

REPUBLIC OF TAJIKISTAN

MINISTRY OF HEALTH AND SOCIAL PROTECTION

**MILLATI SOLIM: TAJIKISTAN HEALTHY NATION
PROJECT**

LABOR MANAGEMENT PROCEDURES



April 2023

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ABBREVIATIONS

CERP	Contingent Emergency Response Component
CHC	City Health Center
CME	Continuous Medical Education
COVID-19	Coronavirus disease
DHC	District Health Center
ECDP	Early Childhood Development Project
EMR	Electronic Medical Record
EPR	Electronic Patient Registry
ESMP	Environmental and Social Management Plan
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
FM	Family Medicine
FMD	Family Medicine Doctors
GBV	Gender Based Violence
GM	Grievance Mechanism
GFF	Global Financing Facility
GRS	Grievance Redress Service (of the World Bank)
HEPR	Health Emergency Preparedness and Response
HPAU	Health Policy and Analysis Unit
HSIP	Health Services Improvement Project
HCF	Health Care Facility
IA	Implementing Agency
IVA	Independent Verification Agency
Khadamot	State Health and Social Protection Supervision Services
LAN	Local area networks
LMP	Labor Management Procedures
MoHSPP	Ministry of Health and Social Protection of Population
OHS	Occupational Health and Safety
PBC	Performance Based Conditions
PDO	Project Development Objective
PIU	Project Implementation Unit
PFM	Public Finance Management
PHC	Primary Health Care
POM	Project Operational Manual
PPE	Personal Protective Equipment
PPG	Project Preparation Group
RHC	Rural Health Center
SDI	Service Delivery Indicator
SEA/SH	Sexual Exploitation and Abuse/Harassment
TSG	Technical Support Group
WB	The World Bank

1. INTRODUCTION

1.1 Project Background

The Ministry of Health and Social Protection of Population (MoHSPP) of Tajikistan is preparing the *Millati Solim: Tajikistan Healthy Nation Project* with the World Bank's Health, Nutrition and Population Global Practice assistance. *Millati Solim: Tajikistan Healthy Nation Project* will support Tajikistan's ambitious plan to implement a revised version of the Mandatory Health Insurance Law and take necessary steps towards achieving Universal Health Coverage.

The project will have positive social impacts, as it will contribute to (i) improved quality and equity of PHC services in selected districts/regions and (ii) strengthened national capacity to respond to health emergencies. Social risks could emanate from the following planned investments: (i) investments in PHC service delivery capacity (human resources, infrastructure, and equipment) at the PHC level in selected districts and at the national level, and (ii) national capacity and physical infrastructure enhancement to improve response to various emergencies, including: training of health workers; repairing, equipping, and modernizing public health workplaces; construction of warehouses for emergency medical equipment and goods at the regional level; procurement of medical goods to stockpile for future emergencies; and investment in biosecurity and transportation arrangement to improve regionally coordinated research into pathogens and other potential causes of health emergencies.

One of the key challenges for the project will be to ensure social 'inclusion'. Exclusion may happen due to differentials in: (i) geography – given the vast expanse of the PHC facilities throughout the country and the fact that some of the terrain is mountainous and remote, particularly near the Afghanistan border, it is likely that some areas (regions, districts and villages) may not be covered by the project; (ii) scale of investments – large and richer districts/regions may receive preferential investments; (iii) absorption capacity - technologies developed should be more friendly to health workers at large, and (iv) administrative expediency and economy in reaching out to rural health workers and vulnerable households in remote and poor areas across the country.

The project recognizes the significance of and adopts the World Bank's Environmental and Social Standards (ESS), for identifying and assessing as well as managing the environmental and social (E&S) risks and impacts associated with this investment project. Both the environmental and social (E&S) risks for the Project are rated Moderate at this stage. The following Environmental and Social Standards (ESS) are relevant to the Project: ESS 1 – Assessment and Management of Environmental and Social Risks and Impacts; ESS 2 – Labor and Working Conditions; ESS 3 – Resource Efficiency and Pollution and Management; ESS 4 – Community Health and Safety; ESS 5 - Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement; and ESS 10 – Stakeholders Engagement and Information Disclosure.

To address possible risks associated with labor and working conditions during the project implementations, MoHSPP developed the Labor Management Procedures (LMP).

1.2 About the Project

The proposed project seeks to improve the quality and equity of PHC services and strengthen national capacity to respond to health emergencies through four components as described below.

Component 1: Quality Improvements through Primary Healthcare Strengthening

The objective of this component is to improve the conditions for delivering quality PHC services by making PHC facilities service ready. This will be achieved through investments in service delivery capacity (human resources, infrastructure, and equipment) in the 16 selected districts representing all regions in the country and in interventions to ignite the demand for PHC services among the population.

Subcomponent 1.1: Quality Improvements through Investments in Human Resources and Demand Stimulation will address the pressing need to invest in human resources working at the PHC level in 16 selected districts. This will be achieved by developing sustainable national policy options for retaining family medicine doctors and nurses and other specialists working at the PHC level in rural areas (which are also most sensitive to climate change impacts) through the development of a human resource strategy for retention of these cadres. The subcomponent will support the implementation of identified retention strategies in the 16 target districts. With support of this subcomponent, knowledge and management of PHC providers will be improved through: (i) in-person training of doctors and nurses in family medicine in the 16 target districts, (ii) PHC management training in the 16 target districts, (iii) development and establishment of a national online platform for delivery of continuous medical education (CME) to PHC providers, which will also allow them to access the latest evidence-based clinical guidelines and climate change knowledge, (iv) technical assistance to revise the specialty standards and curricula for specialists working at the PHC level. To allow for the delivering of training, this sub-component will support the Republican Clinical Training Center, including their regional branches, with minor rehabilitation of their offices, and office equipment for their staff as well as simulation centers to improve training of doctors and nurses. This subcomponent will also support demand-side investments and citizen engagement (CE) to improve uptake of PHC services, including for reproductive maternal, newborn, child and adolescent health and nutrition (RMNCHA-N) services. Such demand-side interventions will include mobile outreach to citizens through Mobile Engage1 with health promotion, prevention, and behavioral change communication. This will also raise the citizen's awareness of climate-sensitive diseases as well as MoHSPP's online Grievance Redress Mechanism (GRM). Moreover, a yearly phone-based National Patient Survey to measure citizen's view and satisfaction with healthcare services at the PHC level will be financed, to allow for MoHSPP to stay tuned to the needs and desires of the citizens. To prepare for the implementation of the amended Law on the Prevention of Domestic Violence, this subcomponent will support the integration of GBV services in the health sector with a particular focus on PHC level. This will be done through a three-pronged approach focused on the level of (i) national policy development (e.g. development of referral pathways, develop clinical guidelines etc.), (ii)

¹ Mobile Engage is an SMS-based platform, initially supported by the World Bank through the Korea Trust Fund for Economic and Peace-Building Transitions, for broad communication to the citizen that was successfully used during the COVID-19 pandemic to inform the public about COVID-19 risks. Mobile phone coverage rates are above 90% even in rural areas of Tajikistan.

interventions at the PHC level (e.g. training of healthcare workers in GBV response), and (iii) the individual (healthcare workers and citizens awareness about GBV through e.g. Mobile Engage). This subcomponent will finance goods, minor rehabilitation, non-consulting services, international and local technical assistance, and training.

Subcomponent 1.2: Quality Improvements through Physical Infrastructure Improvements will support improvements in physical and digital infrastructure of PHC facilities through investments in rehabilitation of existing and, where needed, construction of new priority PHC facilities in 16 selected project districts, as well as provision of basic medical/laboratory and computer equipment. Support under this subcomponent will focus on RHCs and a limited number of DHC/CHC, which collectively cover predominant shares of population in their catchment areas. This subcomponent will aim to ensure uninterrupted basic functionality and capacity of selected PHC facilities to make facilities service ready to deliver quality PHC services and fulfill requirements for accreditation. By ensuring that PHC staff have good working conditions and basic medical/laboratory, office, and computer equipment and furniture to provide essential PHC services, it will contribute to improving quality of front-line PHC services and making it more attractive for health workers to work at the PHC level and for citizens to visit these facilities. It will also support development of an evidence-based concept of providing mobile PHC services to populations in remote areas and investments to implement recommendations outlined in the concept in the 16 districts. This sub-component will finance civil works, goods, international and local technical assistance, and training.

Component 2: Efficiency enhancing reforms in the PHC network

Component 2 supports structural reforms related to strategic purchasing and digitalization of PHC to improve efficiency and quality of PHC services, and to drive enhanced spending efficiency, equity, and financial sustainability of the overall health sector. The activities financed under this component are designed to be implemented at national scale. Building on lessons learned², including from previous pilots in Tajikistan, the Project will be fully integrated in the public finance context and operate by making changes to national systems (e.g., public financial management (PFM) system) rather than relying on Project-specific parallel or temporary arrangements, which may be quicker to implement but less sustainable and effective in the long run. During the project period, the changes to national systems will be developed to allow for digitalization and strategic purchasing at the PHC level and these will be implemented in pioneer regions, Sughd region and Dushanbe city. By paying primary care providers based on a mix of capitation, fee-for-service and other output-based measures this component will introduce a new incentive environment with increased focus on performance, that in turn will drive efficiency in health spending.

PBCs are used under Component 2 to strengthen the Project's results orientation and to incentivize structural reforms. Similar incentives have been used successfully to nudge structural reforms in Tajikistan under the ECDP Project. These additional conditions for disbursements will ensure that the necessary activities to develop policy and institutional changes needed to introduce strategic purchasing and digitalization are not only developed but also approved at the national level,

² IEG (2014) The World Bank Group Support to Health Financing. An Independent Evaluation. https://ieg.worldbankgroup.org/sites/default/files/Data/reports/chapters/health_finance_evaluation_w_appendix_updated_0.pdf

enabling the Project to support their implementation. Furthermore, it is foreseen that additional incentives to nudge changes in the public financial management system important for strategic purchasing and to increase the share of public health expenditures in relation to total public expenditure will be introduced in the forthcoming development policy lending operation.

Subcomponent 2.1: Strategic Purchasing of PHC services (Total US\$9.14 million: US\$6.64 million from IDA, US\$2.5 million from GFF)

Subcomponent 2.1 will build the foundations for introducing strategic purchasing in the health sector and support the establishment of the purchasing structure of purchaser. Building on an ongoing pilot to establish strategic purchasing in 5 districts in Sughd region as well as the experience with PBF under HSIP, this component will first finance the establishment of the purchasing structure of purchaser, a semi-autonomous legal entity with regional branches that will act as a single purchaser of the health care services. This includes conception of the structure of purchasing structure of purchaser, the creation of the legal framework, as well as its establishment, initial staff costs and capacity building of the purchasing structure of purchaser. The purchasing structure of purchaser will be mainly staffed by relevant civil servants that will be transferred from the MoHSPP, MoF, and other relevant Government agencies (e.g., MedStat) at the national level and from the local administrations at the regional branches level. These transferred staff will continue to be paid as civil servants by the Government. In addition to this, new employees will be hired, and are estimated to reach 35 individuals³ by the end of the Project. The operating costs of the purchasing structure of purchaser, including the costs for the 35 new staff, will be transferred to the Government over the lifetime of the Project per the table below to ensure sustainability of the purchasing structure of purchaser beyond the end of the Project. The financing of recurrent expenditures for staff during the first years is motivated by the fact that the expenditures are transitional, as they are supporting a new institution not previously budgeted for by the Government. The establishment of the purchasing structure of purchaser and introduction of the strategic purchasing will change the flow of funds for the health sector. The funds from the state budget will be transferred to the purchasing structure of purchaser, and purchasing structure of purchaser will use these funds to pay for healthcare services. This change will be gradual and start with pioneer regions. A detailed assessment of the needed regulatory and legal changes to introduce strategic purchasing as the PHC level is currently being conducted and will inform this component.

The subcomponent will finance a number of national foundational activities needed for a sustainable introduction of strategic purchasing. This includes a domestic resource mobilization strategy for the health sector at the national level, which is essential for the sustainability of Component 2 and to eventually implement the Law on Health Insurance. Moreover, the subcomponent will finance the revision and costing of the national PHC benefit package to determine which services the purchasing structure of purchaser will purchase at the PHC level. At the national level, the subcomponent will finance the development of a service delivery network masterplan to optimize the service delivery network as well as the development and implementation of an accreditation program for PHC providers, as accreditation will eventually be a prerequisite for all providers for contracting with the purchasing structure of purchaser. In addition, it will finance the development and implementation of a national roadmap for the legal

³ This includes staff that will work in the purchasing structure of purchaser and excludes health workers.

and regulatory changes needed to transition from the current, primarily input-based, PHC payment mechanism to payments based on capitation and outputs. A detailed assessment of needed regulatory and legal changes is currently being conducted to inform this roadmap. This will need to include revision of staffing norms and the deepening of the already initiated changes⁴ to the PFM systems to create more autonomy for PHC providers. The subcomponent will also finance the development of a national PHC contracting mechanism, a change management strategy for the structural reforms, and the implementation of strategic purchasing in pioneer areas (Sughd region and Dushanbe city), this includes training of healthcare workers and PHC managers in strategic purchasing.

This subcomponent will finance goods, non-consulting services, international and local technical assistance, training, and eligible expenditures linked to PBCs (see below).

The PBC listed below is linked to sub-component 2.1 and serves to incentivize reform implementation.⁵

- **PBC 1: Policy and institutional reforms for introducing strategic purchasing adopted.** PBC 1 rewards the following five results: (i) health service delivery network masterplan developed and approved, (ii) purchasing structure of purchaser established and operational, (iii) regulatory framework to increase the PHC providers autonomy developed and approved, (iv) single state-guaranteed benefit package for PHC developed, costed and approved, and (v) staffing norms revised and approved. Disbursement of US\$4 million in total will be linked to achievement of the targets defined for this PBC.

Subcomponent 2.2: Digitalization of PHC network (Total US\$13.56 million: US\$13.31 million from IDA, US\$0.25 million from GFF)

Subcomponent 2.2 will support the digitalization and infrastructure upgrades of the PHC network. To provide reliable and quality data for capitation formula and calculation of outcome indicators, this subcomponent will finance development and expansion of the EPR and basic EMR in PHC facilities. The EPR is necessary for implementation of capitation formula, while the EMR system is needed to provide reliable electronic data for calculation of outcome indicators by the purchasing structure of purchaser. Sub-component 2.2 will finance the implementation of the EPR and EMR in the two pioneer regions (however the EPR and EMR will be developed to allow for national level scale-up), this includes training of healthcare workers and PHC managers in these new systems.

This subcomponent will also finance infrastructure upgrades of priority PHC facilities to the level needed to meet accreditation criteria in pioneer regions. This includes renovation/extension of rural and urban PHC facilities, internet access/local area networks (LAN), procurement of PHC equipment, labs, computers/tablets/smartphones, and other goods required

⁴ Through the Disbursement-Linked Indicators in the ECDP, supported by the GFF and the World Bank, the MoF is introducing program-based budgeting (PBB) in district and urban PHC facilities as well as a single program budget line for PHC to allow for more flexibility by PHC managers to move expenditures across expenditures categories, which is needed to implement PBB. To date the regulatory and legal changes needed for these alterations to the public financial management system have been introduced. Yet the implementation of the new changes at the facility level is still work in progress.

⁵ To ensure the sustainability of strategic purchasing and digitalization, there are plans to include a policy action related to increasing the share of total government expenditure (without external funding) spent on the health sector, in a future Development Policy Operation in Tajikistan.

by the accreditation program. The difference between the infrastructure upgrades financed under this subcomponent and subcomponent 1.2 is that this subcomponent will only finance specific requests to make facilities in pioneer regions ready to meet accreditation criteria, while subcomponent 1.2 will make larger investments in infrastructure upgrades in the 16 target districts selected under Component 1. The PBC below is linked to subcomponent 2.2 and serves to incentivize reform implementation.

- **PBC 2:** PBC 2 rewards the following two results: (i) EPR is functional and integrated with the civil registry, and (ii) EMRs are functional. Disbursement of US\$2 million in total will be linked to achievement of the targets defined for this PBC.

The PBCs will be linked to expenditures related to the achievement of the PDO. For PBC 1, the conditions will be linked to expenditures related to the establishment and operationalization of the purchasing structure of purchaser, including equipment and furniture for the MoHSPP new building where purchasing structure of purchaser will be hosted, as well as technical assistance related to the development of: the revised masterplan, the regulatory framework to increase the PHC provider autonomy, the revised and costed single state-guaranteed benefit package, and changes in staffing norms. For PBC 2 the conditions will be linked to expenditures related to the development and implementation of Electronic Medical Records (EMR) and Electronic Patient Registry (EPR). These expenditures linked to both PBCs are directly attributable to the activities defined under the PBCs in Component 2.

Verification of achievement of PBC targets will be conducted by an Independent Verification Agency. The MoHSPP will hire an Independent Verification Agency (IVA) that will verify the achievement of the PBC targets as well as their technical merit. Terms of Reference (TOR) for the IVA will also define technical criteria for each result that the IVA will verify. The contracted IVA, which will be an independent private, academic or international organization, will work together with local institutions such as Chamber of Accounts (internal auditor) to build their capacity to verify results during the project period. Thus, there will be a training and technical assistance component included in the TOR for the IVA. The timelines specified for achievement of PBC targets are indicative rather than strict time-bound conditions. On achievement of PBC targets, the MoHSPP will submit to the World Bank satisfactory evidence that the respective PBC targets have been achieved in accordance with respective provisions in the Project Operations Manual (POM), including corresponding eligible expenditure reports. In verifying eligible expenditures, attention will be paid to ensuring that there are no withdrawals against eligible expenditures that have already been financed by, or requested to be financed by, any other Bank-financed project. Such a mechanism will also provide the possibility to reconcile with any other possible financing of health expenditures by other donors. For more details, see PBC Verification Protocol Table.

This subcomponent will finance civil works, goods, international and local technical assistance, training, and eligible expenditures linked to PBCs.

Component 3: Health Emergency Preparedness and Response will strengthen the HEPR capabilities in Tajikistan to improve the capacity to prevent, prepare, and respond to health emergencies. It will finance the following: (i) technical assistance to conduct detailed assessment of the public health (SES) , and to build national capacity to prevent, detect and respond to emergencies, including updating national standard operating procedures (SOP) and protocols, and development of facility-based (PHC) emergency plans in 16 target districts of Component 1; (ii) training of PHC workers in infection prevention and control as well as antimicrobial resistance in

16 project districts and training of epidemiologists at the national level; (iii) providing technical assistance to strengthening the coordination of emergency response between the PHC network and SES; (iv) strengthening laboratory systems of SES regional branches through procurement of transportation of specimen and samples, procurement of basic lab equipment for prevention and detection of disease and minor rehabilitation of lab facilities; (v) training and technical assistance to strengthen community engagement on public health-focused risk communication, including procurement and rolling out of alert systems; (vi) technical assistance for costing of a National Action Plan for Introduction of IHR (2005) under Health Security (NAPHS) and implementation of priority activities, including dissemination and advocacy for implementation; (vii) upgrades of regional branches of SES and entry points, including minor rehabilitation, procurement of equipment; (viii) procurement of a limited stockpile of emergency goods as well as items for sanitary quarantine points at the border, as per government-approved lists to be defined in the POM, minor rehabilitation of two warehouses (one warehouse of SES at the national level and one warehouse of SES of Khatlon branch) where the stockpile and items for sanitary quarantine points will be kept; (ix) annual simulation exercises of various types and scale to improve functionality of emergency coordination mechanism, and (x) technical assistance to increase capacity of the MoSHPP to lead, convene and coordinate assistance related to HEPR. In all activities, participation of women in the public health emergency management and decision-making will be enforced by ensuring gender balance among training participants, in working groups/decision-making bodies, in hiring of consultants, policy experts, and by reporting sex-disaggregated monitoring data.

This sub-component will finance civil works, goods, non-consulting services, international and local technical assistance, simulation exercises and training.

Component 4: Project Management, Coordination, and Results Monitoring. This component will finance project management and operating costs as well as project audits. To allow for capacity building of the MoHSPP and MoF, it will also provide technical assistance and training for the establishment of a Health Policy and Analysis Unit (HPAU) in the MoHSPP and in the area of health financing primarily targeting the social expenditure department in the MoF. In addition, it will support procurement of equipment and furniture for the new MoHSPP building, which will house all key MoHSPP-subordinated organizations and sectoral investment projects, to allow for improved stewardship of the MoHSPP and better coordination of DP assistance in the sector.

This component will also support nationally and sub-nationally representative health facility surveys to facilitate project monitoring and evaluation (M&E). The component will finance 8 biannual FASTR surveys starting in 2024 until the end of the Project period, which collect data on service-readiness, as well as one endline SDI survey in 2027, that gathers information on wide range of structural and process quality indicators. The baseline SDI survey in 2023 and the first two FASTR surveys, one in 2023 and one in 2024, are financed by Bank executed funding provided by the GFF. The endline SDI survey will be implemented by an independent third party (survey firm/organization), which will be selected jointly by the MoHSPP and the World Bank. While MoHSPP remains the implementing agency for the Project financed surveys, the MoHSPP and World Bank technical teams, will work closely together on all surveys to ensure high quality of survey data. This subcomponent will finance goods, non-consulting services, international and local technical assistance, and training.

Component 5: Contingent Emergency Response. The objective of this component is to improve Tajikistan's capacity to respond to disasters. Following an eligible crisis or emergency, the

Recipient may request the Bank to reallocate project funds to support emergency response and reconstruction. This component would draw from the uncommitted grant resources under the Project from other project components to cover emergency response. An emergency eligible for financing is an event that has caused or is likely imminently to cause, a major adverse economic and/or social impact to the Recipient, associated with a disaster. The POM will include a specific annex for the Contingent Emergency Response Component, which lays out the provisions for activating and implementing the component.

1.3 Implementing Agency

The MoHSPP will be the Project implementing agency, with day-to-day project coordination responsibility entrusted with the Directorate for Reforms, Primary Healthcare, and International Relations (DRPHCIR). DRPHCIR will report, through its Head, to the First Deputy Minister of Health and Social Protection of Population/Project Coordinator, and the latter, in turn, will report to the Minister of Health and Social Protection of Population/Project Director. Final accountability for project implementation will rest with the Minister and the First Deputy Minister.

MoHSPP intra-sectoral project oversight, similar to HSIP, will be provided by the MoHSPP Project Coordination Group (PCG) to be chaired by the First Deputy Minister of Health and Social Protection of Population in his capacity of *Project Coordinator* and consist of heads of all relevant MoHSPP technical and supporting departments, with DRPHCIR acting as the *PCG Secretariat*. Each technical department will be responsible for leading technically one project component/subcomponent, as follows: C1.1: Directorate for Medical and Pharmaceutical Education, Human Resources for Health Policy and Science; C1.2: Capital Construction Directorate; C2. Directorate of Economics and Budget Planning for Health and Social Protection and HPAU (digital); C3. Directorate for Sanitary and Epidemiological Safety, Emergency and Emergency Care and HPAU (health emergency); and C4. Directorate for Reforms, Primary Healthcare, and International Relations (or International Relations Unit within this Directorate). The PCG members will provide oversight, technical guidance, and policy direction to their respective component/subcomponent, with the First Deputy Minister overseeing implementation of Components 1, 2, and 4, and Deputy Minister responsible for Sanitary and Epidemiological Surveillance/Chief Sanitary Doctor overseeing Component 3. Similar to HSIP, implementation will be executed by a *Technical Support Group (TSG)*, including its regional offices in Khatlon and Sughd, consisting of local *project implementation support personnel* in adequate number and with adequate qualifications, with all of them reporting to the First Deputy Minister of Health and Social Protection of Population and working in close day-to-day coordination with DRPHCIR.

Inter-sectoral project oversight, primarily for reform-oriented Component 2 and other activities requiring inter-sectoral collaboration, will be provided through an Inter-Sectoral Committee (IC). It will be set up under the Government of Tajikistan, chaired by the First Deputy Prime Minister, with the Minister of Health and Social Protection of Population and the Minister of Finance as co-chairs, and consisting of relevant officials (deputy minister level) from the Ministry of Justice, Ministry of Finance, Ministry of Economic Development and Trade, Tax Committee, Anti-Monopoly Agency, Agency for State Financial Control and Combatting Corruption, Committee on Local Government, Ministry of Industry and New Technologies (Digital), State Committee on Investments and Management of State Property, Sughd Oblast Local

Government, Dushanbe City Local Government at a level of senior management. DRPHCIR will act as the IC Secretariat.

Oversight of fiduciary functions, including procurement, financial management, auditing, and reporting, will be the ultimate responsibility of MoHSPP, with specific expertise and support in these areas to be provided by the TSG. Financial management (FM) will be carried out by one full-time FM head specialist in the TSG, as well as two disbursement specialists in close coordination with the MoHSPP Directorate for Economics and Budget Planning for Health and Social Protection. Procurement will be implemented by one procurement head specialist and one procurement specialist having experience in international procurement and good command of written and spoken English. Compliance with World Bank environmental and social policies will be the responsibility of the MoHSPP, with support from one social development specialist and one environmental specialist in the TSG. All reporting and oversight relationships will be summarized in the POM.

It is expected that key staff of the Health Services Improvement Project (HSIP) that ends on June 30, 2023 will form the Millati Solim project TSG.

The TSG will employ Social Development Specialist in Dushanbe who will have the necessary experience and knowledge on WB social risk management standards and social assessment frameworks to ensure project compliance to the new ESF.

1.4 Environmental and Social Aspects

This project addresses the environmental and social aspects through the World Bank's Environmental and Social Standards (ESS) approach/ framework. One of the Standards- ESS 2-relates to Labor and Working Conditions and expects the Implementing Agency (IA) to develop labor management procedures (LMP). In compliance with ESS2, this LMP has been prepared to identify main labor requirements and risks associated with project implementation and help the IA to determine the resources necessary to address labor issues. The LMP is a living document, which is initiated early in project preparation, and is reviewed and updated throughout development and implementation of the project. Accordingly, this document details out the type of workers likely to be deployed by the project and the management thereof.

1.5 Scope and Structure of the LMP

Scope of the LMP shall be as outlined in the World Bank's ESS 2. The engagement will be planned as an integral part of the project's environmental and social assessment and project design and implementation. This report has 10 chapters. Chapter 1 serves as Introduction. An overview of labor use in the project is presented in Chapter 2. Key potential labor risks are listed in Chapter 3. Legislative Framework governing labor employment in Tajikistan and a gap analysis with that of the World Bank's ESS 2 is discussed in Chapter 4. Implementation Arrangements, Age Requirements, Policies and Procedures and Timing of labor requirements follow in the subsequent chapters. Grievance Mechanism and Contractor Management are presented in the last two chapters 9 and 10 respectively.

2. OVERVIEW OF LABOR USE IN THE PROJECT

2.1 Type of Workers

ESS 2 categorizes the workers into direct workers, contracted workers, community workers and primary supply workers. The Project is expected to encompass the following categories of workers: direct workers and contracted workers. Direct workers could be either government civil servants or those deployed as 'technical consultants' by the project. The former will be governed by a set of civil services code, the latter by mutually agreed contracts.

Contracted workers will be employed as deemed appropriate by contractors, sub-contractors, and other intermediaries, details of which will be known as and when activities' implementation begins.

Direct workers. The project will be implemented by the TSG of current

Contracted Workers. Two broad categories of contracted workers are expected. First is Consultant service providers who will provide implementation support services to the implementing agency. Second is the staff of civil works contractors to be subcontracted to arrange for civil works under the subprojects.

2.2 Number of Project Workers

The composition of the TSG is presented in Figure 1 below.

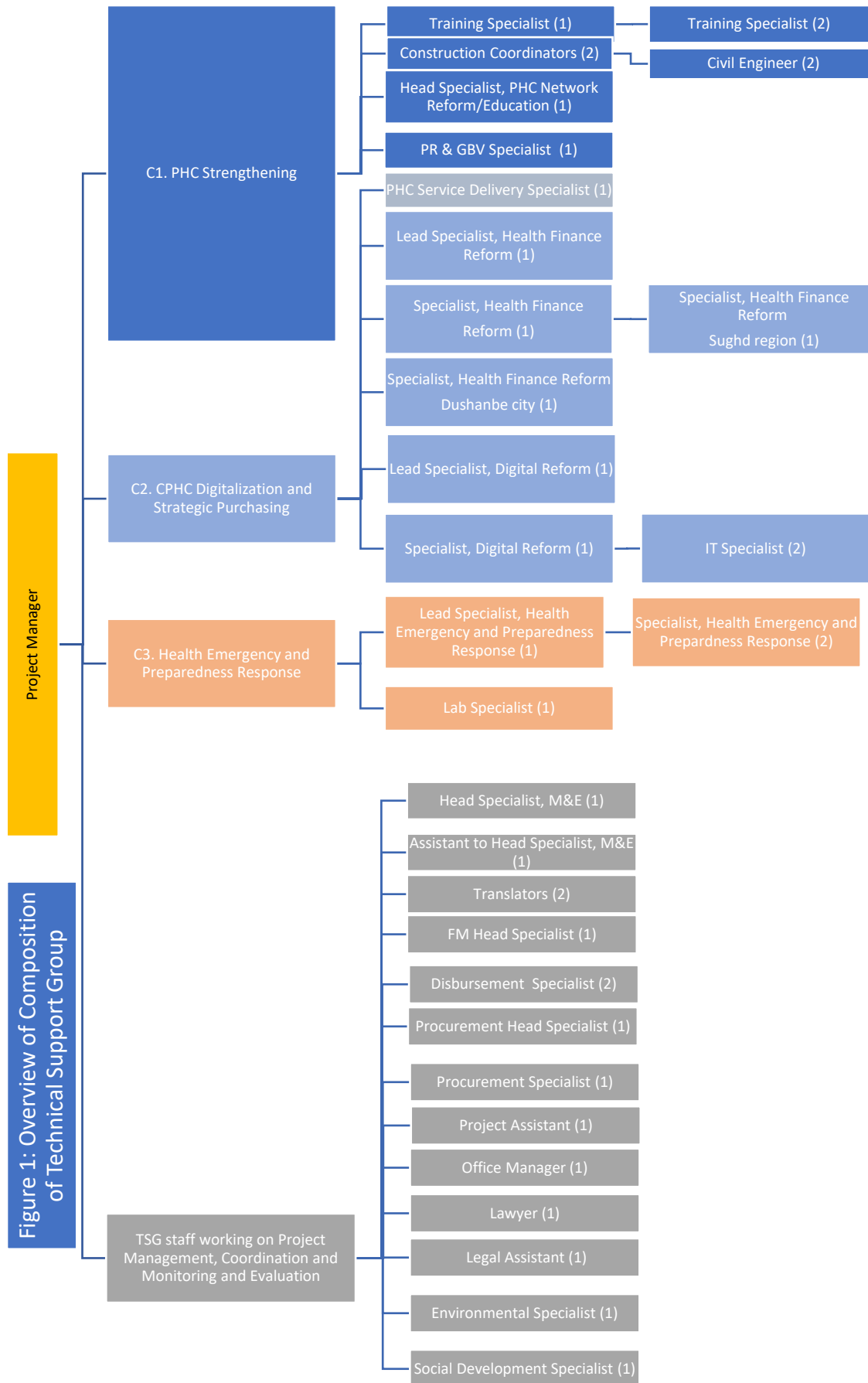


Figure 1: Overview of Composition of Technical Support Group

TSG

Direct Workers. Total number of the TSG employees, dedicated to this project, is estimated to be approximately 37.

The detailed composition of the central and regional offices' personnel will be described in the Project Operational Manual .

Contracted Workers. The precise number of project contracted workers who will be employed are not known as of now. This will become known as and when implementation begins. Contracted workers will include:

- *Technical Assistance Consultants* will be recruited for research and capacity building tasks. Estimated number of consultants to be hired is about 50.
- *Civil Works Contractors and Workers.* Civil works are foreseen under Components 1, 2 and 3 of the Project. Components includes investments in construction and rehabilitation, equipment, solar panels, and water supply for selected primary health care (PHC) facilities; rehabilitation of premises and upgrade of equipment of Sanitary and Epidemiological Services, PHC, and border points, procurement of stockpile of emergency goods. Estimated number of workforces under the components is about 400.

2.3 Workforce Characteristics

Given the nature of the project workforce (mostly unskilled and semiskilled construction labor) and characteristics of the labor force market in Tajikistan, it is likely that the workforce, especially the lower-skilled workers will be predominantly male. Female workers are expected to be employed by the TSG in more limited numbers, by Contractors. It is estimated that women would represent about 5-10 percent of the workforce, and those would likely be community liaison officers and/or staff working in the operation offices and camps (maids, cooks, cleaners etc.). The expectation is that the majority of labor will be locally hired with the exception of a few skilled workers. All the works will be contracted out. Contractors will be encouraged to train and hire as many workers as possible from local communities.

Based on the experience under previous projects implemented by MhHSPP, all workers will be above 18 and will be on average 25-50 years old.

2.4 Timing of Labor Requirements

The direct workers will be required full time and around the year for the project duration. Consultant Services workers will be required full time and on intermittent basis for the project duration. Civil works contracted workers will be required, as per the need. Construction season typically lasts from March to November but can vary depending on the weather conditions. It will be up to the contractors to mobilize labor force to coincide with the type of works and the season.

3. POTENTIAL LABOR RISKS

Occupational Health and Safety (OHS) risks are moderate and will depend on the type of subproject works to be implemented. It is assessed that key labor risks would be associated with occupational health and safety risks related to construction and rehabilitation, provision of equipment, solar panels, and water supply for selected primary health care (PHC) facilities within **Subcomponent 1.2 Physical infrastructure improvements** of Component 1. These are exposure to physical, chemical and biological hazards during construction activities, use of heavy equipment, trip and fall hazards, exposure to noise and dust, falling objects, exposure to hazardous materials and exposure to electrical hazards from the use of tools and machinery. As the construction activities will involve hazardous work, persons under the age of 18 will not be employed in civil works. The risks are considered moderate because the local contract workers are likely to be unskilled. Many workers will be exposed to occupational health and safety hazards, including but not limited to:

- Electrical works
- Exposure to chemicals (as paints, solvents, lubricants, and fuels, pesticides, chemical fertilizers)
- Traffic accidents
- Excavations hazards
- Lifting of heavy structures
- Exposure to construction airborne agents (dust, silica and asbestos)
- Ergonomic hazards during construction
- Welding hazards (fumes, burns and radiation)
- Steel erection hazards and so on.

The TSG will take steps to prevent accidents, injury, and disease arising from, associated with, or occurring in the course of work by minimizing, as far as reasonably practicable, the causes of hazards. In a manner consistent with good international industry practice, as reflected in various internationally recognized sources including the World Bank Group Environmental, Health and Safety Guidelines, the client will address areas that include the (i) identification of potential hazards to workers, particularly those that may be life-threatening; (ii) provision of preventive and protective measures, including modification, substitution, or elimination of hazardous conditions or substances; (iii) training of workers; (iv) documentation and reporting of occupational accidents, diseases, and incidents; and (v) emergency prevention, preparedness, and response arrangements. Requirements to follow good industry practice and EHS Guidelines will be included in bidding documents of all civil works contractors. All contractors will be required to follow these labor management procedures, provisions of which are stated in their contracts, including procedures to establish and maintain a safe working environment as per requirements of ESS2. All contractors will be required under the ESMP to ensure workers will use basic safety gears, receive basic safety training and other preventive actions as provided in the Project ESMF.

The project proposes construction and rehabilitation of selected primary health care facilities (PHC); therefore, the majority of contractors are expected to be from the local vicinity. The expectation is that the majority of labor will be locally hired with the exception of a few skilled workers. Therefore, *the labor influx risk* is considered low.

The risk of child labor/forced labor is rated moderate because this will be monitored by the EA and governed by the national laws and regulations, and the provisions of the World Bank's

environmental and social standards. Article 8 of the Labor Code of the Republic of Tajikistan prohibits the use of forced labor and Article 4 “Principles of Labor Legislation of the Republic of Tajikistan” prohibits discrimination, forced labor and the use of female labor and the labor of minors in heavy, underground and at work with harmful working conditions. Moreover, according to the Tajik Labor Code, the persons between 14 and 16 years old may also be employed with reduced working hours, for employment that is not considered heavy or hazardous, and with parental permission and outside the school hours. For civil works no child labor is allowed. The TSG will supervise the contracts and the Contractors will be required in the contract to commit against the use of child/ forced labor, and TSG staff in charge of contractor supervision will monitor and report the absence of child/ forced labor.

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risk is rated moderate due to national legislation exist, gender norms of rural residents, based on respect for local rules and traditions and mainly construction and rehabilitation works civil works will be implemented in the vicinity of health facilities or fenced territories. However, the contractors will be contractually obligated to include provisions against the use of any violence, and the Code of Conduct (COC) to be signed by project workers should clearly state that the contractor and its staff must respect and observe local customs and traditions, respect local women, women involved in rehabilitation activities of the Project and their privacy. MoHSPP staff, contractor oversight engineers, social and environmental specialists and monitoring and evaluation specialists will monitor and report on the presence or absence of violation cases

Labor risks associated with contracted workers at subproject level.

Components 1 and 3 of the Millati Solim Project include investments in construction and rehabilitation, equipment, solar panels, and water supply for selected primary health care (PHC) facilities; rehabilitation of premises and upgrade of equipment of Sanitary and Epidemiological Services, PHC, and border points Rehabilitation works will lead to temporary impacts related to limited access to healthcare facilities and services. The construction phase can lead to a range of adverse health and safety consequences to construction workers. Construction sites are potentially hazardous, which is why serious accidents often occur there, especially if safety measures are not provided. The construction and rehabilitation of irrigation infrastructures will involve a range of activities that carry a moderate risk, such as the following health and safety hazards, including but not limited to:

- Electrical works
- Exposure to chemicals (as paints, solvents, lubricants, and fuels, pesticides, chemical fertilizers)
- Traffic accidents
- Excavations hazards
- Lifting of heavy structures
- Exposure to construction airborne agents (dust, silica and asbestos)
- Ergonomic hazards during construction
- Welding hazards (fumes, burns and radiation)
- Steel erection hazards and so on.

The main negative health and safety impacts are associated with: (i) risks during construction work (noise, risk of injury), (ii) transmission of infectious diseases; and (iii) road safety and electrical appliance issues. In addition, there possible risks of social insecurity in employment without formal contractual obligations and restrictions on the remuneration of rural workers hired by the contractors, including women. However, the risks associated with the contractual relationship and remuneration between the contractor and the employee will be negligible because the subprojects will be implemented mainly by local contractors and most of the contracted workers will be from local vicinity with written labor contracts signed.

Employment Risks. Workers will be hired by the TSG, either directly as permanent staff or indirectly as part of contracts with firms, NGOs, or service providers. The experience with the WB-funded projects shows that the civil works subcontractors do practice employment contracting

and official payrolls to their workers, as they are obliged to follow all legal and regulatory labor and accounting procedures under the GoT executed Loans/Grants. There is a risk that the current practice of unaccounted working hours and lack of compensation for overtime will continue. According to the leadership, the TSG rely on the donor-funded projects and has approved budgets per project and cannot exceed the budget ceilings. The TSG will track the staff working hours by completing the timesheets and restricting overtimes.

Usually donor funded projects, including the HSIP do not take into account inflation and increase in prices in the market, and increase in wages in government bodies. Once set the wage rate remains the same for 5-6 years. It is recommended to consider possibility to include % of the wages annual increase. This gives an incentive to do good work for the TSG personnel.

4. BRIEF OVERVIEW OF LABOR LEGISLATION

4.1. National Legislation

The Constitution of the Republic of Tajikistan (adopted on November 6, 1994) includes legal provisions on labor conditions and occupational safety. It provides everyone the right to:

Safe labor. The use of the labor of women and young people in hazardous and underground work as well as work in hazardous labor conditions is prohibited (Article 35);

The right to rest. That right is ensured by fixing the working hours and providing annual leave, weekly days off and other conditions stipulated under laws (Article 37);

Health Protection. The state takes measures to improve the environment, promote mass sports, physical culture and tourism (Article 38); and

Social security in old age in the event of disease, disability, loss of breadwinner and in other cases stipulated under the law (Article 39).

Labor Code of the Republic of Tajikistan (dated July 26, 2016) is the fundamental legislative act aimed at regulating all labor issues arising in the Republic of Tajikistan. This Code governs employment relationships and other relations, directly related, directed to protection of the rights and freedoms of the parties of employment relationships, establishment of the minimum guarantees of the rights and freedoms in the sphere of work. Article 7 of the Code prohibits discrimination and guarantees that all citizens have equal rights to work; discrimination in labor relations is prohibited. Any differences, non-admission or preference, denial of employment, regardless of nationality, race, gender, language, religion, political beliefs, social status, education, property, leading to a violation of equality of opportunities in the field of labor, are prohibited.

4.1.1 Relevant Labor Legal Provisions

Forced labor and child labor. Article 8 of the 2016 Labor Code prohibits forced labor. The Code also sets the minimum age at which a child can be employed as well as the conditions under which children can work (Articles 113, 67, and 174). The minimum employment age is 15, but in certain cases of vocational training, mild work may be allowed for 14-year-olds (Article 174). In addition, there are some restrictions on what type of work can be done by workers under the age of 18, and what hours of work are permissible. Examples of labor restrictions include that those between 14 and 15 cannot work more than 24 hours per week while those under 18 cannot work more than 35 hours per week; during the academic year, the maximum number of hours is half of this, 12 and 17.5 hours, respectively. Article 216 of the Law prohibited for use of women labor in heavy and hazardous works. There is a list of works prohibited for the use of women labor and the minimum norms of weight, manual lifting and delivery of which is allowed for women.

Wages and deductions. Contracts and collective agreements establish the form and amount of compensation for work performed. The Government establishes a minimum wage, which is called a “social norm” (Article 103), and this can be adjusted by an index based on discipline and possibly other factors. Work in desert, other arid (“anhydrous”) areas, and mountainous areas is subject to additional compensation.

Employers are obligated to pay workers at least once per month (Article 108). If payment is not paid as specified in the contract and this is the fault of the employer, the employer must then pay

“...additional cash according to the bank discount rate for each day of delay” (Article 108). Employers also must pay for work-related damage to health or property, and families are compensated in case of death. Deductions are allowed for specific reasons, but may not exceed 50 percent of the amount owed to the employee, and payment after deductions may not be less than the minimum rate determined by the government (Article 109).

Women. Article 162 prohibits overtime, weekend work, and business trips for women who are pregnant or who have children under three years of age. For women with children between three and 14 years of age, overtime and business trips are allowed, but only if the woman agrees. Other gender-specific provisions are described in relevant subsections.

Working hours. The standard work week is 40 hours, with less allowed for those under 18. The number of hours per day, and days per week, is established in the contract/agreement between the employer and employee. Employers must provide up to two hours of unpaid time off each workday for “rest and catering”, and also paid time off in case time is needed to cool off, to warm up, or to breastfeed children. Details of time off are established in contracts/agreements.

Leave. In addition to national holidays, employees have to receive at least 24 days of paid leave per year, with workers under 18 years of age receiving at least 30 days and disabled employees receiving 30 days. In addition, those who work in unhealthy and unfavorable working conditions receive an additional seven days and those who work in unfavorable climate conditions receive an additional eight days.

Leave without pay may also be taken by certain groups of people and may also be covered in contracts. At termination of employment, employees are paid for unused leave, or they may use the leave as their last days of employment.

Women are provided maternity leave for up to 70 calendar days, or 86 days in case of complicated labors, and then are provided 100 days leave after giving birth 100 days, with benefits paid from the state social insurance. Maternity leave is calculated in total and is paid in a lump sum, regardless of the actual number of days off before giving birth. After giving birth, a mother may take additional leave until the child is six months old, again paid by social insurance. She may take unpaid leave until the child is three years of age. Her position is guaranteed upon her return from all these types of leave. In addition, this “baby-minding” leave can be used by the father, grandparents, or other relatives/trustees if they are actually responsible for childcare.

Overtime work. Overtime can be required up to 12 hours per day and is paid with compensatory time or at a rate at least double the normal rate. Night work is paid at 1.5 times the normal rate. Conditions for overtime work are determined in the contract.

Labor disputes. Labor disputes are considered to be “unregulated discrepancies between the employer and employee on the issues of application of legislative and other normative actions on labor of the Republic of Tajikistan and working conditions provided by labor agreement (contract) and collective agreement and contracts” (Article 189). Disputes may be adjudicated by commissions that are created “on a par with employer and agencies representing the interests of employees, ...” (that is, with equal representation of employee/employees and employer), if such commissions are provided for in labor agreements/contracts (Article 191). Commissions must

consider issues within 10 days. If the employer, employee, or their representatives disagree with decisions by a commission, or if the commission does not consider applications within 10 days, any of the parties may appeal to the courts, but that must be within 10 days of the decision (or no-decision). In addition, the public prosecutor may appeal if the decision is contrary to law “or other normative actions” (Article 192).

Appeals to the commission or the court must be made within a limited period of time after the event that triggered the dispute: within three months for appeals to a commission and for varying periods for appeals to the court, depending on the nature of the dispute (unlimited for non-property rights and for indemnification for damages to life or health). Employees are exempted from having to pay court costs in such cases.

In comparison to individual disputes, collective disputes are “unregulated discrepancies between employers (employers’ unions) and collective of employees (employees’ representatives) on establishment and changing of working conditions in enterprises, signing and implementation of collective agreements and contracts, and also on issues of applying conditions of legislative and other normative and legal actions, collective agreements and contracts.” Mediators are selected by agreement of the parties (that is, the union and the employer’s representatives). If this does not result in agreement, a “labor arbitration” is created by the parties “with the collaboration of district’s or city’s government” (Article 209), with the parties selecting the members and chairperson of the arbitration. The arbitration has 10 days to make a decision. If agreement cannot be reached, it is referred to the labor collective or trade union, which can use all means of the law to resolve the issue, including strikes. If disputes concern the application of legislative “and other normative actions”, they may be referred to the court by one of the parties.

Grievances. Law on Appeals of Individuals and Legal Entities (from July 23, 2016) contains legal provisions on established information channels for citizens to file their complaints, requests and grievances. Article 14 of the Law sets the timeframes for handling grievances, which is 15 days from the date of receipt that do not require additional study and research, and 30 days for the appeals that need additional study.

Age of Employment: Tajikistan law prohibits anyone under 18 from performing “unhealthy or heavy” and there are special requirements for leave, work hours, and other conditions of employment. The TSG will ensure that no construction workers under 18 years are employed unless they are hired for office work. Based on the local legislation, workers between 15-18 years could be hired for office work with shortened working hours (during out of school time with guardian permission).

Contractors will be required to verify the identify and age of all workers. This will require workers to provide official documentation, which could include a birth certificate, national identification card, passport, or medical or school record. If a child under the minimum age is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of a child in a responsible manner, considering the best interest of a child.

4.1.2 Occupational Health and Safety Legal Provisions

Occupational health and safety are also governed by the Labor Code. Section 5 of the Law narrates the roles and responsibilities of employers and employees related to occupational health and labor safety. The law requires employers to:

- Be responsible for ensuring safe working conditions and safety of work at every workplace;
- Apply the means to protect workers individually and collectively (including protective clothing and equipment);
- Provide appropriate work and rest regimes;
- Training workers in their jobs and safe methods of work;
- Provide instructions on labor protection;
- Test and verify the knowledge of workers in working safely;
- Provide certifications of workplaces at least every five years;
- Investigate accidents;
- Provide sanitation and medical services;
- Provide access to premises by state officials; and
- Providing social insurance for accidents and diseases.

Employees, on the other hand, are required to pass initial and periodic tests medical examinations, pass training and periodic checks of their knowledge of their jobs and safety requirements, and to carry out medical and health measures that are prescribed by medical institution if paid by employer.

Not only state officials have the right to inspect premises to verify safety conditions. In addition, trade unions “and other representative bodies” also may “freely check” compliance with labor protection requirements and propose measures to eliminate violations, which must be considered by the Employer.

Employers with over 50 employees must establish a Labor Protective Service. This requirement is to be met by the TSG and will be one of the requirements for civil works contractors with over 50 workers.

The law gives workers the right to refuse to undertake work that violates labor protection requirements. In addition, workers engaged in hazardous working conditions are entitled to free medical and preventative care, additional paid leave and other benefits and compensation. In case of disability or death, employers must provide compensation in multiples of average annual earnings as well as other amounts required by law.

4.2 The World Bank Environmental and Social Standards: ESS 2

The World Bank’s stipulations related to labor are outlined in ESS2. This helps the Borrowers in promoting sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. Key objectives of the ESS 2 are to:

- Promote safety and health at work;
- Promote the fair treatment, nondiscrimination and equal opportunity of project workers;

- 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;
- Prevent the use of all forms of forced labor and child labor;
- Support the principles of freedom of association and collective bargaining of project workers;
in a manner consistent with national law; and
- Provide project workers with accessible means to raise workplace concerns.

ESS2 applies to project workers including fulltime, part-time, temporary, seasonal and migrant workers. Where government civil servants are working in connection with 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, unless there has been an effective legal transfer of their employment or engagement to the project. ESS2 will not apply to government civil servants.

Working conditions and management of worker relationships. The Borrower will develop and implement written labor management procedures applicable to the project. These procedures will set out the way in which project workers will be managed, in accordance with the requirements of national law and this ESS. The procedures will address the way in which this ESS will apply to different categories of project workers including direct workers, and the way in which the Borrower will require third parties to manage their workers.

Project workers will be provided with information and documentation that is clear and understandable regarding their terms and conditions of employment. The information and documentation will set out their rights under national labor and employment law (which will include any applicable collective agreements), including their rights related to hours of work, wages, overtime, compensation and benefits, as well as those arising from the requirements of this ESS. This information and documentation will be provided at the beginning of the working relationship and when any material changes to the terms or conditions of employment occur.

For more details on the WB Environmental and Social Standards, please follow the below links:
In English:

www.worldbank.org/en/projects-operations/environmental-and-social-framework/brief/environmental-and-social-standards

and in Russian

<http://projects-beta.vsemirnyjbank.org/ru/projects-operations/environmental-and-social-framework/brief/environmental-and-social-standards>.

4.3 Policy Gaps

Summary of World Bank Requirements and Key Gaps with Tajikistan Legal Requirements

ESS & Topic	Major WB requirements	Key requirements/gaps in Tajikistan legal framework	Principles to be followed by the Project
A. Working conditions and management of labor relations	<ul style="list-style-type: none"> - Written labor management procedures - Terms and conditions of employment - Nondiscrimination and equal opportunity - Worker's organizations - Elaborate Labor Management Plans including Contractor's ESMP warranted 	<ul style="list-style-type: none"> - Written employment contract required, including procedures and employment conditions - Specific nondiscrimination and equal opportunity requirements - No provision for Labor Management Plans. 	LMP developed for the project. Terms and conditions in the LMP are consistent with the national law.
B. Protecting the work force	<ul style="list-style-type: none"> - Child labor prohibition - Forced labor prohibition 	<ul style="list-style-type: none"> - No forced labor is allowed (requires free will) - Definition of child labor - National State Program on Eradication of Worse Forms of Child Labor adopted - Promotes elimination of hazardous forms of child labor for children aged below 18 	No children below the age of 18 will be engaged in civil works -PHCF rehabilitation or construction
C. Grievance mechanism	<ul style="list-style-type: none"> - Project specific GM should be in place for project affected parties - Sperate GM should in place for direct and contracted workers - GRM should allow for filing anonymous complaints. 	<ul style="list-style-type: none"> - No project specific GM is warranted. - However, it is allowed to apply to: a) conciliation commission; b) Labor Inspection under the Ministry of Labor; and c) court. - Grievance registration and follow-up procedures are stated in the Law on Appeals of Individuals and Legal Entities. No anonymous grievances are accepted. 	TSG will develop GM for their workers (Direct workers) as per this LMP. Contractors will establish and maintain GRM for their employees. Anonymous grievances are accepted within project specific GRM.
D. Occupational Health and Safety	<ul style="list-style-type: none"> - Detailed Procedure required for each and every project. - Requirements to protect workers, train workers, document incidents, emergency preparation, addressing issues; and - Monitor OHS performance 	There is no detailed procedure specific to each and every project.	ESMF will identify the framework approach. The site-specific ESMPs will include OHS measures and monitoring plans.
E. Category of workers	<ul style="list-style-type: none"> - Specifies 4 categories of workers. 	No reference to Community and Primary Supply Workers	No community workers will be involved in the Project. Screening and monitoring measures will be introduced as per this LMP.
F. Minimum age of workers	<ul style="list-style-type: none"> - Persons 14-18 are not allowed to be employed. 	<ul style="list-style-type: none"> - Employment permissible for 15 plus age, but with guardian permission. 	All workers will be 18 years old or above for civil works.

5. RESPONSIBLE STAFF

The TSG's Project Coordinator oversees and guides all the workers associated with the project. The TSG Social Development Specialist (national level) will be responsible for the following:

- Implementing these labor management procedures;
- Ensuring that contractors who are constructing the civil works prepare labor management procedures that comply with this labor management procedure, and also prepare occupational health and safety plans before mobilizing to the field, and for approving the procedures and plans before issues notices to proceed with construction works;
- Monitoring to verify that contractors are meeting labor and OHS obligations toward contracted and subcontracted workers as required by Tajikistan law, the General Conditions of Contract, the Special Conditions of Contract, the World Bank Standard Bidding Documents;
- Monitoring contractors and subcontractors' implementation of labor management procedures;
- Monitoring compliance with occupational health and safety standards at all workplaces in line with Tajikistan occupational health and safety legislation and with approved Occupational Health and Safety Plans;
- Monitoring and implement training on LMP and OHS for project workers;
- Ensuring that the grievance redress mechanism for project workers is established and implemented and that workers are informed of its purpose and how to use it;
- Have a system for regular monitoring and reporting on labor and occupational safety and health performance; and
- Development of the Worker Code of Conduct and monitoring of its implementation.

The POM will include standard templates of contracts which include LMP provisions, sample Code of Conduct and OHS aspects, and the contractors (NGOs and Civil Works) commit to them. LMP and OHS responsibilities of the Contractors are the following:

- Follow the labor management procedures and occupational health and safety requirements stated in the contracts signed with TSGs. If the number of workers (direct +contracted) is above 50, then Contractors will develop their own LMPs and OHS plans. These procedures and plans will be submitted to the TSG Director for review and approval before the contractors are allowed to mobilize to the field.
- Provide project workers with personal protective equipment (PPE) and clothing;
- Supervise the subcontractors' implementation of labor management procedures and occupational health and safety requirements.
- Maintain records of recruitment and employment of contracted workers as provided in their contracts.
- Communicate clearly job descriptions and employment conditions to all workers.
- Make sure every project worker hired by contractor/subcontractor is aware of the TSG dedicated phone numbers, email addresses, and web portal through which anyone can submit grievances.
- Provide induction (including social induction) and regular training to employees in labor protection requirements, including training on their rights under Tajikistan law, on the risks of their jobs, and on measures to reduce risks to acceptable levels

- In collaboration with the TSG Social Development Specialist conduct training on labor management procedures and occupational safety to manage subcontractor performance.
- Ensure that all contractor and subcontractor workers understand and sign the Code of Conduct prior to the commencement of works and supervise compliance with the Code.

6. POLICIES AND PROCEDURES

As specified in the Labor Code, 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, highlighted in the POM, will be followed by contractors and monitored by the TSG M&E Specialists, to ensure fair treatment of all employees:

- Recruitment procedures will be transparent, public and non-discriminatory, and open with respect to ethnicity, religion, sexuality, disability or gender.
- Applications for employment will only be considered if submitted via the official application procedures established by the contractors.
- Clear job descriptions will be provided in advance of recruitment and will explain the skills required for each post.
- All workers will have written contracts describing terms and conditions of work and will have the contents explained to them. Workers will sign the employment contract.
- Unskilled labor will be preferentially recruited from the affected communities, settlements and municipalities, with a goal of at least 50 percent.
- Employees will be informed at least two months before their expected release date of the coming termination.
- 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.
- It is noted that language-related problems are not expected, but if they are, interpretation will be provided for workers as necessary.
- Foreign workers will require residence permits, which will allow them to work in Tajikistan.
- All workers will be 18 years old or above for civil works. This will be a requirement in TSG contracts with civil works contractors. TSG will ensure that no construction workers below 18 years old are employed and no women are engaged in hazardous and heavy works.
- Normal working time should not exceed 40 hours per week. With a five-day working week, the duration of daily work is determined by the internal work regulations approved by the employer after prior consultation with the representatives of the workers, in compliance with the established working week duration.

7. AGE OF EMPLOYMENT

Tajikistan law prohibits anyone under 18 from performing “unhealthy or heavy” and there are special requirements for leave, work hours, and other conditions of employment. The TSG will ensure that no construction workers under 18 years are employed unless they are hired for office work. Based on the local legislation, workers between 15-18 years could be hired for office work with shortened working hours (during out of school time with guardian permission).

Contractors will be required to verify the identify and age of all workers. This will require workers to provide official documentation, which could include a birth certificate, national identification card, passport, or medical or school record. If a child under the minimum age is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of a child in a responsible manner, considering the best interest of a child.

8. TERMS AND CONDITIONS OF EMPLOYMENT

The terms and conditions applying to the TSG employees are set out in the “HR Regulations.” These internal labor rules and regulations will apply to all TSG employees who are assigned to work on the project (direct workers). Terms and conditions of part-time direct workers are determined by their individual contracts.

The TSG apply two types of employment contract: a one-year employment agreements and short-term service contracts. Majority of staff are permanent staff with one-year employment agreements with fixed monthly wage rates. All the recruiting procedures are documented and filed in the folders in accordance with the requirements of labor legislation of the Republic of Tajikistan. The TSG staff contracts should be well documented. Monthly timesheets are to be filed and kept accurately. Forty hour per week employment should be practiced and recorded on paper.

The working hours for TSG workers are 40 hours per week, eight hours per workday. It is noted the Labor Code provides for a work week of 40 hours but allows six-day weeks and this may be required for some project workers. All project workers will receive at least one rest day (24 hours) after six consecutive days of work.

The contractors’ labor management procedure 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 labor management procedure, the Tajikistan Labor Code and General Conditions of the World Bank Standard Procurement Documents.

9. GRIEVANCE MECHANISM

There are two options for project stakeholders and citizens to submit complaints regarding the project activities, i.e., the project specific Grievance Redress Mechanism (GRM) and the World Bank Grievance Redress Service (GRS). The project specific GRM will be based on the Laws of the Republic of Tajikistan “On Appeals of Individuals and Legal Entities” and “On Civil Service” as well as the Instructions of the Government of the Republic of Tajikistan “On the Procedures of Records Management on the Appeals of Citizens” and the WB ESS 10.

The project will also establish a separate GRM for the project workers. Essentially, it will be at three levels – contractor level, local (TSG focal points in target districts) and national (in Dushanbe at central TSG office). The project specific GRM and GRM for workers also allow for **anonymous complaints** to be filed as per the WB ESSs.

9.1 Worker GM structure

The project specific GM is structured at three levels, contractor, local and national/TSG levels.

Contractor Level: The contractors will establish and maintain GM for the project workers as per this LMP. They will also assign the Grievance Focal Point (GFP) to file the grievances and appeals. If the issue cannot be resolved at the contractor level within 15 days, then it will be escalated to the local and/or national level to the CEP IG.

Local Level: The TSG focal points at the district level will facilitate GM for project workers at the local level. The grievances will be filed by respective focal points. If not resolved, the complaints will be escalated to the national level.

National level: Grievance Management Group (GMG) to be chaired by the TSG Project Coordinator, comprising the TSG E&S Specialist, representatives of State Health and Social Protection Supervision Services (Khadamot) or/and MoHSPP depending on the complaint matter. The TSG Social Development Specialist will function as the Secretary of the group and serve as national Grievance Focal Point (GFP) to file the grievances and appeals received directly or escalated from the contractors. S/he will be responsible for summarizing the number and types of all the complaints and issues received from project workers from target regions.

Below are existing channels of grievances uptake that can be used by workers to address their concerns. **National level:**

State Health and Social Protection Supervision Services (Khadamot):

GRM website - www.grm.tj

telephone: +992 446 10 33 44

E-mail: info@grm.tj

MoHSPP

24/7 (511) Hotline

Tel.: +992 446 10 77 11; +992 (44) 600 60 02 - Press Center; +992 (37) 221 05-90 –General Department

E-mail: info@moh.tj; moh@grm.tj

Complaints on the quality of services is accepted also at the State Control of Medical and Social Protection Service at tel. #:44 600 65 07; 44 600 65 09

MoHSPP website: www.moh.tj.

MoHSPP Facebook page <https://www.facebook.com/watch/?v=1611893929165986>.

Regional level:

Khadamot Administration in Khatlon region, Bokhtar city

Website: grm.tj

Phone number: +992 446 10 33 11

Email: khatlon@grm.tj

Khadamot Administration in Sughd region, Buston city

Website: grm.tj

Phone number: +992 446 10 33 88

Email: sugd@grm.tj

Khadamot Administration in Badakhshan Mountainous Autonomous Region (GBAO)

Website: grm.tj

Phone number: +992 446 10 88 22

Email: gbao@grm.tj

District/local level: On this level the following entities can serve as grievances intake:

- Centers of state sanitary and epidemiological surveillance in the cities and districts of all country regions and Dushanbe city.
- Districts health departments and departments of labor
- Health Centers, Health Houses

Each entity has a responsible specialist for grievance registration and processing based on procedures defined by the Law of the Republic of Tajikistan "On appeals of individuals and legal entities",

There are GM management specialists in the general department of the Ministry, as well as in the Khadamot structure. The Khadamot is responsible to consider all relevant complaint, but complainants also can directly address the TSG. GM Management Group will be established in TSG the composition of which will be described in the project POM. The TSG/Social Development Specialist is in charge of registering and readdressing all complaints and applications.

The timeline for complaint resolution at the national level will be **15 days** upon receipt of the complaint that does not require additional study and research, and **30 days for the appeals** that need additional study. The complainant will be informed of the outcome immediately and at the latest within **5 days** of the decision.

Appeal Mechanism. If the complaint is still not resolved to the satisfaction of the complainant, then s/he can submit his/her complaint to the appropriate court of law.

9.2 Grievance Logs

The TSG Social Development Specialist and GM Focal Points will maintain worker local grievance logs to ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed. The project specific GM allows for

filing anonymous complaints. When receiving feedback, including grievances, the following is defined:

- Type of appeal;
- Category of appeal;
- People responsible for the study and execution of the appeal;
- Deadline of resolving the appeal; and
- Agreed action plan.

The TSG Social Development Specialist and GM Focal Points will ensure that each complaint has an individual reference number and is appropriately tracked, and recorded actions are completed. The project specific GM allows for filing anonymous complaints. The log should contain the following information:

- Name of the person, his/her location and details of his / her complaint;
- Date of reporting by the complainant;
- Date when the Grievance Log was uploaded onto the project database;
- Details of corrective action proposed, name of the approval authority;
- Date when the proposed corrective action was sent to the complainant (if appropriate);
- Details of the Grievance Management Group meeting (if appropriate);
- Date when the complaint was closed out; and
- Date when the response was sent to the complainant.

9.3 Monitoring and Reporting on Grievances

GM Focal Points will be responsible for:

- Maintaining the grievance logs on the complaints received at the regional level;
- Monitoring outstanding issues and proposing measures to resolve them; and
- Submitting quarterly reports on GM mechanisms to the TSG Social Development Specialist.

The TSG Social Development Specialist(s) will be responsible for:

- Maintaining the grievance logs on the complaints received at the national level;
- Summarizing and analyzing the qualitative data received from the GM Focal Points on the number, substance and status of complaints and uploading them into the single project database;
- Monitoring outstanding issues and proposing measures to resolve them; and
- Submitting quarterly reports on GM mechanisms to the TSG M&E Specialist.

The TSG will submit consolidated quarterly reports to the WB, which shall include Section related to GM which provides updated information on the following:

- Status of GM implementation (procedures, training, public awareness campaigns, budgeting);
- Qualitative data on number of received grievances \ (applications, suggestions, complaints, requests, positive feedback), highlighting those grievances related to the WB ESS 2 and number of resolved grievances;

- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
- Level of satisfaction by the measures (response) taken; and
- Any correction measures taken.

The TSG and their subcontractors will use the Bank's 2017 Standard Procurement Documents for solicitations and contracts, and these include ESF provisions on labor and occupational, health and safety requirements. As part of the process to select the contractors who will engage contracted workers, the TSG may review the following information:

- Information in public records, for example, corporate registers and public documents relating to violations of applicable labor law, including reports from labor inspectorates and other enforcement bodies;
- Business licenses, registrations, permits, and approvals;
- Documents relating to a labor management system and occupational health and safety system (e.g., HR manuals, safety program);
- Identification of labor management, safety, and health personnel, their qualifications, and certifications;
- Records of labor-related litigation;
- Workers' certifications/permits/training to perform required work;
- Records of safety and health violations, and responses;
- Accident and fatality records and notifications to authorities;
- Records of legally required worker benefits and proof of workers' enrollment in the related programs;
- Worker payroll records, including hours worked and pay received;
- Identification of safety committee members and records of meetings; and
- Copies of previous contracts with contractors and suppliers, showing inclusion of provisions and terms reflecting ESS2 or equivalent requirements.

9.4 Handling sensitive grievances

Taking into account the standards regarding the prevention of sexual exploitation and abuse / sexual harassment (SEA/SH), which, in accordance with the requirements of the World Bank, must be observed in all projects financed by the World Bank, these standards will be observed and responsibilities take action to raise awareness on the prevention and suppression of SEA/SH. At all stages of the project implementation, all project staff and contractors will be informed about the understanding of the principles of control and prevention of risks of SEA/SH. The GM will ensure the access and confidentiality of the complaint mechanism, and will allow the complainant not to fear retaliation. These complaints will be investigated without undue delay, and all perpetrators will be held accountable. SEA/SH issues require some additional measures:

- Gender sensitivity will be sought in the employment of Social specialist;
 - Social specialists will be informed about SEA/SH issues;
- In addition to the socio-cultural characteristics and non-violent communication ways in the training of workers, SEA/SH will also be on the agenda. Worker training will include the following information on SEA/SH:
- Definition of violence against women in national and international documents;
 - Types of violence (physical, sexual, economic, emotional);
 - Legal sanctions;

The grievance mechanism will be accessible and ensure confidentiality of personal information.

Information activities will be carried out to inform women about the mechanism. The following types of information are presented in these studies:

- Women's rights;
- Self-protection in cases of violence and sexual abuse;
- Emergency phone numbers;
- Contact information of the institutions and organizations they can apply to;
- Grievance mechanism and privacy policy;

The confidentiality principle of the grievance mechanism will be repeated in all information materials.

The project will utilize additional mitigation measures proportional to risk. The contractor will be responsible for developing the workforce management procedure, health, and safety plans as well as SEA/SH protocols which will apply to their own and subcontractor employees who work on the Project. These procedures and plans will be submitted to PMO for review and approval before the contractors are allowed to mobilize to the field of construction. All contractors will be required in the contract to commit against the use of child and forced labor, introduce mitigation measures against SEA/SH, and PMO staff in charge of contractor supervision will monitor and report the absence of forced labor and cases of SEA/SH. All personal data and complaints received by the GM will be treated in a confidential manner, unless the complainant consents to the disclosure of their personal information. Specially, confidentiality of sensitive issues and complaints related to SEA/SH raised by communities will be followed.

9.5 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org. A complaint may be submitted in English, Tajik or Russian, although additional processing time will be needed for complaints that are not in English. A complaint can be submitted to the Bank GRS through the following email: grievances@worldbank.org

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints directly to the Bank through the Bank's Country Office through the following channels.

By phone: +992 48 701-5810

By mail: 48 Ayni Street, Business Center "Sozidanie", 3rd floor, Dushanbe, Tajikistan

By email: tajikistan@worldbank.org

The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by the Bank-supported project. This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of

the complaint. Finally, the complaint should identify the complainant(s) or assigned representative/s and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

10. CONTRACTOR MANAGEMENT

Construction and other contracts will include provisions related to labor and occupational health and safety as provided in the World Bank Standard Procurement Documents and Tajikistan legislation.

The TSG shall ensure that the contractors are legitimate and reliable entities, and that any written labor procedures the contractors have in place are in compliance with this Procedure. As part of the selection process the TSG may review the following information:

- Information in public records, for example, corporate registers and public documents relating to violations of applicable labor law, including reports from labor inspectorates and other enforcement bodies;
- Business licenses, registrations, permits, and approvals;
- Documents relating to a labor management system, including OHS issues, for example, labor management procedures;

While during the implementation of the Contracts the following shall be reviewed:

- Identification of labor management, safety, and health personnel, their qualifications, and certifications;
- Workers' certifications/permits/training to perform required work;
- Records of safety and health violations, and responses;
- Accident and fatality records and notifications to authorities;
- Records of legally required worker benefits and proof of workers' enrollment in the related programs;
- Worker payroll records, including hours worked and pay received;
- Copies of previous contracts with contractors and suppliers, showing the inclusion of provisions and terms reflecting ESS2.

TSG will manage and monitor the performance of contractors in relation to contracted workers, focusing on compliance by contractors with their contractual agreements (obligations, representations, and warranties) and labor management procedures. This may include periodic audits, inspections, and/or spot checks of project locations and work sites as well as of labor-management records and reports compiled by any contractors.

Labor management records and reports that may be reviewed would include: representative samples of employment contracts or arrangements between third parties and contracted workers, records relating to grievances received and their resolution, reports relating to safety inspections, including fatalities and incidents, and implementation of corrective actions, records relating to incidents of non-compliance with national law, and records of training provided for contracted workers to explain occupational health and safety risks and preventive measures.

ATTACHMENT 1. The content and template of code of conducts

CODE OF CONDUCT

MINIMUM REQUIREMENTS FOR THE CODE OF CONDUCT

A minimum requirement for the Code of Conduct should be set out, taking into consideration the issues, impacts, and mitigation measures identified in:

- Site specific ESF instruments e.g. ESIA/ESMP
- consent/permit conditions
- required standards including World Bank Group EHS Guidelines
- national legal and/or regulatory requirements and standards (where these represent higher standards than the WBG EHS Guidelines)
- relevant standards e.g. Workers' Accommodation: Process and Standards relevant sector standards e.g. workers accommodation
- grievance redress mechanisms.

The types of issues identified could include. risks associated with: labor influx, the spread of communicable diseases, sexual harassment, gender-based violence, illicit behavior and crime, and maintaining a safe environment etc.

The minimum Code of Conduct requirement may be based on the following:

CODE OF CONDUCT REQUIREMENTS

A satisfactory code of conduct will contain obligations on all project staff (including sub-contractors and day workers) that are suitable to address the following issues, as a minimum. Additional obligations may be added to respond to particular concerns of the region, the location and the project sector or to specific project requirements. The issues to be addressed include:

- Compliance with applicable laws, rules, and regulations of the jurisdiction
- Compliance with applicable health and safety requirements (including wearing prescribed personal protective equipment, preventing avoidable accidents and a duty to report conditions or practices that pose a safety hazard or threaten the environment)
- The use of illegal substances
- Non-Discrimination (for example on the basis of family status, ethnicity, race, gender, religion, language, marital status, birth, age, disability, or political conviction)
- Interactions with community members (for example to convey an attitude of respect and non-discrimination)
- Sexual harassment (for example to prohibit use of language or behavior, in particular towards women or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate)
- Violence or exploitation (for example the prohibition of the exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior)
- Protection of children (including prohibitions against abuse, defilement, or otherwise unacceptable behavior with children, limiting interactions with children, and ensuring their safety in project areas)
- Sanitation requirements (for example, to ensure workers use specified sanitary facilities provided by their employer and not open areas)
- Avoidance of conflicts of interest (such that benefits, contracts, or employment, or any sort of preferential treatment or favors, are not provided to any person with whom there is a financial, family, or personal connection)
- Respecting reasonable work instructions (including regarding environmental and social norms)
- Protection and proper use of property (for example, to prohibit theft, carelessness or waste)

- Duty to report violations of this Code
- Non retaliation against workers who report violations of the Code, if that report is made in good faith.

The Code of Conduct should be written in plain language and signed by each worker to indicate that they have:

- received a copy of the code;
- had the code explained to them;
- acknowledged that adherence to this Code of Conduct is a condition of employment; and
- understood that violations of the Code can result in serious consequences, up to and including dismissal, or referral to legal authorities.

CODE OF CONDUCT TO BE ADHERED BY CONTRACTORS

Code of Conduct for Contractor’s Personnel (ES) Form

CODE OF CONDUCT FOR CONTRACTOR’S PERSONNEL

We are the Contractor, [enter name of Contractor]. We have signed a contract with [enter name of Employer] for [enter description of the Works]. These Works will be carried out at [enter the Site and other locations where the Works will be carried out]. Our contract requires us to implement measures to address environmental and social risks related to the Works, including the risks of sexual exploitation, sexual abuse and sexual harassment.

This Code of Conduct is part of our measures to deal with environmental and social risks related to the

Note:

The minimum content of the Code of Conduct form as set out by the Employer shall not be substantially modified. However, the Contractor may add requirements as appropriate, including to take into account Contract-specific issues/risks.

Works. It applies to all our staff, laborers and other employees at the Works Site or other places where the Works are being carried out. It also applies to the personnel of each subcontractor and any other personnel assisting us in the execution of the Works. All such persons are referred to as “Contractor’s Personnel” and are subject to this Code of Conduct.

This Code of Conduct identifies the behavior that we require from all Contractor’s Personnel.

Our workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation.

REQUIRED CONDUCT

Contractor’s Personnel shall:

- carry out his/her duties competently and diligently;
- comply with this Code of Conduct and all applicable laws, regulations and other requirements, including requirements to protect the health, safety and well-being of other Contractor’s Personnel and any other person;
- maintain a safe working environment including by:
 - ensuring that workplaces, machinery, equipment and processes under each person’s control are safe and without risk to health;
 - wearing required personal protective equipment;

- using appropriate measures relating to chemical, physical and biological substances and agents; and
- following applicable emergency operating procedures.
- report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent and serious danger to his/her life or health;
- treat other people with respect, and not discriminate against specific groups such as women, people with disabilities, migrant workers or children;
- not engage in Sexual Harassment, which means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature with other Contractor's or Employer's Personnel;
- not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another;
- not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions;
- not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage;
- complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH);
- report violations of this Code of Conduct; and
- not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer, or who makes use of the grievance mechanism for Contractor's Personnel or the project's Grievance Redress Mechanism.

RAISING CONCERNS

If any person observes behavior that he/she believes may represent a violation of this Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly. This can be done in either of the following ways:

1. Contact [enter name of the Contractor's Social Expert with relevant experience in handling sexual exploitation, sexual abuse and sexual harassment cases, or if such person is not required under the Contract, another individual designated by the Contractor to handle these matters] in writing at this address [] or by telephone at [] or in person at []; or
2. Call [] to reach the Contractor's hotline (if any) and leave a message.

The person's identity will be kept confidential, unless reporting of allegations is mandated by the country law. Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration. We take seriously all reports of possible misconduct and will investigate and take appropriate action. We will provide warm referrals to service providers that may help support the person who experienced the alleged incident, as appropriate.

There will be no retaliation against any person who raises a concern in good faith about any behavior prohibited by this Code of Conduct. Such retaliation would be a violation of this Code of Conduct.

CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT

Any violation of this Code of Conduct by Contractor's Personnel may result in serious consequences, up to and including termination and possible referral to legal authorities.

FOR CONTRACTOR'S PERSONNEL:

I have received a copy of this Code of Conduct written in a language that I comprehend. I understand that if I have any questions about this Code of Conduct, I can contact [enter name of Contractor's contact person(s) with relevant experience] requesting an explanation.

Name of Contractor's Personnel: [insert name]

Signature: _____

Date: (day month year): _____

Countersignature of authorized representative of the Contractor:

Signature: _____

Date: (day month year): _____

ATTACHMENT A: Behaviors constituting Sexual Exploitation and Abuse (SEA) and behaviors and behaviors constituting Sexual Harassment (SH)

ATTACHMENT A TO THE CODE OF CONDUCT FORM

BEHAVIORS CONSTITUTING SEXUAL EXPLOITATION AND ABUSE (SEA) AND BEHAVIORS CONSTITUTING SEXUAL HARASSMENT (SH)

The following non-exhaustive list is intended to illustrate types of prohibited behaviors

(1) Examples of sexual exploitation and abuse include, but are not limited to:

- A Contractor's Personnel tells a member of the community that he/she can get them jobs related to the work site (e.g. cooking and cleaning) in exchange for sex.
- A Contractor's Personnel that is connecting electricity input to households says that he can connect women headed households to the grid in exchange for sex.
- A Contractor's Personnel rapes, or otherwise sexually assaults a member of the community.
- A Contractor's Personnel denies a person access to the Site unless he/she performs a sexual favor.
- A Contractor's Personnel tells a person applying for employment under the Contract that he/she will only hire him/her if he/she has sex with him/her.

(2) Examples of sexual harassment in a work context

- Contractor's Personnel comment on the appearance of another Contractor's Personnel (either positive or negative) and sexual desirability.
- When a Contractor's Personnel complains about comments made by another Contractor's Personnel on his/her appearance, the other Contractor's Personnel comment that he/she is "asking for it" because of how he/she dresses.
- Unwelcome touching of a Contractor's or Employer's Personnel by another Contractor's Personnel.

A Contractor's Personnel tells another Contractor's Personnel that he/she will get him/her a salary raise, or promotion if he/she sends him/her naked photographs of himself/herself.