



MINISTRY OF HEALTH AND MEDICAL SERVICES
SOLOMON ISLANDS

Solomon Islands COVID-19 Emergency Response Project

World Bank: P173933

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Labour Management Plan

LABOUR MANAGEMENT PLAN

Abbreviations and Acronyms

CEDAW	Convention Against All Forms of Discrimination Against Women
ESCP	Environmental and Social Commitment Plan
ESHS	Environmental, Social, Health and Safety
ESHSCE	Environmental, Social, Health and Safety and Community Engagement
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
FM	Financial Management
GBV	Gender-Based Violence
ILO	International Labour Organization
LMP	Labour Management Plan
MHMS	Ministry of Health and Medical Services
M&E	Monitoring and Evaluation
OHS	Occupational Health and Safety
PPE	Personal protective equipment
POM	Project Operations Manual
SEA	Sexual Exploitation and Abuse
SIG	Government of Solomon Islands
TIN	Tax Identification Number
WB	World Bank
WHO	World Health Organisation
WGRM	Workers Grievance Redress Mechanism

1 Introduction

This Labour Management Plan (LMP) aims to ensure proper working conditions, including occupational health and safety and protection from sexual exploitation, abuse and sexual harassment, for staff recruited to manage the Solomon Islands Covid-19 Emergency Response Project. Government workers who participate in the Project as part of their broader responsibilities will be covered by Project occupational health and safety measures and by measures to protect the workforce in terms of child labour and forced labour. Health care workers in facilities that benefit from Project activities are outside the scope of this LMP.

The Ministry of Health and Medical Services (MHMS) will be responsible for Project management, implementation and coordination with other government ministries and stakeholders. The MHMS will establish a Project Management Unit (PMU), led by the Undersecretary Administration and Finance (USAF). The PMU will be responsible for the day-to-day management of the Project, including financial management, procurement, safeguard preparation, consolidation of workplan and budget, financial audit, compliance with the World Bank's Environmental and Social Framework (ESF), and monitoring and evaluation (M&E). The PMU will be staffed with a core team with expertise in Project management, procurement, financial management, environment and social risk management, and monitoring and evaluation. Individual consultants with specific skill sets will be recruited to provide support to the PMU as needed. Pending recruitment of the PMU, and in view of the emergency nature of the Project, however, the Project will be managed on an interim basis by existing MHMS staff and by staff on an existing World Bank financed project in Solomon Islands. It is envisaged that these interim arrangements will operate for the first six months of the Project.

1.1 Project Description

The Solomon Islands Covid-19 Emergency Response Project will assist the Government of Solomon Islands (SIG) in preventing, detecting and responding to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Solomon Islands. The Project will be national in scope but will also include support to selected provinces.

Achievement of the Project Development Objectives will be monitored through the following PDO level outcome indicators:

- Number of suspected cases of COVID-19 reported and investigated per approved national protocols.
- Number of acute healthcare facilities with isolation capacity.

The Project objectives are aligned to the results chain of the COVID-19 SPRP. This Project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility.

1.2 Project Subcomponents

The proposed Project components and sub-components are:

Component 1. Emergency COVID-19 Preparedness and Response

This component provides immediate support to implement prevention, preparedness, and emergency response activities for COVID-19 in Solomon Islands at all levels of health facilities across all provinces, focusing on the following areas: (a) improving infection prevention and control measures by providing personal protective equipment to front line health workers (which are largely women, about 67%) as well as necessary supplies and consumables, including test kits and laboratory consumables; (b) enhancing case detection, confirmation, and contact tracing capabilities; (c) upgrading quarantine facilities in areas bordering Papua New Guinea (Nila, Shortlands and Taro, Choiseul); and isolation units at Good Samaritan and Autoifi hospitals to prepare for potential surge in demand to separate people who are ill with symptoms of COVID-19 and/or have tested positive; (d) mobilizing contractual health care workers (including laboratory technicians) to respond to a surge in demand for health care services, and general operating expenses for the response, including gender-based violence (GBV) support in quarantine facilities and GBV messaging in all forms of community health outreach as part of the emergency response. In renovating and upgrading quarantine facilities and isolation units the Project will implement climate change adaptation measures, including energy efficiency improvements such as sustainable cooling (with passive cooling as first option), renewable energy sources, energy efficient equipment, including low energy lightbulbs (LED lightbulbs) and replacement of old inefficient equipment, such as refrigerators and cooling systems, to mitigate the release of greenhouse gas (GHG) emissions.

Component 2. Health Systems Strengthening

This component supports health systems strengthening activities to ensure continuity of delivery of critical health services and to cope with the surge in demand for care posed by COVID-19. The activities include: (a) renovating and upgrading intensive care units and capacity building in two Provincial hospitals (Tulagi and Helena Goldie hospitals); (b) enhancing health care waste management by financing energy efficient incinerators, transport for waste disposal, and training in health care waste management. The location for the incinerators to be supported under the Project will be climate safe and determined by MHMS in accordance with criteria satisfactory to the World Bank, which will be elaborated in the Project Operations Manual (POM); (c) upgrading the national medical storage facility (NMS) by financing refurbishment of the warehouse and training of staff; (d) supporting MHMS with establishing a national health emergency coordination centre by financing upgrading and repurposing of existing building (Zome) currently used as temporary accommodation for health care workers. Currently the emergency operation centre is housed at NRH; (e) training of health care workers in hospital infection control, and disease surveillance (including climate-related infectious diseases and other climate related health outcomes). All training for health workers will include a module on GBV to build capacity of staff to identify GBV cases, appropriately handle disclosure, and refer patients for additional services. The renovation and upgrading of existing health infrastructures (two provincial hospitals, NMS, and national health emergency coordination centre) will consider a climate adaptive design features such as: passive ventilation for cooling, cooling vegetation, shutters on windows, for cooling and hence decreased need for energy use for air-conditioning, roof and wall insulation to buildings keep cool during heat events, flood protection in flood prone areas. This component will also finance goods for MHMS such as fuel-efficient trucks (where feasible there will be electric) for health care waste management, which contribute to climate change mitigation.

Component 3: Project Implementation Management, Monitoring and Evaluation

This component supports the management and M&E of Project activities and outputs. It will also finance capacity building activities to MHMS staff and consultants who will be directly involved in Project management and procurement of goods and consulting services. Key activities include: (a) financing interim support from an existing World Bank Project's Project Management Unit (PMU) ; (b) support for establishing a PMU in MHMS through contracting fiduciary staff, among others; (c) capacity building for Project management, financial management (FM), procurement, environmental and social management, training on climate change and sharing lessons learnt on climate change, M&E, and reporting; (d) sharing lesson learnt from response exercises and joint learning with other Pacific countries; and (e) operating expenses. The M&E will be implemented in coordination with technical departments responsible for implementing activities using the agreed M&E tools.

1.3 Summary of Key Project Subcomponent Activities

Project-supported activities will include purchase of goods and equipment, provision of training, and operational costs for rapid response and surveillance. The main Project activities will include provision of goods and supplies including PPE, test kits and laboratory consumables; enhancing case detection, confirmation, and contact tracing capabilities; upgrading quarantine facilities and isolation units; mobilizing contractual health care workers; renovating and upgrading intensive care units; enhancing health care waste management including the provision of incinerators; training in health care waste management; upgrading the national medical storage facility; supporting MHMS with establishing a national health emergency coordination centre; and training of health care workers in hospital infection control, and disease surveillance. The Project will not fund procurement of vaccines or provide operational support for rollout of COVID-19 vaccine.

Some minor civil works associated with the installation of the incinerators and existing health centre refurbishments are expected. Minor civil works will be undertaken to expand treatment capacity by refurbishing existing ICU facilities within existing facilities, upgrading and repurposing an existing building to function as a national health emergency coordination centre, upgrading the existing central medicine store in Honiara and refurbishing other existing health facilities in the nominated five provinces. However, Project activities are not expected to involve land acquisition, physical or economic displacement, or restriction of access to natural resources.

Energy efficient incinerators may be procured. The exact number, type and location for the incinerators is yet to be determined but will be climate safe and determined by MHMS in accordance with criteria satisfactory to the World Bank. Decisions on the procurement of new incinerators will be based on a feasibility study that will be undertaken during implementation. The review will also include assessments of possible repairs of malfunctioning units procured in 2015 under the Secretariat of the Pacific Regional Environment Programme (SPREP) PacWaste Project.

There will be no security forces funded by the Project. However, there may be security present on sites where Project activities take place such as the quarantine facilities. The security personnel will be engaged by the SIG with limited to general security functions related to the COVID-19 response.

The general types of Project activities can be summarized into the following activities which will be assessed and screened for their environmental and social risks:

Table 1 – Summary of Proposed Project Activities

Project Activity	Description
Provision of goods and supplies	Includes PPE, test kits, and laboratory consumables - Component 1 (a)
Renovations and refurbishments	Renovation of quarantine facilities in areas bordering Papua New Guinea - Component 1 (c)
	Renovation of isolation units at Good Samaritan and Autoifi hospitals - Component 1 (c)
	Renovation of intensive care units in two Provincial hospitals (Tulagi and Helena Goldie hospitals) - Component 2 (a)
	Refurbishment of the national medical storage facility (NMS) by financing refurbishment of the warehouse – Component 2 (c)
	Refurbishment of the existing Zome building to establish a national health emergency coordination center (NHEC) - Component 2 (d)
Capacity building and training	Enhancing case detection, confirmation, and contact tracing capabilities - Component 1 (b)
	Capacity building in two Provincial hospitals (Tulagi and Helena Goldie hospitals) - Component 2 (a)
	Training in health care waste management - Component 2 (b)
	Training of staff at the NMS on warehouse management - Component 2 (c)
	Training of health care workers in hospital infection control, and disease surveillance, GBV – Component 2 (e)
Enhancing health-care waste management	Financing energy efficient incinerators - Component 2 (b)
	Waste disposal transport, specifically four fuel-efficient trucks - Component 2 (b)

1.4 Project Area and Beneficiaries

The Project will operate at both national and provincial levels, with the five participating provinces currently being Western Province, Malaita, Choiseul, Isabel and Greater Honiara. The purchase of consumables is expected to cover all provinces under the central coordination of MHMS, while infrastructure investments will largely focus on the provinces of Malaita, Choiseul, Isabel, Western Province and Honiara.

The expected Project beneficiaries will be the Solomon Islands population at large given the nature of the disease, infected people, at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities (all levels), and public health agencies engaged in the response in participating countries.

1.5 Project Management Overview

The MHMS will be responsible for Project management, implementation and coordination with other government ministries and stakeholders. A Project Management Unit (PMU), reporting to the

Undersecretary Administration and Finance, will be responsible for day-to-day management of the Project, including financial management, procurement, safeguard preparation, consolidation of workplan and budget, financial audit, compliance with the World Bank's ESF, and M&E.

A Project Operations Manual (POM) will be developed within three months of the effective date of the Financing Agreement to support the PMU to meet its responsibilities for management and implementation of the Project. The POM will describe detailed arrangements and procedures for the implementation of the Project, such as responsibilities of the PMU, operational systems and procedures, Project organizational structure, office operations and procedures, finance and accounting procedures (including funds flow and disbursement arrangements), procurement procedures, personal data collection and processing, and implementation arrangements for the Environmental and Social Commitment Plan (ESCP) as well as the preparation and/or implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan (ESMP) per World Bank ESF guidance. The Project will operate in accordance with the arrangements and procedures set out in the POM.

1.5.1 Project Management Unit

The PMU will be staffed with a core team with expertise in Project management, procurement, financial management, environment and social risk management, and monitoring and evaluation. Individual consultants with specific skill sets will be recruited to provide support to the PMU as needed. Pending recruitment of the PMU, and in view of the emergency nature of the Project, however, the Project will be managed on an interim basis by existing MHMS staff and by staff on an existing World Bank financed project in Solomon Islands. It is envisaged that these interim arrangements will operate for the first six months of the Project.

1.5.2 ESHS&CE Staff

The MHMS has committed to recruit a full-time, local Environmental, Social, Health, Safety and Community Engagement (ESHS&CE) Officer within six months of Project effectiveness, as part of the permanent PMU. In addition, an international part-time ESHS expert will be engaged upon Project Approval to provide training to the local environmental and social specialist and PMU staff and provide continued guidance and monitoring of the project's environmental and social performance on an as-required basis. The ESHSCE Officer will develop and support implementation of the Project's environmental, social, health and safety, and community engagement instruments in compliance with local legislation, good international industry practice (GIIP), including WHO Guidance on COVID-19 and the WB Environmental and Social Framework (ESF). The GBV Officer at the MHMS will be used to ensure quality messaging of the risk of GBV which will include a communication campaign in all forms of community outreach in all phases of the emergency response.

1.5.2.1 ESHS&CE Officer

The ESHS&CE Officer, reporting to the Project Manager, will function as a core member of the PMU and will ensure that environmental, social, and health and safety risks are managed in accordance with the requirements of the World Bank's ESF, WHO Guidance on COVID-19, and SIG Law.

Specifically, the ESHS&CE Officer will:

- Lead the implementation of the project's ESMF and associated instruments in accordance with the World Bank ESF, project ESCP and SIG legal requirements including:
 - Develop and deliver ESHS training for the PMU and other relevant stakeholders;
 - Managing the oversight of project contractors, including Civil Works Contractors;
 - Environmental and social screening (outlined in section 6), preparation and disclosure of site-specific instruments (ESIA/ESMP) and ECD consent applications and associated documents (PER/EIS), consultation and information dissemination activities with relevant stakeholders;
 - Managing environmental and social risks in procurement;
 - Site-based environmental, safety and social monitoring. Address non-compliances and develop and confirm the implementation of corrective actions. Assist with the implementation of project investment opportunities that would improve performance;
 - Preparation of the monthly and six-monthly monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project; and
 - Notification, reporting and management of incidents or accidents related to the Project which have, or are likely to have, a significant adverse effect on the environment, the affected communities, the public or workers.
- Oversee the implementation of the project's SEP Plan in close collaboration with the Project Manager.
- Coordinate the implementation of the project's GM ensuring timely resolution of project related grievances.
- Participate in semi-annual Project Supervision missions, representing MHMS on environmental, safety and social aspects.
- Conduct other ESHS and CE related activities as required by the Project Manager.

1.5.2.2 International ESHS Specialist

The ESHS&CE Officer will be supported by part-time, international ESHS expert, who shall be recruited/appointed and retained on an as-required basis and report to the Project Manager.

The International ESHS Specialist will:

- Provide technical support to the ESHS&CE Officer to implement the project's ESMF and associated instruments in accordance with the World Bank ESF, ESCP and SIG legal requirements including:
 - Support the ESHS&CE to develop and deliver ESHS training for the PMU and other relevant stakeholders.
 - Support environmental screening, preparation and disclosure of site-specific instruments, and consultation and information dissemination activities with relevant stakeholders.
 - Support site-based environmental, safety and social monitoring. Advise on suitable corrective actions/opportunities for improving performance.

- Support/Review monthly and six-monthly monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project.
- Support notification, reporting and management of incidents or accidents related to the Project which have, or are likely to have, a significant adverse effect on the environment, the affected communities, the public or workers.
- Participate (remotely) in semi-annual Project Supervision missions, representing MHMS on environmental, safety and social aspects.

1.5.2.3 Gender-Based Violence Officer

A GBV Officer will be engaged to ensure quality messaging of the risk of GBV which will include a communication campaign in all forms of community outreach in all phases of the emergency response. The MHMS GBV Officer will be used to provide this support.

1.6 Activity Level Environmental and Social Risk Management Responsibilities

1.6.1.1 Construction Contractors

Construction contractors may be used for installation and refurbishment activities such as the installation of the incinerators and refurbishment of health care facilities for isolation and quarantine centres. Contractor(s) will be required to comply with the project's E&S risk management plans and procedures, including the Code of Environmental and Social Practice (CoESP) and LMP, as well as local legislations and this will be specified in the contractor's agreements. Contractor(s) will be expected to disseminate and create awareness within their workforce of E&S risk management compliance, and undertake any staff training necessary for their effective implementation. Where contractors do not have existing environmental staff, the E&S Specialist/s within the PMU, supported by the World Bank Environmental and Social team, will make arrangements for adequate capacity building within the contractor's workforce.

Contractor(s) will also be required to prepare and comply with WMP(s) and health and safety plan(s) in compliance with both the ESMF and local legislation and submit those plans to the PMU E&S Specialists for approval, prior to the commencement of renovation and/or refurbishment activities and to take all necessary precautions to maintain the health and safety of their personnel. The contractor(s) will appoint a health and safety officer at site, who will have the authority to issue directives for the purpose of maintaining the health and safety of all personnel authorized to enter and or work on the site, to take protective measures to prevent accidents, to ensure suitable arrangements are made for all necessary welfare and hygiene requirements, to undertake worker training, and be a focal point to deal with COVID-19 issues. Contractors will be briefed on the GM and required to refer any grievances to the Social Specialist who will coordinate the GM.

1.6.1.2 Health-Care Facilities

At the health-care facility level, the head of the health-care facility will have overall responsibility for Infection Prevention Control (IPC) and waste management. During Project implementation, the heads of health-care facilities will be expected to assess the following:

- whether adequate and qualified staff are in place, including those in charge of infection control and waste management.

- whether additional staff are required: if so, how many, and with what qualifications and training.
- how relevant departments in the healthcare facility will work together to create an intra-departmental team to manage, coordinate and regularly review the issues and performance of the facility.

The head of a health-care facility should formally appoint a person or team to be responsible for implementing the procedures and mitigation measures that have been adopted to avoid or minimize the spread of COVID-19. This would be the person/team with overall responsibility for infection prevention control and waste management and would ensure that IPC and health care waste management activities are carried out in accordance with the MHMS IPCG. This person/team would also manage, coordinate and regularly review the performance of the facility in terms of how the waste streams in the health-care facilities are separated, tracked and recorded, and oversee the procedures for the safe transportation of potentially infected samples to testing facilities.

Currently, some health care facilities have a dedicated person/s who champions IPC and health-care waste management who could also be identified for IPC and health-care waste management oversight for this Project. This will be decided during project implementation.

1.7 World Bank Environmental and Social Team

The Bank's Environmental and Social team will provide regular E&S risk management compliance monitoring and support for the duration of the project, remote and during missions, and to build capacity for ESMF implementation and stakeholder engagement. As international travel may be slow to resume, supervision and missions may continue to be conducted remotely for some time.

2 Labour Use on the Project

2.1 Categorization of the Workforce

The World Bank Environmental and Social Standard 2: *Labour and Working Conditions* (ESS2) categorizes Project workers into four categories:

1. Direct workers: People employed or engaged directly to work specifically in relation to the Project.
2. Contracted workers: People employed or engaged by third party contractors to perform work related to core function of the Project, regardless of location.
3. Primary supply workers: People employed or engaged by the primary suppliers. (This category of workers is not expected to be engaged on the Covid-19 Emergency Response Project and is not discussed in the LMP.)
4. Community workers: People employed or engaged in providing community labour. (This category of workers is not expected to be engaged on the Covid-19 Emergency Response Project and is not discussed in this LMP.)

2.1.1 Direct Workers

Two types of direct workers will be employed by the Project: Direct Workers – Government and Direct Workers - other.

1. **Direct workers – Government** are public servants employed by the MHMS and health facilities who will be involved in Project implementation. The number of government staff involved in Project implementation is not known yet. They will remain subject to the terms and conditions of their existing public sector employment agreement. They will, however, be covered by Project measures to address occupational health and safety issues (ESS2 paragraphs 24 to 30), including those specifically related to COVID-19, and measures to protect the workforce in terms of child labour and forced labour (ESS 2 paragraphs 17 to 20). Health care workers in any facilities that benefit from Project activities (such as training, equipment etc) are considered Project beneficiaries rather than Direct Workers – Government, and outside the scope of this LMP.
2. **Direct workers - Other** the Project Management Unit (PMU) will be staffed by a core team of specialists in project management; procurement; FM; M&E; and a full-time local environmental, social, health, and safety and community engagement (ESHSCE) specialist recruited for the Project and maintained throughout Project implementation. In addition, an international part-time environmental, social, health and safety specialist will be mobilized on an as-required basis. Individual consultants with specific skill sets will be recruited to provide support to the PMU as needed.
3. Contracted labour requirements are not likely to be fully determined until Project implementation commences. It is likely, however, that staff will be contracted for minor civil works associated with the installation of incinerators and for refurbishment of quarantine facilities, isolation and intensive care units and upgrading of the national medical storage facility. Contracted staff will be subject to the LMP. Contractors will also be required to ensure that any subcontractors also adhere to the LMP.

2.1.2 Migrant workers

Migrant workers expected to work on the Project may include international consultants. Any international consultants working in Solomon Islands will require work permits.

Under current Covid-19 conditions, international travel to Solomon Islands is restricted and arrivals may be subject to a 14-day quarantine period.

2.2 Project Labour Requirements

Project labour requirements are shown in **Table 2** below.

Table 2 Number, Characteristics and Timing of Workforce

Project Component	Estimated Number of Project Workers	Characteristics of Project Workers	Timing of Labor Requirements	Contracted Workers
Component 1:				

Project Component	Estimated Number of Project Workers	Characteristics of Project Workers	Timing of Labor Requirements	Contracted Workers
Provision of supplies, test kits and consumables	7	Project Manager Procurement Officer Infrastructure Officer Finance Mgmt Officer M & E Officer ESHS&CE Officer ESHS Specialist (Part-time)	Operations Starting in Quarter 2, 2021 and maintained throughout the project implementation period.	Contracted Workers to implement and manage the project.
Upgrade of quarantine facilities in areas bordering Papua New Guinea and of isolation units at Good Samaritan and Atoifi hospitals	5	Project Manager ESHS and ESHSCE Specialists MHMS Financial Management and Operations Management National construction contractor to conduct civil works associated with the upgrade/ refurbishment of quarantine facilities and isolation units. National construction management staff and labour to be contracted through construction contractor.	Construction Starting in Quarter 2, 2021	Contracted workers in construction, and refurbishment of quarantine facilities and isolation units
Mobilize contractual health care workers (including laboratory technicians) to respond to surge in demand	6	Project Manager Procurement Officer Infrastructure Officer Financial & Mgmt Officer M & E Officer ESHS and ESHSCE Specialists	Operations Starting in Quarter 2, 2021	
Component 2:				
Renovating/upgrading: <ul style="list-style-type: none"> intensive care facilities in Tulagi and Helena Goldie Hospitals 	Construction	Project Manager ESHS and ESHSCE Specialists MHMS Financial Management and Operations Management	Operations Starting in Quarter 2, 2021	Contracted workers in construction, and refurbishment of intensive care and medical storage facilities

Project Component	Estimated Number of Project Workers	Characteristics of Project Workers	Timing of Labor Requirements	Contracted Workers
<ul style="list-style-type: none"> national medical storage facility 		National construction contractor to conduct civil works associated with the upgrade/ refurbishment of intensive care and medical storage facilities.		
Installation of energy efficient incinerators; upgrading	4	<p>Project Manager</p> <p>ESHS and ESHSCE Specialists</p> <p>MHMS Financial Management and Operations Management</p> <p>National construction contractor to conduct civil works associated with the installation of energy efficient incinerators.</p>	Construction Starting Qtr 2, 2021	Contracted workers in installation of energy efficient incinerators
Establishment of national health emergency coordination centre	4	<p>Project Manager</p> <p>ESHS and ESHSCE Specialists</p> <p>MHMS Financial Management and Operations Management</p> <p>National construction contractor to conduct civil works associated with the upgrade/ refurbishment of facilities to establish national health emergency coordination centre.</p>	Construction Starting in Quarter 2, 2021	Contracted workers in upgrading facilities to establish national health emergency coordination centre
Training health care workers in infection control and disease surveillance	3	<p>Project Manager</p> <p>ESHS and ESHSCE Specialists</p>	Throughout the whole Project cycle	
Component 3:				

Project Component	Estimated Number of Project Workers	Characteristics of Project Workers	Timing of Labor Requirements	Contracted Workers
Implementation Management and Monitoring and Evaluation	3	Project Manager ESHS and ESHSCE Specialists MHMS Financial Management and Operations Management	Throughout the whole Project cycle	Contracted staff employed to support development of M&E frameworks, data collection and reporting
Capacity building for Project management, financial management, procurement, environmental and social management, training on climate change and sharing lessons learnt on climate change	3	Project Manager ESHS and ESHSCE Specialists MHMS Financial Management and Operations Management	Throughout the whole Project cycle	Contracted staff employed to support development of M&E frameworks, data collection and reporting
Sharing lesson learnt from response exercises and joint learning with other Pacific countries	3	Project Manager ESHS and ESHSCE Specialists MHMS Financial Management and Operations Management	Throughout the whole Project cycle	Contracted staff employed to support development of M&E frameworks, data collection and reporting

3 Potential Labour Risks

The Project will demonstrate high standards of human resource management and adhere to Solomon Islands national labour and OSH legislation and international instruments including International Labour Office conventions ratified by Solomon Islands.

The most significant risks to worker health, safety and well-being are summarized in **Table 3** below.

Table 3 Key Labour Risks

Project Activity	Key Labor Risks
General Project administration and implementation (hiring of consultants, monitoring and reporting, financial management, audits, E&S management,	<ul style="list-style-type: none"> • Risk of traffic accidents in travel to remote and isolated areas. • Exposure to people who could have COVID-19.

Project Activity	Key Labor Risks
Project coordination, conducting behaviour and communication campaigns, conducting trainings, M&E)	<ul style="list-style-type: none"> • Project workers at risk of psychological distress, fatigue and stigma due to the nature of their work.
Minor civil works and/or construction works associated with the demolition, construction, and refurbishment of warehouses.	<ul style="list-style-type: none"> • Terms of employment (employment period, remuneration, tax and insurance payments etc.) are not secured by contractual agreements. • Workers suffer discrimination and lack of equal opportunity in employment. • Use of child labour contravenes national legislation and international conventions ratified by Solomon Islands Project workers at risk of psychological distress, fatigue, and stigma due to the nature of their work. • Risks of workplace accidents, particularly when operating construction equipment, when working at height on building construction, and when handling heavy equipment and materials • Risks from exposure to hazardous substances (dust, cement, chemicals used in construction etc.) • Accidents or emergencies (OHS) • Sexual Exploitation and Abuse (SEA), GBV and VAC to workers and community
Transportation of construction materials, equipment	<ul style="list-style-type: none"> • Road traffic accidents expose workers and local communities to hazardous materials (OHS) • Risk of road accidents in travel to provinces (OHS) • Risks of accidents when handling heavy equipment • Infected transportation staff transmit COVID-19 to local populations
Travel to/ from estimated 100 health facilities across the country to establish centralized health information management database and communications system	<ul style="list-style-type: none"> • Risk of traffic accidents in travel to remote and isolated areas. • Exposure to people who could have COVID-19. • Project workers at risk of psychological distress, fatigue and stigma due to the nature of their work. • Sexual Exploitation and Abuse (SEA), GBV and VAC to workers and community
Screening people entering the country	<ul style="list-style-type: none"> • Risks from exposure to people who may be positive for COVID-19

Project Activity	Key Labor Risks
	<ul style="list-style-type: none"> • People entering the country suffer abuse of power, discrimination, stigma during screening process

4 Overview of Labour Legislation

The principal legislation governing labour management in the Solomon Islands includes:

- Labour Act (Revised Edition 1996) provides an overarching framework for labour legislation, establishing standards in relation to:
 - Days and Hours of Work
 - Payment of Wages
 - Written Contracts of Employment
 - Maternity Leave
 - Child labour
 - Care of workers
 - Termination of employment
- Trade Unions Act (Revised Edition 1996), which regulates the registration, leadership and operation of trades unions in Solomon Islands.
- Workmen's Compensation Act (Revised Edition 1996) makes provision for compensation to workmen injured at work in Solomon Islands, it also includes occupational diseases.
- National Provident Fund Act (Revised Edition 1993) requires employers to pay contributions for any employee under a contract of service or apprenticeship.
- Unfair Dismissal Act (Revised Edition 1996) provides a remedy for employees who may be unfairly dismissed and establishes right of referral to the Trade Disputes Panel.
- Safety at Work Act (1982) designed to establish safe systems of work to eliminate or minimize the risks to health, safety and welfare. Under the Safety at Work Act, employer has the duty to:
 - Ensure the health, safety and welfare of all employees including part- and full-time workers, temporary workers, and work experience people.
 - Inform, instruct and supply relevant information to all employees.
 - Ensure that all plant, machinery and systems of work are safe and without risk to health and safety.
 - Ensure that the premises are safe to use and that all hazardous processes are either eliminated or adequately controlled.
 - Ensure that adequate training is supplied to staff where applicable.
 - Ensure freedom from discrimination, harassment, bullying or violence in the workplace.
 - Ensure the health and safety of others who are not employed by employer but may be affected by their undertaking, for example visitors or contactors.

Solomon Islands has in addition ratified the following International Labour Organisation (ILO) Conventions:

- C029 - Forced Labour Convention, 1930
- C087 - Freedom of Association and Protection of the Right to Organise Convention, 1948
- C098 - Right to Organise and Collective Bargaining Convention, 1949
- C105 - Abolition of Forced Labour Convention, 1957
- C111 - Discrimination (Employment and Occupation) Convention, 1958
- C138 - Minimum Age Convention, 1973
- C182 - Worst Forms of Child Labour Convention, 1999

The Gender Equality and Women's Development (GEWD) Policy 2016 – 2020 is the overarching policy framework for achieving gender equality and women's human rights in Solomon Islands. SIG has in addition adopted other national and international frameworks and commitments such as the Convention on the Elimination of All forms of Discrimination against Women (CEDAW) and the Sustainable Development Goals (SDGs) are also fundamental to the purpose of the GEWD Policy. The Policy places the promotion of gender equality at the heart of the government's mission and recognizes that continuing to invest in women's empowerment is vital to achieving gender equality, including improved economic status of women, and recognizes the need to work to address attitudinal and institutional barriers to gender equality.

5 Roles and Responsibilities for Project Labour Management

5.1 Project Management

The MHMS will be responsible for Project management, implementation and coordination with other government ministries and stakeholders. The Project Manager will lead day-to-day Project management and implementation, supported by an international ESHS Specialist (part-time) and one full-time national ESHSCE Officer. The Project Manager, with support of the ESHS and ESHSCE Specialists, will be responsible for the following within their responsibility area:

- Implementing this LMP;
- Ensuring that contractors comply with this LMP;
- Monitoring to verify that contractors are meeting labour and OHS obligations toward contracted workers as required by national legislation and ESS2;
- Monitoring contractors' implementation of this LMP;
- Monitoring compliance with occupational health and safety standards at all workplaces in line with the national occupational health and safety legislation;
- Monitoring compliance with COVID-19 related health and safety measures including making workplaces ready for COVID-19;

- Monitoring and implementing training on LMP, OHS and mitigating the spread of COVID-19 for Project workers as described in the Project ESMF;
- Ensuring that all direct workers – other are provided with health insurance that covers treatment for COVID-19 infections;
- Ensuring that the grievance redress mechanism for Project workers is established and implemented and that workers are informed of its purpose and operation.
- Have a system for regular monitoring and reporting on labour and occupational safety and health performance; and data collection, monitoring, and analysis of the LMP as part of the Project's M&E activity.

5.2 Contractors

Contractors are responsible for management of their workers or subcontracted workers in accordance with this LMP, which will be supervised by the MHMS and Project Manager.

Contractors will be responsible for the following:

- To obey requirements of the national legislation (including any emergency regulations) and this LMP;
- Maintain records of recruitment and employment process of contracted workers;
- Communicate clearly job description and employment conditions to contracted workers;
- Provide workers with evidence of all payments made, including benefits and any valid deductions;
- Provide all contracted workers with health insurance that covers treatment for COVID-19 infections;
- Maintain records regarding labour conditions and workers engaged under the Project, including contracts, registry of induction of workers including Code of Conduct, hours worked, remuneration and deductions (including overtime).
- Assign a designated safety officer, conducting training on and implementing OHS measures and measures to mitigate the spread of COVID-19, recording safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, etc.) in accordance with the Project's ESMF
- Ensure no child or forced labour is involved in the Project.
- Maintain records of training/induction dates, number of trainees, and topics.
- Implement the grievance redress mechanism for workers, maintaining records of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up outstanding.

- Establish a system for regular review and reporting on labour, and occupational safety and health performance.

This LMP may be updated to include additional details about the hired workforce of contractors including, as necessary.

6 Project Labour Policies and Procedures

6.1 Terms and Conditions of Employment

Terms and conditions of direct workers are determined by their individual contracts. Permanent Project staff will have individual agreements (labour contract or service contract) with fixed monthly wage rates. Recruitment procedures will be documented and filed in accordance to the requirements of national labour legislation and the ESS2. A standard forty hours per week employment should be practiced. Requirements and conditions of overtime and leave entitlements are agreed as part of individual contracts.

The Project Manager will ensure that contractors are aware of, and comply with, labour management and OSH policies and procedures outlined in this LMP. Each contractor will be required to submit an assessment of environmental and social risks (including labour risks) associated with their activities and risk mitigation measures in accordance with the Project's environmental and social requirements.

The Project's labour requirements are outlined in the sections below.

6.2 Age of Employment

Solomon Islands has ratified both the ILO Minimum of Age Convention (C138) and the ILO Worst Forms of Child Labour Convention (C182). The minimum age of employment for this Project will be 18 years due to the hazardous working conditions. To ensure compliance, all employees will be required to produce a Tax Identification Number (TIN) as proof of their identity and age. Contractors and subcontractors will be required to receive approval for the specific procedures they will use to verify the ages of job applicants.

6.3 Occupational Health and Safety

The OHS measures of the Project are based on the requirements of the relevant sections of ESS2 as well as WHO guidelines. These will particularly address the key identified risks, including infection of Project workers with Covid-19 and of psychological distress, fatigue and stigma due to the nature of their work.

The ESHS and ESHSCE Specialists will establish OSH guidelines for all Project workers, monitor and implement training on OHS for Project workers and establish a system for regular monitoring and reporting on OSH performance including documentation and reporting of occupational accidents, diseases and incidents.

The Project Manager will ensure effective methods are put in place for responding to identified hazards and risks, establishing priorities for taking action and evaluating outcomes. WHO's [guidance for health workers](#) details both the rights of health workers and expectations of employers and managers in health facilities, as well as the responsibilities of health workers. These guidelines include preventive and

protective measures (such as the use of PPE), emergency prevention and preparedness and response arrangements to emergency situations, and remedies for adverse impacts as requires under the ESS2.

The Project guidelines will require compliance with the following provisions:

- Ensure workplace health and safety standards in full compliance with Solomon Islands law, ESS2 and WHO Guidelines and include:
 - Basic safety awareness training to be provided to all persons as well as on COVID-19 prevention and related measures.
 - All Project vehicle drivers to have appropriate licenses.
 - Safe management of areas around operating equipment inside or outside hospitals/ laboratories/ treatment facilities/ isolation centres.
 - All workers to be equipped with all necessary PPE (particularly facemask, gowns, gloves, handwashing soap, and sanitizer) to protect from COVID-19.
 - Secure scaffolding and fixed ladders to be provided for work above ground level.
 - First aid equipment and facilities to be provided in accordance with labour legislation.
 - At least one supervisory staff trained in safety procedures to be present at all times when construction work is in progress.
 - Adequate provision of hygiene facilities (toilets, hand-washing basins) and resting areas etc.
- Compliance with Solomon Islands legislation, WB's ESS2 requirements and other applicable requirements which relate to OHS hazards, including WHO specific COVID-19 guidelines.
- All workplace health and safety incidents to be properly recorded in a register detailing the type of incident, injury, people affected, time/place and actions taken.
- All workers (irrespective of contracts being full-time, part-time, temporary or casual) to be covered by insurance against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.
- All work sites to identify potential hazards and actions to be taken in case of emergency.
- Any on-site accommodation to be safe and hygienic, including provision of an adequate supply of potable water, washing facilities, sanitation, accommodation and cooking facilities.
- Workers residing at site accommodation to receive training in prevention of infection through contaminated food and/ or water, COVID-19 prevention and avoidance of sexually transmitted diseases.
- Laminated signs of relevant safe working procedures to be placed in a visible area on work sites, in local language and English, including on hand hygiene and cough etiquette, as well as on symptoms of COVID-19 and steps to take if suspect have contracted the virus.
- Fair and non-discriminatory employment practices.

- Under no circumstances will contractors, suppliers or sub-contractors engage forced labour.
- Construction materials to be procured only from suppliers able to certify that no forced labour or child labour (except as permitted by employment legislation) has been used in production of the materials.
- All employees to be aware of their rights under the Labour Law, including the right to organize.
- All employees to be informed of their rights to submit a grievance through the Project Worker Grievance Mechanism. All employees to be provided training on appropriate behaviour with communities, gender-based violence and violence against children.

Project workers will receive OHS training at the start of their employment, and thereafter on a regular basis and when changes are made in the workplace, with records of the training kept on file. Training will cover the relevant aspects of OHS associated with daily work, including the ability to stop work without retaliation in situations of imminent danger (as set out in paragraph 27 of ESS2) and emergency arrangements.

All Project workers will also receive training on COVID-19 prevention, social distancing measures, hand hygiene, cough etiquette and relations with local community. Training programs will focus, as needed, on COVID-19 laboratory biosafety, operation of quarantine and isolation centres and screening posts, communication and public-awareness strategies for health workers and the general public on emergency situations, as well as compliance monitoring and reporting requirements, including on waste management, the Project's labour-management procedures, stakeholder engagement and grievance mechanism.

All parties who employ or engage Project workers will actively collaborate and consult with Project workers in promoting understanding of, and methods for, implementation of OHS requirements, as well as in providing information to Project workers, training on occupational safety and health, and provision of personal protective equipment without expense to the Project workers.

6.3.1 Workers' Rights to Refuse Unsafe Work Environments

Workplace processes will be put in place for Project workers to report work situations that they believe are not safe or healthy. Project workers can remove themselves from a work situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health. Project workers who remove themselves from such situations will not be required to return to work until an investigation has been conducted and necessary remedial action to correct the situation has been taken. Project workers will not suffer retaliation or otherwise be subject to reprisal or negative action for such reporting or removal.

6.3.2 Sexual Exploitation and Abuse and Sexual Harassment

Solomon Islands has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). By ratifying CEDAW, it has made a commitment to ensure that the principles of equality are adhered to and that discriminatory practices including sexual exploitation and abuse and sexual harassment are abolished. Provisions to prevent sexual exploitation and abuse and sexual harassment will be included in the Code of Conduct for Project staff and for contracted workers in line with relevant international standards and national legislation.

6.3.3 Workers' Grievance Management

MHMS and health staff working on the Project will have access to the grievance mechanisms established by the Project. For direct workers – other and contracted workers, a Project specific Workers' Grievance Redress Mechanism (WGRM) consistent with ESS2 will be established and maintained to raise workplace concerns.

Workers will be informed of the grievance mechanism at the time of recruitment. The WGRM will be easily accessible and measures will be put in place to protect workers against reprisal for its use. The WGRM can be used to raise workplace related concerns including about the terms of employment, rights at work, unsafe or unhealthy work situations and others. If the issue cannot be resolved at the workplace level within seven days, it will be escalated to the Project Management level where the ESHSCE Specialist will serve as Grievance Focal Point to file the grievances and appeals. The Grievance Focal Point will coordinate with relevant departments/organizations and persons to address these grievances. The Project Manager will review the records on a monthly basis and report on the grievances, response time and resolution status in a quarterly report to the WB.

The WGRM will operate as follows:

1. The complainant may report their grievance in person, by phone, text message, mail or email (including anonymously if required) to the contractor as the initial focal point for information and raising grievances. For complaints that are satisfactorily resolved at this stage, the incident and resultant resolution will be logged and reported to the Grievance Focal Point.
2. If the complainant is not satisfied, the contractor will refer the aggrieved party to the Grievance Focal Point. The Focal Point endeavours to address and resolve the complaint and inform the complainant in two weeks or less. For complaints that are satisfactorily resolved by the Focal Point, the incident and resultant resolution will be logged by the Focal Point. Where the complaint is not resolved, the Focal Point will refer to the Project Manager for further action or resolution.
3. As a third step, if the matter remains unresolved, or the complainant is not satisfied with the outcome, the Project Manager will refer the matter to the MHMS Permanent Secretary, who will aim to resolve the grievance in three weeks or less. The Grievance Focal Point will log details of issue and resultant resolution status.
4. If the complaint remains unresolved or the complainant is dissatisfied with the outcome proposed by the MHMS Permanent Secretary, the complainant may refer the matter to the appropriate legal or judicial authority, at the complainant's own expense. A decision of the Court will be final.

The grievance mechanism is not an alternative or substitute for the legal system for receiving and handling grievances and does not preclude access to other judicial or administrative remedies that might be available under the law or through existing arbitration procedures. While all employees always have the right to access the legal system, the purpose of establishing a grievance mechanism is to provide an accessible and practical means to mediate and seek appropriate solutions, wherever possible.

Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health

Interim guidance
19 March 2020



Background

Health workers are at the front line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infection. Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence. This document highlights the rights and responsibilities of health workers, including the specific measures needed to protect occupational safety and health.

Health work rights, roles and responsibilities

Health worker rights include the expectation that employers and managers in health facilities:

- assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks;¹
- provide information, instruction, and training on occupational safety and health, including;
- refresher training on infection prevention and control (IPC);
- use, putting on, taking off and disposal of personal protective equipment (PPE);
- provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients, such that workers do not incur expenses for occupational safety and health requirements;
- familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public;
- provide appropriate security measures as needed for personal safety;
- provide a blame-free environment in which health workers can report on incidents, such as exposures to blood or bodily fluids from the respiratory system, or cases of violence, and adopt measures for immediate follow up, including support to victims;
- advise health workers on self-assessment, symptom reporting, and staying home when ill;

- maintain appropriate working hours with breaks;
- consult with health workers on occupational safety and health aspects of their work, and notify the labour inspectorate of cases of occupational diseases;
- allow health workers to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health, and protect health workers exercising this right from any undue consequences;
- not require health workers to return to a work situation where there has been a serious danger to life or health until any necessary remedial action has been taken;
- honour the right to compensation, rehabilitation, and curative services for health workers infected with COVID-19 following exposure in the workplace – considered as an occupational disease arising from occupational exposure;
- provide access to mental health and counselling resources; and
- enable cooperation between management and health workers and their representatives.

Health workers should:

- follow established occupational safety and health procedures, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training;
- use provided protocols to assess, triage, and treat patients;
- treat patients with respect, compassion, and dignity;
- maintain patient confidentiality;
- swiftly follow established public health reporting procedures of suspected and confirmed cases;
- provide or reinforce accurate IPC and public health information, including to concerned people who have neither symptoms nor risk;
- put on, use, take off, and dispose of PPE properly;
- self-monitor for signs of illness and self-isolate and report illness to managers, if it occurs;
- advise management if they are experiencing signs of undue stress or mental health challenges that require supportive interventions; and

¹ Including implementation of occupational safety and health management systems to identify hazards and assess

risks to health and safety; IPC measures; and zero-tolerance policies towards workplace violence and harassment.

- report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.

Additional resources

[Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control.](#)

[WHO COVID-19 technical guidance](#)

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

Attachment B Code of Conduct for direct workers (other) and contracted workers

A satisfactory Code of Conduct will contain obligations on all direct workers (other) and contracted workers (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 Code of Conduct shall contain a statement that the term 'child' / 'children' means any person(s) under the age of 18 years.

The issues to be addressed include:

1. Compliance with applicable laws, rules, and regulations
2. Compliance with applicable health and safety requirements to protect the local community (including vulnerable and disadvantaged groups), the Employer's and Project Manager's personnel, and the Contractor's personnel, including sub-contractors and day workers, (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)
3. The use of illegal substances
4. Non-Discrimination in dealing with the local community (including vulnerable and disadvantaged groups), the Employer's and Project Manager's personnel, and the Contractor's personnel, including sub-contractors and day workers (for example on the basis of family status, ethnicity, race, gender, religion, language, marital status, age, disability (physical and mental), sexual orientation, gender identity, political conviction or social, civic, or health status)
5. Interactions with the local community(ies), members of the local community (ies), and any affected person(s) (for example to convey an attitude of respect, including to their culture and traditions)
6. Sexual harassment (for example to prohibit use of language or behavior, in particular towards women and/or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate)
7. Violence including sexual and/or gender-based violence (for example acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and deprivation of liberty)
8. Exploitation including sexual exploitation and abuse (for example the prohibition of the exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading behavior, exploitative behavior or abuse of power)
9. Protection of children (including prohibitions against sexual activity or abuse, or otherwise unacceptable behavior towards children, limiting interactions with children, and ensuring their safety in Project areas)
10. Sanitation requirements (for example, to ensure workers use specified sanitary facilities provided by their employer and not open areas)
11. 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)

12. Respecting reasonable work instructions (including regarding environmental and social norms)
13. Protection and proper use of property (for example, to prohibit theft, carelessness or waste)
14. Duty to report violations of this Code
15. 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.

A copy of the code shall be displayed in a location easily accessible to the community and Project affected people. It shall be provided in languages comprehensible to the local community, Contractor's personnel (including sub-contractors and day workers), Employer's and Project Manager's personnel, and affected persons.