

**Additional Financing to Bhutan COVID-19 Emergency Response and  
Health Systems Preparedness Project (P178656)**

**LABOR MANAGEMENT PROCEDURES (LMP)**

**Ministry of Health (MOH)**

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## Table of Contents

1. OVERVIEW OF LABOR USE ON THE PROJECT.....	3
2. ASSESSMENT OF KEY POTENTIAL LABOR RISKS.....	5
3. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS.....	8
4. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY.....	9
5. RESPONSIBLE STAFF.....	10
6. POLICIES AND PROCEDURES.....	11
7. AGE OF EMPLOYMENT.....	14
8. TERMS AND CONDITIONS.....	15
9. GRIEVANCE MECHANISM.....	17
10. CONTRACTOR MANAGEMENT.....	18
11. COMMUNITY WORKERS.....	19
12. PRIMARY SUPPLY WORKERS.....	19
Annex A: CONTRACTORS' GENERAL GUIDELINE.....	20

## 1. OVERVIEW OF LABOR USE ON THE PROJECT

The Bhutan COVID-19 Emergency Pandemic Preparedness and Response Project and its Additional Financing (AF) to scale-up ongoing activities will include different categories of workers, some of whom will be engaged in activities that raise COVID-19 exposure concerns. This LMP applies to all Project workers whether full-time, part-time, temporary, seasonal, or migrant workers. The LMP is applicable, as per ESS2 to the Project in the following manner:

- People employed or engaged directly by the project to work specifically in relation to the Project (Direct Workers);
- People employed or engaged by contractors to perform work related to the core function of the project, regardless of location (Contracted Workers);
- Primary supplier as defined by the ESS2 had not been identified as relevant, since goods/material purchased under the project will follow established procurement procedures including direct contracting, bidding, shopping, etc. from reputable suppliers and one-time procurements for single tasks and said suppliers are not involved on an ongoing basis.
- The project will not involve any community workers.

The following are the key categories of workers that would be engaged under the project, including groups of workers that are specifically at risk in the COVID-19 context and thus require special attention.

### **The Implementing Agency (IA) and the Project Management Unit (PMU)**

The project will be implemented by MoH through its various departments and divisions, including the Department of Public Health, Department of Medical Services, Department of Medical Supplies and Health Infrastructure and Policy and Planning Division (PPD). This project will also be implemented through an existing Project Management Unit (PMU), headed by a Project Director and supported by Project Coordinator, financial management officer and procurement officer. The Chief of PPD and Senior Planning Officer will serve as the Director and Coordinator of this project, respectively. Project oversight and guidance will be provided periodically through an established Steering Committee, chaired by the Secretary. The Health Emergency Operations Center (HEOC) will serve as a secretariat for the emergency COVID-19 response. The PMU will be supported by additional MoH staff for supervising environment risks including healthcare waste and bio-safety procedures in health facilities and for supervising activities in relation to community engagement and social risks. The staff working for the PMU will have specific terms of reference identified.

### **Medical Staff at Health Facilities**

The Project interventions in 3 healthcare facilities will require the services of following types of workers in health facilities. The exact number of workers are not known. Thus, an estimated figure is given below.

**Doctors.** Doctors will include Specialists (Medicine Specialists, Anaesthesiologists, ICU Specialists, and any other relevant discipline) as well as General Duty Doctor. Estimated number of Specialists would be 100 and General Duty Doctors would be around 500, totalling around 600 doctors.

**Nurses.** There will both be Nursing Supervisors and Staff Nurses, the estimated number of which will be around 300.

**Medical Technologists (Laboratory) and Other Discipline.** In various laboratory around 100 laboratory technicians will be employed for pathological testing.

**Waste Management.** The waste management crew in various hospitals where the Project interventions are planned is estimated to be around 50.

**Civil Construction Workers.** The numbers of civil construction workers including mason, electricians, plumbers, AC technicians, bricklayers etc. for renovation of laboratories ICU etc. is estimated to be 150. They will be contracted workers.

### **Timing of Labor Requirement**

The Direct Workers will be mobilized within 30 days of Project effectiveness. Medical Professionals will be mobilized immediately after project effectiveness, timing of which will be depending upon Government recruitment process. The employment of Contractors' workers will be done after award of contract and before the civil works begin.

### **Characteristics of Labor Force**

The PMU will comprise of Civil Servants and professionals in their respective fields. The Contracted Civil Construction Workers will be mostly unskilled and semiskilled personnel. Medical professionals will either be Specialists or General Physicians. Nurses and laboratory technicians will also be experienced in their respective fields.

### **COVID-19 CONSIDERATIONS:**

The supporting vaccination activities will include different types of workers as mentioned above, most of whom will be engaged in activities that raise COVID-19 exposure concerns. The program implementation in the field would consist of transportation, storage, preparation and administration of vaccines, on-site face-to-face consultation with the beneficiaries, collecting of used vaccine spools for disposals etc. Government civil servants in the project will be employed in PIU and various committees in the field and to carry out planning, implementation, monitoring and evaluation activities.

Where government civil servants are engaged in the project, whether full-time or part-time, they will remain subject to the terms and conditions of their existing public sector employment agreement or

arrangement. Nevertheless, their health and safety needs will be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them.

- **Vaccinators and Volunteers:** They will be engaged in registering and recording details of people receiving vaccinations; vaccinating the public; on site consultation and providing information to beneficiaries etc. Workers in this context may include ethnic or indigenous healthcare providers and other members of the community, particularly for populations who have limited access to the formal national healthcare system. They are likely to be exposed to the virus. Hence, they will be supplied with adequate PPEs to ensure their protection from Covid 19 Virus.
- **Drivers, Porters, Support Staff:** Support staff such as cleaners, guards, transportation workers, those distributing the vaccine, people involved in collecting data or volunteers will also be engaged in the project, as contracted workers. They will also be given adequate training and protective measures before deployment.
- **Construction Workers:** There will be limited construction activities in the project. This will require construction workers that may raises issues with manual labor employment, particularly regarding potential transmission risks for COVID-19 both within the worksite and for nearby communities. These risks are not only from workers that are mobilized locally but also workers moving from other regions. The World Bank Interim Note, COVID-19 Considerations in Construction/Civil Works Projects, dated April 7, 2020 will be adopted by the Contractors of such workers.
- **Health Care Workers:** Health care workers will carry out a range of activities, for example, assessing, triaging and treating COVID-19 patients and workers; establishing public health reporting procedures of suspect and confirmed cases; providing or reinforcing accurate infection prevention and control and public health information, including for concerned workers. The MoH has adopted the WHO interim guidance document for coronavirus screening and control as well as developed a Pandemic Preparedness and Response Plan (2020) which illustrates various mitigation measures, protocols, policies and procedures which must be followed by health workers under the COVID-19 situation. These guidelines may be found at: <http://www.moh.gov.bt/downloads/guidelines-2/>
- **Civil Works.** Annex A details various requirement and procedure to address COVID-19 working conditions for Civil Works.
- **Waste Management Worker:** Solid and medical waste management workers will be engaged in different hospital/medical centers where construction and vaccination services will be provided.

## 2. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

**Project activities:** The Project plans to provide COVID-19 related interventions (including testing, treatment, communication, laboratory, and equipping ICU quarantine facilities) in 3 acute healthcare facilities with triage capacity. Medical workers will provide medical testing, treatment and technical guidance while construction workers will renovate, develop and re-construct ICU, laboratory and other associated constructions in health facilities. The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Components (1, 2 and 3) of the parent project.

At the time when this LMP is updated, there aren't any issues reported by the health worker or other essential workers regarding the labour provision such as not being given overtime compensation or sick leave due to COVID-19 emergency measures.

**Key Labor Risks:**

The major labor risks will emanate from hazardous work environment due to COVID-19 pandemic (Occupational Health and Safety, OHS). Other potential risks include Child and Forced Labor and gender-Based Violence (GBV).

**Occupational health and safety:** The Healthcare workers (e.g., doctors, nurses, paramedics, emergency medical technicians) are at the front line of any outbreak response and as such are exposed to hazards that put them at risk of infection with an outbreak pathogen (in this case COVID-19). Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence. The occupational health and safety of those involved in the project is a significant issue as COVID-19 appears to be a highly contagious virus that spreads easily from person to person when in close proximity. In addition, some infected people may not know that they have become infected and may contribute to the spread unknowingly. Risk factors for worker exposure to COVID-19 include job duties that involve close (within 6 feet) contact with other workers, the community, and patients and healthcare workers in the health facilities that will be rehabilitated.

Exposure risks can increase for civil workers interacting with individuals with higher risks of contracting COVID-19 and for workers who have exposure to other sources of the virus in the course of their job duties. A guideline for Contractors to address COVID-19 issues has been appended in *Annex A* following World Bank Interim Notes on Construction of Civil Work.

**Child and Forced Labor:** The risk of child labor will be mitigated through Certification of laborers' age. This will be done by using the legally recognized documents such as the National Identification Card (Bhutanese Citizenship card), School Certificates, and Birth Certificate. In addition, this procedure will guide the authority to monitor periodically that no such practice is/are in place by the project.

**Gender-Based Violence (GBV):** Construction workers are predominantly younger males. Those who are away from home on the construction job are typically separated from their family and act outside their normal sphere of social control. This can lead to inappropriate and criminal behavior, such as sexual harassment of women and girls, exploitative sexual relations, and illicit sexual relations with minors from the local community. However, due to the nature and scope of the project, the number of workers will not be significant, and all works will be conducted within the boundaries of existing medical and other facilities, the SEA/SH risk is expected to be moderate and manageable. Contractors will make sure that workers are provided with the necessary GBV/SEAH training and CoCs are signed prior to commencement of works. And adequate

measures will be put in place to mitigate GVB/SEAH risks in quarantine/isolation facilities. According to the project's ESMF, SEA/SH risk will be screened and analyzed at subcomponent level; relevant capacity building to contractors will be arranged when necessary.

Risk of services of health workers and first responders being terminated for refusing to get vaccinated. Although there is no history of such conduct / issue in Bhutan as of now, this can be considered a potential risk. In the event such incidents occur, especially due to mandatory vaccine<sup>1</sup> policies, the project has in place a GRM where workers can bring such grievances to the attention of the project.

## **COVID-19 CONSIDERATIONS**

COVID-19 specific risks will relate to the activities being carried out by the workers, in the context in which the project is being conducted. The identification of the risks will assist designing appropriate mitigation measures to address those risks, including:

- conducting pre-employment health checks
- controlling entry and exit from site/workplace
- reviewing accommodation arrangements, to see if they are adequate and designed to reduce contact with the community
- reviewing contract durations, to reduce the frequency of workers entering/exiting the site
- rearranging work tasks or reducing numbers on the worksite to allow social/physical distancing, or rotating workers through a 24-hour schedule
- providing appropriate forms of personal protective equipment (PPE)
- putting in place alternatives to direct contact, like tele-medicine appointments and live stream of instructions.
- Provide adequate PPE to the vaccinators and volunteers

Another potential risk is where the project activity is the treatment by health care workers of COVID-19 patients. In this case the risks could include pathogen exposure, infection and associated illness, death, illegal and untenable overtime, psychological distress, fatigue, occupational burnout, stigma and passing on infections to family and community. Section 6 illustrates such risks.

Vaccination activities are likely to require mobilization of a large workforce of health workers, community workers, volunteers and public health officials, many of whom will be working in challenging environments. In such circumstances, many of the risks identified above in relation to treatment of COVID-19 patients may also be relevant. Such risks are systems for batched

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<sup>1</sup> **Mandatory vaccination** refers to reasonable government regulations, which aim to promote public health and safety, on vaccinating everyone or everyone in a defined group, with provisions for medical or religious exceptions, and appropriate due process systems and grievance mechanisms for refusing to be vaccinated. Mandatory vaccination regulations may include restrictive measures conditioning access to certain public benefits to vaccination (such as public transport or schools). Regulations that include punitive measures for refusing to be vaccinated, such as criminal sanctions, will be considered forced vaccination mandates.

appointment times (also relevant to ESS4), relevant PPE, training and monitoring of correct application of infection prevention and control (IPC) for health workers, decentralizing vaccine delivery to limit large gatherings, regular COVID-19 testing of health workers and triaging sick members of the public who attend for vaccination.

### 3. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

Terms and Conditions of employment is guided by **the Labour and Employment Act of Bhutan 2007** that illustrate the basic conditions of employment which are materially consistent with ESS 2. The Act makes it mandatory for employers to furnish employees with written particulars of employment stating, the duration, a specific task to be performed, notice period for termination of the contract and wages, working hours, probation period and leave provisions (Ch-V of the Act). This Act also contains:

- Compensation and Benefits (Ch-VI of the Act)
- Hours of Work and Leave (Ch-VII of the Act)
- Minimum wages, overtime (Ch-VIII of the Act)
- Minimum age of employment (Ch-X of the Act)
- Labour disputes resolution and workplace grievance redressal (Ch-XII of the Act)
- Workers Association (Ch-XI of the Act)

The Employment and Labour Act 2007 is available at the Department of Labour website: <https://www.molhr.gov.bt/molhr/wp-content/uploads/2017/07/labouract.pdf>

In order to enforce the Employment and Labour Act 2007, Department of Labour of the Ministry of Labour and Human Resources has formulated the 'Regulation on Working Conditions 2012'. These Regulations pertaining to employment conditions are necessary to implement the provisions of the Labour and Employment Act effectively. The Regulations are available at the Department of Labour's website: [www.molhr.gov.bt/molhr/wp-content/uploads/2020/01/Regulations-on-Working-Conditions-2012.pdf](http://www.molhr.gov.bt/molhr/wp-content/uploads/2020/01/Regulations-on-Working-Conditions-2012.pdf)

#### COVID-19 CONSIDERATIONS:

**National Guideline on Infection Control and Medical Waste Management.** This guideline has been formulated by the Department of Medical Services in order to acquaint the healthcare system of evidence-based infection control practices that will protect patients, clients, and healthcare workers from health care-associated infections (HCAIs). It discusses effective infection control practices which will aid healthcare centres to plan the facilities and determine the resources to support the infection control and waste management activities. This guideline will be useful for healthcare workers working in highly infectious environment as in COVID-treating facilities.

#### 4. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

Chapter IX of The **Bhutan Employment and Labor Act 2007** illustrates the occupational health, safety and working condition requirements for the assigned workers. The requirements are associated with:

- Employer's Duty to employees
- Employer to bear cost of occupational health & safety
- Health and safety policy
- Reporting of an accident or incident
- Accident records
- Appointment of health and safety representative

The **Regulation on Occupational Health, Safety and Welfare 2012** states specific provisions to aid the implementation of Labour and Employment Law 2007 which would be relevant for workers in the construction industry and workers in general. The provisions are as follows:

- Management's policy, program and registration of workplaces (Chapter 2)
- Inspection and notices (Chapter 3)
- Rights and responsibilities (Chapter 4)
- Health and safety committee (Chapter 5)
- Notification and recording of accidents, dangerous occurrences and occupational diseases (Chapter 6)
- Provisions relating to health (Chapter 7)
- Personal protective equipment (Chapter 8)
- Workplace hazards (Chapter 9)
- Fire protection (Chapter 10)
- Electrical safety (Chapter 11)
- Provisions relating to toxic substances and hazardous processes (Chapter 14)
- Special provisions on hazardous processes (Chapter 15)

#### COVID-19 CONSIDERATIONS:

Ministry of Health (MoH) and the Department of Public Health (DoPH), Department of Medical Services (DMS) have developed guidelines or adopted international best practices which would be relevant in addressing the COVID-19 pandemic. Most notables are:

- Bhutan Pandemic Preparedness and Response Plan 2020
- Medical Screening guidelines for outbound Bhutanese Travelers
- INTERIM GUIDANCE DOCUMENT Clinical management of severe acute respiratory infections when novel coronavirus is suspected: What to do and what not to do
- Risk Communication Guideline for Health Sector-MoH-Bhutan
- Framework Guideline for Establishment of Private Selective Diagnostic Services
- Occupational Health and Safety, Guidelines for Health Professionals 2012
- National Infection Control and Medical Waste Management guidelines

They are available at:

<http://www.moh.gov.bt/downloads/guidelines-2/>

Other guidelines that may be adopted are:

- ILO Occupational Safety and Health Convention, 1981 (No. 155)
- ILO Occupational Health Services Convention, 1985 (No. 161)
- ILO Safety and Health in Construction Convention, 1988 (No. 167)
- WHO International Health Regulations, 2005
- WHO Emergency Response Framework, 2017
- WHO SAGE Values Framework for the Allocation and Prioritization of COVID-19 Vaccination (Sept 2020)
- WHO SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply (Nov 2020)
- WHO Target Product Profiles (TPP) for COVID-19 Vaccines (2020)
- EU OSH Framework Directive (Directive 89/391)

## 5. RESPONSIBLE STAFF

The project's Implementing Agency (IA) through the Project Management Unit (PMU) has the overall responsibility to oversee all aspects of the implementation of the LMP, in particular, to ensure contractor compliance. IA will address all LMP aspects as part of procurement for works as well as during contractor induction. The contractor is subsequently responsible for management in accordance with this LMP implementation of which will be supervised by the project's IA on a regular basis.

**Occupational Health and Safety (OHS).** Contractors must engage a minimum of one safety representative. Smaller contracts may permit the safety representative to carry out other assignments as well. The safety representative ensures the day-to-day compliance with specified safety measures and records of any incidents. Minor incidents are reported to IA on a monthly basis, serious incidents are reported immediately. Minor incidents are reflected in the quarterly reports to the World Bank, major issues are flagged to the World Bank immediately.

**Labor and Working Conditions.** Contractors will keep records in accordance with specifications set out in this LMP. PMU may at any time require records to ensure that labor conditions are met. The PMU will review records against actuals at a minimum on a monthly basis and can require immediate remedial actions if warranted. A summary of issues and remedial actions will be included in quarterly reports to the World Bank.

**Worker Grievances.** Contractors will be required to present a worker grievance redress mechanism (GRM, described in detail below) which responds to the minimum requirements in this LMP. The PMU’s Social Development Specialist will review records on a monthly basis. Where worker concerns are not resolved, the national system will be used as set out in the section, but the Implementing Agency will keep abreast of resolutions and reflect in quarterly reports to the World Bank.

## **COVID-19 CONSIDERATIONS:**

A Social Development Specialist will be mobilized by the IA for monitoring and supervision COVID-19 related issues and to coordinate training of workers in mitigating the spread of COVID-19. H/ she will also act as the COVID-19 focal point to provide real-time advice on how to deal with emerging issues and coordinate related activities. In specific, the Social Development Specialist will be responsible for:

- Monitoring, supervising, and reporting on health and safety issues relating to COVID-19
- Coordination and reporting arrangements between contractors
- Arrange for raising awareness and training of workers in mitigating the spread of COVID-19
- Raising awareness and training of health workers and community workers on immunization safety
- Assessment, triaging and treatment of patients, parents and/or workers infected with COVID-19

## **6. POLICIES AND PROCEDURES**

### **Equal Opportunity**

Decisions relating to the employment or treatment of project workers will not be made on the basis of personal characteristics unrelated to inherent job requirements. The employment of project workers will be based on the principle of equal opportunity and fair treatment, and there will be no discrimination with respect to any aspects of the employment relationship, such as recruitment and hiring, compensation (including wages and benefits), working conditions and terms of employment, access to training, job assignment, promotion, termination of employment or retirement, or disciplinary practices.

### **Occupational, Health and Safety (OHS)**

The PMU will ensure that the Contractors are:

- Complying with legislation and other applicable requirements which relate to the OHS hazards.
- Enabling active participation in OHS risks elimination through promotion of appropriate skills, knowledge and attitudes towards hazards.
- Continually improving the OHS management system and performance.
- Communicating this policy statement to all persons working under the control of IA with emphasis on individual OHS responsibilities.
- Availing this policy statement to all interested parties at all IA facilities and sites.

The Contractor will have a designated Safety, Health and Environmental Representative for the workplace or a section of the workplace for an agreed period. At a minimum, the Representative must:

- Identify potential hazards;
- In collaboration with the Contractor, investigate the cause of accidents at the workplace;
- Inspect the workplace with a view to ascertaining the safety and health of workers provided that the employer is informed about the purpose of the inspection;
- Accompany an inspector whilst that inspector is carrying out the inspector's duties in the workplace;
- Attend meetings of the safety and health committee to which that safety and health representative is a member;
- Make recommendations to the Contractor in respect of safety and health matters affecting workers, through a safety and health committee; and
- Where there is no safety and health committee, the safety and health representatives shall make recommendations directly to the Contractor in respect of any safety and health matters affecting the workers.

Further to avoid work related accidents and injuries, the contractor will:

- Provide OHS training to all workers involved in works.
- Provide PPEs (protective masks, hard hat, overall and safety shoes, safety goggles), as appropriate.
- Ensure availability of first aid box.
- Provide workers with access to toilets and potable drinking water.
- Ensure provision of voluntary reporting of any COVID-19 or other symptoms and arrange for health emergency services.

Further to enforcing the compliance of environmental management, contractors are responsible and liable of safety of site equipment, labors and daily workers attending to the construction site and safety of citizens for each subproject site, as mandatory measures.

### **Gender Based Violence (GBV)/Sexual Exploitation and Abuse (SEA) /Sexual Harassment (SH)**

Contractors will need to maintain labor relations with local communities through codes of conduct (CoC). The CoC commits all persons engaged by the contractor, including sub-contractors and suppliers, to acceptable standards of behavior. The CoC must include sanctions for non-compliance, including non-compliance with specific policies related to gender-based violence, sexual exploitation and sexual harassment (e.g., termination). The CoC should be written in plain language and signed by each worker to indicate that they have:

- Received a copy of the CoC as part of their contract;
- Had the CoC explained to them as part of the induction process;
- Acknowledged that adherence to this CoC is a mandatory condition of employment;
- Understood that violations of the CoC can result in serious consequences, up to and including dismissal, or referral to legal authorities.

A copy of the CoC shall be displayed in a location easily accessible to the community and project-affected people. It shall be provided in Dzongkha or other local languages that are used by local communities.

Contractors must address the risk of gender-based violence, through:

- Mandatory training and awareness-raising for the workforce about refraining from unacceptable conduct toward local community members, specifically women. Training may be repeated;
- Informing workers about national laws that make sexual harassment and gender-based violence a punishable offence which is prosecuted;
- Adopting a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence;
- Developing a system to capture gender-based violence, sexual exploitation and workplace sexual harassment-related complaints/issues.

**Capacity building to contractors will be arranged when necessary. It is important to facilitate the use of qualified and experienced GBG/SEA/SH experts to undertake this training.**

### **COVID-19 CONSIDERATIONS**

The Project will employ workers/ labors for both civil works and health service delivery. Specific provisions for both are enumerated below:

**Construction/Civil Works.** The contractors will ensure adequate precautions are in place to prevent or minimize an outbreak of COVID-19, and provisions when a worker gets sick. This will include:

- Confirming workers are fit for work, to include temperature testing and refusing entry to sick workers
- Considering ways to minimize entry/exit to site or the workplace, and limiting contact between workers and the community/general public
- Training workers on hygiene and other preventative measures, and implementing a communication strategy for regular updates on COVID-19 related issues and the status of affected workers
- Treatment of workers who are or should be self-isolating and/or are displaying symptoms
- Assessing risks to continuity of supplies of medicine, water, fuel, food and PPE, taking into account international, national and local supply chains
- Reduction, storage and disposal of medical waste
- Adjustments to work practices, to reduce the number of workers and increase social distancing
- Expanding health facilities on-site compared to usual levels, developing relationships with local health care facilities and organize for the treatment of sick workers
- Establishing a procedure to follow if a worker becomes sick (following MoHFW and WHO guidelines)
- Implementing a communication strategy with the IA in relation to COVID-19 issues on the site.

**Health Service Delivery.** Contractors of employers should have plans or procedures are in place to address the following issues:

- Obtaining adequate supplies of medical PPE, including gowns, aprons, curtains; medical masks and respirators (N95 or FFP2); gloves (medical, and heavy duty for cleaners); eye protection (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment.

- Training medical staff on the latest MOH advice and recommendations on the specifics of COVID-19
- Conducting enhanced cleaning arrangements, including thorough cleaning (using adequate disinfectant) of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, common areas, including door handles, floors and all surfaces that are touched regularly
- Training and providing cleaning staff with adequate PPE when cleaning consultation rooms and facilities used to treat infected patients
- Implementing a communication strategy/plan to support regular communication, accessible updates and clear messaging to health workers, regarding the spread of COVID-19 in nearby locations, the latest facts and statistics, and applicable procedures.
- Update information on target population, best estimates for PPE requirements and adequate measures for infection prevention and control (IPC) and waste management
- Additional human and financial resources to implement a high-quality campaign including implications of physical distancing and specific COVID-19 prevention and control measures
- Ensure adequate access to IPC supplies, e.g. masks, hand sanitizers, hand washing units with soap and water
- For vaccination sites, ensuring that the space is organized in a safe and socially distant manner, and necessary logistical controls and waste management are planned for in advance

For the deployment and use of vaccines, safe cold-chain practices, checking that vaccines are approved for use by WHO or another regulatory authority agreed by the Bank, selecting safe injection equipment, immunization practices for vulnerable people such as pregnant women or children under 5, immunization waste-disposal plan, supervision and reporting on implementation of immunization practices as required under national legislation.

## 7. AGE OF EMPLOYMENT

The Labor and Employment Act 2007 allows children under age 14 to work but only for selected occupations as detailed in the Act. Bhutan has no compulsory age for education, which may increase the risk of children's involvement in child labor. However, for hazardous work, the minimum age for work is 18 (Ref: Sections 170 and 171 of the Labor and Employment Act 2007). Due to the nature of the project, where the activities involve possible exposure to **COVID-19**, no child under age 18 will be employed to work in the project due to the hazardous nature of the work. The age verification mechanism will include national or local ID provided by relevant Government authorities, board examination certificate and as a last resort medical checkup.

If anyone below the age of 18 is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of the worker in a responsible manner, taking into account the best interest of the worker.

## 8. TERMS AND CONDITIONS

The terms and conditions of employment for the Project workers are governed by the provisions of the Labor and Employment Act 2007.

**Chapter V** of the Labor and Employment Act 2007 (Contracts of Employment) makes it mandatory for an employer to ensure that a contract of employment with an employee is in writing and that a copy of it is provided to the employee (Section 61). An employer shall ensure that a contract of employment specifies: (a) the duration; (b) a specific task to be performed; (c) notice period for termination of the contract; and (d) wages, working hours, probation period and leave provisions (Section 65). Leave rules (sick, casual, paternity, maternity, annual leaves) are described in Sections 104 – 114. Termination of employment is described in Sections 68-95.

**Chapter VII** of the Labour and Employment Act 2007 illustrates the requirements of working hours in sections 104, 105 and 124. The details of the working hours are described in the Hours of Work Regulation (maximum 8 hours a day ordinarily, except exceptional cases and 48 hours a week), rest hour (not less than 30 minutes per 8-hour period), overtime work (must not exceed 2 hours per day or 12 hours per week except for those who work on fixed shifts, not more than one overtime night shift per week) and leave entitlement.

**Chapter VIII** of the Labour and Employment Act 2007 (Section 117 – 139) and the Regulation on Working conditions illustrates the details of wages. It describes the time and modality for wage payment (a pay period of one month or less before which the payment has to be made, within 7 calendar days after the termination of a contract of employment, additional 50% of the employee's normal rate of pay for night work etc.). **Section 131** defines the cases where deductions may be made from wages.

**Chapter VIII** of the Act (**Section 138**) says that The Ministry may in consultation with the government, the employers and the employees fix a minimum wage. The *National Minimum Wages Regulation 2009* contains legal requirements that must be met by all workplaces within the coverage of the Act that come under the inspectorial jurisdiction of the Department of Labour, Ministry of Labour and Human Resources. The National wage committee fixes the minimum wage based on i) zones, regions or geographic locations in the country; ii) sectors or industries in the country; iii) occupations and iv) employees of different work status It makes it binding on the contractors (employers) to abide by the minimum wages rate.

**Chapter IX** of the Act (**Section 176**) stipulates that worker of an enterprise of twelve or more workers employed under contract of employment may form one workers' association to represent their interests. The workers association may represent the employees concerned in any matter affecting their rights and interests arising out of their employment at the enterprise, is entitled to negotiate a collective bargaining agreement with the employer relating to the terms and conditions of employment of the employees concerned and may participate in the dispute resolution process.

Upon receiving the Project contract, the Contractor shall certify in writing that the wages, hour and conditions of work or persons to be employed by him on the contract are not less favorable than those contained in the most current wages regulation issued by the government recommended by the Wages Board Chairman. The Contractor shall maintain worker's register which will be available for inspection during working hours for the Inspector appointed by PMU.

In ensuring full compliance with the law in this regard, the Contractor will be required to furnish PMU with copies of the Service Book or copies of contract of all its workforce. Contractors will not be allowed to deploy any employee to work in the project if such copy of employment of that employee has not been handed to PMU. The Contractor also is obliged by the law to allow workers to form trade unions subject to the provision of the Labor and Employment Act 2007.

As a monitoring mechanism, a contractor shall not be entitled to any payment unless he has filed, together with his claim for payment, a certificate: - a) stating whether any wages due to employees are in arrears; b) stating that all employment conditions of the contract are being complied with. It will be a material term of the contract to allow PMU to withhold payment from contractor should the contractor not fulfill their payment obligation to their workers.

### **COVID-19 CONSIDERATIONS:**

The Labor and Employment Act 2007 has several implications due to COVID-19 considerations.

**Forced Leave.** A mechanism now being used around the world is to force employees to use earned annual leave days. The obvious benefit from an employer perspective is that workers going on leave during a lockdown or low-demand period will mean more workers will be available when the situation returns to normalcy later. However, the Labor and Employment Act 2007 does not provide any mechanism to force workers to go on leave, whether paid or unpaid. So even if an employer intends to use this mechanism, it must be upon mutual and informal negotiation with workers.

**Compensation and Emergency Care:** According to the Regulation on Working Conditions Chapter 4, the employer shall compensate an injured employee or one suffering from an occupational disease for all expenses related to emergency care including ambulance and related expenses, to the extent such services are not provided free of charge by the Royal Government's health services. This includes nursing care, surgery, hospital fees, medication, X-rays, diagnostic testing, and all other forms of treatment. The employer also has to pay for the loss of earnings for a stipulated period until the worker is capable of coming back to work again. The workers engaged in renovation works under the civil contractor might be exposed to infections while working and the contractor under the COVID-19 situation and the contractor has to take care of the worker as per the regulation. This applied to nurses and health workers as well, however, the respective healthcare facilities may have separate policies for safeguarding their health.

**Retrenchment.** In case the crisis of COVID-19 and the resulting economic downturn and global fall in demand persists, many employers are considering retrenchment of workers. Retrenchment means terminating workers on the ground of redundancy. While manufacturing and other sectors may suffer from the economic downturn, in the healthcare sector it is not expected as the demand for doctors, nurses, medical professionals will be increasing. The construction contractors usually employ temporary workers for short-term renovation/rehabilitation works. Therefore, retrenchment is not applicable here as well. There are dismissal clauses in the Act and Regulation on Working Conditions which requires certain conditions to terminate a contract with a worker and the employer may be penalized if those conditions are not met.

However, given the Act's implication due to COVID-19 considerations above, no specific legislation has been enacted in response to the health and safety issues posed by COVID-19 that departs from the terms and conditions agreed for the project.

## 9. GRIEVANCE MECHANISM

The *Grievance Procedure Regulation, 2009* contains legal requirements that must be met by all workplaces covered by Sections 188 and 189 of the Labour and Employment Act, 2007. Section 178 describes the 'Collective Bargaining Process' which the worker association can use to bargain with the employer in matters of the conditions of work or environment of work of the workers and conduct cases on behalf of any individual worker or a group of workers under this Act.

However, the PMU will require the Contractor to develop and implement a Grievance Redress Mechanism (**GRM**) for their own workforce prior to the start of design stage. The Contractor will prepare their **Labor Management Plan** before the start of their assignment, which will also include detailed description of the workers GRM. The GRM must be well circulated and written in a language understood by all.

The workers GRM will include:

- A channel to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline that might also be anonymous;
- Stipulated timeframes to respond to grievances;
- A register to record and track the timely resolution of grievances;
- A responsible section/wing/committee to receive, record and track resolution of grievances.

The GRM will be described in workers induction trainings, which will be provided to all project workers. The mechanism will be based on the following principles:

- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination against those who express grievances and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response. Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", and other means as needed.
- The Project workers' grievance mechanism will not prevent workers to use conciliation procedure provided in the Labour and Employment Act 2007.

A PMU representative will monitor the Contractors' recording and resolution of grievances, and report these to PMU in their monthly progress reports. The process will be monitored by the GRM Focal Point of PMU (preferably the Social Consultant).

## COVID-19 CONSIDERATIONS

In addition to the above provisions of GRM, specific COVID-19 provisions will also be developed where the nature of complaints may be particularly time-sensitive and sensitive in terms of confidentiality. The provisions will include addressing the:

- Lack of Personal Protective Equipment (PPE) of the right quality and enough quantity
- Absence of Protocols and non-adherence of the same
- Unreasonable overtime causing fatigue
- Forced to work under unhygienic and potentially contaminated situations without proper remedial measures

## 10. CONTRACTOR MANAGEMENT

Any Contractor selected for the Project must be a legitimate and reliable entity and must have their own labor management procedure and practice materially consistent with the requirement of ESS2. The Borrower will incorporate the requirement of ESS2 in the bidding documents and contractual agreement and will also include non-compliance remedies. Any subcontractors engaged will also have similar requirements in their agreement including non-compliance remedies.

The project requires that contractors monitor, keep records and report on terms and conditions related to labor management. The contractor must provide workers with evidence of all payments made, including social security benefits, pension contributions or other entitlements regardless of the worker being engaged on a fixed term contract, full-time, part-time or temporarily. The application of this requirement will be proportionate to the activities and to the size of the contract, in a manner acceptable to IA and the World Bank:

- a. **Labor conditions:** records of workers engaged under the Project, including contracts, registry of induction of workers including CoC, hours worked, remuneration and deductions (including overtime), collective bargaining agreements;
- b. **Safety:** recordable incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, and so forth).
- c. **Workers:** number of workers, indication of origin (expatriate, local, nonlocal nationals), gender, age with evidence that no child and forced labor is involved, and skill level (unskilled, skilled, supervisory, professional, management).
- d. **Training/ induction:** dates, number of trainees, and topics.
- e. **Details of any security risks:** details of risks the contractor may be exposed to while performing its work—the threats may come from third parties external to the project.
- f. **Worker grievances:** details including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken grievances listed should include those received since the preceding report and those that were unresolved at the time of that report. If the contractors do not have their own grievance redress system, the GRM developed under this LMP will be adopted.

## COVID-19 CONSIDERATIONS

The contractual agreement will also require inclusion of measures required of Contractors in light of the COVID-19 situation. They will include:

- Provision of adequate measures for the workers working under COVID-19 situation including free PPEs and sanitization. Provision of workers needing to report COVID-19 symptoms and referral to health facilities and not forcing them to work.
- Provision of medical insurance covering treatment for COVID-19, sick pay for workers who either contract the virus or are required to self-isolate due to close contact with infected workers and payment in the event of death
- Requirement of safe working condition 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)
- Procedures and measures dealing with specific risks. For example, for health care contractors: infection prevention and control (IPC) strategies, health workers exposure risk assessment and management, developing an emergency response plan, per [WHO Guidelines](#)
- Appointing a COVID-19 focal point with responsibility for monitoring and reporting on COVID-19 issues, and liaising with other relevant parties

#### **11. COMMUNITY WORKERS**

No Community Workers will be assigned for Project implementation.

#### **12. PRIMARY SUPPLY WORKERS**

Primary supplier as defined by the ESS2 had not been identified at present, since goods/material/consultancy services purchased under the project will follow different procurement procedures including direct contracting, bidding, shopping, etc. They are one-time procurement for one task from reputed/well established suppliers, and are not procured on an ongoing basis in relation to any project activities.

## Annex A: CONTRACTORS' GENERAL GUIDELINE

### COVID-19 CONSIDERATIONS IN CONSTRUCTION/CIVIL WORKS PROJECTS

**INTRODUCTION.** The Contractor should identify measures to address the COVID-19 situation. What will be possible will depend on the context of the project: the location, existing project resources, availability of supplies, capacity of local emergency/health services, the extent to which the virus already exist in the area. A systematic approach to planning, recognizing the challenges associated with rapidly changing circumstances, will help the project put in place the best measures possible to address the situation. As discussed above, measures to address COVID-19 may be presented in different ways (as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures). Implementing Agencies (IA) and contractors should refer to guidance issued by relevant authorities, both national and international (e.g. WHO), which is regularly updated (*WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>*).

Addressing COVID-19 at a project site goes beyond occupational health and safety, and is a broader project issue which will require the involvement of different members of a project management team. In many cases, the most effective approach will be to establish procedures to address the issues, and then to ensure that these procedures are implemented systematically. Where appropriate given the project context, a designated team should be established to address COVID-19 issues, including PMU representatives, the Supervising Engineer, management (e.g. the project manager) of the contractor and sub-contractors, security, and medical and OHS professionals. Procedures should be clear and straightforward, improved as necessary, and supervised and monitored by the COVID-19 focal point(s). Procedures should be documented, distributed to all contractors, and discussed at regular meetings to facilitate adaptive management. The issues set out below include a number that represent expected good workplace management but are especially pertinent in preparing the project response to COVID-19.

#### **(a) ASSESSING WORKFORCE CHARACTERISTICS**

Many construction sites will have a mix of workers e.g. workers from the local communities; workers from a different part of the country; workers from another country. Workers will be employed under different terms and conditions and be accommodated in different ways. Assessing these different aspects of the workforce will help in identifying appropriate mitigation measures:

- The Contractor should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations (e.g. 4 weeks on, 4 weeks off).

- This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation. Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk.
- Consideration should be given to ways in which to minimize movement in and out of site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.
- Workers accommodated on site should be required to minimize contact with people near the site, and in certain cases be prohibited from leaving the site for the duration of their contract, so that contact with local communities is avoided.
- Consideration should be given to requiring workers lodging in the local community to move to site accommodation (subject to availability) where they would be subject to the same restrictions.
- Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health checks at entry to the site (as set out above) and at some point, circumstances may make it necessary to require them to either use accommodation on site or not to come to work.

#### **(b) ENTRY/EXIT TO THE WORK SITE AND CHECKS ON COMMENCEMENT OF WORK**

Entry/exit to the work site should be controlled and documented for both workers and other parties, including support staff and suppliers. Possible measures may include:

- Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.
- Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID - 19 specific considerations.
- Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry.
- Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues.
- Checking and recording temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site.
- Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods.
- During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days.
- Preventing a sick worker from entering the site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days.

### **(c) GENERAL HYGIENE**

Requirements on general hygiene should be communicated and monitored, to include:

- Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular hand washing and social distancing) and what to do if they or other people have symptoms (for further information see [WHO COVID-19 advice for the public](#)).
- Placing posters and signs around the site, with images and text in local languages.
- Ensuring hand washing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. Where hand washing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used.
- Review worker accommodations, and assess them in light of the requirements set out in [IFC/EBRD guidance on Workers' Accommodation: processes and standards](#), which provides valuable guidance as to good practice for accommodation.
- Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected.

### **(d) CLEANING AND WASTE DISPOSAL**

Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include:

- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.
- Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives.
- Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated (for further information [see WHO interim guidance on water, sanitation and waste management for COVID-19](#)).

### **(e) ADJUSTING WORK PRACTICES**

Consider changes to work processes and timings to reduce or minimize contact between workers, recognizing that this is likely to impact the project schedule. Such measures could include:

- Decreasing the size of work teams.
- Limiting the number of workers on site at any one time.
- Changing to a 24-hour work rotation.
- Adapting or redesigning work processes for specific work activities and tasks to enable social distancing, and training workers on these processes.
- Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE. While as of the date of this note, general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review (for further information see [WHO interim guidance on rational use of personal protective equipment \(PPE\) for COVID-19](#)).
- Reviewing work methods to reduce use of construction PPE, in case supplies become scarce or the PPE is needed for medical workers or cleaners. This could include, e.g. trying to reduce the need for dust masks by checking that water sprinkling systems are in good working order and are maintained or reducing the speed limit for haul trucks.
- Arranging (where possible) for work breaks to be taken in outdoor areas within the site.
- Consider changing canteen layouts and phasing meal times to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site, including gyms.
- At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.

### **(f) PROJECT MEDICAL SERVICES**

Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training. Where these are not adequate, consider upgrading services where possible, including:

- Expanding medical infrastructure and preparing areas where patients can be isolated. Guidance on setting up isolation facilities is set out in [WHO interim guidance on considerations for quarantine of individuals in the context of containment for COVID-19](#)). Isolation facilities should be located away from worker accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with curtains, if possible. Sick workers should limit their movements, avoiding common areas and facilities and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or canteens), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use.

- Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow [WHO interim guidance on infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#).
- Training medical staff in testing, if testing is available.
- Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, and eye protection. Refer to WHO guidance as to what is advised (for further information see [WHO interim guidance on rational use of personal protective equipment \(PPE\) for COVID-19](#)).
- If PPE items are unavailable due to world-wide shortages, medical staff on the project should agree on alternatives and try to procure them. Alternatives that may commonly be found on construction sites include dust masks, construction gloves and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.
- Ventilators will not normally be available on work sites, and in any event, intubation should only be conducted by experienced medical staff. If a worker is extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital (see (g) below).
- Review existing methods for dealing with medical waste, including systems for storage and disposal (for further information see [WHO interim guidance on water, sanitation and waste management for COVID-19](#), and [WHO guidance on safe management of wastes from health-care activities](#)).

#### **(g) LOCAL MEDICAL AND OTHER SERVICES**

Given the limited scope of project medical services, the project may need to refer sick workers to local medical services. Preparation for this includes:

- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies).
- Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.
- Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.
- Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation.
- Establishing an agreed protocol for communications with local emergency/medical services.
- Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved.
- A procedure should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The project should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law.

## **(h) INSTANCES OR SPREAD OF THE VIRUS**

WHO provides detailed advice on what should be done to treat a person who becomes sick or displays symptoms that could be associated with the COVID-19 virus (for further information see [WHO interim guidance on infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#)). The project should set out risk-based procedures to be followed, with differentiated approaches based on case severity (mild, moderate, severe, critical) and risk factors (such as age, hypertension, diabetes). These may include the following:

- If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site.
- If testing is available on site, the worker should be tested on site. If a test is not available at site, the worker should be transported to the local health facilities to be tested (if testing is available).
- If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home. If at home, the worker should be transported to their home in transportation provided by the project.
- Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of.
- Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms.
- Family and other close contacts of the worker should be required to quarantine themselves for 14 days, even if they have no symptoms.
- If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible.
- If workers live at home and has a family member who has a confirmed or suspected case of COVID-19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.
- Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law.
- Medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.

## **(i) CONTINUITY OF SUPPLIES AND PROJECT ACTIVITIES**

Where COVID-19 occurs, either in the project site or the community, access to the project site may be restricted, and movement of supplies may be affected.

- Identify back-up individuals, in case key people within the project management team (PMU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place.
- Document procedures, so that people know what they are, and are not reliant on one person's knowledge.
- Understand the supply chain for necessary supplies of energy, water, food, medical supplies and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early pro-active review of international, regional and national supply chains, especially for those supplies

that are critical for the project, is important (e.g. fuel, food, medical, cleaning and other essential supplies). Planning for a 1-2 month interruption of critical goods may be appropriate for projects in more remote areas.

- Place orders for/procure critical supplies. If not available, consider alternatives (where feasible).
- Consider existing security arrangements, and whether these will be adequate in the event of interruption to normal project operations.
- Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.

#### **(j) TRAINING AND COMMUNICATION WITH WORKERS**

Workers need to be provided with regular opportunities to understand their situation, and how they can best protect themselves, their families and the community. They should be made aware of the procedures that have been put in place by the project, and their own responsibilities in implementing them.

- It is important to be aware that in communities close to the site and amongst workers without access to project management, social media is likely to be a major source of information. This raises the importance of regular information and engagement with workers that emphasizes what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of work force peace of mind and business continuity. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.
- Training of workers should be conducted regularly, as discussed in the sections above, providing workers with a clear understanding of how they are expected to behave and carry out their work duties.
- Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work.
- Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted.
- Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and social distancing, and what to do if a worker displays symptoms.

#### **(k) COMMUNICATION AND CONTACT WITH THE COMMUNITY**

Relations with the community should be carefully managed, with a focus on measures that are being implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers, or the risks posed to the community by local workers presence on the project site. The following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members.
- Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; posters, pamphlets, radio, text message, electronic meetings. The means used should take

into account the ability of different members of the community to access them, to make sure that communication reaches these groups.

- The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. These need to be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO).