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MALAWI HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE PROGRAM

PROJECT NO: P505187

Labour Management Procedures

Updated JANUARY, 2025

EXECUTIVE SUMMARY

Malawi's pandemic preparedness is hampered by limited technical capacity, financing, and gender disparities, which impede women's access to healthcare. Climate change is exacerbating diseases like malaria and cholera, especially in children. In response, the Government has requested support from the World Bank to enhance health system resilience and adaptability. The project will focus on four components: (i) strengthen the preparedness and resilience of the health system to manage HEs (Component 1); (ii) improve early detection of, and response to, HEs, through a Multisectoral Approach (Component 2); and (iii) project management and monitoring and evaluation (Component 3). This comprehensive strategy aims to ensure that Malawi's health system can effectively manage both routine and emergency health needs.

The implementation of the Health Emergency Preparedness Response Resilience project is expected to utilize the government, private (consultants or Individual Consults) and community human resources which are available at national, district and community levels. The overall objective of this LMP is to define different types of project workers, including direct workers, contracted workers and supply chain workers, and to have a clear understanding of what is required to manage specific labour issues.

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

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

In order to resolve all grievances effectively, the Project will establish or use the already existing Grievance Redress and Management Committees at National, District and Community levels. Overall the GRM will handle all types of grievances arising from implementation of all the interventions under the Project including work-related grievances. All committees will be trained in management of GBV cases and all referral pathways which will be developed in line

with the requirements of Good Practice Note addressing Gender Based Violence to ensure cases are successfully concluded.

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LIST OF ACRONYMS

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

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1. PROJECT OVERVIEW

The Republic of Malawi, through the Ministry of Health, will implement the HEPRR (the Project), as set out in the Financing Agreement between the World Bank and the Government of Malawi. **The Project Development Objective (PDO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Malawi.**

1.1 Project Components

1.1 Component 1: Strengthening the Preparedness and Resilience of the Health System to Manage Health Emergencies

This component enhances Malawi's health system's preparedness and resilience for managing emergencies with four sub-components to address readiness and response aspects.

1.1.1 Subcomponent 1.1: Enhancing Multisectoral Planning, Financing, and Governance for Improved Resilience to Health Emergencies (US\$ 5.3million)

The subcomponent aims to improve health emergency resilience through multisectoral planning, financing, and governance, including developing National Action Plans for Health Security (NAPHS), One Health, contingency response plans, infection prevention plans integrating climate and health vulnerability assessments into national strategies and addressing gender and equity issues.

1.1.2 Subcomponent 1.2: Strengthening Health Workforce Development (US\$6.4 million equivalent IDA)

The subcomponent aims to improve the health workforce's skills, particularly female participation, and strengthen regulatory and management mechanisms for health and climate emergencies. This will involve training initiatives, enhancing e-learning platforms, and integrating continuous professional development into pre-service curricula and on-the-job training.

1.1.3 Subcomponent 1.3: Improving Access to Quality Health Commodities (US\$6.3 million IDA).

The subcomponent aims to enhance access to high-quality health commodities, particularly during health and climate emergencies, by strengthening supply chain management systems using digital technologies, developing Framework Contracts, and ensuring quality assurance throughout the supply chain.

1.1.4 Subcomponent 1.4: Enhancing Information Systems for Health Emergencies and Digitalization of the Health Sector (US\$9.7 million; of which US\$3.7 million equivalent IDA, US\$6.0 million GFF Trust Fund).

The subcomponent aims to improve the utilization of interconnected information systems and digital tools in Malawi for effective health emergency preparedness and response. It will enhance existing systems like DHIS2, eLMIS, iHRIS, and MaHIS, and develop an integrated dashboard for automated analytics. It will also enhance a primary care telehealth application.

1.2 Component 2: Improving Early Detection and Response to Health Emergencies Through a Multisectoral Approach ((US\$26.7 million; of which US\$25.2 million equivalent IDA, US\$1.5 million GFF Trust Fund)

This program component focuses on enhancing early detection and response to health emergencies (HEs) through a collaborative and multi sectoral approach with three sub-components aimed at addressing key aspects of preparedness and response.

1.2.1 Subcomponent 2.1: Collaborative Multi sectoral Surveillance and Laboratory Diagnostics (US\$7.8 million equivalent IDA)

The subcomponent aims to improve early detection and response to health emergencies by enhancing surveillance data and laboratory diagnostics. It will develop an Integrated Early Warning System (EWS) and support capacity building for sub-national Public Health Emergency Operations Centers. The One Health Laboratory Network will enhance laboratory capacity and collaboration, enabling timely and accurate diagnostics during health emergencies.

1.2.2 Subcomponent 2.2: Emergency Management, Coordination, and Essential Service Continuity (US\$18.1 million; of which US\$16.6 million equivalent IDA, US\$1.5 million GFF Trust Fund)

The subcomponent focuses on strengthening emergency management systems, maintaining essential health services continuity, ensuring WASH availability in remote and climate-risk areas, and building climate resilience in health facility infrastructure. It will integrate logistics, transport, and communication capabilities, address equity and gender gaps, and develop plans to enhance WASH infrastructure. The project will not finance construction or infrastructure development but invest in climate-smart and resilient development documents.

1.2.3 Subcomponent 2.3: Risk Communication and Community Engagement (RCCE), Empowerment, and Social Protection During Health Emergencies (US\$0.8 million equivalent IDA)

Under this subcomponent, the project aims to improve risk communication, community engagement, and social protection during health emergencies, using gender-sensitive approaches. Key activities include updating national and subnational RCCE plans, engaging diverse groups, establishing a two-way community feedback mechanism, training personnel, developing infodemic management plans, and implementing climate resilience in social

protection initiatives. These activities will align with the project's Grievous Redress Mechanisms.

1.3 Component 3: Project Management (US\$5.0 million equivalent)

This component will ensure efficient and effective management and implementation of the project by the Project Implementation Unit

1.3.1 Subcomponent 3.1: Enhancing Project Monitoring and Evaluation (M&E) (US\$1.2 million equivalent IDA; of which US\$0.5 million equivalent IDA, US\$0.7 GFF Trust Fund)

The sub-component will implement a unified M&E framework, prioritizing disaggregated data for informed decision-making across various levels, with the PCU responsible for data collection and regular reporting.

1.3.2 Subcomponent 3.2: Delivering Tailored Technical Assistance and Facilitating a Learning Agenda (US\$0.8 million equivalent IDA)

The project aims to collaborate with key partners like WHO and Africa CDC to develop a proactive knowledge agenda, including a structured learning plan, evidence-based policy dialogues, and regional and South-to-South learning.

1.3.3 Subcomponent 3.3: Strengthening Project Management through Support of the Implementing Institutions and Multisectoral Collaboration (US\$3.6 million; of which US\$3.1 million equivalent IDA, US\$0.5 million GFF Trust Fund).

The support will involve staff recruitment, work plan development, procurement, financial management, risk management, and reporting under the project through technical advisory services, training, operating costs, and goods acquisition.

1.4 Component 4: Contingent Emergency Response Component (CERC) (US\$0)

This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in a country, either by a formal declaration of a national emergency or upon a formal request from the government. This component is to be activated as needed based on established procedures described above.

2 RATIONALE AND OBJECTIVES OF THE LMP

2.1 LMP Objectives

The implementation of MHEPRR Project is expected to utilize the government, private, individual consultants, and community human resources which are available at national, district and community levels. The Malawi Government recognizes that sound worker-management relationships, fair treatment of workers, promotion of gender equality and protection from Gender-Based violence/Sexual Exploitation and Abuse (GBV/SEA) and provision of safe and healthy working conditions enhances development benefits of a project. It is for this reason that these labour management procedures (LMP) have been developed for the MHEPRR project. The overall objective of this LMP is to define different types of project workers, including direct workers, contracted workers, community or casual workers, unpaid workers (Interns /trainees) and supply chain workers, and to have a clear understanding of what is required to manage specific labour issues. This document may be adjusted as the project advances and as new categories of employees become involved in the various activities. The specific objectives of the LMP are to:

- ✦ To promote safety and health at work;
- ✦ To promote the fair treatment, non-discrimination and equal opportunity of project workers;
- ✦ To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate’
- ✦ To prevent the use of all forms of forced labour and child labour;
- ✦ To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law;
- ✦ To have fair salaries or wage practices, including adherence to local labor laws
- ✦ To provide project workers with accessible means to raise workplace concerns.
- ✦ To Offer necessary training for skills development relevant to stakeholders involved in health emergency preparedness.

2.2 Type of Workers

ESS 2 categorizes project workers into: direct workers; contracted workers; community workers; migrant workers, primary supply workers and unpaid Interns/trainees. The labour category of direct workers will be government civil servants mainly those that belong to the Ministry of Health (MoH) but also staff from other government ministries, departments and agencies (MDAs). Direct workers will also include independent consultants, who are specialized in certain specialized disciplines, to operate as part of the PIT PIT) that has been established within the MoH. While the civil servants are governed by the Employment (Amendment) Act of 2010 and a set of public service regulations and Human Resources Manuals, the consultants will be governed by a set of mutually agreed contracts. Table 1 presents an estimate of the number of workers needed for the project, categorized into five distinct groups.

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

SN	Category of Workers	Estimated Number
1	Direct Workers	
1.1	Project Implementation Unit (PIT)	10
1.2	Civil Servants	500
1.3	Consultants	5
2	Contracted Workers	40
3	Temporary Community Workers	
3.1	Primary supply workers	200
3.2	Other stakeholders working in connection with the project	100

1. Direct Workers: The project will engage the following types of workers as “direct workers”:

1.1 Project Implementation Unit (PIT): A PIT has been set up under the Department of Planning Policy and Development (DPPD) within the MoH to manage the project. It has a dedicated Project Coordinator (PC) who is responsible for the overall functioning of the project. Staff for cross-cutting functions are as follows: Financial Management Specialist (contracted), Monitoring and Evaluation Specialist (contracted), Procurement Specialist (contracted), E&S Specialist (contracted), Project Officer (contracted), Project Accountant (secondment), Assistant Procurement Specialist (contracted), Accounts Assistant (secondment) with additional staff with appropriate skills set assigned as necessary.

1.2 Civil Servants: Various MoH staff will be involved in the project including directors of various departments and all cadres of healthcare workers and support staff. In addition, Civil Servants from MDA that are direct involved in this project.

2. Consultants: The PIT could be supported by national and/or international consultants, who will be hired on needs-basis. The consultants will be assigned to various functions including documentation of lessons learnt to inform future pandemic preparedness and response. In additionally, short term consultants who will provide expert advice or services for a particular aspect of the project, such One health approach, multisectoral plan, Climate Nexus Health and additional technical experts in public health or emergency response who may be brought in for specific tasks. The project will also hire Design Engineers/Architects that will mostly for designing climate friendly urban structures in urban health facilities and supervision activities workforces. Key personnel for contracted workers will be skilled workers but they will also require the support of unskilled workers.

3. Primary supply workers: Procurement will be done for across the project components. Both local suppliers and International suppliers to provided services to

the project will on need basis and upon agreed deliverables. The agreements will be spelt out in the respective contracts.

- 4. Temporary Community workers:** The community members will provide services as decided by the Health facilities. The following terms and conditions will guide management of community workers or casual labourers enrolled under the project activities:
 - Community workers will be enrolled in various training to equip them to work as volunteers at the health facility.
 - Community workers to be enrolled as volunteers in project activities should be above 18 years
 - Monthly wages are not applicable to community workers but they will be provided with accommodation and meals during training where applicable.

- 5. Migrant workers:** The project will require a combination of local workers from nearby locations, workers from other parts of Malawi, and workers from other countries in case an international contractor is recruited as a consultant or to design the proposed structure in urban health facilities. The “internal migrants” will mostly be workers who already have experience working on infrastructure designing projects in different parts of the country. Foreign “migrant” workers are likely to be management and technical staff and possibly a few household staff (for cleaning, cooking, etc.). The number of migrant workers will depend on decisions made by hired design contractors as required by the proposed activities to be implemented.

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

3 ASSESSMENT OF KEY POTENTIAL LABOUR RISKS

3.1 Summary of stakeholder engagement done during project preparation

The Project Stakeholder Engagement Plan (SEP) was developed to help guide stakeholder consultation. During the development of this LMP, different meetings (interviews and/or focus groups) with stakeholders were conducted in order to incorporate their input. The stakeholder consultation aimed to inform the district and national level stakeholders about project plans, obtain the views of different people on the proposed project, to determine how the project will affect them and how best it can be implemented to minimize adverse environmental and social impacts. The PIT held a series of stakeholder consultations

throughout the during planning period and the drafting of the LMP. The mode of consultation involved key informant interviews using formal meetings and Focus Group Discussions with relevant central Government Officials and district officials. The key stakeholders consulted have been indicated in Appendix 2

On a negative side, they drew the project attention to the need to carefully address environmental and social risks emanated from project activities: safety of health workers, community, public officials, social discrimination, accessibility to project activities by populations and disadvantaged people. Thus, they suggested that there should be appropriate waste handling measures, including use of personal protective equipment, alongside actions to raise awareness of infectious disease preventive measures among communities.

3.2 Identified risks and their mitigation measures

Potential risks are those related to labour and working conditions, such as work-related discrimination, GBV/SEA and OHS risks, which are identified and mitigation approaches identified within the ESMP prepared for the project

During consultations that were held with key stakeholders at both national and district level it revealed a number of labour and working conditions related risks that are anticipated, but not limited to the following: Occupation, Safety and Health risks; Risk of GBV, Sexual Exploitation and Abuse/ Sexual Harassment, Risk of spreading HIV and AIDS and other STIs; Increased risk of child labour, Risk of discrimination of in the workplace for employees with limited or no digital health knowledge, Risk of overburdening of health workers with new system, Risk of Labour disputes including conflicts between junior and senior staff over preferences for training and Discrimination and exclusion of vulnerable groups. and The mitigation approaches identified within the ESMP prepared for the project. The PIT will assess and address these risks by developing recruitment guidelines, procedures and appropriate OHS measures and applying relevant provisions of the Employment Act 2010, public service regulations and HR manual. In addition, the PIT in collaboration with relevant stakeholders will train all workers engaged in project activities, on the guidelines and protocols on how to protect themselves and the communities during the implementation of HRRP project The following is a summary of mitigation measure for these key labour risks anticipated during the implementation of the project.

Table 1: Possible mitigation measures for the potential Labour risks

Project Activity	Potential Risks	Mitigation measures
<ul style="list-style-type: none"> • Handling patients • Handling of hazardous chemicals 	Occupation, Safety and Health Risks	<ul style="list-style-type: none"> - avoid use of community volunteers to handle Infectious (zoonotic)COVID-19 cases - Provide appropriate PPE to workers; - Train workers regularly on occupational safety and health risks prevention; - Enforce the use of PPE by workers;

<ul style="list-style-type: none"> • Handling equipment medical • Poor management of site, chemicals and waste • Poor Disposal of hazardous waste • Social Interactions 		<ul style="list-style-type: none"> - Put appropriate warning signs in areas with high risk of safety; and - Facilitate the formation of Occupational safety, Health Welfare Committee at each construction site.
<ul style="list-style-type: none"> • Preferences on who should attend the training • Social interaction between junior and senior staff 	Risk of GBV, Sexual Exploitation and Abuse/ Sexual Harassment	<ul style="list-style-type: none"> - Develop and implement code of conduct for workers - Develop and implement Sexual Exploitation and Abuse and Sexual harassment (SEA/SH) action plan and Labour Management Plan (LMP); And - Sensitise all staff on GSEA; - Develop and implement effective GRM system
Social interaction among health staff and also between staff and community members	Risk of spreading HIV and AIDS and other STIs;	<ul style="list-style-type: none"> - Sensitize workers and surrounding communities on HIV and AIDS; - Put both male and female condoms in strategic and accessible areas to workers within health facilities; - Provide Information, Education and Communication materials to workers
Recruitments of consultant staff and additional; staff.	Increased risk of child labour	<ul style="list-style-type: none"> - Employ people that are aged 18 and above; - Use national IDs to verify ages of people during recruitment - Sensitize the community on the dangers of child labour; - Encourage the community to report to the authorities in cases of child labour; - Include child safeguarding policy in the contracts with consultants
Preferences on who should attend capacity building workshops	Risk of discrimination of in the workplace employees with limited or no digital health knowledge	<ul style="list-style-type: none"> - Provide training opportunities to male and female staff - Develop and implement a staff training plan

Capacity building in digital health areas	Risk of overburdening of health workers with new system	<ul style="list-style-type: none"> - Ensure that workers are aware of selection criteria in all training - Ensure TOT is established and train others on time
<p>Preferences on who should attend capacity building workshops</p> <p>unavailability of legitimate working conditions including unacceptable wages and terms of work</p>	Risk of Labour disputes including conflicts between junior and senior staff over preferences for training	<ul style="list-style-type: none"> - Develop and implement staff training plan - Establishment of GRMC as stipulated in SEP for the project - Develop and implement a LMP
Exclusion of some sex from employment and training opportunities under the project	Discrimination and exclusion of vulnerable groups	<ul style="list-style-type: none"> - Establishment of GRMC as stipulated in SEP for the project - Ensure employment opportunities are advertised - Ensure you provide equal opportunities to both men and women - Develop and implement staff training plan

4 BRIEF OVERVIEW OF LABOUR LEGISLATION

4.1 Occupational Safety, Health and Welfare Act (1997)

The Act regulates work conditions with respect to safety, health, and welfare of workers. The Act indicates that workers the workers have a duty to take reasonable care for their own safety and health. In line with provisions of this Act, the workers working under HRRP Project will have to ensure that there is adequate protection for all the workers. Section 13(1) places a duty on every employer to ensure the safety, health and welfare of all his employees at work;

Section 13(1) of the Act places a duty on every employer to ensure the safety, health and welfare of all his employees at work. Some activities under the s Project will require all workers to be provided with Personal Protective Equipment (PPE). The Ministry of Health workers under the project will have to ensure that there is adequate protection for the workers as required by the Act by providing them with appropriate protective clothing and equipment. Some of the protective clothing during shall include boots, masks, gloves and overalls.

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

Further, Section 33(1) of the Act stipulates that an occupier of a work place shall provide and maintain first aid box of the prescribed standard and is readily accessible. The first Aid box shall be placed under the charge of a qualified person who shall be readily available at all times during working hours. Therefore, MoH will ensure that the existing emergency sections of each health facility to be responsible for all first Aid activities.

4.2 Employment (Amendment) Act (2010)

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

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

be paid by the employer, at the time of termination, a severance allowance to be calculated in accordance with Part 1 of the First Schedule

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

Section 22 (1) of the Act states that no person between the age of fourteen and eighteen years shall work or be employed in any occupation or activity that is likely to be harmful to the health, safety, education, morals or development of such a person; or prejudicial to his attendance at school or any other vocational or training program. In line with this Act,

The MOH will ensure that there is no discrimination of any form when it comes to employment. In addition, the MOH will ensure that only people who are aged 18 years and above are employed under the project.

4.3 Workers Compensation Act (2000)

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

The implication of this Act is that all the workers under project will be subjected to injury or illness arising out of and in the course of discharging duties will be compensated by their Employer. In addition, all the workers under the project will have to be sensitized on the provisions of the Workers Compensation Act because some incidences are not reported because of ignorance.

4.4 The Labour Relations Act, 1996;

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

The Act, specifically Part II, gives employees freedom of association which shall include the freedom to establish and join organizations of his or her own choosing. Further, Part V of the

Act is on Dispute Settlement. Section 42 of the Act defines “dispute” as any dispute or difference between an employer or employers’ organization and employees or a trade union, as to the employment or non-employment, or the terms of employment, or the conditions of labour or the work done, of any person, or generally regarding the social or economic interests of employees. The Act further presents ways and channels of resolving disputes. The project will establish GRMC at National, District and community level to hear and resolve disputes for all workers.

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

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

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

4.6 This Environmental and Social Standards: Labour and Working Conditions

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

4.7 Comparison between ESS2 and Labour related pieces of legislation;

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

Table 2: Comparison between the ESS2 & Labour Related Legislation

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

5 RESPONSIBLE STAFF

5.1 Project Implementation Team (PIT)

The PIT will be responsible for the overall project management and coordination, including compliance with safeguards requirements such those contained herein. The PIT will have Environmental and Social Standard specialist who will be responsible for ensuring the LMP is implemented and OHS requirements within the project. The Specialist will work in collaboration with Ministry responsible for Labour. The project Coordinator and entire PIT has responsibility for the implementation of these components which are integral to the project. The team will be responsible for the following:

- a) Undertake the overall implementation of this LMP;
- a) Engage and manage contracted workers and community workers in accordance with this LMP and the applicable Procurement Documents;
- b) Monitor the potential risks of child labour, forced labour and serious safety issues in relation to primary suppliers;
- c) Supervise workers' adherence to the LMP;
- d) Maintain records of recruitment and employment of contracted workers (including subcontractors);
- e) Provide induction and regular training to contracted and community workers on environmental, social and OHS issues;
- f) Require primary supplier(s) to identify and address risks of child labour, forced labour and serious safety issues and undertake due diligence to ensure this is done;
- g) Develop and implement the GRM for at National, District and community, including ensuring that grievances received from the workers are resolved promptly, and report the status of grievances and resolutions regularly to the Ministry of Health and World Bank;
- h) Ensure all contracted workers understand and sign the Code of Code (CoC) prior to the commencement of works and supervise compliance with the CoC;
- i) Ensure the abbreviated CoC (one-pager) is displayed in all project targeted Health facilities supported facilities
- j) (Annex 2); and
- k) Report to the Ministry of Health and world bank on labour and OHS performance.

Table 3 presents a summary of the project staff/entity responsible for various key responsibility areas.

Table 3: Summary of project staff & key responsibilities

Responsibility area	Direct and contracted workers	Primary supply workers
Hiring and managing individual project workers	PIT PIT will oversee the work of consultants hired to support design under the HEPRR project activities	n/a (outside the scope of ESS2)

OHS	All workers engaged by the project will follow OHS measures	<ul style="list-style-type: none"> The PIT will assess the risk of serious safety issues by primary suppliers and as needed require them to develop procedures to address these risks
Child labour and forced labour	The contract does not allow child and forced labour	<ul style="list-style-type: none"> Primary supplier to adhere to child labour requirements PIT to review
Training	PIT/Health Workers	N/A (outside the scope of ESS2)
Code of conduct	The contract for direct workers will address relevant risks	
Grievance mechanism	PIT//facility-incharge	
Monitoring and reporting	PITs to monitor and report World Bank	Relevant PIT to monitor and report to PIT Coordinator PIT to report to World Bank.

6 - POLICIES AND PROCEDURES

This section outlines the main policies and procedures to be followed during implementation of the project. As needed, this section will be updated and amended as needed, after the design consultant or any other contracted workers have been awarded.

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

The principles and procedures presented below represent the basic requirements but should not be considered an exhaustive list of requirements. As specified in the legal framework presented in Chapter 4 of this procedure, the employment of project workers will be based on the principles of non-discrimination and equal opportunity. There will be no discrimination with respect to any aspects of the employment relationship, including recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment.

The following measures will be developed by PIT and monitored by Ministry of Health (MoH) to ensure fair treatment of all employees:

- Recruitment procedures will be transparent, public and non-discriminatory, and open with respect to ethnicity, religion, sexuality, disability or gender;
- Applications for employment will only be considered if submitted via the official application procedures established by the MoH;
- Clear job descriptions will be provided in advance of recruitment and will explain the skills required for each post;
- All workers will have written contracts describing terms and conditions of work and will have the contents explained to them. Workers will sign the employment contract;
- Temporary Community workers and skilled labour will be preferentially recruited from the affected communities, settlements and municipalities;
- Employees will be informed at least two months before their expected release date of the coming termination. If more than 50 workers will be terminated by MoH or by any consultant under the project within any three-month period, the consultant will prepare a retrenchment plan for review and approval by the PIT
- The contracted workers will not be required to pay any hiring fees. If any hiring fees are to be incurred, these will be paid by the Employer (in this case, the “Employer” would be the contractor);
- Depending on the origin of the employer and employee, employment terms and conditions will be communicated in a language that is understandable to both parties;
- In addition to written documentation, an oral explanation of conditions and terms of employment will be provided to workers who may have difficulty understanding the documentation;

- Interpretation will be provided for workers as necessary. It is noted that language related problems are not expected;
- Foreign workers will require work permits that will allow them to work in Malawi; an
- All workers will be at least 18 years old.

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

6.1 Occupational Health and Safety Policy Statement for the Project

The policy will apply to all Health Care Facilities where Malawi project activities will be implemented. Specifically focus will be put in the quarantine/isolation units, laboratories where there they are carrying out various tests and other wards assigned to patients with high risk of infections such as COVID 19, Cholera among others.

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

HEPRR Project will be committed to providing a health and safe working environment for its beneficiaries and volunteers with an aim of preventing injury and illness resulting from activities to be undertaken under the project.

HEPRR Project will ensure that exposure to occupational risks such as injuries, illness resulting from project activities are either reduced/minimized or eliminated.

All contracted workers that will be hired under the project will be trained and held responsible for ensuring that the policy is being followed during project implementation. In addition, these workers will be accountable for ensuring that beneficiaries and volunteers are adequately and suitably informed of potential hazards to which they may be exposed to at workplace and instructed and trained in the measures available for prevention and control and protection against such hazards. Further these workers also have a general responsibility for ensuring the safety of equipment and facility to be used under the project.

HERRP Project will ensure that all people employed under the project whether directly or through a contractor are provided with appropriate personal protective equipment and first-aid kit.

6.2 OHS compliance

The requirements of the ESS2 on Occupational Health and Safety will be complied with through carrying out of site-specific risk assessments and development of appropriate risk prevention and mitigation measures. This will be done by the safeguards specialist within PIT and the risk assessments will be approved by the World Bank. Where risk prevention and mitigation require provision of personal protective equipment (PPE), appropriate PPE will be provided to workers who are tasked to work on high risk tasks or areas during the Health Emergencies. During risk assessment which be conducted during screening process, possible hazards or risks related to the project activities will be identified. This will assist in coming up with the right PPE during project implementation. The identification of PPE will be done will

be done during the screening and development of site-specific environmental and social management plans (ESMPs).

PIT will ensure that Health facility in charge organize the training for staff on the use of PPE and First Aid kit. Annexed to this LMP is a generic risk assessment tool which will be used for identifying hazards and potential prevention and mitigation measures in all project locations (Annex 1). This risk assessment tool will be updated to make it project specific prior to its use in the project.

7 GBV AND SEA

Much as the implementation of the HEPRR to cause GBV and SEA. GBV may be defined as any conduct, comment, gesture, or contact perpetrated by an individual based on gender on the work site or in its surroundings, or in any place that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to another individual without his/her consent, including threats of such acts, coercion, or arbitrary deprivations of liberty.

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

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

The project carried out a GBV and SEA risk assessment for all specific sub-project sites and the project was rated as low. Detailed description of how the project will address GBV and SEA are included in the ESMP and these include:

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

8 AGE OF EMPLOYMENT

As stipulated above, the Employment Act (2000) stipulates that the minimum age of employment in Malawi is 18, which is also stipulated in the International Labour Organization Conventions (138) on minimum age. These two legislations prohibit the employment of underage children. However, according to Section 21 of the Employment Act, children between the ages of 14 and 18 are allowed to participate in light work so long as it does not

interfere with the child's education or harm the child's health or physical mental, spiritual, moral or social development.

Under the HEPRR Project, children under the age of 18 will **NOT** be employed to work in different project activities because some activities may be being regarded as hazardous for young persons. The following procedure will be followed if underage worker (s) is (are) found working under contracted workers or as community worker;

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

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

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

9 TERMS AND CONDITIONS

As already indicated, HERPP Project will involve three main categories of workers namely: direct workers; contracted workers; Temporary community workers; Migrant workers; primary supply workers and unpaid interns

The Government officials at District Level and National Level and the project officers who are employed and deployed to district councils under the project. Project will constitute the direct workers. The terms and conditions of the employment for the staff of Government Departments and the HEPRR Project are guided by the national civil service regulations and other National Labour and Employment legislation. These include Occupational Safety, Health and Welfare Act (1997) which regulates work conditions with respect to safety, health, and welfare of workers; Labour Relations Act (1996) which promotes sound labour relations through the protection and promotion of freedom of association, encourages effective collective bargaining and promotes orderly and expeditious dispute settlement, conducive to social justice and economic development; and Employment Act (2000) which makes provision for establishment, reinforcement and regulating minimum standards of employment with the purpose of ensuring equity necessary for enhancing industrial peace, accelerated economic growth and social justice.

The project officers are guided by terms and conditions of their contractual agreements with the MoH. In addition to the general terms and conditions of work provided by the civil service regulations, HRRP Project staff are also guided by the HEPRR Project Terms and Conditions of Service.

The temporary community workers will work as volunteers as decided by the HEPRR project PIT under the guidance provided in the Project Appraisal Document (PAD). The PAD stipulates,

among other things, the eligibility criteria to participate in the project activities. Further to the guidance contained in the Projects PAD, the following terms and conditions will guide management of community workers enrolled under the infrastructural works:

- ✦ Temporary Community workers must be targeted and enrolled in the infrastructural works;
- ✦ Temporary Community workers to be employed in the infrastructural works should be above 18 years
- ✦ Monthly wages are not applicable but lunch allowance will be provided where they are working over lunch. In addition, where they are attending residential training away from home HEPRR project terms and conditions will apply.
- ✦ Enrolled households should be willing and able to undertake work in all the days they are required and work maximum of 8 hours per day;

During recruitment of temporary community workers, in charge of Health facilities will explain to them the working conditions prior to commencement of work.

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

10 WORKERS GRIEVANCE REDRESS MECHANISM

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

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

10.1 Description of GRM

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

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

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

Negotiation and agreement by consensus between the project implementing teams and affected persons will provide as the first step to resolve grievances. Nevertheless, PIT and the Quality Management Directorate (QMD) from MoH will ensure that Grievance Management Committees are established at National Levels, District and Health Facility. These committees will ensure the capturing and resolution of all issues within the prescribed timeframes. PIT and QMD shall ensure that Project Affected Persons (PAPs) are sensitized to make use of the existing GRM committees. Furthermore, there will be workers GRM Committee to manage grievances that may arise from workers from construction works among, other works. The GRCs shall ensure that they are gender sensitive by including in the committees at least 40% females and the composition of the GRCs is provided in Table 3.

Table 4: Composition of GRCs

GRC Level	Proposed Composition
National Grievance Redress Committee	<ul style="list-style-type: none"> • Quality Management Directorate (QMD) representative; • Public Health Institute of Malawi (PHIM) representative; • Social Safeguards Specialist (PIT); • Ombudsman representatives (2); • Representative of the Human Resources Department in MoH; and • Community Health Directorate representative. • Department of Disaster Management Affairs • Ministry of Local Government • Ministry of Justice • Ministry of community Development and Social welfare • Environmental Affairs Department

	<ul style="list-style-type: none"> • Department of Occupational safety and Health
District Grievance Redress Committee	<p>Existing GRM will be used including the following Chairperson</p> <ul style="list-style-type: none"> • Director of Health and Social Services • Director of planning and development • District Environmental Officer • District Gender officer • Social welfare officer responsible for SCTP • District labour officer • Director of administration • District community development officer • District Ombudsman n person (If available) • Judiciary representative • Victim support unit representative, • District NGO network representatively
	<ul style="list-style-type: none"> • All Facility In-charge at Health facility • HSA • Faith based Organization representative • Women representative (from groups or committees) • Non-governmental Organization (NGO) representative doing related work • Chairperson of area executive committee (AEC) • Chairperson of ADC • Chairperson of the youth network of the area • Community Police representative

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

10.2 GRM Stages

A grievance redress mechanism will be established for the project and managed by the PIT. The GRM will comprise Grievance Redress and Management Committees at National, District and Community levels in order to resolve all grievances efficiently. Overall, the GRM will handle all types of grievances arising from the implementation of all the activities under the HEPRR project.

Establishment of Grievance Management Committees (GMCs)

- **Levels of Operation:** Grievance Management Committees will be established at three levels which are Health Facility, District, and National. The project will consider using existing GRM committees most especially at the district level. These committees will be responsible for capturing, addressing, and resolving grievances within specified timeframes as specified in the project GRM manual.
- **Oversight by QMD and PIT:** The Project Implementation Team (PIT) and the Quality Management Directorate (QMD) from the MoH will oversee the revamping, establishment, and functioning of these committees, ensuring adherence to established protocols.

Communities and individuals and employees who feel aggrieved by the HEPRR Project may submit grievances through the project's established GRM committee or the World Bank's Grievance Redress Service (GRS). The GRM will integrate with existing mechanisms in the MoH and will function from the local level up to national level. A Social Development Specialist will manage the GRM at the national level, with support from key project personnel. Grievances can be submitted as printed documents or through emails.

Confidentiality is very key for GBV/SH/SEA grievances. Affected individuals will be informed about filing options, timelines, available support, and referral processes. Monitoring and evaluation mechanisms will comply with World Bank requirements to track and address GBV/SH/SEA cases.

A GRMC for labor-related complaints will be established for project workers, allowing grievances to be submitted through various channels, including anonymously. The redress process will be transparent and accessible, with workers informed of the GRM upon recruitment. The Ministry responsible for labour through its relevant offices at district and national levels will monitor compliance with labor rights across project activities.

The project will prioritize negotiation and consensus-building between project implementing teams and affected persons as the initial step in the resolution process. This collaborative approach aims to foster open communication and mutual understanding. For an effective grievance redress mechanism (GRM), the Ministry of Health will ensure that the following six major steps are achieved whenever handling grievances. These stages include: (i) the complaint or grievance uptake (ii) Assessment, analysis and response (iii) Resolution and closure (iv) Registry and monitoring (v) GRM Evaluation.

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

Step 1: Submission of grievances

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

- a. telephone and texts (a dedicated line will be purchased for this purpose);

- b. in person visits to the PHIM/PIT offices and health facilities across the country;
- c. email – a dedicated email address will be shared for public use; and
- d. a public hotline.

Stage 2: Assessment, Analysis and Response:

When a complaint is received, a maximum of 14 days has been provided for a receiving GRC to resolve the complaint or respond to the PAP. This is so to make sure that grievances/complaints are resolved as early as possible.

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

Stage 3: Resolution and Closure:

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

Stage 4: GRM Registry:

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

Stage 5: GRM Evaluation:

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

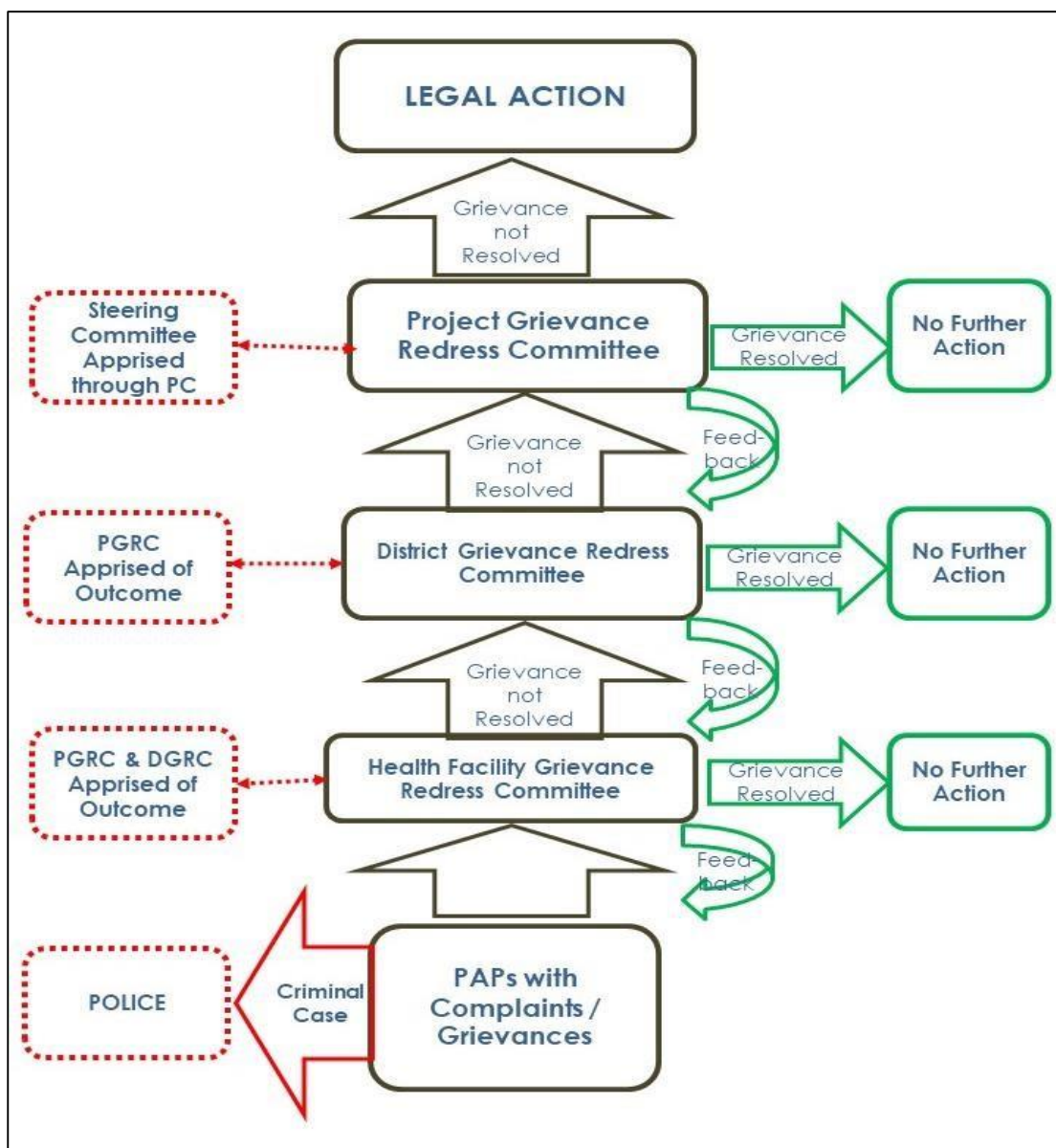
The grievance redress mechanism shall contribute a lot to the efficient running of the project as it shall assist to investigate complaints and bring up a much clear version of the complaint at an earliest time possible, provide a fair and speedy means of dealing with complaints, prevent minor disagreements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

Step 6: Appeals process:

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

1 provides a summary of the processes and Institutional arrangement for the Grievance Redress Mechanism.

Figure 1: Processes and Institutional Arrangements for the GRM



10.3 Recommended Grievance Redress Time Frame

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

Table 5: GRM Time Frame

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

10.4 Workers' Grievance Mechanism

The project will focus on technical assistance activities, consultancies and the procurement of medical equipment and reagents, without supporting any infrastructural development.

11. CONTRACT MANAGEMENT

Each contracted worker or consultant engaged by the Project to provide services (delivery of equipment and medical supplies, communication materials at the community level, etc.) will be expected to adopt the protective measures outlined in this document. The contracts drawn by the Government will include provisions, measures and procedures to be put in place by the contractors to manage and monitor relevant OHS issues. Measures required of Contractors will include:

- a) As part of the bidding/tendering process, specific requirements for certain types of contractors, and specific selection criteria;
- b) Provision of medical insurance, sick pay for workers who
- c) Specific procedures relating to the workplace and the conduct of the work (e.g. creating at least 6 feet between workers by staging/staggering work, limiting the number of workers present);
- d) Specific procedures and measures dealing with specific risks. For example, for healthcare contractors - infection prevention and control (IPC) strategies, health workers' exposure risk assessment and management, developing an emergency response plan as per WHO Guidelines.
For community workers, measures will include ensuring their security and addressing stigma;
- e) Appointing a project focal point under each health facility with responsibility for monitoring and reporting on
, and liaising with other relevant parties; and
- f) Including contractual provisions and procedures for managing and monitoring the performance of contractors, in light of changes in circumstances

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

12 COMMUNITY WORKERS

Community surveillance, mobilization and sensitization on HEs will be undertaken by community volunteers who will include community health workers, opinion leaders and religious leaders as appropriate. The following safety measures will be put in place to prevent or minimize exposure to HEs including Climate Change Disasters and Infectious diseases/Zoonotic diseases, as well as for addressing situations where there are cases of symptomatic workers:

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

13 PRIMARY SUPPLY WORKERS

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

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

14 DISCLOSURE

This Labour Management Plan will be approved by the Goma and WB and disclosed locally with translation into Chichewa, the national local language. This LMP will be disclosed on MoH website and through the World Bank's external website.

ANNEX 1: RISK ASSESSMENT TOOL

<i>What are the hazards?</i>	<i>Who may be harmed and how?</i>	<i>What are you already doing?</i>	<i>What further action is necessary?</i>	<i>How will you put The assessment into action?</i>		
Spot hazards by: <ul style="list-style-type: none"> • Walking around the workplace; • Asking workers what they think; • Checking safety instructions; • Contacting your supervisors <i>Don't forget long-term hazards</i>	Identify groups of people. Remember: <ul style="list-style-type: none"> • Some workers have particular needs; • People who may not be in the workplace all the time; • If you share your workplace think about how your work affects others; 	List what is already in place to reduce the likelihood of harm or make any harm less serious	You need to make sure that you have reduced risks "so far as is reasonably practicable". An easy way of doing this is to compare what you are already doing with best practice. If there is a difference, list what needs to be done	Remember to prioritize. Deal with those hazards that are high-risk and have serious consequences first.		
				Action by whom	Action by when	Done
Review your assessment to make sure you are still improving, or at least not sliding back If there is a significant change in your worksite, remember to check your risk assessment and where necessary, amend it			Review Date:			
Assessment completed by:			Signature:			

ANNEX 2: GRIEVANCE REPORTING FORM

GRIEVANCE REPORTING

MOH/GRM / (Location) (Reference No.)
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1. Complainant's Information				
<i>(This information must be provided. The identity of complainants will be kept confidential if they request so.)</i>				
Names and Titles (Dry/Mr./Ms/Mrs)	Signatures	Positions/ Organizations <i>(If any)</i>	Addresses: Contact Tel.	E-mail: TA/VGE
Authorised Representative? <input type="checkbox"/>	If yes	Description of Group		
Please indicate how you prefer to be contacted (e-mail, mobile, etc.):				
2. Brief Description of the problem:				
3. Description of the Complaint				
(a) What harm do you believe the COVID-19 Emergency Project caused or is likely to cause to you?				
(b) Why do you believe that the alleged harm results directly from the COVID-19 Emergency Project?				
(c) Do you have any other supporting documents that you would like to share?				
4. Previous Efforts to Resolve the Complaint				
(a) Have you raised your complaint with any other authorities? No <input type="checkbox"/> Yes <input type="checkbox"/>				
(a)Have you raised your complaint with any other authorities? No <input type="checkbox"/> Yes <input type="checkbox"/>				
If Yes (Please, provide the following details): When?: <input type="checkbox"/>				
• How and with whom the issues were raised?				

- Please describe any response received from and/or any actions taken by the project level grievance mechanism.
- Please also explain why the response or actions taken are not satisfactory.

If No, Why?

(b) How do you wish to see the complaint resolved?

5. Name of the person who completed this form:

Signature:

Date:

ANNEX 3: GRIEVANCE RESOLUTION AGREEMENT MINUTE (GRAM)

**GRIEVANCE RESOLUTION AGREEMENT
MINUTE (GRAM)**

REE NO.: MOH/GRM/...../..... (Location) (Reference No.)
--

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

ANNEX 4: GRIEVANCE RESOLUTION IMPLEMENTATION MINUTE (GRIM)

**GRIEVANCE RESOLUTION
IMPLEMENTATION MINUTE (GRIM)**

REE NO.: MOH/GRM/...../..... (Location) (Reference No.)

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

ANNEX 6: SAMPLE OF A CONTRACTED WORKERS CODE OF CONDUCT

1.0. AIM OF THE CODE OF CONDUCT

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

2.0 KEY DEFINITIONS

The following definitions apply:

Gender-Based Violence (GBV)

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

Violence Against Children (VAC)

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

Child Labour

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

Child Protection (CP)

An activity or initiative designed to protect children from any form of harm, particularly arising from VAC, and child labour.

Child

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

Grooming

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

Online Grooming

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

Survivor/Survivors

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

Perpetrator

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

Work site

This is defined as the area in which infrastructure development works are being conducted, as part of interventions planned under the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project, funded by the World Bank.

Work site surroundings

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

Consent

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

Contractor

This is defined as any firm, company, organization or other institution that has been awarded a contract to conduct infrastructure development works in the context of the Malawi COVID-19 Emergency Response and Health Systems Preparedness Project and has hired managers and/or employees to conduct this work.

Manager

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

Employee

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

Workers Committee

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

3.0 CODES OF CONDUCT

This chapter presents three Codes of Conduct (CoC) for use:

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

3.1 Code of Conduct

Contracted workers or consultant that will provide service to the project are obliged to create and maintain an environment which prevents social risks. They have the responsibility to communicate clearly to all those engaged on the project the behaviours which guard against any form of abuse and exploitation. In order to prevent Social risks, the following core principles and minimum standards of behaviour will apply to all employees without exception:

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

15. The contractor should ensure equitable access to limited natural resources (e.g. water points) to avoid conflicts with local communities
16. Where possible, the contractor should ensure employment of local workforces especially where unskilled labour is required to mitigate social risks

I do hereby acknowledge that I have read the foregoing Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in termination of the contract.

FOR THE CONTRACTER WORKER/CONSULTANTS

Signed by: _____
Signature: _____
Title: _____
Date: _____

3.2 Code of Conduct for the Facility In charge

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

1. Ensure there is zero tolerance to child labour practices;
2. Promote gender inclusion at all levels;
3. Establish a health facility committee to oversee issues of workers' misconduct including GBV and VAC;
4. Ensure compliance to occupation health and safety requirements for all workers;
5. Ensure that workers dress code is adhered to appropriately;
6. Ensure that access to potentially infectious areas is restricted to qualified and authorized persons; and that there is proper signage to within the health facility;
7. Facilitate workers training and capacity building on social, environmental and health and safety;
8. Ensure that all workers are sensitized on HIV and AIDS issues, provided with condoms and HTC services;
9. Ensure that fundamental workers' rights (e.g. working hours, minimum wages, etc.) are protected;

10. Ensure that possession of alcohol and illegal drugs and other controlled substances in the workplace and being under influence of these substances on the job and during workings hours should be strictly prohibited;
11. Ensure compliance to all legal requirements;
12. Supervisors failing to comply with such provision can be in turn subject to disciplinary measures including termination of employment; and
13. Ultimately, failure to effectively respond to some provisions of the code of conduct may provide grounds for legal actions by authorities.
14. Ensure that every employee under his/her supervision has been oriented on the Code of Conduct and has signed.

I do hereby acknowledge that I have read the foregoing Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to comply to all rules of this code of conduct. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in disciplinary action.

Signed by: _____

Signature: _____

Date: _____

FOR THE EMPLOYER

Signed by: _____

Signature: _____

Date: _____

3.3 Workers Code of Conduct

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

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

1. Consent to security background check;
2. Treat women, children (persons under the age of 18) and persons with disability with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, birth or other status;
3. Not use language or behaviour towards men, women or children/learners that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate;

4. Not participate in sexual activity with children/learners—including grooming or through digital media. Mistaken belief regarding the age of a child and consent from the child is not a defence;
5. Not exchange money, employment, goods, or services for sex, with community members including sexual favours or other forms of humiliating, degrading or exploitative behaviour;
6. Not have sexual interactions with members of the communities surrounding the work place, and fellow workers that are not agreed to with full consent by all parties involved in the sexual act (see definition of consent above). This includes relationships involving the withholding, promise of actual provision of benefit (monetary or nonmonetary) to community members in exchange for sex - such sexual activity is considered “non-consensual” within the scope of this Code;
7. Attend trainings related to HIV and AIDS, GBV, CAE, occupational health and any other relevant courses on safety as requested by my employer;
8. Report to the relevant committee any situation where I may have concerns or suspicions regarding acts of misconduct by a fellow worker, whether in my company or not, or any breaches of this code of conduct provided it is done in good faith;
9. With regard to children (under the age of 18):
 - Not invite unaccompanied children into my home, unless they are at immediate risk of injury or in physical danger.
 - Not sleep close to unsupervised children unless absolutely necessary, in which case I must obtain my supervisor's permission, and ensure that another adult is present if possible.
 - Refrain from physical punishment or discipline of children.
 - Refrain from hiring children for domestic or other labour, which is inappropriate given their age, or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury.
 - Comply with all relevant local legislation, including labour laws in relation to child labour.
10. Refrain from any form of theft for assets and facilities including from surrounding communities.
11. Remain in designated working area during working hours;
12. Refrain from possession of alcohol and illegal drugs and other controlled substances in the workplace and being under influence of these substances on the job and during workings hours;
13. Wear mandatory PPE at all times during work;
14. Follow prescribed environmental occupation health and safety standards; 15. Channel grievances through the established grievance redress mechanism.

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

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

Signed by: _____

Signature: _____

Date: _____

FOR THE EMPLOYER

Signed by: _____

Signature: _____

Date: _____