weekend holiday not less than twenty-four consecutive hours. An employer shall permit an employee to take the weekly rest entitlement in subsection on such day as is customary or on a different day as agreed between the employer and the employee.

4.17. ANNUAL LEAVE

An employee is entitled to annual leave with full pay as follows: (a) after continuous service of one year or more but less than three years, twenty-one working days per year; (b) after continuous service of three years or more but less than fifteen years, twenty-five working days per year; and (c) after continuous service of fifteen years or more, thirty working days per year.

An employee may take annual leave at such time or times as agreed between an employee and employer, provided that the employer shall not unreasonably refuse an employee request for annual leave. Untaken annual leave entitlement shall accumulate from year to year.

Where an employee has accumulated two years of untaken annual leave in accordance with subsection above, he or she may, by written agreement with the employer, accept financial compensation for half of the untaken annual leave entitlement. An employee shall receive financial compensation for any annual leave not taken by or paid out to an employee upon termination of employment, irrespective of the cause of such termination.

4.18. PUBLIC HOLIDAYS

All public holidays shall be observed on calendar days. An employee is entitled to paid leave on such days as are declared by the Ministry to be public holidays. An employee who is required to work on a public holiday shall be entitled to: (a) two times that employee regular hourly rate for all time worked on the public holiday or (b) One day paid leave by way of compensation.

4.19. LEAVE FOR VOCATIONAL AND UNION TRAINING OR FUNCTIONS

The employer shall grant leave of absence with full pay to an employee who is a member of a union to attend training, workshop, seminar, or function sponsored by the union internal or external bodies; The union shall furnish the employer with a list of its officials in appropriate time.

4.20. SICK LEAVE

An employee is entitled to 12 days of sick leave on full pay per year of continuous service. An employee may take paid sick leave where the employee is unable to work due to incapacity arising from illness or injury. An employee shall notify his or her employer of the need to take sick leave, and the anticipated duration of such sick leave, as soon as the employee becomes aware of his or her incapacity to work. An employer may require an employee to provide a medical certificate from a government hospital or clinic or private clinic, verifying the employee incapacity arising from illness or injury and the anticipated duration of employee incapacity to work.

4.21. MATERNITY LEAVE

A female employee is entitled, on each occasion she is pregnant, to 90 days maternity leave with full pay; and 45 days for breastfeeding while working for half day as stipulated in subsection below. An employee who takes maternity leave in accordance with subsection (1) above shall take at least 90 days of that leave entitlement immediately following childbirth. An employee who intends to take maternity leave in accordance with this section shall give her Employer at least fourteen-day notice of her intention to proceed on maternity leave. A period of maternity leave taken before the anticipated date of childbirth shall be extended by the time, if any, between the anticipated and actual date of childbirth, and the period of compulsory maternity leave following childbirth shall not be reduced on that account.

An employee who has a miscarriage or a stillborn child, is entitled to leave for six weeks after the miscarriage or stillbirth. Following a period of maternity leave taken in accordance with this section, an employee shall have the right to return to the position that she held immediately before the maternity leave.

An employee who returns to work after maternity leave and is nursing her child is entitled to a period of at least six months from the date of her return to the following: (a) two breaks of thirty minutes each during working day; (b) a reduction of sixty minutes from her daily hours of work or (c) provision of a clean space for baby-seaters in workplace for lactating mothers to breastfeed their babies regularly.

The entitlement to nursing breaks in sub-section above: is in addition to any other rest periods to which an employee may be entitled; and shall be considered as working time with pay accordingly. An employer shall not require or permit an employee who is pregnant or nursing a child to perform work that is hazardous to her health or the health of the child.

4.22. PATERNITY LEAVE

An employee is entitled, on each occasion that his wife is pregnant, to two weeks of paternity leave on full pay, to be taken: within three days after the birth of his child or immediately following

miscarriage by his wife. An employee shall, after paternity leave, have the right to return to the position that he held immediately before his paternity leave.

4.23. COMPASSIONATE LEAVE

An employee who is employed to work more than four days a week and has completed at least three months of continuous service for the employer, is entitled up to three days compassionate leave on full pay each year. An employee may take any part of his or her entitlement to compassionate leave in any of the following circumstances: (a) Illness or injury of the employee's child or spouse; (b) Death of a family member of the employee or (c) Untaken compassionate leave entitlements shall not accumulate from year to year.

4.24. UNPAID LEAVE

An employee is entitled to request a period of unpaid leave for any reason, including for the purposes of: (a) Observing or attending to religious or cultural ceremonies or practices; (b) caring for a family member who is suffering from a serious illness or injury and who depends on the employee for essential care; (c) undertaking study relevant to the work performed by the employee for the Employer; and (d) Accompanying an employee's spouse, in circumstances where an employee's spouse is required to move outside South Sudan for work.

Unpaid leave requested by an employee under sub-section (1) above shall: not be unreasonably refused by the employer; and be subjected to such terms and conditions as are agreed in writing between the employer and the employee.

4.25. NIGHT WORK

An employer who requires Night Work to be performed shall: (a) Obtain an employee written agreement to perform such work; (b) Take special measures to ensure the health, safety and security of employees who perform night work. An employer shall not require or permit an employee who is under the age of eighteen years to perform night work. An employer shall not require or permit an employee who is pregnant or who has recently given birth to perform night work during: (a) the eight weeks leading up to the anticipated date of childbirth; (b) the eight weeks immediately following childbirth; (c) Any other period specified by a medical certificate from a government hospital or clinic or private clinic stating that night work may endanger the health of the employee or her child.

4.26. WORK AWAY FROM PLACE OF RECRUITMENT

An employer shall not allow an employee to leave the work place to another location in or outside South Sudan without written agreement with such employee; If an employee is recruited for employment in a place which is more than one hundred kilometers from the place of recruitment, or is required to move to such a place during the course of employment, the employee shall be entitled to: (a) an additional four day paid leave each year; and (b) Repatriation of an employee and any family members residing with the employee, upon termination of the employment.

The entitlement in paragraph(b) of sub-section of this section shall not apply in circumstances where the employment was terminated: (a) On an employee initiative; (b) In accordance with

Section 76 of the Labor Act; (c) With adequate and sufficient time notice of such transfer; (d) with appropriate travel arrangement costs for his/her family and belongings from current workstation to the new work station; (e) with subsistence allowance of equivalent to 90 days of his/her consolidated salary/wage.

4.27. EMPLOYEES WITH SPECIAL NEEDS

The Minister may promulgate regulations governing employment of apprentices, persons with disabilities and any other category of employee he/she may deem necessary to be protected under this Act.

4.28. DISPUTES REGARDING GENERAL CONDITIONS OF EMPLOYMENT

If a dispute arises regarding interpretation or application of any provision of this Chapter, any party to such dispute may report the dispute in writing to the Commission for conciliation in accordance with Section 104 of the Labor Act. If the dispute is unresolved following conciliation, any party to the dispute may apply to the Labor Court for adjudication.

4.29. TERMINATION OF EMPLOYMENT

An employment contract may be terminated by either party: (a) after continuous service by the employee for one year or more, one month notice to the other party; (b) after continuous service by the employee for six months or more, but less than one year on two week notice to the other party; (c) after continuous service by the employee for less than six months, one week notice to the other party.

Subject to subsection an employment contract for a definite period or for a specified task shall come to an end upon expiry of the defined period or completion of the specified task without either party giving notice to the other party. Notwithstanding the provisions of this section nothing shall prevent: (a) The parties agreeing to a longer period of notice of termination; (b) The employer waiving the right to receive notice of termination upon the request of an employee; (c) The employee accepting payment, instead of notice of termination, equivalent to the total wages/salaries and other entitlements to which the employee shall have been entitled for the period of notice required; (d) Termination without notice for gross misconduct in accordance with section 76 of the Labour Act.

An employer may terminate an employment contract based on any or more of the following reasons: (a) incapacity of an employee to perform work as required by the employment contract; (b) repeated failure by an employee to perform work as required by the employment contract to a satisfactory standard; (c) gross misconduct of an employee at work or in circumstances which have a real and substantial connection to the employment with the employer; or (d) changes in the operational requirements of the employer of which the employee has no capacity to operate.

An employment contract shall not be terminated for the following reasons: (a) If an employee is a member of or participant in any activity of trade union outside working hours or with the consent of the employer within working hours; (b) If an employee is seeking office as or acting or having acted as representative of other employees at workplace of the employer; (c) If employees are filing a complaint or grievance or participating in proceedings against the employer involving an alleged violation of this Act, other laws or regulations or the terms of a Collective Agreement or award;

(d) any of the grounds of discrimination prohibited by section 6 of this Act; (e) absence of an employee from work for reasons acceptable according to the provisions of this Act or authorization by the employer or (f) Failure by the employer to provide an employee with any entitlements provided for under this Act or any other applicable law, Collective Agreement or arbitration award.

An employer shall provide an employee with a written statement of the reason for termination: (a) at the time of giving notice of termination to an employee; or (b) in circumstances where no notice can be served at the time of termination of the employment contract.

5. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

The South Sudan Labor Act, Act No. 64 (2017) established a legal framework for labor related issues including occupational health and safety. The Act is applicable to all employers and employees other than categories mentioned in Chapter 1 sub-section 2 of the Act. All project workers are governed by the Labor Act. The main provisions related to OHS are described below.

5.1. DUTY TO ENSURE SAFETY, HEALTH, AND WELFARE AT WORKPLACE

An employer shall ensure safety, health, and welfare at the workplace for all the employees. Without prejudice to the generality above, an employer shall be responsible for:

- provision and maintenance of good order of any plant, system or procedure of work by ensuring that such plant, system and procedure are safe to the employees at the workplace;
- taking reasonably practicable measures to ensure safety and the absence of risk to health in connection with the use, handling, storage and transport of any article and substance;
- provision of such information, instruction, training and supervision as is necessary to ensure the safety and health at work of every employee, including regular training on the requirements of safety, health and welfare policy adopted in accordance with provisions of Section 111 of the Labor Act;
- prevention of contamination at workplace by protection of any employee from toxic gas, noxious substance or material likely to cause risk to safety or health;
- taking reasonable practicable measures to provide and maintain a safe working environment for employees or other persons present at workplace and provision of clean drinking water; (f) informing and educating employees of any risk from new technologies;
- ensuring that employees participate in the application and review of safety and health measures; and
- generally, inform and consult employees and their representatives on all questions related to workplace health and safety.

When determining what is reasonably practicable for the purposes of the employer duty under sub-section (1) above, the following shall be taken into consideration:

- the likelihood of occurrence of any hazard or risk at workplace;
- harm that may result if such hazard or risk occurred;
- what the employer knew or ought to have known about the hazard or risk and any ways of eliminating or reducing such hazard or risk; and
- The availability, suitability and cost of ways to eliminate or reduce the hazard or risk.

An employer who fails to comply with a duty imposed under this section violates the provisions of this Act. 111.

5.2. DUTY AND RESPONSIBILITY TO IMPLEMENT SAFETY, HEALTH, AND WELFARE POLICY

- An employer shall, in consultation with employees and such other persons as the employer considers necessary, carry out a risk assessment in relation to the safety, health and welfare of employees and other persons present at the workplace.
- An employer shall develop, in consultation with employees and such other persons as the employer considers necessary a safety, health and welfare policy, setting out measures the employer shall take to comply with the requirements of this chapter and any other applicable law or regulation in force.
- The employer shall take practicable steps to implement and ensure compliance with the safety, health and welfare policy developed in accordance with subsection (2) above.
- The safety, health and welfare policy developed in accordance with subsection (2) above shall be reviewed by the employer, in consultation with employees and such other persons as the employer considers necessary, on a regular basis and at any time a change is made to the place or processes of work.
- An employer shall make a copy of the safety, health, and welfare policy available to all employees to whom such safety, health and welfare policy applies.
- An employer shall maintain a copy of the risk assessment and safety, health and welfare policy at the workplace or place of business for review by a labor inspector.

5.3. EMPLOYEE DUTY TO COMPLY WITH SAFETY, HEALTH, AND WELFARE MEASURES

- An employee shall comply with all measures implemented by the employer in accordance with the employer duties under Sections 110 and 111 of this Act.
- The requirements of sub-section (1) above include but are not limited to, using such safety appliances, fire-fighting equipment and personal protective equipment provided by the employer in compliance with employer instructions.
- Repeated failure by an employee to comply with the requirements of sub-section (1) above may be grounds for termination of employment contract in accordance with provisions of Section 72 and 73 of the Labor Act 2017.

5.4. DUTY OF OTHER PERSON TO ENSURE SAFETY, HEALTH, AND WELFARE AT WORKPLACE

Any person who has to some extent is in control of a workplace or means of access to a workplace or egress from workplace or any plant or substance provided for the use or operation of persons at workplace shall ensure, that such premises, means of access to workplace or egress from such premises or plant or substance is safe and without risks to health.

Any person who designs, manufactures, imports or supplies any plant or substance for use at a workplace shall:

- ensure that the plant or substance is safe and without risk to health when properly used;
- carry out or arrange for the carrying out of such research, testing and examination as may be necessary for the purpose of the discovery and the elimination or minimization of any risks to safety or health to which the plant or substance may give rise to such risk;
- take such steps as are necessary to make available in connection with the use of the plant or substance at work adequate information about the use for which the plant is designed;
- any conditions necessary to ensure that, when put to such use, the plant shall be safe and without risk to health; the results of any relevant tests carried out on or in connection with such substance.

Any conditions necessary to ensure that the substance shall be safe and without risks to health when properly used. Any person who erects or installs any plant for use for work at any workplace where that plant is to be used by employee sat such workplace shall ensure, as far as is reasonably practicable, that nothing about the way the plant is erected or installed makes such plant unsafe or risky to health when properly used. A person who fails to comply with this section violates the provisions under this chapter.

5.5. EXPOSURE TO IMMINENT HAZARD

An employer shall take immediate steps to stop any operation or activity and evacuate all employees present if there is an imminent danger to safety and health of employees. If an employee has reasonable grounds to believe that there is an imminent danger to life, safety or health at the workplace, such employee shall immediately report the fact to the immediate supervisor and depart from the situation of hazard. An employer shall not dismiss or take disciplinary action with regards to an employee who has departed from a situation of hazard as provided in sub-section (2) above (4) An employer shall not require an employee to resume work in circumstances where there is a continuing imminent and danger to life, safety or health of such employee.

5.6. DUTY OF EMPLOYER TO NOTIFY LABOR INSPECTOR

An employer shall notify the Labor Inspectorate of any accident, dangerous occurrence or occupational poisoning which has occurred at the workplace no later than forty-eight hours from the moment of the occurrence. If any of the events stated in sub-section (1) above, causes the death of an employee, the employer shall notify the Public Prosecution Attorney immediately.

The report shall be in a written form by the Labor Inspectorate, if the incident causes: (a) death of an employee or other person at workplace; (b) fire or explosion; (c) a serious injury to an employee or other person at workplace or (d) Incapacity of an employee to perform work for one day or more.

An employer shall keep record of all workplace injuries as follows: (a) a copy of record of injuries for at least five years and (b) Make such copy available for inspection by a labor inspector or a person or the representative of the person injured in the incident or whose health and safety was exposed to immediate risk by the incident, or representative of a person whose death was caused by the incident.

If a person injured in an accident dies after the accident is notified under this section, the employer shall send a notice of the death in writing to the Labor Inspectorate as soon as the employer is informed of the death.

If an accident occurs to an employee and the occupier of the workplace is not the employer of an employee injured or killed, the employer of such employee shall immediately report the accident to the occupier and the Labor Inspectorate. The Minister may, on the advice of the Council, prepare a list with all dangerous occurrences to which this section shall apply.

The employer shall also promptly notify the Bank of any incident or accident related to or having an impact on the project, likely to have significant adverse effect on the environment, the affected communities and workers as soon as reasonably practicable but not later than 5 calendar days.

5.7. MEDICAL EXAMINATION

The Minister may, by regulations, require any person seeking employment involving hazardous work or night work to undergo a medical examination before beginning such employment and continue with medical examination at regular intervals during employee's employment.

Any medical examination shall be carried out by a qualified medical practitioner at the expense of the employer. The results of the medical examination shall be kept confidential and not disclosed to any person, other than the person examined, except upon order of competent authority.

Notwithstanding any medical examination required under sub-section (1) above, an employer may not require a pregnancy test or a certificate of such test, when a woman is applying for employment, except if the work is: (a) prohibited or restricted for pregnant women under this Act or any applicable law or (b) If there is a recognized or significant risk to the health of the pregnant woman.

Notwithstanding any medical examination required under sub-section (1) above, an employer shall not require HIV/AIDS screening for an employee or any person applying for work.

5.8. MEDICAL ATTENTION

An employer shall ensure provision of first aid treatment and appropriate medical care for any employee injured or becomes seriously ill at the workplace.

5.9. AMENITIES AT WORKPLACE

An employer shall provide sufficient supply of wholesome water for use of any employee at the workplace. An employer shall provide such other amenities as are required to ensure the safety, health and welfare of employees and other persons at the workplace.

5.10. ADDITIONAL REGULATIONS OF SAFETY, HEALTH, AND WELFARE AT WORKPLACE

After consultation with General Trade union and Employers' Association and upon advice from the Council, the Minister may issue regulations, codes of practice and guidelines establishing additional requirements or guidance for compliance with the duties set out under this Chapter, including but not limited to requirements or guidance related to:

- (1) Representation and consultation of employees on matters of safety, health and welfare at the workplace.
- (2) Particular types of work, including work: (i) at height; (ii) in confined spaces; (iii) with hazardous substances; (iv) with heavy machinery; and (v) With electricity.
- (3) To particular types of workplaces, including: (i) construction sites; (ii) major hazard facilities; and (iii) mines.
- (4) Testing and notification requirements of persons with duties under Sections 115 and 116 of the Labor Act.
- (5) Notification of incidents in accordance with Section 115 of this Act; and
- (6) Provision of medical attention or amenities at workplace in accordance with Sections 117 and 118 of the Labor Act.

6. GAP ANALYSIS BETWEEN ESS2 AND ESS4 WITH THE NATIONAL LEGISLATION

Conducting a gap analysis between the Environmental and Social Standard 2 (ESS2) and Environmental and Social Standard 4 (ESS4) with the national labor legislation of South Sudan (Labor Act 2017) involves identifying differences and discrepancies between the two sets of requirements. A structured approach to performing this analysis is presented below:

6.1. OVERVIEW OF ESS2, ESS4, AND SOUTH SUDAN NATIONAL LABOR LAW

ESS2: This standard focuses on labor and working conditions, emphasizing the need for fair treatment, non-discrimination, and ensuring safe and healthy working environments. It includes provisions for occupational health and safety, terms and conditions of employment, worker grievance mechanisms, and protections against child labor and forced labor.

ESS4: Focuses on community health, safety, and security, addressing risks to communities from project activities, including OHS impacts on nearby communities and workers. It includes aspects related to managing risks to the community from project activities.

South Sudan National Labor Legislation: The main legal framework includes the Labor Act, 2017, and related regulations. Key areas covered are minimum wage, working hours, employment contracts, occupational health and safety, and protections for workers.

6.2. KEY AREAS FOR GAP ANALYSIS

(a) Risk Assessment and Management

- *ESS2:* Requires regular and thorough risk assessments to identify and manage labor risks to workers. It mandates a comprehensive OHS management system.
- *ESS4:* Includes requirements to assess and manage risks to community health and safety arising from project activities. It requires integrating community risk considerations into project planning.
- *South Sudan Legislation:* The Labor Act mandates risk assessments but may not be as detailed in terms of frequency and scope as ESS2. It does not typically address community risks directly.

- *Gap:* ESS2 and ESS4 have more detailed requirements for risk management compared to South Sudan's national legislation. ESS4 includes a broader scope by addressing community risks, which is not explicitly covered by the Labor Act.

(b) Health and Safety Management Systems

- *ESS2:* Stipulates that employers implement a formal OHS management system, including written policies, procedures, and regular updates.
- *ESS4:* Requires projects to manage health and safety impacts on communities, which includes having plans and measures to mitigate risks to community health and safety from project activities.
- *South Sudan Legislation:* Requires safety policies and procedures but may not provide the same level of detail or formal requirements for the management system.
- *Gap:* ESS2 and ESS4 together impose more comprehensive requirements for health and safety management systems compared to South Sudan's Labor Act. ESS4 introduces a focus on community impacts that is absent from national legislation.

(c) Occupational Health and Safety (OHS)

- *ESS2:* Requires the implementation of a comprehensive OHS management system, including risk assessments, safety training, and emergency preparedness. It also mandates that employers provide appropriate protective equipment and address hazards effectively.
- *South Sudan Legislation:* The Labor Act outlines general requirements for OHS but may lack detailed provisions or enforcement mechanisms compared to ESS2.
- *Gap:* ESS2 might have more detailed and specific requirements for risk assessments, safety training, and emergency preparedness than the national legislation.

(d) Worker Training and Awareness

- *ESS2:* Mandates initial and ongoing training for workers on OHS issues and emergency preparedness.
- *ESS4:* While not directly focused on worker training, it emphasizes the need to communicate risks to communities, which indirectly supports training and awareness for those affected.
- *South Sudan Legislation:* Includes provisions for initial training but may not emphasize ongoing training or updates.
- *Gap:* ESS2 requires more extensive and continuous training compared to national legislation. ESS4's focus on community communication indirectly supports training but does not directly address worker training.

(e) Personal Protective Equipment (PPE)

- *ESS2:* Requires employers to provide appropriate PPE, ensure its use, and maintain and replace it as necessary.
- *ESS4:* Focuses on managing community exposure to project-related hazards but does not explicitly cover PPE for workers.
- *South Sudan Legislation:* Typically mandates the provision of PPE but may not have detailed requirements for maintenance and replacement.
- *Gap:* ESS2 has more specific requirements for PPE maintenance and replacement. ESS4 does not address PPE directly but focuses on community protection. South Sudan legislation may not be as detailed in PPE maintenance.

(f) Emergency Preparedness and Response

- *ESS2*: Requires the development of emergency preparedness and response plans, including regular drills for workers.
- *ESS4*: Requires emergency plans to address potential impacts on communities from project activities.
- *South Sudan Legislation*: Generally, requires emergency preparedness plans but may not specify the frequency of drills or the extent of training.
- *Gap*: *ESS2* requires regular drills and comprehensive plans specifically for workers, while *ESS4* focuses on community impacts. National legislation might not specify the same level of detail for emergency preparedness.

(g) Reporting and Record Keeping

- *ESS2*: Stipulates detailed record-keeping of OHS incidents, risk assessments, and safety measures.
- *ESS4*: Requires reporting and management of community health and safety impacts but does not focus on worker specific OHS records.
- *South Sudan Legislation*: Requires record-keeping for OHS incidents but may not have the same level of detail or use records for continuous improvement.
- *Gap*: *ESS2* requires more detailed reporting and record-keeping specific to worker OHS. *ESS4* focuses on community impacts and South Sudan legislation might not be as detailed in its reporting requirements.

(h) Worker Consultation and Participation

- *ESS2*: Emphasizes worker consultation and involvement in OHS decision-making processes.
- *ESS4*: Requires consultation with communities about health and safety risks from project activities.
- *South Sudan Legislation*: Some provisions exist for worker consultation but may not be as comprehensive as *ESS2*.
- *Gap*: *ESS2* requires more structured and formalized worker consultation compared to national legislation. *ESS4* also requires community consultation, which is not a focus of South Sudan's Labor Act.

(i) Hazardous Work

- *ESS2*: Prohibits hazardous work for certain workers and requires strict controls to prevent exposure to hazardous conditions.
- *ESS4*: Focuses on managing risks associated with hazardous activities that could impact the community.
- *South Sudan Legislation*: Includes provisions for managing hazardous work but may differ in definitions and controls.
- *Gap*: *ESS2* has more detailed controls on hazardous work for workers. *ESS4*'s focus on community risks is broader, and South Sudan legislation may vary in its definitions and controls related to hazardous work.

(j) Minimum Age for Employment

- *ESS2*: Prohibits the employment of children under the age of 14, with stricter conditions for light work and hazardous work. It aligns with international standards to protect children from labor exploitation.
- *South Sudan Legislation*: The Labor Act, 2017 sets the minimum working age at 13 for light work and prohibits hazardous work for individuals under 18.

- *Gap:* There may be differences in the definitions of "light work" and "hazardous work" and the exact age limits. ESS2 might have stricter guidelines compared to national legislation.

(k) Terms and Conditions of Employment

- *ESS2:* Mandates that employment terms and conditions be clearly defined and documented, including fair wages, working hours, and leave entitlements. It also emphasizes the importance of written employment contracts and clear terms for termination.
- *South Sudan Legislation:* The Labor Act covers terms and conditions, including minimum wage, working hours, and employment contracts. However, there may be differences in the specifics of wage levels, maximum working hours, and provisions for various types of leave.
- *Gap:* The level of detail and the extent of worker protections in ESS2 might exceed those in the national legislation.

(l) Gender-Based Violence (GBV) and Non-Discrimination

- *ESS2:* Strongly emphasizes non-discrimination, equal opportunity, and the prevention of GBV. It requires measures to address and prevent discrimination and GBV in the workplace.
- *South Sudan Legislation:* The Labor Act includes provisions against discrimination but may not explicitly address GBV or have comprehensive measures for prevention and response.
- *Gap:* ESS2 has more explicit and comprehensive requirements for preventing and addressing GBV compared to national legislation.

(m) Grievance Redress Mechanism (GRM)

- *ESS2:* Requires the establishment of a clear, accessible, and effective grievance redress mechanism for workers. This includes procedures for handling grievances and resolving disputes in a fair and timely manner.
- *South Sudan Legislation:* The Labor Act includes provisions for grievance resolution but may not be as detailed or specific in its requirements as ESS2.
- *Gap:* ESS2 may have more detailed requirements for the design and implementation of GRMs, including specific procedures and timeframes.

(n) Child and Forced Labor

- *ESS2:* Prohibits all forms of child and forced labor and requires measures to prevent and address such practices.
- *South Sudan Legislation:* The Labor Act also prohibits child and forced labor but may have different definitions or enforcement mechanisms.
- *Gap:* Differences may exist in the definitions, prevention measures, and enforcement related to child and forced labor.

6.3. SUMMARY OF FINDINGS

- *Regulatory Alignment:* ESS2 and ESS4 generally aligns with international best practices and may include more detailed and stringent requirements than South Sudan's national legislation.
- *Areas for Improvement:* South Sudan's national legislation may need to be updated or supplemented to fully align with ESS2 requirements, especially in areas such as OHS, GBV, and GRM.

6.4. RECOMMENDATIONS

- *Policy Updates:* Consider updating national labor laws to better align with ESS2 and ESS4 standards, particularly in areas where gaps are identified.
- *Implementation Guidance:* Develop or enhance implementation guidelines to ensure that national legislation meets the requirements of ESS2 and ESS4. For HSTP, ESS2 and ESS4 requirements will be applied to bridge the identified gaps.
- *Capacity Building:* Invest in capacity building for labor authorities and stakeholders to effectively implement and monitor labor standards in line with ESS2.

7. ROLES AND RESPONSIBILITIES

The roles and responsibilities for managing project workers depends on the type of project workers. Direct workers will be managed by the PMU which will be established under the MoH. Also, direct workers under the MOs will be managed by assigned project coordination units under the UNICEF and WHO. Contracted workers will be primarily managed by the IPs, contractors, sub-contractors, and service providers engaged in the project. Primary supply workers will be managed by the primary suppliers. Community workers, such as those engaged under the Boma Health Initiative (BHI) policy, will be managed by the PMU/MOs. Additional details on roles and responsibilities are provided below.

No.	Activities	Responsible Staff
1	Engagement and management of direct project workers	PMU/Project Coordinator, MOs' project coordination units
2	Engagement and management of contracted workers	IPs, contractors, sub-contractors, and service providers will be responsible for engagement and management of contracted workers under them. The Project coordinator and the E&S specialists, as well as the MOs, will be responsible for monitoring E&S risks and mitigation measures for contracted workers.
3	<p>OHS measures implementation and monitoring:</p> <p>i. Implementation of OHS plan/measures during rehabilitation of healthcare facilities.</p> <p>ii. Monitoring of OHS plan/measures during rehabilitation of healthcare facilities.</p> <p>iii. Implementation of OHS plan/measures during healthcare service delivery.</p> <p>iv. Monitoring of OHS of health Care Workers (HCWs) in healthcare facilities.</p>	<p>i. Implementing partners (IPs) and contractors (rehabilitation project managers, contractors' E&S staff).</p> <p>ii. PMU/project coordinator, project E&S specialists, MOs, and relevant regulatory bodies.</p> <p>iii. Healthcare facility management and relevant healthcare facility workers.</p> <p>iv. Ministry of Health or its local counterparts, project E&S Specialists, MOs, relevant healthcare facility technical officers, and relevant regulatory bodies.</p>

No.	Activities	Responsible Staff
4	Training of workers, including raising awareness and training of workers in mitigating the OHS, GBV sensitization, and immunization.	PMU/project coordinator, E&S specialists, GBV specialist and other relevant technical officers
5	Addressing worker grievances	Project coordinator, E&S specialists, and MOs will oversee establishment and functionality of workers grievance mechanisms.
6	Security personnel	Project coordinator, E&S Specialist, GBV Specialist and relevant technical officers
7	The TPMA	Project Coordinator and other relevant technical officers
8	Community awareness	Project Coordinator, E&S Specialist, GBV Specialist and relevant technical officer
9	Implementation and monitoring of GBV/SEA/SH measure	GBV Specialist and E&S Specialist
10	Monitoring and Managing emergency preparedness	Project Coordinator, Relevant Technical Officers, MOs and TPMA

7.1. MINISTRY OF HEALTH

The Ministry of Health, represented by the PMU, will be responsible for:

- Preparing and updating the LMP in consultation with UNICEF and WHO.
- Ensuring implementation of the key provisions of the LMP among its direct staff and consultants.
- Informing engaged contractors and primary supply workers of the provisions of the LMP and ensuring provisions on key requirements are included in the contracts.
- Maintaining records of recruitment and employment process of direct workers.
- Overall management and monitoring that occupational health and safety standards are met at workplaces in line with national occupational health and safety legislation, where applicable, and the WBG General EHS Guidelines and Healthcare Facilities EHS Guidelines.
- Monitoring training of project workers on OHS, where applicable.
- Informing direct staff and contractors of available grievance mechanisms.
- Ensuring all direct workers sign a Code of Conduct.

7.2. MANAGEMENT ORGANIZATIONS

The MOs, UNICEF and WHO, are implanting Component 1 and Component 2, respectively and are responsible for hiring their own respective direct workers. The MOs will be responsible for engaging, supervising, and supporting their respective IPs and contractors which will be contracted to carry-out project specific tasks. MO engaged IPs and contractors are responsible for employing project workers to perform these tasks.

The MOs will be responsible for:

- Supporting the MoH PMU with the review and update of the LMP throughout Project implementation, as required
- Ensuring implementation of the relevant provisions of the LMP among its direct staff and consultants
- Informing MO engaged IPs and contractors of the provisions of the LMP and ensure provisions on key requirements are included in the contracts.
- Management and monitoring that occupational health and safety standards are met at workplaces in line with national occupational health and safety legislation, where applicable, and the WBG General EHS Guidelines and Healthcare Facilities EHS Guidelines.
- Monitoring training of project workers on OHS, where applicable.
- Informing direct staff and MO engaged IPs and contractors of available grievance mechanisms.
- Ensure all direct workers, MO engaged IPs and contractors sign a Code of Conduct.

7.3. ENGAGEMENT AND MANAGEMENT OF PROJECT WORKERS

- UNICEF will be responsible for supervising and supporting the IPs which will be contracted to carry-out project specific tasks.
- The IPs are responsible for supporting the CHD to employ health workers to perform these tasks.
- CHD with support from the IPs and UNICEF are responsible for:
 - Applying this labor management procedure to health workers;
 - Updating this Procedure when necessary in the course of preparation, development and implementation of the Project;
 - Maintaining records of recruitment and employment process of direct workers including signing the Code of Conduct (CoC);
 - Management and monitoring that occupational health and safety standards are met at workplaces in line with national occupational health and safety legislation;
 - Monitoring training of the project workers on OHS; and,
 - Developing and implementing workers' grievance mechanisms and addressing the grievance received from the direct, contracted and subcontracted workers.

7.4. ENGAGEMENT AND MANAGEMENT OF CONTRACTORS/SUBCONTRACTORS

- A comprehensive procurement and contracting process shall be done at the country office with the approval of the Contract Review Committee and guidance of the Senior Management and Regional team.
- All service providers will be responsible for engagement and management of personnel (contracted workers), ensuring compliance with project protocols and providing labor instructions on safety and security.
- UNICEF has added WB safeguarding measures into all the Term of Reference and contracts with its contractors. Standard Operating Procedures for contract management and contract deviations are also being updated; and allocated dedicated contract managers for each of the service providers outlining the OHS and safeguarding measures outlined above including OHS (provision of PPE, training, insurance, emergency plan, etc.), working conditions (wage, rest entitlement, etc.), non-discrimination (female workers, etc.), code of

conduct to prevent GBV, mitigations to child and forced labor (minimum age verification, etc.), worker GRM, and incident reporting.) and non-compliance remedies for potential violation of E&S provisions.

- The measures to manage the contractor will be added in the contractor clauses in the bidding documents to ensure the legality. The clauses will include the mitigation measures for potential labor risks, the rights and wages of workers, terms and conditions of employment, insurance for workers and third party, gender rights, and grievance management procedures, safety requirements such as road safety and emergency plans including agreement with hospitals, contractor's safety supervision staff and PPEs provision. According to the selection criteria, the ones who comply the best will be selected as contractors.
- During the implementation of the payment cycles, UNICEF will organize planned and unplanned visits to the locations where work is being performed. In these visits the progress achieved, health and safety-related, SEA and OHS issues, and child and forced labor employment status will be observed. The site reports will include the KPIs for contractor management and the outputs will be reflected in the monthly reports. In case of non-compliance by the contractors, corrective actions will be taken. In addition, Calls/ meetings are organized with the contract manager, contract specialist and contractors on a weekly basis to address and document any deviations from the contractual arrangements.
- Service providers will be responsible for the following:
 - Comply with OHS mitigation measures included in the ESMF and this labor management procedure. These measures will apply to contracted and sub-contracted workers;
 - Prepare and implement OHS management plans;
 - Maintain records of recruitment and employment process of contracted workers;
 - Clearly communicate job description and employment conditions to contracted workers including signing Code of Conduct
 - Enforce CoC, including the timely reporting of incidents; and,
 - Have a system for regular review and reporting on labor, and occupational safety and health performance.

7.5. MONITORING AND MANAGING THE PERFORMANCE OF NGO, SERVICE PROVIDERS, CONTRACTORS, AND SUB-CONTRACTORS

MOs closely monitors the performance and implementation of the NGO service providers through various methods:

- Review of regular reports of performance.
- Site visits to verify activities carried out.
- Analysis of health indicators, achievements and tasks related to performance and captured in the DHIS system.
- Third party monitoring mechanism in place to verify reports shared by IPs and that exist on ground.
- Use of performance improvement plan mechanisms for partners that are unable to satisfactorily demonstrate improved performance.
- Contractual obligations for financial monitoring to avoid fraud, with potential to result in termination if found.

- Use of Code of conduct documentations and follow up to ensure implementation of spelt out OHS procedures and policies.

7.6. EMERGENCY PREPAREDNESS CONSIDERATIONS

- In some cases, workers may be expected to work on rotational basis so as to minimize the risk of transmission in case on upsurge of cases.
- There shall be provision of PPEs for all health workers.
- Physical distancing, cleaning, and disinfection of surfaces and applicable COVID-19 prevention measures.
- Infected employees will be isolated at home or at a health facility if necessary, and this shall be treated as part of their sick leave in accordance with HR policies.

8. POLICIES AND PROCEDURES

The PMU/MOs along with implementing partners and contractors are required to ensure project workers health and safety through implementation of the Environmental and Social Commitment Plan (ESCP) and this Labor Management Procedures (LMP). This includes implementing OHS risk preventive measures and training as provided in the LMP and the project's Environmental and Social Management Framework (ESMF). In general, the following will be considered:

- Ensure that an appropriate level of management and resources are in place to comply with OHS requirements including provision of OHS staff, Personal Protective Equipment (PPE), logistics, and facilities such as WASH supplies with adequate provision of hygiene facilities (toilets, hand washing basins and resting areas).
- Provide visible commitment and leadership to occupational health and safety through evaluating the indicators of OHS and conducting OHS training.
- Contractors will be required to prepare and implement Occupational Health & Safety guidelines (OHS) following the World Bank Group General Environment, Health, and Safety (EHS) Guidelines and Healthcare Facilities EHS Guidelines, adopt a code of conduct for all workers and establish a worker specific GRM before commencement of project activities.

Implementing partners and contractors shall follow the below procedures and develop specific OHS plan for both healthcare rehabilitation work and service delivery.

- *Objective and Scope:* The objective/goal and scope of the OHS procedures shall be indicated clearly at the start of the plan.
- *Legal Requirement:* The legal and institutional framework against which the project activity will be implemented and specific to occupational health and safety shall be defined and all regulatory requirements the project activity should comply with shall be identified.
- *Identifying Project Activities:* The project activities shall be identified with level of detail required including the activity/work type, materials to be used, equipment/machines/plants/vehicles required, and manpower to be involved.
- *Identifying Hazards:* All anticipated hazards of the project activity shall be identified. The hazards shall include physical, chemical, and biological.
- *Identifying Workers to be Affected by the Hazards:* Specific workers to be affected by the identified hazards shall be listed.

- *Evaluating the Risks and Developing a Plan:* The risks of the identified hazards shall be evaluated considering their likelihood and consequences. A matrix approach can be used to classify the hazard risks. Based on the risks level, develop a plan to mitigate the risks. The measures to be recommended shall follow the mitigation hierarchy of elimination, substitution, engineering controls, administrative controls, and use of PPE.
- *Roles and Responsibilities:* Implementation of the plan requires a clear assignment of roles and responsibilities of various parties involved during project implementation and operations. It should include the roles and responsibilities of senior management, supervisors, workers, OHS officers, first-aiders, emergency contacts, etc.
- *Training and Awareness Creation:* Training and awareness creation plan shall be developed. The training plan for workers shall include general health and safety management and specific measures/procedures for specialized work activities. Further, training on the OHS plan and procedures shall be considered. The training plan shall include:
 - site inductions to be provided for all workers at the time of onboarding and to all site visitors.
 - training on OHS risks assessments.
 - general training on occupational health and safety which covers common work activities, OHS risks, and associated control measures in workstations.
 - specific training on identified project OHS risks.
 - training on safe operation of equipment and machines.
 - toolbox talks shall be conducted before commencement of daily activities.
 - training on emergency prevention and response.
 - training on first aid administration.
 - training on fire safety and emergency procedures.
 - training on ergonomics and manual handling.
 - training on use of PPE.
- *Reporting and Documentations:* Reporting procedures shall be developed. It should indicate the responsibility for routine and periodic reporting and timing. Also, the reporting standard shall be defined.
- *Performance Monitoring:* Key performance indicators shall be identified and monitored during implementation of the OHS measures. The indicators can be (but not limited to) work permits prepared and approved, inductions conducted, toolbox talks conducted, trainings given, site supervisions made, PPE provided, accidents and incidents, lost-time accidents/injuries, and non-conformance and non-compliance cases. The responsibility of monitoring shall be clearly defined.
- *Accidents and Incidents:* All accidents and incidents (including near misses) shall be recorded, responses and remedial measures provided. Accidents and incidents record and response procedures shall be developed.
- *Non-conformance and Non-compliance:* A procedure for recording and implementing remedial measures for non-conformance/compliance cases shall be developed.
- *Emergency Preparedness and Response:* An emergency preparedness and response plan shall be developed in case of accidents and incidents including line of communication, emergency equipment and facilities, nearby health facilities, and remedial measures.
- *Audit, Review, and Update:* The OHS plan shall define the scope, timing, and responsibility of audits. The results of the audits shall be reviewed by the concerned parties and where necessary the OHS plan shall be updated to cater for the audit findings and recommendations.

Additional guideline for OHS plan and performance monitoring are included in Annex I of this LMP.

9. AGE OF EMPLOYMENT

The project will not employ workers under the age of 18 since project activities are harmful to the health of young workers and may interfere with school attendance. The HSTP will require all MOs, implementing partners, contractors, and consultants to verify the identity and age of all workers, using documentation such as a birth certificate, national identification card, passport, or medical or school record. If a child under 18 is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of the child in a responsible manner, taking into account the best interest of the child.

10. TERMS AND CONDITIONS

The key terms and conditions applicable for HSTP are:

- *Normal Working Hours:* Normal working hours shall not exceed 8 hours per day and 40 hours per week.
- *Rest per Week:* A worker is entitled for a weekend holiday not less than twenty-four consecutive hours.
- *Annual Leave:* A worker is entitled to annual leave with full pay as follows: (a) after continuous service of one year or more but less than three years, twenty-one working days per year; and (b) after continuous service of three years or more but less than fifteen years, twenty-five working days per year.
- *Sick Leave:* An employee is entitled to 12 days of sick leave on full pay per year of continuous service.
- *Maternity Leave:* A female worker is entitled, on each occasion she is pregnant, to 90 days maternity leave with full pay; and 45 days for breastfeeding while working for half day.
- *Paternity Leave:* A worker is entitled, on each occasion that his wife is pregnant, to two weeks of paternity leave on full pay, to be taken: within three days after the birth of his child or immediately following miscarriage by his wife.
- *Deductions from Remuneration:* Deductions from the wage/salary shall be made for taxes, rates subscriptions provided by law; alimony or child care payments ordered by a competent court; an amount due from an employee as a contribution to a pension scheme; a reasonable amount by way of rent for any accommodation provided by an employer to an employee; an amount on account of monies lent or advanced by the employer, subject to a written prior agreement; an amount for damage or loss to the property of employer provided that the damage or loss is on reasonable grounds proven of negligence and total amount deducted does not exceed the damage or loss actually suffered by the employer. An employee shall be informed of any such deductions.

11. WORKERS GRIEVANCE MECHANISM

The Ministry of Health is committed to addressing complaints through a dedicated Grievance Redress Mechanism (GRM)/ Accountability to Affected Populations (AAP) that supports beneficiaries, community members but also the service provider personnel and contracted workers

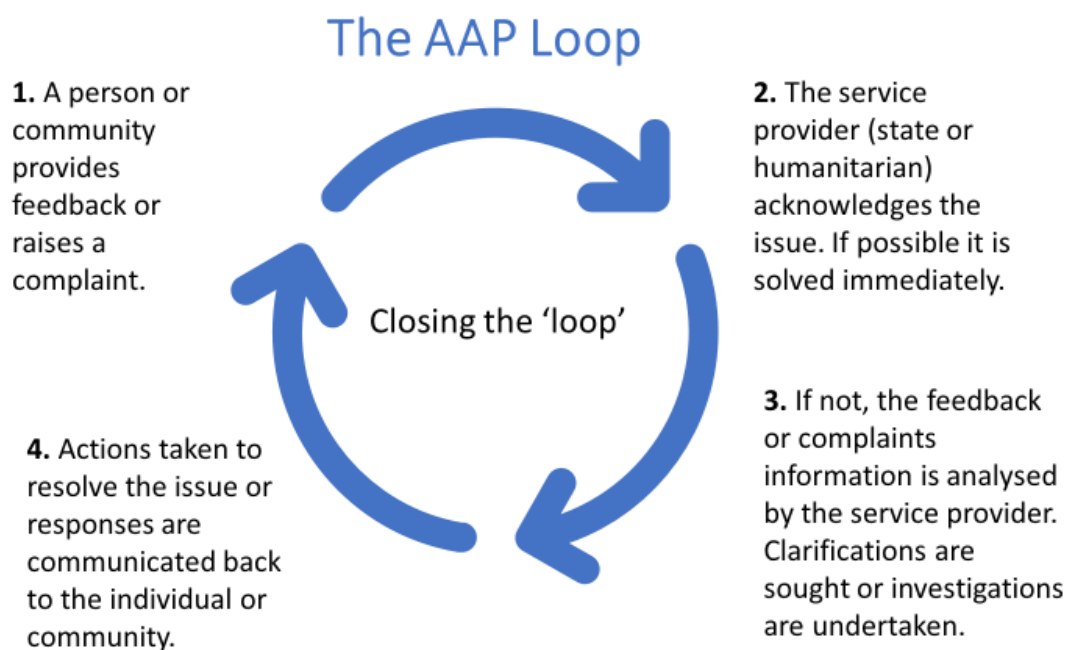
to raise complaints and disagreements related to social, environmental and OHS impacts and standards.

The GRM will also be used to other categories of workers such as direct workers, contracted workers for construction/rehabilitation activities and other related categories during the implementation of the project.

Accountability to Affected Populations (AAP) is “an active commitment to use power responsibly by **taking account of, giving account to, and being held to account** by the people humanitarian organizations seek to assist.” (IASC) A ‘culture of AAP’ entails people-centred programming, participation, evidence-based learning, and a rights-based approach to accountability.

The principles for an effective GRM/AAP as applied by MOH are:

- **Leadership/Governance:** AAP will be considered in program objectives, monitoring, and evaluation (M&E), reporting and partnership agreements.
- **Transparency:** requires sharing program procedures, processes and structureless, including lines of responsibility and authority, with affected populations.
- **Feedback and complaints:** mean actively collecting feedback and complaints from affected populations and learning from them in order to improve program delivery and relationships.
- **Participation:** enabling affected populations, with attention to marginalised groups, to play a role in decision making processes that affect their lives.
- **Design, monitoring and evaluation:** utilising the information provided by affected populations to monitor and evaluate programs, and ensure they know how this occurs.
- **Basic principles on management of complaint:** this includes protection of the whistleblower/victim.



- South Sudan’s commitments and the HSTP AAP system are also an opportunity to establish and strengthen social accountability relationships.

- Social accountability relationships are between providers, the state and citizens.

HSTP project's AAP system will:

- Collect and analyze feedback and complaints.
- Enable access for vulnerable citizens through multiple issue raising streams.
- Recognize, safely and sensitively handle, and pass on allegations of SEA, corruption and child safeguarding breaches.
- Contribute to South Sudan's healthcare commitments.
- Establish and strengthen social accountability relationships.

HSTP AAP system is founded on the community Boma Health Initiative (BHI) approach and utilizes a 5 streams approach with the following actors and their roles:

AAP Actors	Roles
Boma Health Committee Members	Receive feedback and complaints, have regular meetings
Boma Health Workers and their Supervisors	Collect feedback and complaints from households
Women's AAP Champions	Receive feedback and complaints, with a focus on females and PWDs
Health Facility AAP Male and Female Focal Points	Receive feedback and complaints from patients
Partners' AAP Focal Person(s)	Receive feedback and complaints, and digitise others' records
MoH and MO's AAP Focal Person(s)	Receive feedback and complaints, analyse digital records, and share results

The AAP's systems responsibilities:

- The project has zero tolerance for SEA, corruption, and violation of children's safety staff and those connected to its projects.
- MoH/PMU with support from MOs will train all of the AAP system's actors to recognise, handle and report allegations of SEA, corruption and child safeguarding breaches.
- Safely and sensitively forward allegations to the correct authorities through phone and email.
- MoH will monitor PSEA/SEA case management and reporting.

BASIC PRINCIPLES ON MANAGEMENT OF COMPLAINT

When receiving a complaint, always ensure the following to adequately manage the complaint:

- If the complaint relates to corruption or PSEA then the case immediately reports it to MOs through the relevant channels
- Immediate verification/ investigation of the complaint must be undertaken by the IPs.

- Adequate actions to address the complaint must be acted upon without delays to ensure complaints do not escalate further and create tensions among stakeholders.
- Results of the verification together with the adequate actions taken by the IPs to address the complaints must be communicated as feedback to the complainant. The feedback might be done verbally but should also always be provided in writing. Copies of the written feedback should be sent to MOs with the monthly logbook.
- Minutes of any meeting to provide feedback to the complainant or investigate the raised complaint must be taken and copies sent to MOs with the monthly logbook.
- IP should request MoH (CHD, SMoH, MoH) to be present in meetings to respond to major, complex complaints (multiple complaints for multiple health facilities/locations and that have been raised for a while). MoH staff will also attend as much as possible/feasible and will help facilitate the feedback on expectations not covered by the PEHSP.

SEA and Child Safeguarding

Alongside feedback and complaints, any AAP system must be able to handle allegations of SEA, and to sensitively and safely pass them to the correct MO's authorities.

- **Partners must immediately** report SEA and Child Safeguarding allegations through their respective organization internal reporting mechanisms **and** to MOs in country or respective agency's Internal Audit and Investigations (OIAI) through a dedicated email address (integrity1@unicef.org).
- **MO staffs must immediately** report SEA and child safeguarding concerns to UNICEF Office of Internal Audit and Investigations (integrity1@unicef.org), UNICEF Country Representative, or UNICEF PSEA Specialist in South Sudan. There is also a dedicated email address for UNICEF staff to use for reporting (ssd-pseainfo@unicef.org)
- **Community members** can call +211920111333 (English Number) or +211920111888 (Arabic Number). They may also email psea.ss@one.un.org

Corruption

Corruption entails *“the actual or attempted use of deceit, falsehood, or dishonest means (including willful omission) to secure direct or indirect financial or material gain, personal advantage or other benefit, and includes fraudulent conduct, corrupt conduct, collusive conduct, coercive conduct, and obstructionist conduct. It includes attempted fraud (even if unsuccessful).”* (UNICEF)

Corruption is treated **as misconduct and is grounds for dismissal**. It may also lead to UNICEF referring perpetrators to law enforcement authorities and beginning actions to recover losses.

- **Partners and UNICEF should immediately report to** allegations UNICEF's Implementing Partnerships Management (IPM) of the Country Office. They are reachable via email – Sidiki Konneh skonneh@unicef.org; Faisal Abdi Mohamed faamohamed@unicef.org; Leek Edward Chuol lechuol@unicef.org; and/or integrity1@unicef.org. IPs have ESS focal point who will closely monitor SEA and Fraud cases.
- Community members report directly to UNICEF's Director of the Office of Internal Audit and Investigations in New York via its email addresses (integrity1@unicef.org).

The entire grievance collection and redressal process is registered and recorded into the UNICEF digital logbook. This enables the implementation of comprehensive quality assurance processes, with concrete protocols, to ensure that all grievances are recorded and handled in a proper manner.

The grievances related to exploitation of female workers, including sexual harassment and abuse, GBV at the workplace and unfair treatment will be prioritized to take actions.

The number, frequency, topics of grievances and feedback will be analyzed and reported periodically to the related units and administrative level. Based on these detailed reports, the most frequently addressed issues are identified, and improvement activities are initiated.

All service providers will also be required to maintain and/or establish a grievance mechanism for their contracted workers. This will be included in the Term of Reference with the service provider and monitored.

World Bank Grievance Redress System

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

12. CONTRACTOR MANAGEMENT

The PMU/MOs will hire implementing partners (IPs) and contractors. The PMU/MOs will undertake due diligence assessment of IPs' and contractors' labor practices and adherence to the national law, ESS2 and in this LMP. Further, the contract documents will include clauses that refer to the ESCP, SEP, and the LMP requirements. The PMU/MOs will be required to carry out due diligence procedures to identify if there are significant risks from IPs and contracting companies on issues and requirements related to child labor, forced labor, and health and safety of workers. If there are any risks related to child and forced labor, and OHS, the PMU/MOs will prepare the procedures to address these risks and notify the Bank on the same. The PMU/MOs will provide regular reports regarding the performance of the IPs and contractors. During IPs and contractors' selection process, the following information and documents will be collected, reviewed, and recorded.

- Information on public records on violation of applicable labor laws and regulations by the IPs and contractors.
- Business licenses, registrations, and permits, if applicable.
- IPs' and contractors' procedures/policies related to labor management.
- IPs and contractors' personnel qualifications, certification, and experience for labor and OHS management.
- IPs and contractors' qualification and experience to undertake the assigned work.
- Copies of previous contracts the IPs and contractors accomplished showing inclusions of labor management provisions.

- IPs and contractors' incidents and accidents records and notifications made to the concerned authorities.

All contract agreements entered with IPs and contractors will incorporate agreed labor management requirements consistent with the Labor Act, ESS2, and the LMP. The contracts will also include appropriate non-compliance actions including suspension or termination of the contracts.

IPs and contractors are expected to produce periodic reports on the performance of implementation of the LMP including the following:

- Representative samples of employment contracts and signed CoCs.
- Records of training provided for contracted workers to explain occupational health and safety risks and preventive measures.
- Grievances received from workers and their resolution.
- Reports relating to fatalities, and incidents and implementation of corrective actions.
- Records relating to incidents of non-compliance with national labor act, ESS2, and the provisions of the LMP.

Further to the above, the PMU/MOs will conduct monitoring of the implementation of the LMP by IPs and contractors. The monitoring will include inspections, spot checks of project sites, labor management records, and reports compiled by IPs and contractors.

13. COMMUNITY WORKERS

The PMU and MOs will verify that community workers are engaged on a voluntary basis, i.e., with the free and informed consent of the community worker which can be revoked. Further, the PMU and MOs will ensure that no external constraint or coercion has been carried out in obtaining the consent. The consent obtained and agreement reached with community workers will be documented and the record will be kept. The terms and conditions of community workers engaged under the Boma Health Initiative (BHI) will be based on the BHI policy. The PMU and MOs will ensure that the BHI policy is consistent with ESS2 and LMP.

Terms and Conditions for Community Workers

The client must ensure that the terms and conditions of employment for community workers under the Boma Health Initiative (BHI) are compliant with ESS2, particularly regarding labor and working conditions. This includes:

(1) Terms and Conditions of Work

- *Written Contracts*: All Boma Health Workers and volunteers must have clear terms of reference or employment contracts specifying their roles, compensation, working hours, and conditions of service.
- *Fair Compensation and Incentives*: Workers should be fairly compensated, either in monetary or non-monetary terms, and in accordance with local labor laws and BHI policy.
- *Working Hours*: Ensure reasonable working hours and proper rest periods in line with local labor laws.

(2) Health and Safety

- *Safe Work Environment*: Community workers must operate in safe environments with the proper health and safety protections, especially when handling cases of malaria, pneumonia, or diarrhea.
- *Training on Safety Protocols*: Workers should receive training on occupational health and safety (OHS) measures and proper use of personal protective equipment (PPE).

(3) Child and Forced Labor

- *No Child Labor*: Community workers must not include individuals under the legal working age.
- *No Forced Labor*: Participation must be voluntary, and no one should be forced into service under coercion or threat.

Grievance Redress Mechanism (GRM) for Community Workers

A GRM specifically tailored for community workers should be developed to handle complaints, concerns, and grievances related to their working conditions, incentives, or treatment. The GRM should include:

(1) Access to the GRM

- *Confidential and Easily Accessible*: The mechanism must be accessible to all community workers, including volunteers, and ensure confidentiality.
- *Multiple Channels*: Workers should have multiple ways to file grievances (e.g., in person, by phone, online).
- *Language Accessibility*: Ensure the GRM is available in local languages to make it easy for all community workers to utilize.

(2) Process for Addressing Grievances

- *Timely Response*: All complaints should be acknowledged within a set timeframe (e.g., within 7 days) and resolved within a reasonable period (e.g., 30 days).
- *Fair Resolution*: Ensure the GRM provides a fair and transparent resolution process. The outcomes of investigations must be communicated clearly to the complainant.

(3) No Retaliation

- *Protection from Retaliation*: Workers must be assured that no retaliation will occur for raising concerns or filing complaints in good faith.

Monitoring of Community Workers

The client is responsible for regularly monitoring the welfare of community workers and ensuring compliance with ESS2. Responsibilities for monitoring include:

(1) Roles and Responsibilities for Monitoring

- *Project Management Unit (PMU)*: The PMU must assign dedicated personnel to oversee the working conditions of community workers and ensure compliance with terms of employment and safety standards.
- *Regular Site Visits*: Supervisory staff should conduct regular monitoring visits to assess working conditions, ensure compliance with safety protocols, and check for any potential issues related to labor standards.

(2) Reporting

- *Documentation:* Ensure that all incidents, grievances, and non-compliance issues are documented and reported to the World Bank as part of the regular project reporting process.
- *Corrective Measures:* Any deviations from the agreed terms and conditions or violations of ESS2 must be addressed promptly, and corrective actions must be documented and implemented.

14. PRIMARY SUPPLY WORKERS

Primary suppliers to the project include companies that supply medicine, medical equipment, project vehicles, office furniture, IT equipment, etc. Some of these primary suppliers may involve significant risks on occupational health and safety, child labor, forced labor, and SEA/SH. The PMU, MOs, IPs and contractors are expected to conduct due diligence to identify such risks from the primary suppliers' undertakings. The MOs, IPs and contractors should prepare, transmit, and monitor procedures to address the identified risks. It is also required to inquire during the procurement process whether the primary suppliers are accused or sanctioned for any of these risks, particularly if the suppliers are foreign based. The PMU/MOs will also be responsible to monitor the compliance of primary suppliers since they oversee the IPs and contractors.

If a significant risk of child labor, forced labor, or serious safety issues in relation to primary supply workers has been identified, a monitoring and reporting system must be in place to manage these risks.

Identification of Risks

- *Risk Assessment:* Conduct regular assessments of primary suppliers to identify risks related to child labor, forced labor, or unsafe working conditions.

Monitoring Procedures

- *Regular Audits:* Implement regular audits or inspections of primary suppliers to ensure they are complying with labor laws and safety regulations.
- *Corrective Actions:* If any issues are identified, ensure that corrective measures are taken promptly, and follow up to confirm their resolution.

Reporting on Primary Supply Workers

- *Incident Reporting:* Any incidents of child labor, forced labor, or unsafe conditions should be reported immediately to the PMU and the World Bank.
- *Follow-up Actions:* Document the actions taken to address any non-compliance issues, including sanctions against non-compliant suppliers.

ANNEXES

ANNEX I: GUIDELINE FOR OCCUPATIONAL HEALTH AND SAFETY (OHS) RISK MANAGEMENT AND PERFORMANCE MONITORING

The service providers should assign an OHS Focal Point at central level who will be responsible for ensuring compliance with all OHS measures, including the establishing of a daily monitoring and reporting mechanism at field level which can enable the activation of immediate measures.

The OHS measures are required to address:

- (a) identification of potential hazards to project workers;
- (b) provision of preventive and protective measures, including elimination of hazardous conditions or substances;
- (c) training of project workers and maintenance of training records;
- (d) documentation and reporting of occupational accidents, diseases and incidents;
- (e) emergency prevention and preparedness and response arrangements to emergency situations; and
- (f) remedies for adverse impacts such as occupational injuries, disability and disease.

Contractors will be required to prepare and implement Occupational Health & Safety Plans (OHSP) following the World Bank Group General Environment, Health and Safety (EHS) Guidelines, adopt a code of conduct for all workers and establish a worker-specific GRM (accessible for direct and contracted workers) before commencement of the civil works/rehabilitation of health facilities.

Guidance Notes on OHS Management System Implementation

Planning

- OHS Policy
- Hazards identification, risk assessment and determining controls
- Legal and other requirements
- Objectives and programs

Implementation and Operation

- Resources, roles, responsibility, accountability and authority
- Competence, training and awareness
- Communication, participation and consultation
- Documentation and document control
- Operational controls
- Emergency preparedness and response

Checking

- Performance measurement and monitoring
- Evaluation of compliance
- Incidents investigation, nonconformity, corrective and preventive actions
- Control of records
- Internal audit
- Management review

Act

Continual improvement

Questionnaire for Assessment of OHS Management System Performance

Questions	Yes	No	Remarks
1. Does the contractor or healthcare facility have a documented OHS policy that is endorsed by its top management?			
2. Is the OHS policy relevant to its activities and OHS risks?			
3. Has it been communicated across the contractor or healthcare facility and is available to interested parties?			
4. Has the contractor or healthcare facility established an OHS organization with clear roles, responsibilities, and authority?			
5. Have adequate resources e.g. manpower, equipment, finances, training provided for managing OHS?			
6. Has the contractor or healthcare facility established and implemented procedures on hazards identification and risk assessment?			
7. Does these procedures cover main hazards and risks at worksites? Give examples.			
8. Has the contractor or healthcare facility identified hazards and risks from its work sites on the neighboring communities and implemented controls for managing these risks?			
9. Have controls for OHS risks determined and implemented across the organization?			
10. Are the operational controls applied using hierarchy i.e. preventive measures preferred over personal protective equipment etc.?			
11. Does the contractor or healthcare facility have established and implemented a procedure for identification of key regulations and other requirements?			
12. Does there exists and implemented a procedure for monitoring of its compliance for key regulations and other requirements?			
13. Has the contractor or healthcare facility established objectives for managing key hazards and risks?			
14. Are there program established and implemented for attaining the key objectives as identified during risk assessment? Give examples.			
15. Is there a documented and implemented Contractors OHS Management Plan?			
16. Does there exists and implemented a training plan for employees/workers on OHS issues?			
17. Does the training program cover OHS training needs of employees at different levels e.g. senior OHS officials, Project managers, supervisors, consultants, etc.?			

Questions	Yes	No	Remarks
18. Have the training programs conducted for above categories of employees/workers?			
19. Does the contractor or healthcare facility has established and implemented procedure for Toolbox Talks for workers?			
20. Has the procedures for induction training for workers and supervisors established and implemented?			
21. Has the contractor or healthcare facility identified main emergencies and established and implemented procedure for managing such emergencies?			
22. Has the contractor or healthcare facility tested its procedures and their effectiveness for managing emergencies on periodic basis?			
23. Does there exists and implemented procedure for OHS assessments / inspections? How many projects out of total have been covered for OHS assessment/ Inspections in last three months?			
24. How many non-conformities reported and for how many of these, the corrective and preventive actions have been implemented in last three months?			
25. Does there exists and implemented a procedure for incidents recording and reporting? How many incidents and accidents reported during last three months?			
26. Does there exists and implemented a procedure for incidents investigations? How many such incidents been investigated and acted upon by the management during last three months?			
27. Does there exists and implemented a procedure for Management Review?			
28. Has the contractor or healthcare facility conducted management review during last three months?			
29. Has the contractor or healthcare facility been inspected by TPMA during last three months. If yes, give status of follow up actions?			
30. Has the contractor or healthcare facility been inspected by labor Inspectorate during last three months. If yes, give status of follow up actions?			

ANNEX II: CODE OF CONDUCT (CoC)

Introduction

This Code of Conduct establishes guidelines for ethical behavior, legal compliance, and respect for local communities and environments. It applies to all contractors, workers, and their representatives involved in the project and aims to ensure safe, respectful, and lawful behavior at all times.

(1) Compliance with Laws and Regulations

All workers and contractors must adhere to:

- Applicable national and local laws, regulations, and rules of the jurisdiction.
- Project-specific policies, including environmental and social management plans (ESMP).

(2) Compliance with Health and Safety Requirements

Workers must:

- Comply with all health and safety protocols, including wearing and properly using prescribed personal protective equipment (PPE).
- Take reasonable steps to prevent avoidable accidents and report unsafe conditions or practices.
- Ensure that actions do not endanger personal health, safety, or the environment.

(3) Prohibition of Illegal Substances

The use, possession, or distribution of illegal drugs or substances at the workplace or project site is strictly prohibited.

(4) Non-Discrimination

Discrimination against anyone based on family status, ethnicity, race, gender, religion, language, marital status, birth, age, disability, or political beliefs is prohibited. All workers must promote inclusivity and fairness in their interactions.

(5) Interactions with Community Members

All workers and contractors must treat community members with respect, ensuring that their conduct reflects non-discrimination, cultural sensitivity, and a commitment to maintaining positive relationships with the community.

(6) Prohibition of Sexual Harassment

Workers must avoid inappropriate language or behavior, particularly toward women and children. Any form of harassment, abusive conduct, sexually provocative behavior, or culturally insensitive actions is prohibited.

(7) Prohibition of Violence and Exploitation

- Any form of violence, including physical, verbal, or psychological abuse, is prohibited.
- The exchange of money, goods, or services for sex, sexual favors, or other exploitative behavior is strictly forbidden.

(8) Protection of Children

- Workers and contractors must avoid any conduct that harms or exploits children, including child labor, abuse, or neglect.
- Report any suspicions or evidence of child abuse or exploitation immediately.

(9) Sanitation Requirements

Workers are required to use designated sanitary facilities provided by their employer. Open defecation or urination in public or project areas is prohibited.

(10) Avoidance of Conflicts of Interest

Workers must avoid any actions or relationships that could create a conflict of interest or the perception of bias in decision-making. This includes favoritism, nepotism, or personal financial interests that conflict with their professional responsibilities.

(11) Respecting Work Instructions

All workers are expected to follow reasonable work instructions, including those related to environmental and social (E&S) norms. This includes participating in safety drills, adhering to project schedules, and complying with ethical standards.

(12) Protection and Proper Use of Property

Workers are responsible for the proper care and use of project property and equipment. Theft, carelessness, or waste of project assets is prohibited and may result in disciplinary action.

(13) Duty to Report Violations

· All workers and contractors have a duty to report violations of this Code of Conduct. Any incidents involving safety, discrimination, harassment, violence, or non-compliance with health and safety rules must be reported immediately to supervisors or the project management team.

(14) No Retaliation

· Workers who report violations of this Code in good faith are protected from retaliation. Anyone found retaliating against whistleblowers will face disciplinary action, which may include dismissal or legal consequences.

(15) Acknowledgment

I, the undersigned, acknowledge that I have read, understood, and agree to adhere to this Code of Conduct. I understand that failure to comply with this Code may result in disciplinary action, including termination of employment or contract.

Name:

Position/Role:

Signature:

Date: