

**FEDERAL REPUBLIC OF SOMALIA**



**ADDITIONAL FINANCING THREE FOR IMPROVING HEALTHCARE SERVICES IN  
SOMALIA  
'DAMAL CAAFIMAAD' (P178876)**

**LABOUR MANAGEMENT PROCEDURES**

**Revised in December, 2025**

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## *ABBREVIATIONS AND ACRONYMS*

AFRO	Regional Office for Africa, World Health Organization
AF	Additional Finance
ANC	Antenatal care
ARAP	Abbreviated Resettlement Action Plan
ARI	Acute respiratory infection
CBO	Community-based organization
CERC	Contingency Emergency Response Component
CHC	Community Health Committee
CHS	Community Health and safety
CoC	Code of Conduct
CPR	Contraceptive prevalence rate
CSO	Civil society organization
DG	Director General
E&S	Environment and Social
EHSGs	Environmental Health and Safety Guidelines
EMF	Environmental Management Framework
EMRO	Regional Office for the Eastern Mediterranean
EPHS	Essential package of health services
ESCP	Environment and Social Commitment Plan
ESF	Environment and Social Framework
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Assessment and Management Plan
ESS	Environment and Social Standards
FCV	Fragility, Conflict & Violence
FGS	Federal Government of Somalia
FMS	Federal Member State
FRS	Federal Republic of Somalia
GBV	Gender-based Violence
GDP	Gross Domestic Product
GFF	Global Financing Facility
GIIP	Good International Industry Practice
GM	Grievance mechanism
HCI	Human Capacity Index
HSSP	Health Sector Strategic Plan
ICWMP	Infection Control and Waste Management Plan
IDPs	Internally displaced person
IP	Implementing Partner
IPF	Investment Project Financing
LMP	Labour Management Procedures
M&E	Monitoring and Evaluation
MIS	Management Information System
MoH	Ministry of Health
MoLSA	Ministry of Labour and Social Affairs
MTR	Medium Term Review
NGO	Non-governmental Organization

NSAs	Non-state actors
OHS	Occupation health and safety
OPM	Office of the Prime Minister
PAPs	Project affected persons
PCIU	Project Coordination and Implementation Unit (FGS level)
PDO	Project Development Objective
PFM	Public Financial Management
PHC	Public Health Care
PLWDs	People living with disabilities
PMT	Project Management Team (FMS level)
POM	Project operational manual
PWDs	Persons living with disabilities
RCRF	Recurrent Cost and Reform Financing (WB funded project)
SEAH	Sexual Exploitation, Abuse and Harassment
SecMF	Security Management Framework
SecMP	Security Management Plan
SEP	Stakeholder Engagement Plan
SocMF	Social Management Framework
SocMP	Social Management Plan
TA	Technical Assistance
ToR	Terms of Reference
TPM	Third Party Monitoring Agent
WB	World Bank
WHO	World Health Organization

## EXECUTIVE SUMMARY

1. The “Improving Healthcare Services in Somalia” Project, locally known as “Damal Caafimaad,” is a multi-year initiative running from June 2021 to December 2026, targeting selected regions across Somalia. The project seeks to address the country’s chronically poor healthcare system, which has been further strained by recurrent droughts, floods, food insecurity, and limited operational and technical capacity within the Ministry of Health (MoH) at both federal and member state levels. The central objective is to improve the coverage of essential health and nutrition services and to strengthen stewardship, governance, and accountability within the MoH. The project is structured around four main components: expanding the coverage of prioritized essential health services, developing government stewardship and management capacity, project management, and a contingency emergency response component for rapid action during epidemics and outbreaks.

2. A significant feature of the project is its performance-based contracting approach, which leverages non-state actors and private sector networks to deliver health services, while also providing direct support to state actors. The project aims to build MoH capacity in health information and management systems, contract management, public financial management, and policy and regulatory frameworks. It also supports day-to-day management through monitoring and evaluation mechanisms and emergency funding for health crises. The third Additional Financing (AF3), amounting to US\$27 million, is specifically allocated to enable the Government of Somalia to continue provision of essential health services through contracted non-governmental organizations (NGOs) in project supported regions and to complete the construction and renovation of six regional hospitals and a national cold chain storage facility, which are critical for strengthening Somalia’s response to medical emergencies, including those arising from the COVID-19 pandemic. These infrastructure upgrades are designed to enhance resilience against climate-related shocks and to ensure the efficacy and security of vaccine storage and distribution. The project had previously processed two AFs. The first AF was from the Green Climate Fund (GCF) Cooling Facility in the amount of US\$4.25 million approved on April 2, 2025, with the aim of strengthening cold chain capacity by procuring and installing climate friendly cooling equipment and appliances, specifically solar direct refrigerators. The second AF, approved on October 1, 2025, in the amount of US\$5.0 million from the Global Financing Facility (GFF) Multi-Sectoral Challenge Fund for Improving Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH-N) was aimed at scaling up the uptake of modern contraceptive methods using private providers.

3. The direct beneficiaries of the project are the Somali public, particularly residents of the Federal Member States where project activities are implemented. Special attention is given to mothers, children, women of reproductive age, internally displaced persons (IDPs), persons living with disabilities (PWDs), minority groups, and nomadic pastoralists. Government institutions at both federal and state levels, consultants, NGOs, contractors, and suppliers also benefit from capacity-building and employment opportunities generated by the project. The expected results include improved coverage of essential health and nutrition services, enhanced physical environments through reduced greenhouse gas emissions and proper hazardous waste disposal, improved working conditions, strengthened safeguarding measures against gender-based violence (GBV), sexual exploitation, abuse and harassment (SEAH), child and forced labor, and expanded emergency response capabilities.

4. The Labour Management Procedures (LMP) underpinning the project are designed to align national requirements with the World Bank’s Environmental and Social Standards (ESS2 and ESS4). The LMP establishes a systematic approach to managing risks and impacts related to labor and working conditions, ensuring fair treatment, non-discrimination, equal opportunity, and safe and healthy working environments for all project workers. The LMP applies to direct workers employed by the project, contracted workers engaged through implementing partners, primary supply workers, and, where applicable, community workers. It sets out clear terms and conditions of employment, including written contracts, fair wages, rest and leave entitlements, maternity and nursing breaks, and non-discriminatory practices. The minimum age for employment is set at 18

years, with strict age verification procedures to prevent child labor. The LMP also prohibits forced labor and mandates accessible grievance mechanisms for all workers, supporting freedom of association and collective bargaining.

5. A thorough assessment of key labor risks was conducted during project preparation, identifying potential challenges such as discrimination based on gender, disability, or ethnicity; child and forced labor; labor disputes over contracts, wages, and working conditions; occupational health and safety hazards; and risks of GBV and SEAH. The project's mitigation strategies include clear contracts and induction for all workers, robust age verification, comprehensive OHS protocols (including provision of personal protective equipment, training, signage, and emergency preparedness), and dedicated measures for GBV/SEAH prevention. All workers are required to sign a Code of Conduct (CoC), which is translated and explained to ensure understanding and compliance. The CoC outlines expected standards of behavior and consequences for violations, with continuous awareness and training activities to reinforce its provisions. Grievance mechanisms are established at both federal and state levels, allowing for confidential and anonymous complaints, with clear escalation procedures and protection against retaliation.

6. Community health and safety risks are also addressed, including infrastructure accidents, natural hazards, unauthorized site access, spread of infectious diseases, improper waste management, traffic and road safety hazards, and security threats. The project ensures that facility design and construction adhere to international standards, implements infection control and waste management protocols, and develops comprehensive Emergency Response Plans (ERP) with regular drills. Security management is guided by a robust framework and site-specific plans, supported by dedicated advisors and external risk management firms. The project also emphasizes community sensitization and universal access principles to ensure that both workers and beneficiaries are protected.

7. Governance and oversight are central to the successful implementation of the LMP. The Project Coordination and Implementation Unit (PCIU) at the federal MoH is responsible for overall management, compliance, training, grievance resolution, and reporting to the World Bank. Project Management Teams (PMT) at the state level supervise worker adherence to the LMP, maintain employment records, provide induction and training, and monitor compliance with child and forced labor provisions. Implementing partners are required to develop site-specific labor management and OHS plans, conduct training, and report regularly on compliance. Contractors and suppliers must prepare Environmental and Social Management Plans (C-ESMPs), submit monthly progress and compliance reports, conduct worker training, report accidents promptly, and apply stop-work procedures for unsafe conditions. The project allocates dedicated funds for LMP activities, training, grievance management, monitoring, and expansion to additional financing interventions.

8. The legal and institutional framework for labor management in Somalia is evolving, with the Provisional Constitution (2012), Labour Code (1972), Civil Service Law, and ratified International Labour Organization (ILO) conventions providing the foundation. However, gaps in enforcement and coverage remain, particularly in remote areas and for vulnerable groups. The project supplements national law with World Bank standards to ensure robust protection for all workers. Continuous monitoring, capacity building, and responsive grievance mechanisms underpin the project's commitment to ethical and effective healthcare service delivery.

9. In conclusion, the Labour Management Procedures for the "Damal Caafimaad" Project and its Additional Financing establish a comprehensive framework to manage labor and working conditions, mitigate risks, and promote safe, fair, and inclusive employment practices. By integrating national legislation with international standards, the project ensures protection for all workers and communities involved. The LMP's emphasis on governance, monitoring, and continuous improvement supports the project's overarching goal of delivering high-quality healthcare services and building resilient health systems in Somalia.

## 1. THE PROJECT CONTEXT

### 1.1. Project Objectives and Components

10. The 'Improving Healthcare Services in Somalia Project', also known as **'Damal Caafimaad'** in Somali language is expected to run from **June 29, 2021, to December 31, 2026**, in selected geographical areas in Somalia. The central problem that the project seeks to address is improving Somalia's poor healthcare system which has been exacerbated by recurrent extreme droughts and floods, and subsequent food insecurity, and lack of operational and technical capacity by the MoH, at both levels of the federation to effectively deliver healthcare services to the population.

11. The Project Development Objective (PDO) for both parent Project and AF is to improve coverage of essential health and nutrition services in project areas and strengthen stewardship, governance, and accountability of the MoH both at the federal and member states levels. The project seeks to expand the coverage of essential services for health and nutrition services to underserved populations in selected areas through performance-based contracting of non-state actors (NSAs) and private sector networks to deliver health services, and direct support to state actors.

12. The project will specifically develop the capacity of the MoH in health information and management systems (HMIS), contract management and broader public financial management, support to the private sector to provide health services, organizational capacity development, and development of policy and regulatory frameworks. In addition, the project also seeks to support the day-to-day management of the planned activities through the development of monitoring and evaluation (M&E) and coordination mechanisms and provide an emergency fund for epidemics and outbreaks during the project implementation period.

13. The project has four components as summarized in Table 1.

**Table 1: Project components and sub-components**

Component	Sub-component
Component 1: Expanding the coverage of a prioritized Essential Package of Health Services (EPHS) in selected geographic areas	
Component 2: Developing government stewardship and management capacity to enhance service delivery	2.1 Health Management Information System (HMIS)
	2.2 Public Financial Management (PFM), Contract Management and Resource Mapping and Expenditure Tracking (RMET)
	2.3 Private Sector Development and Regulatory Reforms
	2.4 Organizational Capacity
Component 3: Project Management	
Component 4: Contingency Emergency Response Component (CERC)	

14. This third Additional Financing (AF 3) in the amount of US\$27.0 million for the Improving Healthcare Services in Somalia Project ("Damal Caafimaad", P172031) will enable the Government of Somalia to continue provision of essential health services through contracted non-governmental organizations (NGOs) in project supported regions and to renovate and equip six hospitals as well as construct the national cold chain storage facility, thereby contributing to improving the state of health infrastructure, capacity to deliver secondary health services including emergency services and strengthening cold chain capacity in Somalia. These civil works (6 hospitals and national cold chain facility) were originally planned under the Somalia COVID-19 Emergency

Vaccination Project (P176956) approved on September 28, 2021. Unfortunately, they cannot be completed before the project’s scheduled closing date of December 31, 2025 which is also the final closing date of the COVID-19 Strengthening Pandemic Response and Preparedness Multiphase Programmatic Approach (MPA). Given this situation, the proposal is to complete the implementation of these works under the Damal Caafimaad operation. In addition, the AF 3 seeks to extend the project closing date to December 31, 2026.

15. The construction and renovation of the six hospitals and the national cold chain storage facility is currently being implemented by United Nations Office for Projects (UNOPS). The hospitals are in: Bosaso, Dhuusamareeb, Kismayo, Baidoa, Jowhar, and Forlanini with the primary goal of strengthening these hospitals’ capacity to respond to medical and health emergencies arising from the COVID-19 pandemic. The support includes establishing emergency departments, creating isolation facilities, and providing essential medical equipment. Given the poor condition of existing infrastructure, the project also focuses on upgrading hospital facilities and adapting them to better withstand climate-related shocks, such as recurrent floods and droughts, which Somalia is particularly vulnerable to. Somalia lacks a national cold chain storage facility for vaccines and depends on external partners for vaccine storage and distribution. As part of the project, UNOPS is building a national cold chain storage facility at Forlanini Hospital in Mogadishu to address this gap, which will help maintain vaccine efficacy and ensure public health security by preserving the effectiveness of vaccines, which is essential for the success of the immunization programs and for controlling the spread of vaccine-preventable diseases. By December 2025 when the Covid 19 project closes, construction works are expected to have advanced (between 28% and 78%) to the stage where the skeleton frames of all the seven sites will be completed and selected interior finishing and external works started. During the AF period all the remaining works will be completed including (a) interior finishes, external works, testing, commissioning, and handover of all facilities; (b) contract award, supply, and installation of furniture and medical equipment; and (c) the implementation of the climate emergency hospital response team’s capacity building.

16. The project had previously processed two AFs. The first AF was from the Green Climate Fund (GCF) Cooling Facility in the amount of US\$4.25 million approved on April 2, 2025, with the aim of strengthening cold chain capacity by procuring and installing climate friendly cooling equipment and appliances, specifically solar direct refrigerators. The second AF, approved on October 1, 2025, in the amount of US\$5.0 million from the Global Financing Facility (GFF) Multi-Sectoral Challenge Fund for Improving Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH-N) was aimed at scaling up the uptake of modern contraceptive methods using private providers.

17. The Project will also retain a proportion of the project funds to contribute to the achievement of the Project’s PDO in Somaliland, where AF activities and interventions will take place as well. However, the disbursement of the funds for Somaliland will be contingent on: (i) the pending resolution of the implementation modalities for Somaliland including clarity on flow of funds; (ii) agreement on the specific project activities; and (iii) completion of relevant fiduciary requirements, including disclosure of necessary ESF documents. If an agreement on the disbursement of the funds will not have been attained by the time of the Project’s Mid-Term Review (MTR), the allocated funds will be cancelled from the total project cost or reallocated based on the agreement reached at that point.

18. It is notable that minor rehabilitation of health centers, installation of incinerators or other waste management equipment, strengthening/expanding existing government health centers, and possible upgrading/installing of sanitary facilities, installing solar power equipment, SDD climate friendly cold chain equipment, decommissioning obsolete Kerosene-operated cooling equipment as a result of enhancing pertinent regulatory frameworks, etc. may result in an expansion of the environmental footprint. Biohazard and biological waste management risks and impacts may also occur during the rehabilitation and operational phases of the project. Hence, there is need for the project to pay close attention to occupational health and safety (OHS).

## 1.2. Project Beneficiaries

19. The direct beneficiaries of the project will be the Somali public, specifically the residents of the Federal Member States where the project activities will be implemented: South West State (Bay and Bakool), Puntland state (Nugaal region) Hirshabelle state (Hiiraan and Middle-Shabelle). The project will specifically target the following groups: mothers; children; women of reproductive age; and persons living in project target regions, including disadvantaged and vulnerable groups, e.g. internally displaced persons (IDPs), persons living with disabilities (PWDs), minority groups and castes, hard-to-reach populations and nomadic pastoralists.

20. Other beneficiaries of project will include government institutions at both the levels of the federation, especially the FGS MoH and FMS MoH that will benefit from the capacity building component of the project. In addition, consultants employed under the project to assist the MoH in the project implementation and NGOs who will be contracted to deliver health services in the project locations as well as other contractors such as third-party monitors (TPMs) and pharmaceutical suppliers will be direct beneficiaries.

## 1.3. The Project Expected Results

21. The expected key results of the project include:

- Improved coverage of essential health and nutrition services in project locations;
- Enhanced physical environment through minimization of GHG emissions and proper disposal of hazardous waste;
- Improved working conditions and strengthening safeguarding measures against GBV/SEAH, child and forced labour;
- Strengthened stewardship, governance, and accountability of FGS and FMS ministries of health;
- Expanded coverage of essential health and nutrition services to underserved populations in the project locations;
- Enhanced delivery of quality health service by FGS and FMS ministries of health; and
- Provision of emergency fund to FGS and FMS MoH in case of epidemics and outbreaks during the project implementation period.

## 1.4. Labour Management Procedures of the World Bank

22. This LMP lays out the project’s approach to meeting national requirements, as well as the objectives of the World Bank’s Environmental and Social Framework (ESF), specifically “Environmental and Social Standard 2 (ESS2): “Labour and Working Conditions” and Environmental and Social Standard 4 (ESS4): “Community Health and Safety.” The LMP is aimed at promoting the implementation of a systematic approach to improving the management of risks and impacts related to labour and working conditions in the proposed project (incl. in AF interventions and activities). The procedures identify the ways in which national law and the requirements of ESS2 and ESS4 are applied to the project.

23. The LMP is to be applied with due consideration to the requirements of national laws, the interrelatedness of ESS2 with other ESS in general, and ESS4 in particular. ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote 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. The main objectives of developing LMPs are to:

- i. Promote safety and health at work;
- ii. Promote the fair treatment, non-discrimination and equal opportunity of project workers;

- iii. Protect project workers, including vulnerable workers such as women, persons with disabilities, and migrant workers, contracted workers, community workers and primary supply workers, as appropriate;
- iv. Prevent the use of all forms of forced labour and child labour;
- v. Support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law;
- vi. Provide project workers with accessible means to raise workplace concerns; and
- vii. Address the way in which the PCU will require contractors/subcontractors and primary suppliers to manage their workers in line with ESS2.

24. The LMP sets out the terms and conditions of employment for employing or engaging workers on the project. It also specifies the requirements and standards to be met and policies and procedures to be followed, processes for assessing risks and implementation of compliance measures. The LMP is developed to help avoid, mitigate, and manage risks and impacts in relation to project workers and ensure non-discrimination, equal opportunity, protection, fair treatment, and safe and healthy working conditions. The LMP is a living document to facilitate project planning, preparation, and implementation. It is anticipated that the LMP will be updated as additional information becomes available during project implementation, including in relation to workforce numbers and requirements, timing of project activities, and associated due diligence and social risk management, in addition to this updated version that was warranted by introducing additionally financed interventions and activities.

25. Although some of the OHS activities are covered under the LMP, the extensive aspects of the OHS are covered in the Project ESMF and the ICWMP, which is attached as part of the ESMF.

## 2. OVERVIEW OF LABOUR USE ON THE PROJECT

### 2.1. Expected Project Labour

26. The LMP will be administered to the different categories of project workers as defined below and summarized in Table 4.<sup>1</sup> While the exact labour use (including the number of project workers, their characteristics and timing of workforce mobilization) will be determined during the implementation of each subproject, the project workers engaged or employed will include: direct workers, and contracted workers, primary suppliers' workers, community workers and civil servants, as described below.

27. **Direct Workers:** Project workers (both direct and contracted), contractor workers including workers for the implementing partners and TPMs as well as other contractors, e.g., technical advisers contracted by the Government to support the PCIU or PMT. All ESS2 provisions will apply including to all project workers, including: fair treatment, non-discrimination and equal opportunity, as well as freedom of association and collective bargaining in a manner consistent with national laws, as well as accessible grievance mechanisms to raise workplace concerns.

28. Other civil servants supporting the implementation of the project will be bound by their public sector contracts, (unless their contracts have been transferred to the project), with the occupation health and safety (OHS), child and forced labour provisions of ESS2 applying. OHS provisions will also include the management of security risks (workers' exposure to attacks), and gender-based violence and sexual exploitation and abuse, and sexual harassment (GBV/SEAH) risks especially for female health staff in remote areas. They will remain subject to the terms and conditions of their existing public sector employment, which are governed by Somalia's Provisional Constitution (2012) and Civil Service Law (No. 11) that covers permanent civil servants but does not apply to local government employees and to members of the armed forces or the police and corrections corps. There will be no legal transfer of their employment or engagement to the project.

29. **Contracted Workers:** People engaged by the project to perform work related to core functions of the project, regardless of location. Under this category are included employees of any implementing agency, including international or national NGOs, CSOs, or contractors and sub-contractors.

- (i) **Implementing partners:** The project has procured the services of CSOs/NGOs to deliver health services in public facilities on performance-based contracting. They have been contracted to: procure pharmaceuticals, essential healthcare equipment, provide health worker salaries, non-salary operating costs, undertake basic facility rehabilitation, and develop management capacity of the regional health office (RHO) including support for HMIS and supportive supervision by RHOs. The contracted workers also include workers contracted under UNOPS.
- (ii) **Third party monitor:** the firm to provide this service was competitively recruited.
- (iii) **Security risk management firm(s):** this firm was competitively recruited.
- (iv) **Established private sector network:** In urban centers, the project will procure the services of established private sector networks to deliver high quality EPHS services. Under this modality, the project will support training and quality improvement activities for private sector networks and providers, development and procurement of commodities, operational costs for private sector networks, supervision of private facilities by the private sector network and government, and development of private sector capacity for collecting HMIS data.

<sup>1</sup> ESS2 applies to project workers including full-time, part-time, temporary, seasonal and migrant workers.

30. **Primary Supply Workers:** Individuals and companies engaged by the MoH or by the contracted firms to provide healthcare are considered primary suppliers.<sup>2</sup> These may include those staff contracted by primary suppliers for the project (e.g. pharmaceutical suppliers). This also includes suppliers of solar power equipment, solar panels, SDD refrigerators and other climate friendly cold chain appliances. The primary suppliers will be required to demonstrate that they are managing child labour, forced labour and serious safety measures.

31. **Community workers:** this refers to community members who provide labour to a project. However, this project does not anticipate the engagement of community workers. However, it is notable that communities may be involved in the project as members of community health committees or serve as health mobilizers. In the event that their services are needed, the community workers will be subject to the ESS2 and OHS standards outlined in this LMP.

**Table 2: Overview of Labour Use**

Level	Ministry	Organ	Functions & Responsibilities	Potential Project Staff
FGS level	Ministry of Health	PCIU (Project Coordination and Implementation Unit)	<ul style="list-style-type: none"> <li>Leading and coordinating project planning and reporting – including social and safeguard management</li> <li>Leading the Financial Management Function of the project</li> <li>Leading Procurement Function – including signing of contracts with partners.</li> <li>Coordinating the Contract Management in each of FMS.</li> <li>Coordination in Capacity Building and institutional development activities (consolidated plan and reporting mechanism)</li> <li>Overseeing the project Monitoring and Evaluation (Incl. – Supervision) - leading joint review and appraisal process.</li> <li>Centralized information sharing platform – Dashboard based on DHIS2 and FMIS</li> <li>Responsible and Leading the Policy development and harmonization of standard protocols, guidelines, procedures and tools for the project / Sector</li> <li>Implementation Support to FMS.</li> </ul>	<p><b>PCIU</b></p> <p>Senior Project Coordinator to be responsible for all the project activities</p> <ol style="list-style-type: none"> <li>Procurement Specialist</li> <li>Financial Management Specialist</li> <li>Social safeguard Specialist</li> <li>GBV advisor</li> <li>Environmental Safeguard Specialist</li> <li>Security advisor</li> <li>M&amp;E Specialist</li> <li>Communication Specialist</li> <li>Contract management specialist (No. 1,2 &amp; 3)</li> <li>RCRF Contract Management / M&amp;E Specialist</li> <li>RCRF Senior Health Focal Point</li> <li>RCRF Community Health Coordinator</li> <li>Data Analyst (RCRF)</li> </ol>
<b>FMS Level</b>	Ministry of Finance	PIU at state level	<p>Coordination of cross-cutting functions within the state:</p> <ul style="list-style-type: none"> <li>Support Financial management/ EAFS</li> <li>Supervision for fiduciary activities</li> <li>Monitoring the safeguard activities including OHS at state level</li> </ul>	Existing PIU (RCRF)

<sup>2</sup> Primary Suppliers are those suppliers, who on an ongoing basis, provide directly to the project goods or materials essential for the core functions of the project. See ESS2, footnote 5.

Level	Ministry	Organ	Functions & Responsibilities	Potential Project Staff
	Ministry of Health	Project Management Team (PMT)	<ul style="list-style-type: none"> <li>Responsible to manage the project at Respective/Selected FMS – including safeguard implementation and OHS</li> <li>Monitoring adherence to GBV/SEAH, child/ forced labour management measures</li> <li>Responsible of monitoring, evaluation, and supervision of project activities with oversight role by FGS</li> <li>Coordinate with FGS in project planning, monitoring and evaluation</li> <li>Data and information management and use at FMS Level</li> <li>Sign an MOU with implementing Partners</li> <li>Monitor the performance of partners contracted by the government (Damal Caafimaad + RCRF + Other Projects)</li> </ul>	<p><b>PMT</b></p> <p>The Project Manager to be responsible for all project activities at the State level</p> <ol style="list-style-type: none"> <li>I. Environmental Safeguard Specialist</li> <li>II. Social/GBV Specialist</li> <li>III. HMIS Specialist</li> <li>IV. M&amp;E/Contract Management Specialist (RCRF)</li> <li>V. Community Health Coordinator (RCRF)</li> </ol>

## 2.2. Timing of Labour Requirements

32. The direct workers of the project will generally be required to work full time and around the year for the project duration. Consultants and contract workers will be required as per the need.

### 3. ASSESSMENT OF KEY POTENTIAL LABOUR RISKS

33. Potential risks are those related to labour and working conditions, such as work-related discrimination, forced labour, labour influx, GBV/SEA/H, OHS, and security risks. The PCIU will assess and address these risks by developing recruitment guidelines and procedures and put in place appropriate OHS measures while applying relevant provisions of the Somalia Labour Code (1972), the Civil Service Law and World Bank OHS requirements for this project. The PMT will also address the potential risks according to the FGS MoH’s newly adopted Health Workforce Policy: *‘Health Workforce Deployment Policy and Procedure’*, which outlines sound staff recruitment and selection practices, procedures, processes, and structures. Appropriate mitigation measures to address the potential risks will be incorporated into procurement documents.

34. According to project stakeholder consultations conducted during the development of the Environmental and Social Management Framework (ESMF), the following are the potential labour-related risks are expected throughout the implementation period of the project:

35. **OHS risks:** These include healthcare occupational risks, moving equipment and heavy machines, noise, vibration, welding, chemical hazard, working environment temperature, risk of electrical shocks (electrocution) and injuries, exposure to hazardous materials, including refrigerants, working at height and safety and hygiene in worker camps during construction phase of the project. During operation, health workers will be exposed to a variety of biological and radiological hazards, including improper management of hazardous materials within daily work boundaries of medical examination, laboratory testing, and materials storage. The primary risk to worker safety is health-related due to the potential for exposure to highly infectious diseases such as Covid-19, other communicable diseases, and HIV/AIDS, as well as security risks in the workplace or for workers as they travel to carry out their work. Lack of personal protective equipment (PPE) and safe workplace practices may put the workers at risk. In addition, physical structures from which workers provide services to the community may not cater for females, which may limit their functionality and accessibility of services for women.<sup>3</sup> Monitoring adherence to child/ forced labour management measures. Table 35 below presents an analysis of the labour and OHS risks.

**Table 3: Project Labour OHS and CHS Risk Analysis**

Risk/Impact	Analysis (Magnitude, Extent, Timing, Likelihood, Significance)
<b>Labour and Working Conditions – ESS2</b>	
Terms and conditions of employment	The Labour Code 1972 stipulates that remuneration must be adequate in view of the quality and quantity of the work delivered, and must be non-discriminatory regarding age, gender and other aspects. The ESS2 provides for the promotion of (ICWMP), air treatment, non-discrimination and equal opportunity of project workers, either negotiated or of already agreed terms. Labour disputes may also arise due to disagreements amongst the workers, and between workers and the contractors, primary suppliers and community workers.

<sup>3</sup> Further reference can be made on the following documents: Construction OHS risks (WBG General EHS Guideline, WBG guidance related to Covid-19 in small scale construction works, Conditions in health care facilities that can create specific construction related OHS risks (see WBG EHS Guideline for Health Care Facilities). Operational OHS risks (WBG EHS Guideline for Health Care Facilities). For both construction and operation phase, the WB Guidance Note for Borrowers on ESS2 provides some information on OHS risks.

Risk/Impact	Analysis (Magnitude, Extent, Timing, Likelihood, Significance)
<b>Labour and Working Conditions – ESS2</b>	
Labour disputes	The contractor and primary suppliers will have workers who may be involved in the construction or rehabilitation of health facilities. Potential labour disputes may arise due to interpretation, application and/or breach of collective bargaining agreement (CBA), individual contract regarding conditions of employment, variation or change of job descriptions (JD), fringe benefits, hours of work, and wages, either negotiated or of already agreed terms. Labour disputes may also arise due to such disagreements amongst the workers on one hand, and between workers and the contractors, primary suppliers, and community workers, on another hand.
Occupational health and safety	During the construction or rehabilitation of health facilities, OHS related risks and impacts are likely to occur, including physical hazards, such as slip and falls from heights associated with working on ladders, elevated noise, electrocution of the workers/staff, and exposure to air pollution hazards, including elevated dust levels and potential exposure to building hazards such as asbestos containing materials (if there are any existing structures to be removed), lead based paint, working in high temperatures environment, potential safety and health risks due to manmade fires or natural disasters. Project workers are also expected to have risk of various injuries while dismantling/ disposing obsolete Kerosene-powered cold chain equipment. These shall be managed with reference to the World Bank’s EHS General Guideline. In the construction and operation phases of the refurbished healthcare facilities, the workers may potentially be exposed to workplaces hazards, including, but not limited to, to COVID-19 and other contagious diseases. Additionally, workers can be exposed to risks related to the operation, maintenance, replacement, and disposal of solar power generation and cooling equipment, if not managed safely. The project team shall make reference to Good International Industry Practice for guidance. An example of such industry practice is available at the resource identified in the footnote below. <sup>4</sup>
Discrimination of employment based on gender, disability or ethnicity	Discrimination based on gender, disability and clannism in recruitment exists especially at the local level during the hiring of workers for small-scale construction and rehabilitation works. There is also a risk of bias in the recruitment of project staff and workers.
Use of child labour	The Labour Code 1972 prohibits work for children below the age of 15 years and makes special provisions for workers aged 18 years and below. However, risk of child labour is still expected during construction phase.
Use of forced labour	<p>There is a risk of forced labour being used during the recruitment and in the construction work. The groups most at risk of forced labor include frontline health workers particularly low-skilled or informal workers such as community health workers, volunteers, cleaners, and security guards who may face pressure due to power imbalances or lack of formal employment arrangements. Staff employed by project contractors are also at risk, especially when recruitment processes are not transparent or where workers depend on intermediaries who may exploit their vulnerability. However, there have been no reported incidents of forced labor. What, however, has been received are complaints regarding the recruitment process. Table 4 provides some details in this area.</p> <p>In addition, community level labour may be provided through force by parents/guardians and/or community leadership. However, risk is foreseen as minor.</p>

<sup>4</sup> Please see OHS Classifications - Occupational Health & Safety (monash.edu) Health and safety management system Framework / Health, Safety and Wellbeing / Working here / Current staff / The University of Newcastle, Australia

Risk/Impact	Analysis (Magnitude, Extent, Timing, Likelihood, Significance)
<b>Labour and Working Conditions – ESS2</b>	
<b>Community Health and Safety – ESS4</b>	
Infrastructure and Equipment Design and Safety	Surrounding communities, as well as Project workers may be affected by operational accidents or natural hazards, including extreme weather events, during the construction and operation of project-funded facilities. Additionally, there would be safety risks related to unauthorized access to the construction site by adjacent community members. If occurred, a variety of physical injuries and emergency cases can be expected, including exposure to hazardous materials. The project will ensure that the design, construction, operation, and decommissioning of infrastructure components shall be in accordance with the EHSGs and other GIIP, taking into consideration safety risks to project workers and community members (in addition to third parties and affected communities). The structural elements of the project shall be designed and constructed by competent professionals and certified or approved by competent authorities or professionals. Structural design will take into account extreme weather events, and include proper fencing and warning signage measures at worksites.
Safety of Services	Community members, as well as Project workers may be exposed to a variety of chemical, biological, radiological, and physical risks during delivery of healthcare services, if proven hygiene and best practice measures are not applied. The beneficiary community and workers also stand at risk of using contaminated water and the attendant spread of diseases. The project will need to ensure the use of competent contractors who can mitigate other risks, including electric shock from electrical cabinets or cables or poor waste disposal. The ministry shall also apply the concept of universal access for both project workers and project beneficiaries.
Emergency Preparedness and Response	Community members, as well as Project workers may be exposed to risks arising from emergencies occurring during the life of the project. The emergencies may occur as a result of both natural and man-made hazards, and may be in the form of fires, explosions, leaks, or spills, which may occur for a variety of different reasons, including failure to implement operating procedures that are designed to prevent their occurrence, extreme weather, or lack of early warning. To mitigate this, the project shall, through the Emergency Response Plan, identify and implement measures to address emergency events. The project’s Environmental Specialist will be appointed as the coordinator for the ERP and given the necessary training as required.
Insecurity	The main security threats associated with the project include attacks on workers (direct, contractor, community, and suppliers) as well as possible theft of project materials and equipment. Some target districts suffer periodic community conflict which may be exacerbated through siting of healthcare facilities or use of outside contractors etc. Insecurity may limit access for implementation and monitoring of the project , making it crucial to prioritize effective security measures and build strong relationships with local communities.
Fire risk	Without provisions for fire safety, there is a risk of fire outbreaks at construction site during construction works especially in the use of electric hand drills. Fires can start from ignitable materials, like paints, adhesives or poor storage of flammable materials, high temperatures, cigarette smoking in non-designated places or malfunctioning electrical connections.
GBV/SEAJ	Labour influx and the movement of the project staff (contractors, suppliers, and PCIU team) from one location to another especially during monitoring and the delivery of equipment and materials to healthcare facilities may result in GBV and SEAH such as unwelcomed sexual advances, abuse between project workers, learners, and workers in clinics and hospitals. There is also a risk of sexual harassment among the workers, trainers, teachers, hospital clientele (including patients) and among the young adults.

Risk/Impact	Analysis (Magnitude, Extent, Timing, Likelihood, Significance)
<b>Labour and Working Conditions – ESS2</b>	
Labour influx	There is likely to be internal movement of people from areas outside the project area to provide labour, deliver goods and provide services (such as construction, installation of equipment and training). Such movements may result in increased demand and competition for local social and health services, as well as for goods and services, which can lead to price hikes and crowding out of local consumers, increased volume of traffic and higher risk of accidents, social conflicts within and between communities, increased risk of spread of communicable diseases, and increased rates of illicit behaviour and crime, including GBV cases.
Hiring of security personnel	Given that the project is implemented within an FCV context and the project geographical reach is wide and stretches across different districts, the project may use security personnel who are normally an easy target from the insurgents and expose project sites to security risk and possibility of attacks as a result of such association.
Spread of diseases in communities, including HIV/AIDS and COVID-19 through project activities	The implementation of the project may lead to increased risk of COVID-19 infections. In addition, there is a risk of HIV infections through interactions between and among workers and patients in the supported clinics and hospitals.
Management of e-waste from the equipment and PPE during construction	All workers will be required to use PPE as and when required by the MoH (including masks) which will need to be disposed in line with the provisions of MoH and WHO. There will also likely be e-waste from materials used by the project that would require appropriate disposal – including wastes from computers, and electronic parts of obsolete cold chain equipment (incl. from Kerosene-powered equipment). Risk of improper disposal of e-waste also extends to cold chain equipment where they are broken or otherwise need to be disposed of during operational stages.
Traffic related hazards	There are risks associated with traffic and road safety hazards during the construction and operation phase in relation to the collection, supply and delivery of materials and equipment for the project. Road safety risks can be attributed to high speed, mistaking of driving rules and traffic signage, as well as improper management of loads by drivers working on the Project. Traffic safety issues in this case would impact all road users in general, and the surrounding communities and Project workers in particular.

36. **Impacts on community health and safety:** Potential community health and safety related risks from the project include exposure to improper waste disposal, air emissions, wastewater discharges, spills due to transport of medical supplies or health infectious wastes, etc. (See Table 5 for more details.) Labour influx will be relatively minor, given no construction and only minor rehabilitation using local sub-contractors and only a couple of health workers per facility may be added but will likely reside within the community or in workers accommodation. However, there may be some influx of people seeking health services. Labour influx in the local area could also expose the community members to infectious diseases (HIV/AIDS and COVID-19), GBV/SEA/H and conflict between workers and the community members. The presence of many people in small areas leads to challenges with social amenities and access to basic commodities. Other risks include, impacts by deploying security personnel, and exposure to traffic accidents by project related vehicular movements.

37. **Non-compliance of Somali Labour Laws:** Fair recruitment of workers may be flawed due to the culture of nepotism and elite capture, and fair recruitment may not be practiced during the implementation of the project. There may also be bias against individuals and groups of people including minority clans, persons with disability and gender. Also, implementation of labour laws particularly around prompt payment, overtime, maternity leave and nursing breaks may not be observed.

38. **Discrimination and exclusion:** According to the stakeholder consultations, some health professionals and consultants (including those from disadvantaged and vulnerable groups) may be deliberately excluded from

employment opportunities under the project due to clannism and nepotism unless the project incorporates specific mitigation measures. People in senior positions at the MoHs may set higher employment qualifications which may marginalize disadvantaged and vulnerable groups including women, persons from ethnic minority groups (persons from non-dominant clans), IDPs, female headed households, and PWDs. Sexual harassment and other forms of abusive behaviour by workers could compromise the safety and wellbeing of workers and persons from disadvantaged groups thus affecting project performance. On the other hand, health facilities may not be configured to allow access to project workers who use wheelchairs and other assistive devices for movement.

39. **Labour disputes over terms and conditions of employment:** Like any other project, labour-related disputes are possible in the “Damal Caafimaad” project. According to the stakeholder interviews, labour-related disputes may emerge between health professionals (and consultants) and the MoH (or contracted agencies) over labour wages, working hours, payment delays, health and safety concerns in the work environment and working conditions. In turn, there is also a risk that employers may retaliate against workers for demanding legitimate working conditions, or raising concerns regarding unsafe or unhealthy work situations, or any grievances raised. Such situations could degenerate into labour unrest and resultant disruptions in service provision and damage to project property.

40. **Labour influx:** Labour influx will be relatively minor, given no construction and only minor rehabilitation using local sub-contractors and only a couple of health workers per facility may be added but will likely reside within the community or in workers accommodation. Labour influx could lead to conflict over social resources, spread of infectious diseases (including COVID-19 and HIV/AIDS), cultural/behaviour changes and GBV/SEA/H. To minimize labor influx, the project will contractually require the contractors to preferentially recruit unskilled labor from the local communities and nearby areas. All contracted workers will be required to sign the CoC prior to the commencement of work, which includes a provision to address the risk of GBV.

41. **Child labour and forced labour:** Somalia is within top 10 countries of the world with highest child labour risks. Close to 40 percent of all children under 15 of age are put to work in Somalia, where they engage in the worst forms of child labour, according to the UNHCR.<sup>5</sup> Although child and forced labour risks are less likely as the project will recruit skilled field staff with post-secondary school academic qualifications, children may be used in rehabilitation works or to provide security. As child labour is quite common in the country; there is a risk that during transport and installation of the intended solar power and cold chain equipment child labour may be engaged. The project will put in place measures to check age of all workers involved in the implementation of project related activities. As for forced labor risks, due diligence will be undertaken by the UN agencies contracted to implement both the parent and AF project components. This will also be mitigated with the contractual clauses in the implementing and suppliers contracts.

42. **Risk of Insecurity:** According to the project stakeholders interviewed, threat by Al Shabab and inter clan conflicts may impede the successful delivery of health services in the target locations. There will be need for robust security assessment, management, and continuous contextual analysis to ensure safety of both the beneficiaries and vaccinators. The Al-Shabab threat has affected service delivery in some project locations. To tackle these security challenges, security risk assessments have been updated to better respond to the unpredictable situations in the country. This will help the project to maintain essential service despite the ongoing risks.

43. **Gender Based Violence/Sexual Exploitation, Abuse and Harassment (GBV/SEAH):** Female workers may be subject to GBV/SEAH in the recruitment or retention process given men dominate the hiring process in most if not all government offices. Given the weak capacity of the government to enforce rules against discriminatory practices in the workplace, the potential is acute for women.

<sup>5</sup> <https://www.businessinsider.com/countries-worst-child-labour-risks-2012-1?IR=T>

44. The construction activities to be implemented by the project will be guided by an Emergency Response Plan (ERP) that will be developed by the PCIU team with the support of the Environment Specialist (who shall be the coordinator of the ERP), Occupational Safety and Health Officers, Public Health Officers (PHOs), Contractors and the Ministry of Health. The ERP will include engineering controls (such as containment, automatic alarms, and shut-off systems) proportionate to the nature and scale of the hazards identified at the workplace or construction sites, identification of, and secure access to, emergency equipment available on-site and nearby, and appropriate notification procedures for both project workers, stakeholders and designated emergency responders. The plan shall also include the use of diverse media channels for notification of the affected community and other stakeholders, as well as training programs for emergency responders including drills at regular intervals. The project workers will be apprised of public evacuation procedures and furnished with the contact details of the designated coordinator for ERP implementation (i.e., the project's Environmental Specialist). The plan shall also highlight the measures for restoration and clean-up of the environment following any major accident. All project workers shall sign a code of conduct (CoC) that will stipulate their key responsibilities and entitlements. The CoC will be translated into Somali language. And for those not able to read and/or write, the CoC will be read out to them before they sign. In addition, there will be an abbreviated CoC (focusing on behaviour at work) that will be printed and pasted in common areas for ease of reference. There will be continuous sensitization sessions for workers and communities on the social impacts and mitigation measures. Table 4 below presents the risks workers are likely to face in the project, and the mitigation measures thereof.

**Table 4: Risks workers are likely to face in Damal Caafimaad and AF project, and mitigation measures**

Risk	Analysis	Assessment - Project implementation	Mitigation
<b>Labour and working conditions (ESS2)</b>			
Terms and conditions of employment	The Labour Code 1972 stipulates that remuneration must be adequate in view of the quality and quantity of the work delivered, and must be non-discriminatory in regard to age, gender and other aspects. The terms of engagement for contractors to undertake activities of training may not be fair, clear, and transparent. The project’s implementing partners and contractors may not have proper transparency with their employees. The ESS2 provides for the promotion of fair treatment, non- discrimination, and equal opportunity of project workers.	The project has largely adhered to transparent contract processes for formally engaged staff, and almost all the workers receive written contracts outlining their roles and entitlements. However, monitoring has identified challenges such as delayed salary payments particularly among short-term and contract workers and construction laborers which we are currently working on through targeted corrective follow-up.	Project workers will continue providing workers with information and documentation that is clear and understandable regarding their functions, terms and conditions of employment. The information and documentation will set out their rights under national labour 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 ESS2. 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. The documentation will be translated into Somali and read out to workers who may not be literate. The workers will be provided with accessible and safe means to raise workplace concerns. This will be done through the workers’ GM under ESS2 and project grievance mechanism as well as formation and joining of collective bargaining bodies.
Labour disputes	The contractor and primary suppliers will have workers who will be involved in rendering healthcare services. Potential labour disputes may arise due to interpretation, application or breach of collective bargaining agreement (CBA), individual contract regarding conditions of employment, variation or change of job descriptions (JD), fringe benefits, hours of work, and wages either negotiated or of already agreed terms. Labour disputes may also arise due to disagreements amongst the	Significant portion of the complaints submitted through the GRM related to recruitment concerns and salary delays, confirming these as the main sources of labour disputes during implementation. While the project-level GRM is functional and most cases have been resolved, monitoring indicates that tracking of workplace-specific disputes under the ESS2 Workers’ GM remains weak. Strengthening record-keeping, follow-up, and timely feedback particularly at the PMT level is required to ensure consistent and prompt resolution of labour related issues.	The project will maintain adherence to the requirements proposed in the project LMP, including: <ul style="list-style-type: none"> <li>• Ensuring Fair terms and conditions shall be applied to all project workers (guided by relevant laws)</li> <li>• The project shall have GMs for project workers (direct workers, contracted workers, primary suppliers and community workers) to promptly address their workplace grievances. The Social Specialist at the PCIU and their counterparts in the PMTs at the FMSs will ensure the GM is functional accessible.</li> <li>• The project shall respect the workers’ right to join labour unions and freedom of Association</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
	workers and between workers and the contractors, primary suppliers, and community workers. hours of work, and wages either negotiated or of already agreed terms.		
Discrimination of employment based on gender, disability, or ethnicity	The risk of discriminating based on gender, disability and clannism in recruitment of employees exists especially at the local level. There is also a risk of bias in the recruitment of healthcare staff, other project staff and workers in supported clinics and hospitals.	A number of grievances alleging nepotism and clan-based favoritism in recruitment have been received and formally investigated, with corrective actions taken in the affected facilities. While no systematic pattern has been confirmed, these cases indicate that risks of clannism and discriminatory practices continue to exist at the local level. To strengthen fairness and transparency in recruitment, NGOs and FMS PMTs now work jointly on all recruitment processes, ensuring collective oversight, improved documentation, and adherence to merit-based selection criteria. To date, no confirmed cases of disability-based discrimination have been reported through monitoring or the GRM.	<ul style="list-style-type: none"> <li>• The employment of project workers will be based on the principle of equal opportunity and fair treatment, and there will be no discrimination with respect to any aspects of the employment relationship, such as recruitment and hiring, compensation (including wages and benefits), working conditions and terms of employment, access to training, job assignment, promotion, termination of employment or retirement, or disciplinary practices.</li> <li>• Contractors will be compelled to offer a written undertaking and commitment to safeguard the interests of women, including ensuring gender parity at the workspace, provide appropriate sanitation facilities at the workplace and appropriate PPE for women and persons with disability (in accordance with WBG’s EHSGs).</li> <li>• Employees and workers (through a separate Workers’ GM) will equally have unfettered access to the GM channel to raise their concern</li> <li>• The social specialists at the FMS level will routinely and periodically supervise and monitor the contractor’s approach and actions to ensure that no cases of discrimination occur or if they occur, they are addressed immediately through the appropriate channels.</li> </ul>
GBV/ SEAH	Construction, operational activities, recruitment processes, and worker–community interactions create risks of sexual exploitation, abuse, and harassment. Power imbalances, mixed workforce presence (contractors, suppliers,	During implementation, GBV/SEA-SH risks have materialized through several reported allegations at facility and IP levels. All cases were investigated and managed in line with the SEA/SH Accountability and Response Framework. Additional risks emerged around recruitment, including grievances linked to perceived favoritism and misuse of authority affecting young female workers.	<ul style="list-style-type: none"> <li>• Enforce a zero-tolerance Code of Conduct (CoC) with mandatory signing and periodic refreshers for all workers.</li> <li>• Integrate SEA-SH provisions into all contracts for NGOs, contractors, and subcontractors.</li> <li>• Conduct mandatory SEA-SH induction and regular refresher trainings for all staff, including temporary and subcontracted workers.</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
	<p>temporary workers), weak supervision, limited staff gender balance, and cultural barriers heighten vulnerability for women, girls, and young female health workers.</p>	<p>Monitoring also highlighted weaknesses in oversight, including delayed supervision, irregular CoC refreshers, and inconsistent gender-sensitive supervision. Key challenges include limited female staffing especially during night shifts, stigma discouraging GRM use, overstretched focal persons, and low community awareness of SEA-SH reporting pathways.</p> <p>Corrective measures implemented to date include reinforcing CoCs, conducting investigations and staff reassignments, strengthening focal persons, coaching facility management teams, and ensuring consistent 24-hour reporting and escalation of SEA-SH cases.</p>	<ul style="list-style-type: none"> <li>• Maintain a functional SEA-SH GRM with confidential, safe, survivor-centered reporting pathways and trained focal persons.</li> <li>• Ensure 24-hour reporting and activation of PCIU SEA-SH investigation procedures.</li> <li>• Strengthen facility and construction site safety, including regulated access, adequate lighting, and gender-segregated sanitation and staff facilities.</li> <li>• Conduct background checks to prevent recruitment of individuals with prior SEA-SH or ethical violations.</li> <li>• Carry out regular joint monitoring visits (PCIU, PMTs, IPs) to verify CoC enforcement and worker conduct.</li> <li>• Implement continuous awareness-raising for workers, communities, patients, and facility committees on SEA-SH risks, reporting channels, and available services.</li> <li>• Engage a qualified GBV service provider to support prevention, referrals, survivor assistance, and capacity-building activities.</li> <li>• Require contractors to adopt gender-sensitive worksite management, secure accommodations, and regulated worker-community interactions.</li> </ul>
<p>Labour influx</p>	<p>There is likely to be some minor movement of people from areas outside the project areas to provide labour, deliver goods and provide services (such as renovation and construction works, catering services, etc.). Such movements may result in increased demand and competition for local goods and services, social conflicts within and between communities, increased risk of spread of communicable diseases, and increased rates of illicit</p>	<p>Labour influx for project-related works has remained relatively limited and localized, with most non-technical roles filled by local workers. No major social tension or GBV spikes linked directly to labour influx have been documented, but monitoring missions have recommended continued attention to worker conduct, CoC enforcement, and community engagement, especially around construction and rehabilitation sites.</p>	<ul style="list-style-type: none"> <li>• Contractors, will be required to maintain Worksite Management Plans to ensure that the requirements for managing such camps/worksites are adhered to (including restricted entry and exit) and respectful relations with communities in the project area</li> <li>• Contractors shall ensure that all non-technical work is reserved for local people (identifiable with the host communities and witnessed by host community leadership) and make special reservations for IDPs and women. All workers will be required to sign a CoC that will be enforced by all contractors. An abbreviated CoC will be produced and displayed in all facilities and offices implementing and of interest to the project. The project shall broadly share information among the workers on the availability of safe and accessible GM and the</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
Use of child labour	<p>behaviour and crime, including GBV cases.</p> <p>The Labour Code 1972 prohibits work for children below the age of 15 years and makes special provisions for workers aged 18 years and below. There is a risk of forced labour being used in the construction of healthcare facilities.</p>	<p>To date, the project has not recorded any confirmed instances of child labour (workers under 18 years of age). Age verification procedures have been implemented through contractor requirements and are generally being followed. Continued monitoring is required to ensure consistent application, particularly for casual or community-level labour.</p>	<p>presence of GBV/SEAH focal persons including contacts of the Social Specialists for the project.</p> <ul style="list-style-type: none"> <li>The Project will only allow deployment of workers in line with ESS2 in all project worker categories – and the project’s cutoff age shall be 18 years of age or older for project workers. The project will require the implementation of age verification procedures by contractors for all its prospective employees, the verification procedure will be shared and verified by the social specialists. The contractor will keep a list of all the workers at the site together with their details including age. These data will be shared periodically and on demand with the PCIU and World Bank. The PCIU (as well as PMTs at the State level) will work closely with the State Labour Inspectors to ensure and monitor compliance of the contractor with the Labour Code and the ESS2.</li> </ul>
Use of forced labour	<p>The labour code prohibits forced labour, and no one should be forced to work without his or her consent. There is risk of forced labour especially among the vulnerable communities, IDPs, and women.</p>	<p>No confirmed instances of forced labour have been identified through monitoring or the GRM.</p>	<ul style="list-style-type: none"> <li>All employees will be required to read, understand, and sign the employment agreement and the relevant CoC and for those unable to read, the employment agreement will be read to them in Somali. All workers will be provided with safe and accessible means to raise workplace concerns using a workplace GM. In addition, the workers could use the project GM. They should also be able to form and join of collective bargaining bodies to air their grievances. The contractor shall undertake in writing not to accept, directly or indirectly to accept, allow or aide any form of forced labour. Work closely with the State Labour Inspectors (or who would be appointed by the relevant Ministry of Labor for this task) to ensure that forced work is not provided. The Social Specialist and the PCIU in general will pay attention to the condition of workers during monitoring and supervisory visits.</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
Infrastructure and Equipment Design and Safety	Project workers may be affected by accidents or natural hazards, including extreme weather events, during the construction of funded facilities. Poorly designed infrastructure components can also result in harm to project workers and the larger community. Project workers may be exposed to risks at quarries or excavation works, such as rock falls or hazardous equipment. The workers also stand at risk of using contaminated water and the attendant spread of diseases.	While designs for major rehabilitation works generally adhere to the World Bank Group Environmental, Health, and Safety Guidelines (WBG EHSs) and national construction standards, supervision missions have identified persistent weaknesses in field implementation. Gaps in temporary safety measures such as adequate signage, safe access routes, and protective barriers have been noted during active construction. Furthermore, overall OHS practices on construction sites remain inconsistent. Common deficiencies include the insufficient provision and mandatory use of Personal Protective Equipment (PPE), limited installation of essential safety signage, and inadequate documentation of safety training and toolbox talks. These findings underscore the need for stronger enforcement of contractor OHS obligations and necessitate more frequent, dedicated monitoring by OHS personnel and Environmental/Social Specialists to ensure sustained compliance with the WBG EHSs and safeguard worker well-being.	<ul style="list-style-type: none"> <li>The project will ensure that the design, construction, operation, and decommissioning of infrastructure components shall be in accordance with the WBG EHSs and other GIIP, taking into consideration safety risks to project workers (in addition to third parties and affected communities). The structural elements of the project shall be designed and constructed by competent professionals and certified or approved by competent authorities or professionals. Structural design will take into account climate change considerations, as appropriate.</li> </ul>
Safety of Services	Project workers may be exposed to risks arising from emergencies occurring during the project.	Monitoring indicates that while competent contractors have generally been engaged, several safety gaps have been identified during site inspections including risks related to temporary electrical installations, improper waste handling. These observations highlight the need for strengthened supervision, better contractor briefing, and consistent application of safety protocols to protect workers and service users.	<ul style="list-style-type: none"> <li>The project will need to ensure the use of competent contractors who can present a valid work permit, and can mitigate other risks, including electric shock from electrical cabinets or cables or poor waste disposal. The ministry shall also apply the concept of universal access for both project workers and project beneficiaries.</li> </ul>
Life and Fire safety risk	Without provisions for fire safety, there is a risk of fire outbreaks at clinics, hospitals and MOH facilities during construction/renovation works especially in the use of electric hand drills. Fires can start from ignitable materials, cigarette smoking, or old electrical connections malfunctioning.	<p>While the commitment to WBG LFS guidelines and independent LFS assessments is strong, the preparation and adoption of site-specific Emergency Response Plans (ERPs) by PMTs require acceleration. Training for MOH and hospital staff on basic fire control skills is essential and needs formal documentation of completion.</p> <p>Fire extinguishers have been installed in some facilities, but several sites still lack functional equipment or documented servicing. Monitoring showed inadequate</p>	<ul style="list-style-type: none"> <li>Life and fire safety risk (LFS) management to be undertaken in accordance with the WBG guidelines for health care facilities</li> <li>Prior to occupation or use of the hospitals a qualified, independent LFS specialist will undertake an assessment and sign off that the 6 hospitals meet the WBG LFS requirements.</li> <li>For each construction site/health facility supported by the project, there shall be a risk assessment, which shall evaluate and characterize all relevant risks, including fire</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
		<p>fire-drill records and limited staff familiarity with fire response procedures. These gaps highlight the need for routine fire-safety training, timely equipment servicing, and full integration of fire-risk measures into the ERP.</p>	<p>and other manmade or natural events/disasters. The project will ensure that the appropriate mitigation measures are included in the ERP and resources provided.</p> <ul style="list-style-type: none"> <li>• PCIU shall provide fire suppression facilities including fire extinguishers/fire blankets to the healthcare facilities supported by the project and ensure the firefighting equipment is serviced as required. Key staff at the MOH offices and supported hospitals shall be trained in basic skills in fire control. MOH and PCIU shall work with PMTs at the FMS level to prepare site specific emergency response plans for healthcare facilities in their jurisdiction.</li> </ul>
<p>Management of wastes including e- waste and hazardous wastes</p>	<p>Hazardous wastes must be handled or disposed of properly to prevent harm to human health and safety and to the environment. All workers will be required to use PPE (including gloves and masks) which will need to be disposed in line with the provisions of MoH and WHO. There will also be waste from the communication equipment and materials used by the project that would require appropriate disposal</p>	<p>The AF3 activities involve completion and commissioning of health facilities, supply and installation of solar systems, cold-chain units, and medical equipment, generating construction waste, packaging materials, used oil, batteries, and electronic waste. Improper disposal could contaminate soil and water and pose occupational and community health risks.</p>	<ul style="list-style-type: none"> <li>• The contractors will follow a Waste Management Plan as part of the ESMPs/ C-ESMP, and ICWMP which will be used to ensure that all waste from the project is appropriately disposed. In particular, the project team shall ensure the appropriate management of hazardous waste, including the timely collection, transportation, disposal, and monitoring of wastes disposal sites. The PCIU shall ensure that no hazardous wastes are often disposed directly into the environment, posing health and environmental risks. All measures are to be aligned with provisions of the WBG’s EHSGs and the guidance introduced in the Project’s ICWMP (see ESMF). Furthermore, the Project will finance a technical training on topics related to rehabilitation, construction and maintenance of health facilities, as well as installation, operation, and decommissioning of solar power equipment and SDD refrigerators.</li> <li>• There will be supervisory site visits by the environmental specialist and the PCIU and PMTs to enforce this requirement.</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
<p>Spread of diseases in communities, including HIV/AIDS and COVID-19 through project activities</p>	<p>The implementation of the project may lead to increased risk of COVID-19 infections. In addition, there is a risk of HIV infections through interactions between and among workers and staff and patients in the supported healthcare facilities.</p>	<p>Construction and facility operations may increase the risk of communicable disease transmission (e.g., respiratory, water-borne, or vector-borne infections) among workers and local communities, especially during civil works and hospital commissioning phases</p>	<ul style="list-style-type: none"> <li>• Communication on risks of infection with HIV/AIDS and COVID-19 will be conducted through locally appropriate means targeting workers, patients, trainers and communities.</li> <li>• The contractors and suppliers will be required to create awareness on HIV/AIDS and COVID-19 among the workers and in the communities.</li> <li>• The contractors and suppliers will be expected to facilitate the provision of health services to their staff who contract COVID-19 while engaged by the project.</li> <li>• Implementation of the CoC, to be signed by project workers and enforced by all contractors, will also address this risk.</li> </ul>
<p>Emergency Preparedness and Response</p>	<p>The emergencies may occur as a result of both natural and man-made hazards, and may be in the form of fires, explosions, leaks, or spills, which may occur for a variety of different reasons, including failure to implement operating</p>	<p>The project involves installation of cold-chain, power systems, and medical equipment that require electrical, fuel, and chemical handling; accidents, fires, or leaks could occur during installation or operation. However, this risk has not occurred so far.</p>	<ul style="list-style-type: none"> <li>• To mitigate this, the project shall include the ESMPs/C-ESMPs Emergency Preparedness and Response Plans (EPRP), through the Emergency Response Plan, identify and implement measures to address emergency events. The ERP shall comply with ESS4’s requirements on ERP as elaborated by the ESF Guidance Note for Community Health and Safety. The project team shall initially develop a standard complete ERP as a base for the first group of supported healthcare facilities, which shall thereafter be modified as needed for other facilities to address their specific conditions and natural and man-made risks/disaster events.</li> <li>• The project’s Environmental Specialist will be appointed as the coordinator for the ERP and given the necessary training as required</li> </ul>
<p>Traffic related hazards</p>	<p>There is high risk associated with traffic and road safety hazards during the operation phase in relation to the collection, supply and delivery of materials and equipment for the project.</p>	<p>Movement of construction materials, equipment, and medical supplies to project sites may cause traffic congestion, accidents, or risks to pedestrians and nearby communities. This risk has been low and no major traffic disruptions has occurred.</p>	<ul style="list-style-type: none"> <li>• Use of competent drivers with defensive driving techniques</li> <li>• -MOH and responsible FMS staff shall regularly inspect vehicle safety and maintenance - the details of all vehicles being used for the project shall be recorded and details captured.</li> <li>• -Only road worthy vehicles and trucks shall be used in transportation of project equipment and materials to avoid frequent breakdowns and risks of road accidents. This will be done by the Head Driver and contractors in</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
			conjunction with PCIU’s Environment Specialist <ul style="list-style-type: none"> <li>• -Only hire experienced drivers.</li> <li>• -educate drivers on allowed speed limits, and monitor speed violation.</li> <li>• All drivers and loaders shall sign the CoC and provide security clearance or a surety from the local community leaders</li> </ul>
Insecurity	The main security threats associated with the project include attacks on workers (direct, contract, community, and suppliers) and theft of project materials and equipment. Further, banditry within some FMS may pose a threat to the implementation of the project.	Security risks remain context-dependent across FMS. Field missions confirm the presence of localized threats such as theft of materials and restricted access in high-risk areas. Contractors have generally prepared site-level security plans, but awareness and implementation vary significantly. Strengthened coordination with security agencies and enforcement of the Security Management Framework are required, especially in fragile districts	<ul style="list-style-type: none"> <li>• All workers HCF stakeholders, and MOH staff involved in the field operations shall be oriented on security threats and guidance provided in the project’s Security Management Framework.</li> <li>• -A Project level Security Risk Assessment and SMP shall be prepared by a certified security risk management firm hired by MOH and will outline requirements for all personnel engaged in the project</li> <li>• Once the districts and project implementation areas have been confirmed, a district Security Risk Assessment shall be conducted and a district specific SMP prepared and applied.</li> <li>• -Contractors will be required to prepare site specific plans as part of their ESMPs using templates provided by the project security advisor.</li> </ul>
Occupational health and safety	The project activities during construction, which include the construction or rehabilitation of healthcare facilities associated with OHS risks including physical hazards, such as slip and falls from heights associated with working on ladders, elevated noise, electrocution of the workers/staff, and exposure to air pollution hazards, including elevated dust levels and exposure to COVID-19 and other contagious diseases, as well as potential exposure to asbestos-	As noted under Infrastructure Safety, enforcement of OHS measures is a recurring challenge. Monitoring has specifically highlighted limited compliance regarding the consistent use of PPE (especially helmets and safety harnesses), inadequate hazard analysis <i>before</i> work commences, and deficiencies in ensuring safe electrical installations on site. This requires mandatory OHS training sign-offs and daily safety briefs enforced by site managers.	<ul style="list-style-type: none"> <li>• -The contractors shall provide the workers with the required PPE and always enforce use while at the worksite.</li> <li>• -The contractors should keep emergency and first aid tool kit in the sites, which will be replenished once used</li> <li>• The equipment used in the works should be routinely serviced to ensure proper and safe functionality</li> <li>• Carry out job risk assessment (analysis of hazards likely to exist and precautions required) before executing the assignment, and at different intervals as may be practically possible to ensure safety assurance</li> <li>• Use of safety signage “MEN/WOMEN AT WORK”/Slippery floor/ Object Falling to warn the project staff and other workers on site</li> <li>• Provision of adequate signage and communication in</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
	<p>containing materials, if there are any old structures to be removed.</p>		<p>local language of risks to workers and community members</p> <ul style="list-style-type: none"> <li>• Hazardous areas should be clearly marked with signs easily understood by workers, visitors and the general public, as appropriate</li> <li>• Apply WHO/MoH clinical and waste-management standards.</li> <li>• -Contractor workers should provide safe systems of work, and get permits to work at heights.</li> <li>• Contractor workers should be trained in the use of temporary fall prevention devices, such as rails, full body harnesses and energy absorbing lanyard</li> <li>• Electrical works should be performed by trained and qualified experts</li> <li>• Ensure that electrical equipment is properly connected before switching on sockets</li> <li>• Use only the standard electrical connectors when joining extension leads or cables</li> <li>• In case of any spillage at work areas, the contractor should clean the spillage immediately, anti-slip hazard warning signs should be used when mopping floors to reduce chances of slip falls</li> <li>• Installation of different type of fire extinguishers</li> <li>• The Contractor will be required to provide construction workers with housing facilities that have good hygiene standards, with drinking water, restrooms and showers, safe electrical installation, and designated eating areas. There should be separate facilities provided for men and women.</li> <li>• Training of staff and the relevant team members on the use of the fire extinguishers There will be an elaborate health and safety requirement which will address the OHS risks in every subproject, including hazard analysis, health and safety plans among others.</li> </ul>
<p>Labor and Working-Condition Risks</p>		<p>Issues related to unclear contracts and delayed salary payments persist among some contracted health workers. While corrective actions have been initiated, these grievances indicate a need for consistent contract</p>	<ul style="list-style-type: none"> <li>• All workers to sign written contracts consistent with ESS2 and Somali Labor Code.</li> <li>• Ensure timely payment through verified payroll systems.</li> <li>• Provide worker induction on contract terms and rights.</li> </ul>

Risk	Analysis	Assessment - Project implementation	Mitigation
		templates, improved payroll verification, and regular communication to workers regarding rights and expectations.	
Community Health and Safety Risks		Monitoring has identified inconsistent implementation of infection control and clinical waste segregation practices across the supported facilities. While some facilities are successfully meeting the requirements outlined in the Health Care Waste Management (HCWM) Plan and established standards, others require significant reinforcement of their waste handling procedures. This inconsistency poses an elevated risk to both facility users and the surrounding communities, emphasizing the need for targeted training and enhanced, routine inspection to ensure all facilities strictly adhere to proper clinical waste handling protocols and thus reduce public health hazards.	<ul style="list-style-type: none"> <li>• Implement facility-level infection control and waste-segregation protocols aligned with the HCWM Plan.</li> <li>• Regular inspection by MoH/FMS</li> </ul>
Labor Grievance Risks		Awareness of the dedicated Workers’ Grievance Redress Mechanism (GRM) among project staff at all levels and temporary mobilizers remains limited, which poses a barrier to effective reporting. Despite this awareness gap, the foundational structure is operational: all labour-related complaints that do arise are being documented in a separate Workers’ GRM log, ensuring compliance with the requirements of ESS2. To strengthen the system's effectiveness, both facility-level and Implementing Partner (IP) staff require immediate and targeted capacity-building to improve their understanding, consistent utilization, and proper escalation protocols for handling worker-related grievances.	<ul style="list-style-type: none"> <li>• Establish worker GRM linked to the Project GRM.</li> <li>• Display hotline numbers and contact points in each facility.</li> <li>• Track and report labor complaints monthly to PCIU.</li> </ul>

## 4. BRIEF OVERVIEW OF LABOUR LEGISLATION: TERMS AND CONDITIONS

### 4.1. Somalia provisions

45. Somali national legislation is drawn from a variety of legal regimes. Following the endorsement of the new Constitution in 2012 and the state reconstruction process commencing thereafter, many new laws or revisions of the old ones are in progress. Also, the government is gradually reasserting its position in the community of nations by ratifying conventions and treaties related to labour. While this is ongoing, and with the exception of Somaliland which has developed its own legal system, only Puntland has developed a labour code focusing on private business and organizations.

46. The Provisional Constitution of the Federal Republic of Somalia (adopted in August 2012) provides the legislative framework for labour issues. Labour Code of Somalia (Law Number 65, adopted in 1972) is the specific labour law governing all aspects of labour and working conditions, which covers the contract of employment, terms and conditions, remuneration, and occupational health and safety, trade unions and labour authorities. The provisions of the Labour Code apply to all employers and employees in all project areas and is applicable to all project workers. The Labour Code is broadly consistent with the ESS2, while there is a significant gap in the enforcement aspect of the legislation (see Section VIII on the institutional framework). The public service or public institutions are governed by the Civil Service Law (Law No. 11).

47. The Provisional Constitution provides the constitutional principles and framework for labour issues. Article 11 (1) provides that all citizens have equal rights regardless of sex, and that the State must not discriminate against any person on the basis of gender. In addition, the government, under Article 11 (3) has a responsibility against discrimination towards its citizens. Furthermore, the protection and right of women, including the outlawing of female circumcision and protection from sexual abuse is provided for under Article 15 (3 and 4) and Article 24(5), respectively.

48. Article 14 is clear on the right of persons are not subjected to slavery, servitude, trafficking or forced labour for any purpose, while Article 24 enumerates constitutional basis for labour relations including prohibition of sexual abuse in the workplace and the right to picket and organize, among others. The Puntland Sexual Offences Act 2016 prohibits sexual harassment. Article 140 creates a continuation of the application of international obligation including labour conventions enacted prior to the civil law.

49. The Federal Ministry of Labour and Social Affairs (MoLSA) is responsible for labour policy and regulatory frameworks. The Labour Ministry in each State is in charge of implementation of the labour code, including the labour inspection. While five States have labour ministries, only Puntland has three labour inspectors under the Minister. Others have no functioning labour inspection.

50. Below is the list of relevant provisions of the Labour Code with regard to terms and conditions of work, in particular to wages, deductions and benefits.

51. **Content of individual contract of employment (Article 46):** Subject to the provision of this Code or regulations made hereunder, a written individual contract of employment shall specify the following: (a) name and father's name of workers; (b) address, occupation, age and sex of workers; (c) employer's name and address; (d) nature and duration of contract; (e) hours and place of work; (f) remuneration payable to the worker; (g) procedure for suspension or termination of contract.

52. **Notice for termination of contract (Article 50):** Either of the contracting parties may terminate a contract of employment by giving written notice as follows:
- (a) Not less than ten days in the case of manual workers;
  - (b) Not less than 30 days in the case of non-manual workers;
  - (c) No notice need to be given in case the duration of contract does not exceed one month.
53. **Minimum wages (Article 72):** Taking into consideration the economic and social conditions of the country (and in consistence with the provisions of article 71), the minimum wages for any category of workers may be determined by decree of the President of the Republic, on the proposal of the Minister, having heard the Central Labour Commission, and with the approval of the Council of Secretaries.
54. **Hours of work (Article 85, 86):** The normal hours of work of a worker shall not exceed eight a day or 48 a week. Hours worked in excess of the normal hours of work shall not exceed 12 a week and shall entitle a worker to a proportionate increase in remuneration, which shall in no case be less than 25 per cent of the normal remuneration.
55. **Weekly rest (Article 96):** Every worker shall be entitled to one day's rest each week, which should normally fall on Friday. It shall consist of at least 24 consecutive hours each week. Workers shall also be entitled to a rest day on public holidays recognized as such by the State.
56. **Annual leave (Article 97):** Workers shall be entitled to 30 days leave with pay for every year of continuous service. An entitlement to leave with pay shall normally be acquired after a full year of continuous service.
57. **Fringe benefits (Article 73):** Any employer shall provide (a) accommodation when a worker is required to be away from his normal residence; (b) free food to workers, or subsistence allowance in place thereof; (c) free transport to and from the place of work, when a worker is required to work in a town or locality away from his normal residence.
58. **Deductions from remuneration (Article 82):** No deductions other than those prescribed by the Code or regulations made hereunder or any other law or collective Labour agreement shall be made from a worker's remuneration, except for repayment of advances received from the employer and evidenced in writing.
59. **Death benefit (Article 53):** In case of death of a worker during his contract of employment, the employer shall pay to his heirs an amount not less than 15 days' remuneration as death benefit for funeral services.
60. **Expecting and nursing mothers (Article 91):** A woman worker shall be entitled, on presentation of a medical certificate indicating the expected date of her confinement, to 14 weeks' maternity leave with full pay, of which at least six weeks shall be taken after her confinement, provided that she has been employed by the employer for at least six months without any interruption on her part except for properly certified illness.
61. **Nursing breaks (Article 92):** A woman worker who is nursing her own child shall be entitled, for a maximum of a year after the date of birth of the child, to two daily breaks of one hour each. The breaks shall be counted as working hours and remunerated accordingly.

62. Below is the list of provisions of Labour Code with regard to child labour and forced labour:
- a. Prohibited work (Article 90)
    - The term “children” means persons of either sex who have not attained the age of 15 years and the term “young persons” means those who have attained the age of 15 years but have not attained the aged of 18 years.
    - Where the age is uncertain, medical opinion shall be obtained.
  - b. Unlawful to employ children (Article 93)
    - It shall be unlawful to employ children under the age of 15 years, provided that this restriction as to age shall not apply to:
      - (a) Pupils attending public and state-supervised trade schools or non-profit-making training workshops;
      - (b) Members of the employer’s family and his relatives if they are living with him and are supported by him and are employed on work under his orders in an undertaking in which no other persons are employed.
  - c. Minimum age for certain types of work (Article 94)
    - The minimum age for employment on a vessel as a trimmer or stoker or on underground work in quarries or mines shall be 18 years, provided that the minimum age for any other employment on a vessel (including a fishing vessel) shall be 15 years;
    - Young persons under the age of 16 years shall not be employed in work done on flying scaffolds or portable ladders in connection with the construction, demolition, maintenance or repair of buildings.
  - d. Freedom of Labour (Article 6)
    - Forced or compulsory Labour is forbidden in any form.
63. The FGS MoH health workforce policy: ‘Health Workforce Deployment Policy and Procedure’ also provides guidelines for staff recruitment and selection practices, procedures, processes, and structures. The policy has been developed to employ, train, deploy and retain an adequately skilled health workforce that is well motivated to offer quality services to the general public and people living in Somalia. The policy sets guidelines and procedures for the following components of employment:
- Staff appointments;
  - Allowances;
  - Leave;
  - Performance management;
  - Grievance and disciplinary handling procedure;
  - Salary scales and salary procedures;
  - Staff training and development;

- HIV/AIDS; and
- Separations and clearance.

64. Somalia has been a member of the International Labour Organization (ILO) since 1960. The country has ratified 6 out of 8 fundamental conventions of the International Labour Organization (ILO), including the following:

- *Forced Labour Convention (No.29)* (ratified in 1960);
- *Freedom of Association and Protection of the Right of Organize Convention (No. 87)* (ratified in 2014);
- *Right to Organize and Collective Bargaining Convention (No.98)* (ratified in 2014);
- *Abolition of Forced Labour Conventions (No. 105)* (ratified in 2014);
- *Discrimination (Employment and Occupation) Convention (No. 111)* (ratified in 1961); and
- *Worst Forms of Child Labour Convention (No. 182)* (ratified in 2014).

65. The following were ratified in April 2021:

- *Violence and Harassment Convention, 2019 (No. 190)*;
- *International Labour Standards Convention, 1976 (No. 144)*;
- *the Occupational Safety and Health Convention, 1981 (No. 155)*;
- *the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)*;
- *the Migration for Employment (Revised) Convention, 1949 (No. 97)*;
- *the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)*;
- *and the Private Employment Agencies Convention, 1997 (No. 181)*.

#### 4.2. World Bank provisions

66. **Guidelines on OHS requirements:** Measures relating to OHS will be applied to the project (both parent and AF). The OHS measures will include the requirements of this LMP and will take into account the General Environmental Health and Safety Guidelines (EHSGs), General EHS Guideline and EHS Guideline for Health Care Facilities and, as appropriate, and other Good International Industry Practice (GIIP). The OHS measures applicable to the project will be set out in the legal agreement and the Environmental and Social Commitment Plan (ESCP).

67. **Guidelines on non-discrimination and equal opportunity:** Decisions relating to the employment or treatment of project workers, including workers on AF interventions and activities, will not be made on the basis of personal characteristics unrelated to inherent job requirements. The employment of project workers will be based on the principle of equal opportunity and fair treatment, and there will be no discrimination on the basis of personal characteristics unrelated to inherent job requirements, with respect to any aspects of the employment relationship, such as recruitment and hiring, compensation (including wages and benefits), working conditions and terms of employment access to training, job assignment, promotion, termination of employment or retirement, or disciplinary practices. This LMP sets out measures to prevent and address harassment, intimidation, and/or exploitation. Where national law is inconsistent

with this paragraph, the project will seek to carry out project activities in a manner that is consistent with the requirements of this paragraph to the extent possible.

68. **Guidelines on gender and GBV:** The Borrower will provide appropriate measures of protection and assistance to address the vulnerabilities of project workers (incl. under AF), including specific groups of workers, such as women, people with disabilities, migrant workers, and children (of working age in accordance with this ESS). Such measures may be necessary only for specific periods of time, depending on the circumstances of the project worker and the nature of the vulnerability.

**4.3. Guidelines on the child labour: The project shall only employ people aged 18 years and above as a precautionary measure. WHO Guidance on COVID-19**

69. The PCIU will be guided by the various WHO Guidelines for COVID-19 Prevention and Management:

- i. **WHO Infection prevention and control during health care when COVID-19 is suspected:** Intended for healthcare workers (HCWs), healthcare managers, and IPC teams at the facility level, national, provincial and district levels;
- ii. **WHO Rights, Roles and Responsibilities of HCWs,** including key considerations for OHS in COVID-19 Outbreak: Provides specific measures to maintain rights and responsibilities of HCWs and their OSH;
- iii. **WHO Water, sanitation, hygiene, and waste management for the COVID-19 virus:** Intended for water and sanitation practitioners and providers and healthcare providers to ensure good and consistently applied WASH and waste management at the health care facilities to help prevent human-to-human transmission of the COVID-19 virus;
- iv. **WHO Rational Use of Personal Protective Equipment (PPE) for Coronavirus Disease (COVID-19):** Intended for those involved in distributing and managing PPE and its most appropriate use by public health authorities and individuals in health care and community settings;
- v. **WHO Considerations for Quarantine of Individuals in the Context of Containment for Coronavirus Disease (COVID-19):** Aimed to offer guidance to WHO Member States on implementing quarantine measures for individuals in the context of COVID-19 outbreak; and
- vi. **WHO Infection Prevention and Control for the Safe Management of a Dead Body in the Context of COVID-19:** intended for those, including managers of health care facilities and mortuaries, religious and public health authorities, and families, who tend to the bodies of persons who have died of suspected or confirmed COVID-19.

**4.4. Gap Analysis Between ESS2 and Somalia Labour Laws Provisions**

70. Table 5 presents an analysis of the key legal provisions and the gap between the Somalia and World Bank requirements. As noted earlier, the key challenge for Somalia is inadequate enforcement of the legal provisions.

**Table 5: Gap analysis between Somalia Legislation and World Bank Standards**

<b>ESS 2: Labour and Working Conditions</b>			
<b>ESF Objectives</b>	<b>National Laws and Requirements</b>	<b>Gaps including in implementation</b>	<b>Recommended Actions</b>
<p>The Objectives of ESS2 are:</p> <p>a. To promote safety and health at work.</p> <p>b. To promote the fair treatment, non-discrimination and equal opportunity of project workers.</p> <p>c. To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate.</p> <p>d. To prevent the use of all forms of forced labour and child labour.</p>	<p>Provisional Constitution of the Federal Republic of Somalia. Article 14 stipulates that a person may not be subjected to slavery, servitude, trafficking, or forced labour for any purpose.</p>	<p>The new labour code, amending the code from 1972, has not been passed yet The implementation of the existing articles in practice may not be very strong</p> <p>A decree in Somaliland and legislation in Puntland prohibiting FGM have been drafted.</p>	<p>a. The Project (incl. AF) will not allow any forced labour, and will ensure compliance with ESS2 paragraph 20</p> <p>b. The PIU will have overall responsibility to monitor the implementation of the LMP</p>
	<p>Article 24.5 stipulates that all workers, particularly women, have a special right of protection from sexual abuse, segregation and discrimination in the workplace. Every labour law and practice shall comply with gender equality in the workplace.</p> <p>The Puntland Sexual Offences Act 2016 prohibits sexual harassment. Human trafficking: A person may not be subjected to slavery, servitude, trafficking or force Labour offences. Every Labour law shall comply with gender equality. Dismissal for pregnancy. All women have a special right of protection from discrimination.</p>		<p>The LMP spells out a workers' grievance redress mechanism; and the GBV Action Plan provides referral pathways for cases of GBV (see annexes)</p>
	<p>The Labour Code of 1972 stipulates that all contracts of employment must include</p> <p>a) the nature and duration of the contract; b) the hours and place of work; c) the remuneration payable to the</p>	N/A	<p>The project (incl. AF) will implement a workers' grievance mechanism to redress facilitate workplace concerns. See Section XIII.</p>

ESS 2: Labour and Working Conditions			
ESF Objectives	National Laws and Requirements	Gaps including in implementation	Recommended Actions
<p>e. To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law.</p> <p>f. To provide project workers with accessible means to raise workplace concerns.</p>	<p>worker; and c) the procedure for suspension or termination of contract. Furthermore, all contracts must be submitted to the competent labour inspector for pre-approval.</p>		
	<p>The Labour Code of 1972. The employer is obligated to provide adequate measures for health &amp; safety protecting staff against related risks, including the provisions of a safe and clean work environment and of well-equipped, constructed and managed workplaces that provide sanitary facilities, water and other basic tools and appliances.</p>	N/A	<p>The Project (incl. AF) will apply occupational health and safety management system that is consistent with the IFC General Environmental Health and Safety Guidelines (EHSGs) on Occupational Health and Safety</p>
	<p>The Labour Code of 1972. Workers have the right to submit complaints and the employer must give the complaints due consideration.</p>	N/A	<p>The project (incl. AF) will implement a workers' grievance mechanism to redress facilitate workplace concerns. See Section XIII</p>
	<p>The Labour Code of 1972. Remuneration must be adequate in view of the quality and quantity of the work delivered and must be non-discriminatory in regard to age, gender and other aspects.</p> <p>Maximum number of working hours per week are 8 hours per day and 6 days per week.</p>	<p>Women are restricted from being employed in night work, and the specific types of work prohibited for women may be prescribed by decree.</p> <p>No provisions on the protection of the rights of domestic workers</p>	<p>The Project (incl. AF) will fully comply with the national law and WB ESS 2. Any complaints that emerged through the workers' grievance mechanism will be addressed.</p>
	<p>The Labour Code of 1972. Some work is considered dangerous and unhealthy and forbidden for women and youth (defined as 15-18 years of age). This includes the carrying of heavy weights or work at night.</p>	<p>As per ESS 2, children under the minimum age of fourteen years old will not be employed or engaged in connection with the project. However, the national legislation indicates 15 years old. There seems to be a gap in this regard.</p> <p>In addition, as per ESS 2, employment conditions for a child over the age of 14</p>	<p>The Project (incl. AF) will only allow deployment from the age of 18 years.</p>

ESS 2: Labour and Working Conditions			
ESF Objectives	National Laws and Requirements	Gaps including in implementation	Recommended Actions
		and under the age of 18 would not be allowed in the case of hazardous work or work that interferes with the child’s education or is harmful to the child’s health or physical, mental, spiritual, moral or social development. This is not fully consistent with national legislation either, as the list of hazardous activities is not limited in ESS 2.	
	The Labour Code of 1972. The Labour Code forbids work for children below the age of 12, but allows employment of children between the age of 12-15, yet employment has to be compatible with proper protection, health and the moral of children.	<p>Children are deployed in worst forms of child labour (forced recruitment by army, forced labour in domestic work, agriculture and herding, breaking rocks for gravel, construction work, commercial sexual exploitations)</p> <p>However, Somalia made efforts to construct a rehabilitation centre for former child combatants and establish a Human Trafficking and Smuggling Task Force.</p> <p>Children are further deployed in agriculture (farming, herding livestock, fishing); industry (construction, mining and quarrying); services (street work, working as maids in hotels, domestic work, voluntary recruitment of children by army); children also perform dangerous tasks in street work</p> <p>Laws do not comprehensively identify hazardous occupations or activities prohibited for children when compared to ESS2, and child trafficking for labour</p>	The Project (incl. AF) will only allow deployment – in all project worker categories – from the age of 18 years. During the hiring process, careful scrutiny will be employed in the review of documentation that established one’s age. In collaboration with relevant Labor Authorities, the Project will coordinate regular inspections to the worksites. Where labor inspection is not fully enforced on the ground (especially in remote areas) the Project will ensure that a labor representative be tasked for inspection.

ESS 2: Labour and Working Conditions			
ESF Objectives	National Laws and Requirements	Gaps including in implementation	Recommended Actions
		<p>and commercial sexual exploitation is not criminally prohibited.</p> <p>The Ministry of Labour and Social Affairs in 2020 established a Labour Inspectorate and hired and trained 35 labour inspectors. Thus, labour inspection, although regulated, is not fully enforced, especially in remote areas.</p>	
	<p>The Labour Code of 1972. The Code also recognizes freedom of association. Employers are prohibited from engaging in any kind of discrimination or restriction of the right of freedom of association. Workers are allowed to join trade unions.</p>	N/A	<p>The project (incl. AF) will follow national laws and ESS 2 which requires that the project to support the principles of freedom of association and collective bargaining of workers in a manner consistent with national law.</p>

## 5. BRIEF OVERVIEW OF LABOUR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

71. The Labour Code covers protection against risks to the workers, notification procedures in occupational accidents, medical requirements at site and conveyance of injured workers to the hospitals, among others. Below is the list of relevant provisions of the Labour Code with regard to OHS:

72. **Protection against possible risks (Article 101):** All factories, workshops and other workplaces shall be built, installed, equipped and managed in such a way that the workers are properly protected against possible risks. For this purpose, the employer shall:

- Maintain a perfect state of safety and hygiene to avoid risks of accident or damage to health;
- Take suitable measures to prevent contamination of workplaces from toxic gases, vapours, dust, fumes, mists and other emanations;
- Provide sufficient and suitable toilet and washing facilities, separate for men and women workers;
- Provide an adequate supply of drinking water easily accessible to all workers;
- Maintain fire-fighting appliances and staff trained in their use;
- Provide the necessary safety appliance adapted machinery and plant;
- Maintain machinery, electrical and mechanical plant, instruments and tools in good condition to ensure safety;
- Provide suitable installations for the removal of refuse and drainage of residual waters;
- Take the necessary precautions in the establishment to protect the life, health and morality of the workers;
- Ensure that staff receive the necessary instructions for the prevention of industrial accident, occupational diseases and other risks inherent in their occupations;
- Post up in conspicuous parts of the workplace's notices explaining clearly the obligations of the workers to observe safety rules, and visual signs indicating dangerous places;
- Supply the workers with the apparatus and instruments to guard against the risks inherent in the workplace and the work they do; and
- Take steps to provide the necessary first aid in urgent cases to workers involved in accidents or falling sick during work.

73. **Notification of industrial accidents and occupational diseases (Article 102):** The employer shall immediately notify the competent Labour Inspectorate of all accidents resulting in injury of death and occupational diseases. The ESIRT requirements will also inform this process.

74. **Medical facilities (Article 103):** Every undertaking normally employing more than ten workers at the single centre shall maintain a first-aid chest.

75. **Conveyance of injured and sick workers (Article 104):** It shall be the duty of the employer to arrange, at his own expense, for the conveyance to the nearest hospital of any injured or sick worker who can be so conveyed and who cannot be treated on the spot with the means available.

76. The Revised Draft Somalia Labour Code has more emphasis on OHS requirements. It makes the Director

of Occupational Safety and Health (OSH) responsible for the registration of hazards and risks, regulation and supervision of all workplaces and monitoring or enforcing compliance with Labour Code and any other Labour law to the extent that they regulate safety, health and welfare in the workplaces. Part VI of the Revised Draft Labour Code covers the administration of occupational accidents, injury and disease provisions at workplace, employer's general duties towards to OSH, insurance requirements, employees' general duties, medical support, compensations, offenses and penalties etc.

77. In the absence of a fully adopted revised Somalia Labour Code and functioning implementation mechanisms (oversight bodies and courts), the ability of the government to adequately adjudicate the provisions in the LMP is constrained. The Civil Service Commission is able to address the complaints of civil service workers that are limited to unfair dismissals. Through the LMP, the Government has identified gaps between ESS2/ESS4 requirements and legislation and its implementation so that these can be promoted as part of the project through appropriate technical assistance.

## 6. ROLES AND RESPONSIBILITIES OF PROJECT STAFF

### 6.1. Management

78. **The Project Coordination and Implementation Unit (PCIU) at FGS-MoH** will be responsible for overall project management and coordination, including the compliance with safeguards requirements including labour and working conditions. The PCIU will have the following tasks in relation to labour and working conditions:

- a. Promote and ensure the overall implementation of this LMP, including training and orientation of at FMS-MoH, and ensuring that all contractors and primary suppliers comply with the provisions of this LMP in line with ESS2 in relation to the management of their workers;
- b. Engage and manage consultants in accordance with this LMP and the applicable Procurement Documents;
- c. Monitor the potential risks of child labour, forced labour and serious safety issues in relation to primary suppliers;
- d. Develop the tools necessary for the implementation of this LMP including the CoC for contractors and for workers;
- e. Sensitize contractors and project workers on the provisions in the LMP including the COCs;
- f. Ensure that the grievance mechanism for project workers is established and implemented and that workers are informed about it;
- g. Ensure that grievances received from the health care workers are resolved promptly, and reporting the status of grievances and resolutions;
- h. Promote the LMP implementation and ensure monitoring of labour and OHS performance; and
- i. Report to the World Bank on the implementation of the LMP every 6 months.

79. **Project Management Team (PMT) at FMS-MoH.** The PMT will have the following tasks in relation to labour and working conditions:

- a. Supervise their workers' adherence to the LMP;
- b. Maintain records of recruitment and employment of contracted workers (including subcontractors);
- c. Provide induction and regular training to health care workers on social and OHS issues;
- d. Require contractors and primary suppliers to identify and address risks of child labour, forced labour and serious safety issues. Perform spot checks onsite, in coordination with responsible labour authorities;
- e. Require contractors to develop a site-specific/ activity-specific LMP, including OHS management plan;
- f. Implement the grievance mechanism for contracted workers, including ensuring that grievances received from the health care workers are resolved promptly, and reporting the status of grievances and resolutions to the PCIU on a regular basis;
- g. Ensure that all contractor and subcontractor workers understand and sign the CoC prior to the commencement of works and supervise compliance with the Code; and

h. Report to FGS MoH on labour and OHS performance of the project quarterly.

80. **Implementing partners:** The implementing partners will be required to implement the relevant provisions of this LMP.

- a. The EOIs for the implementing partners will refer to this document – NGOs will state their experience and capacity in implementing ESS2 requirements for their workers;
- b. The social and environmental specialists will be recruited prior to project effectiveness with experience of labour management and will review the EOI’s for adequate human resource management capacity;
- c. The social and environmental specialists will conduct pre-bid workshops on the E&S requirements including Labour management for the shortlisted implementing partners;
- d. The Implementing Partners will include a labour management plan (and attach to it a site-specific OHS management plan) with adequate human resources to implement the plan as part of the ESMPs submitted with their bids (RFPs); and
- e. The contractors labour management plan will be reviewed by the social and environmental specialists including by the Bank for no objection.
- f. Contractors must prepare Contractor Environmental and Social Management Plans (C-ESMPs) aligned with site-specific ESMPs. They must submit monthly progress and EHS compliance reports, conduct training for workers, report accidents within 24–48 hours, and apply stop-work procedures for unsafe conditions.

81. The roles and responsibilities of the various implementers are summarized in Table 6.

**Table 6: Summary of the project staff/entity responsible for various key responsibility areas**

Responsibility area	Direct workers/Contracted workers	Primary supply workers
<b>Human resources</b>	Hiring the staff to serve in the PCIU	N/A (outside the scope of ESS2)
<b>OHS</b>	Direct workers will follow OHS measures as contained in the ESMF and ICWMP	The responsibility for assessing the risk of serious safety issues posed by primary suppliers and requiring the development of corrective procedures, such as specific Occupational Health and Safety (OHS) plans covering child and forced labour will be undertaken by both the PCIU and the PMT. The staff dedicated to these issues are the Social Safeguard Specialists and GBV specialists operating at both the PCIU and PMT levels.
<b>Child labour and forced labour</b>	The contract does not allow child and forced labour	
<b>Training on CoC and other provisions</b>	PCIU/PMT/ consultants	n/a (outside the scope of ESS2)
<b>CoC</b> -For contractors -For workers (including contracted health workers)	The contract for direct workers will address relevant risks	All workers must sign a <b>translated CoC (Somali and English)</b> , receive <b>orientation and refresher toolbox talks</b> , and be informed of disciplinary measures for breaches (GBV/SEA, harassment, fraud, etc.).
<b>Grievance mechanism</b>	PCIU/PMTs/ consultants	

Responsibility area	Direct workers/Contracted workers	Primary supply workers
<b>Monitoring, supervision and reporting</b>	<p>PCIU/PMTs will be responsible for monitoring implementation of LMP as well as supervising labor relationships at worksite, in collaboration with relevant labor inspectorates</p> <p>TPMs will be responsible for monitoring, evaluating and reporting on project overall implementation</p>	<p>Relevant PMT staff to monitor and report to PMT Coordinator</p> <p>PMT to report to World Bank.</p>

82. The Occupational Safety and Health (OSH) officers, both at the contractor level during construction, and at the Project level during operation, will be responsible for overseeing all OHS aspects of the project including: the registration of hazards and risks; regulation and supervision of all workplaces; and monitoring or enforcing compliance with Labour Code and any other Labour law to the extent that they regulate safety, health and welfare in the workplaces.

## 6.2. Resources for implementing the LMP

83. The project has set aside funds to ensure that the planned LMP activities are implemented and monitored effectively for both parent Project and AF. The summary budget is presented in Table 7.

**Table 7: Estimated budget for implementing the LMP**

LMP Activities	Units	No. Units	Unit Cost, USD	Total cost (USD)
Support the development of Labour Management Plans, including OHS plans	Months	6	5000	30,000
Travel expenses of staff on LMP activities (supervision missions by the safeguards officers and PCIU and PMT leadership) (bi-monthly)	Months	24	4000	96,000
Training (contract management, CoC, GRM, GBV, etc.) for PCIU, PMTs, contractors and primary suppliers	Months	12	2000	24,000
Cost of managing the GM	Months	48	2000	96,000
Monitoring and evaluation	Quarters	8	3000	24,000
Expanding LMP activities to account for workforce of AF interventions and activities	Quarterly	24	5,000	120,000
<i>Sub-total</i>				<i>390,000</i>
<i>Contingency (5%)</i>				<i>19,500</i>
<i>Total</i>				<i>409,500</i>

## 7. POLICIES AND PROCEDURES

84. **Occupational health and safety (OHS):** Pursuant to the relevant provisions of the national Labour Code (Articles 101-104), ESS2, including WBG Environmental, Health and Safety Guidelines (EHSGs) WBG General EHS Guideline and WBG EHS Guideline for Health Care Facilities, and WB standard procurement documents, the overseeing Ministry as well as the MoH will manage the project in such a way that the workers and the community are properly protected against possible OHS risks. The detailed OHS measures are provided in ESMF for this project. For labour management, the key elements of OHS measures will include: (a) identification of potential hazards to workers; (b) provision of preventive and protective measures; (c) training of workers and maintenance of training records; (d) documentation and reporting of occupational accidents and incidents; (e) emergency preparedness; and (f) remedies for occupational injuries and fatalities. In addition, there will be developed safety and security protocols and prevention of risk of exposure to infectious diseases including Covid-19, the provision of personal protective equipment (PPE) and taking measures to stop the spread of the virus. The project will ensure compliance with national law requirements as well as World Bank guidelines regarding Covid-19. Specific OHS terms and conditions will be established in all relevant project bids and contracts (including service, works, construction, consultancies, etc.).

85. **Child labour:** The minimum age for workers employed/engaged in relation to the project is set at 18 years. To prevent engagement of under-aged labour, all contracts shall have contractual provisions to comply with the minimum age requirements including penalties for non-compliance. All ministries where staff will be fully or partially paid through the project are required to maintain labour registry of all contracted workers with age verification.

86. **Labour disputes over terms and conditions of employment:** The project will have grievance mechanisms for direct workers. Contractors will be required to have a grievance mechanism for contracted workers, to promptly address their workplace grievances. Further, the project will respect the project workers' right of labour unions and freedom of association.

87. **Discrimination and exclusion of vulnerable groups:** The employment of project workers under the project will be based on the principle of equal opportunity and fair treatment, and there will be no discrimination based on personal characteristics unrelated to inherent job requirements with respect to any aspects of the employment relationship, such as relating to recruitment and hiring, terms of employment (including wages and benefits), termination and access to training. Consultations with stakeholder highlighted lack of equity and inclusion in government recruitment processes. The project shall comply with the national Labour Code on gender equality in the workplace, which will include provision of maternity leave and nursing breaks and sufficient and suitable toilet and washing facilities, separate for men and women workers. In some cases, affirmative action measures will be used to recruit more female health workers.

88. **Security risks:** Considering substantial security risks in some parts of the country, the project will develop a robust security management plan (SecMP). There will be a full time, well-experienced security advisor in the PCIU at FGS level, who will work with the contracted certified security management firm as follows:

- a. A Security Management Framework (SecMF) will be finalized before the EOIs are issued;
- b. The EOIs for the implementing partners will be based on this framework – NGOs will state their experience and capacity in managing security in the target regions;
- c. The PCIU security advisor and the certified security risk management firm should be contracted as soon as the project becomes effective;

- d. The PCIU security advisor and the certified security risk management firm will review the EOIs for adequate security management capacity and the firm will undertake the project and regional security risk assessments and develop management plans before the RFPs are issued;
- e. The shortlisted implementing partners will be required to indicate the requirements of the relevant regional SecMP in their bids (RFPs), again reviewed by the security advisor and the security management firm; and
- f. The security management firm will provide ongoing updates of the security risk assessments and capacity building support.

89. **GBV/SEAH incidents:** Given the context of fragility, conflict and violence in Somalia, sexual harassment, exploitation and abuse of co-workers and survey respondents is a substantial risk. Thus, all project workers and government civil servants will be required to sign a CoC outlining expected standards of behaviour and the consequences of violations in this regard and attend regular awareness sessions on the same. In addition, staff and GM focal points will receive guidance on handling complaints of GBV/SEAH including ensuring utmost confidentiality, following the wishes of the survivor in raising the complaint and referring the survivor to supportive GBV services.

90. All staff and GM focal points will be informed that if a case of GBV is reported to them, the only information they should establish is if the incident involves a worker on the project, the nature of the incident, the age and sex of the complainant and if the survivor/complainant was referred for services from a recommended service provider. They should not under any circumstances try to investigate or refer the issue without explicit agreement of the survivor. If the complainant thinks a worker on the project is involved in the incident or is unsure, the GM focal point should report the incident immediately to the Head of the PCIU who will provide further guidance after consulting with the World Bank. A detailed GBV Action Plan has been prepared for this project as part of the ESMF.

91. **Monitoring and reporting:** The PCIU shall report to the Bank on the status of implementation of the above policies and procedures on a quarterly basis. The PCIU will closely monitor labour and OHS performance of the project and report to the World Bank on a quarterly basis.

92. **Fatality and serious incidents:** In the event of an occupational fatality or serious injury, the PCIU shall report to the Bank as soon as becoming aware of such incidents (ESIRT, November 2018)<sup>6</sup> within 5 days of learning of the incidence and inform the government authorities (where available) in accordance with national reporting requirements (Labour Code Article 102). Corrective actions shall be implemented in response to project-related incidents or accidents. The PCIU or, where relevant a consultant, may conduct a root cause analysis for designing and implementing further corrective actions.

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<sup>6</sup> This clause should be included in all relevant bids and contracts.

## 8. AGE OF EMPLOYMENT

93. **Minimum age:** As presented above, the FGS Labour Code (Article 94) provides that the minimum age for employment on underground work in quarries or mines shall be 18 years. While the national Labour Code allows persons under 18 and over 15 years to engage with work with non-hazardous nature, it is appropriate for the project to take a precautionary approach, considering the limited capacity for monitoring and risk management in the fragile operational environment and inadequate national labour inspection mechanism. The minimum age for workers employed/engaged in relation to the project is set at 18 years. No one under 18 years of age will be employed/engaged in relation to the project.

94. **The process of age verification:** Verification of age shall be undertaken prior to the engagement of labour and be documented. Below is indicative age verification means that could be used in Somalia context where official ID system is broadly unavailable:

- a. Check the birthday on official documents such as birth certificate, national ID or other credible records, where available;
- b. Obtain written confirmation from the medical practitioner, parents or guardian; or
- c. Inquire with the local community leader, community action group or with other credible community sources.

95. The PMT will undertake monitoring, at a minimum every six months, of all project workers, to ensure that all contractors, subcontractors and primary suppliers engaged in project activities are not employing/engaging anyone under 18 years of age for work in relation to the project.

96. If a person under the minimum age of 18 years is discovered working on project activities, the PMT will take measures to terminate the employment or engagement of that person in a responsible manner, considering the best interest of that person.

97. To ensure that the best interests of the child under 18 years are considered, the PMT will undertake, and ensure that all contractors, subcontractors and primary suppliers also undertake remediation within a reasonable time period agreeable to the World Bank. The remediation activities could include, among other options:

- enrolling the child in a vocational training/apprenticeship program, but which does not interfere with the child's completion of compulsory school attendance under national law; or
- employment of a member of the child's family, who is at least 18 years of age, by the primary supplier, contractor, or subcontractor for project-related or other work.

## 9. TERMS AND CONDITIONS OF PROJECT WORKERS

98. **Project workers:** The terms and conditions for direct workers will be governed by the contracts with the PCIU and contracted workers with their employees. Short-term, temporary staff will not have maternity or annual leave, etc. Their terms and conditions will be based on a specific assignment to be completed within a certain period at a pay rate per day. These terms and conditions will be discussed at recruitment and before training commences and a CoC signed. The Labour Code of Somalia presented in Section 4 (Overview of Labour Legislation) is the guiding legislation on employment terms and conditions for all workers. The Federal Ministry of Labour in Mogadishu has confirmed that it generally follows provisions of the Labour Code for all matters related to labour engagement and management. Below are key components of the terms and conditions that should be applied to project workers under the project., including workers of additionally financed interventions and activities.

99. **Provision of written individual contract of employment:** A written individual contract of employment shall be provided to project workers that specify the following: (a) name of worker; (b) address, occupation, age and sex of worker; (c) employer’s name and address; (d) nature and duration of contract; (e) hours and place of work; (f) remuneration payable to the worker; (g) procedure for suspension or termination of contract. Depending on the origin of the employer and the 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.

100. **Notice for termination of contract:** Either of the contracting parties may terminate a contract of employment by giving written notice as under: (a) not less than ten days in the case of manual workers; or (b) not less than 30 days in the case of non-manual workers. No notice needs to be given in case the duration of contract does not exceed one month. For enumerators who may be found in breach of confidentiality or falsifying information, termination should be forthwith even if contractual period is more than one month.

101. **Minimum wages:** While the mechanism to set the official minimum wage by Presidential decree (Labour Code, Article 72) is not currently functioning, the market rate is available for each job type in different localities. The fair market rate will be identified and applied for project workers.

102. **Hours of Work:** The normal hours of work of a project worker shall not exceed 8 hours a day or 48 hours a week. Hours worked in excess of the normal hours of work shall not exceed 12 hours a week and shall entitle a worker to a proportionate increase in remuneration.

103. **Rest per week:** Every worker shall be entitled to one day’s rest each week, which should normally fall on Friday. It shall consist of at least 24 consecutive hours each week. Workers shall also be entitled to a rest day on public holidays recognized as such by the State.

104. **Annual leave:** Workers shall be entitled to 15 days’ leave with pay for every year of continuous service. An entitlement to leave with pay shall normally be acquired after a full year of continuous service.

105. **Maternity leave:** A female worker shall be entitled, on presentation of a medical certificate indicating the expected date of her confinement, to 14 weeks’ maternity leave with half pay, of which at least six weeks shall be taken after her confinement, provided that she has been employed by the employer for at least six months without any interruption on her part except for properly certified illness.

106. **Nursing breaks:** A female worker who is nursing her own child shall be entitled, for a maximum of a year after the date of birth of the child, to two daily breaks of one hour each. The breaks shall be counted as working hours and remunerated accordingly.

107. **Deductions from remuneration:** No deductions other than those prescribed by the Code or regulations made hereunder or any other law or collective Labour agreement shall be made from a worker's remuneration, except for repayment of advances received from the employer and evidenced in writing. The employer shall not demand or accept from workers any cash payments or presents of any kind in return for admitting them to employment or for any other reasons connected with the terms and conditions of employment.

108. **Death benefit:** In case of death of a worker during his/her contract of employment, the employer shall pay to his/her heirs an amount not less than 15 days' remuneration as death benefit for funeral services.

109. **Medical treatment of injured and sick workers:** It shall be the duty of the employer to arrange at his own expense for the conveyance to the nearest hospital of any injured or sick worker while at work who can be so conveyed and who cannot be treated on the spot with the means available.

110. **Collective Agreements:** A collective agreement is an agreement relating to terms and conditions of work concluded between the representatives of one or more trade unions, on the one hand, and the representatives of one or more employers, on the other hand. Where collective agreements exist between the employer and project workers, such agreements will be applied, where relevant.

## 10. GRIEVANCE MECHANISM

111. **General principles:** Typical work-place grievances include fair and equal opportunity for employment; labour wage rates and delays of payment; disagreement over working conditions; and health and safety concerns in work environment. Therefore, a grievance mechanism (GM) will be provided for all **direct workers, contracted workers and consultants** to raise workplace concerns. Such workers will be informed of the grievance mechanism at the time of recruitment and the measures put in place to protect them against any reprisal for its use. Handling of grievances should be objective, prompt and responsive to the needs and concerns of the aggrieved workers, enabling them to prevent, mitigate, or resolve tensions and problems before they escalate into more serious issues that will require extra resources to address.

112. The mechanism will also allow for anonymous complaints to be raised and addressed. Individuals who submit their comments or grievances may request that their name be kept confidential. Confidentiality should be safeguarded if requested to ensure safety and freedom of workers that lodged complaints and whistle blower protection is provided for. The PMT will investigate any suspected breach of confidentiality. This GM is not same as the grievance mechanism to be established for project affected stakeholders. The specific GM for the workers will be **at two levels - one at FGS-MoH level and other at FMS-MoH level**. It should be emphasized that this GM is not an alternative/substitution to legal/judicial system for receiving and handling grievances. However, this is formed to mediate and seek appropriate solutions to labour related grievances, without escalating to higher stages.

113. Direct workers: The project will has a simple but effective grievance system for direct workers to address workplace complaints and other concerns, including matters relating to workplace GBV/sexual harassment. Each unit engaging direct workers (PCIU at FGS level, PMT at FMS level and consultants) will hold periodic team meetings to discuss any workplace concerns. The project’s grievance mechanism has incorporated provisions from ESS2 and FGS MoH’s internal grievance redress policy as outlined in the ‘Health Workforce Deployment Policy and Procedure developed by the ministry. The Grievance Redress Mechanism (GRM) has been operational and since January 2024, the project has recorded 73 complaints, mainly concerning recruitment issues, nepotism, fake qualifications, salary delays, and health service quality concerns. Of these, 69 cases have been fully investigated and successfully closed, while 4 cases remain open, including three SEA/SH cases currently under investigation. GBV/SEAH cases were and continue being handled through separate pathways to ensure strict confidentiality and uphold a survivor-centered approach. However, GRM focal points at facility and NGO levels require further capacity building to strengthen documentation and systematic follow-up; and community awareness of the GRM system remains limited, hindering effective reporting and accountability. Strengthening awareness and building capacity across all levels remain key next steps to ensure a fully effective and responsive GRM system.

114. The workers at both the FGS MoH and FMS MoH levels should be encouraged in the first instance to raise their grievances with their immediate supervisor/hiring unit, the immediate superior shall then carefully consider the case and endeavour to settle it. If an aggrieved worker is dissatisfied with the proposed settlement, he/she shall submit a complaint, in writing to his/her Head of Department. The worker may in addition to this, request for personal hearing and may be accompanied by a colleague at such hearing. The Head of Department will then communicate his/her decision to the complainant. If the matter is still not settled to the satisfaction of the employee concerned, he/she shall appeal to the head of Human Resources Department who will then take up the matter with the management. If the matter remains outstanding (after having been attempted to address), the aggrieved worker shall refer it to the Director General (DG) who will then take up the matter with the management.

115. If the workers are not comfortable raising grievances with their supervisors/seniors, they can raise issues anonymously via the project complaints system and if they are not happy with the channel, they can raise with

the World Bank Somalia office, which will forward it to the Task Team Leader. If no satisfactory response has been received from the CMU, complaints can be lodged with the World Bank GRS or Inspection panel. The worker grievance mechanism will not impede access to other judicial or administrative remedies that might be available under the law or through arbitration procedures or mechanisms provided through collective agreements.

116. Project GM: Channels for complaints and grievances have been put in place and is convenient for workers. The project’s GRM was established early in implementation through a comprehensive GRM protocol, supported by functional Grievance Committees at both the Federal Government (FGS) and Federal Member State (FMS) levels. Multiple reporting channels were set up at PCIU, PMT and IPS levels including email, phone lines, in-person reporting to ensure complaints can be submitted easily and safely. In August 2025, the system was strengthened through the establishment of the Citizen Engagement Platform and the web-based GRM portal, linked to the short code 9444. This intended to enhance accessibility and transparency. Information on the project GM is available to workers at all facilities, MoH offices (both FGS and FMS levels) and community level (health centers, for instance) to ensure that all workers, including indirect workers such as FHWs have adequate information on how to lodge a complaint and who to direct it to. Anonymity is assured when handling workers’ grievances. Although ‘suggestion boxes’ exist in many worksites and appear to be a preferred form of reporting complaints, the experience has been that these boxes are hardly opened. If these have to be used as part of the GM, a structure needs to be put in place for opening, reviewing, responding and providing feedback on the issues raised. Table 8 illustrates the process/timeline for addressing general complaints for this project through the GM system.

**Table 8: Timelines for managing complaints**

No:	Steps to address the grievance	Indicative timeline*	Responsibility
1	Receive, register and acknowledge complaint in writing.	Within two days	SS specialist at FGS level and at FMS level supported by PMT.
2	Screen and establish the basis of the grievance; Where the complaint cannot be accepted (for example, complaints that are not related to the project), the reason for the rejection should be clearly explained to the complainant and where possible referred to the relevant authorities/stakeholders.	Within one week	SS specialist supported by PMT.
3	Program manager and social safeguards officer to consider ways to address the complaint.	Within one week	Program manager supported by PMT.
4	Implement the case resolution and feedback to the complainant	Within 21 days	Program manager with support from GRC.
5	Document the grievance and actions taken and submit the report to PMT.	Within 21 days	SS specialist and GRC supported by PMT.
6	Elevation of the case to a national judiciary system, if complainant so wishes.	Anytime	The complainant
* If this timeline cannot be met, the complainant will be informed in writing that the GRC requires additional time.			SS specialist, GRC supported by PMT.

117. **Grievances related to GBV:** To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism shall have a different and sensitive approach to GBV related cases and should be dealt with according to the complainant’s informed consent. Where such a case is reported, the complainant should be provided with information about and assistance to access if requested: confidential appropriate medical, psychological and legal support; emergency accommodation; and any other necessary services as appropriate including legal assistance. All staff and GM focal points should be informed that if a case of GBV is reported to them, it should be referred to a GBV specialist as an entry point. First understanding to

establish is whether the incident involves a worker on the project, the nature of the incident, the age and sex of the complainant and if the survivor/complainant was referred to service provision. All such cases will be dealt with high confidentiality. If a worker on the project is involved, the incident should be immediately reported by the GBV specialist to the FGS-level Program Manager who will provide further guidance after consulting with the World Bank. UNOPS are expected to integrate of SEA/SH-sensitive GM for construction-related grievances and provide dedicated SEA/SH focal persons at UNOPS on site.

## 11. CONTRACTOR MANAGEMENT

118. **Selection of Contractors: ‘Damal Caafimaad’** project, including additionally financed components, will use the World Bank Standard Procurement Documents for Works for solicitations and contracts. These include labour and OHS requirements. The FGS MoH PCIU shall make reasonable efforts to ascertain that the contractor who will engage contracted workers is legitimate and a reliable entity that is able to comply with the relevant requirements under the LMP and established in the World Bank procurement documents. Such requirements shall be included in the bidding documents. As part of the process to select the contractors who will engage contracted workers, the FGS MoH PCIU may review the following information:

119.

- Business licenses, registrations, permits and approvals;
- Public records, e.g. corporate registers and public documents relating to violations of applicable labour law; accident and fatality records and notifications to authorities; labour-related litigations;
- Documents relating to the contractor’s labour management system and OHS system (e.g., HR manuals, safety program, specific personal with OHS designated responsibilities and capacity, information on their actual past performance related to OHS (accidents, violations, OHS statistics, etc.); and
- Previous contracts with contractors and suppliers (showing inclusion of provisions and terms reflecting requirements on labour and working conditions).
- For any works involving refurbishment or civil works (e.g., hospital rehabilitation or solar/SDD installation), the contract must ensure the Implementing Partner (e.g., UN agency) assumes full responsibility for providing social and environmental safeguards oversight Furthermore, the FGS MoH hired an external firm to provide oversight to the management and implementation of major rehabilitation work conducted by the contractor
- Contractors have prepared Contractor Environmental and Social Management Plans (C-ESMPs) aligned with site-specific ESMPs. They must submit monthly progress and EHS compliance reports, conduct training for workers, report accidents within 24–48 hours, and apply stop-work procedures for unsafe conditions.

120. **Contractual Provisions and Non-Compliance Remedies:** The FGS-MoH PCIU shall incorporate the agreed labour management requirements as specified in the bidding documents into contractual agreements with the contractor, together with appropriate non-compliance remedies (such as the provision on withholding 10% of payment to the contractor in case of non-compliance with relevant environmental, social, health and safety requirements; removal of personnel from the works). In the case of subcontracting, the PCIU will require the contractor to include equivalent requirements and non-compliance remedies in their contractual agreements with subcontractors.

121. **Performance Monitoring:** The FGS-MoH PCIU shall establish resources and procedures for managing and monitoring the performance of the contractor in relation to the LMP. The PCIU will ensure that the contract with the consultants (and the TPM, where applicable) explicitly set out their monitoring responsibility for the contractor’s performance on labour and working conditions on a daily basis.

122. The PCIU must submit Quarter ESF report including labour and OHS compliance reports, summarizing accidents, training, grievances, and gender participation data.

123. The monitoring may include inspections, and/or spot checks of project locations or work sites and/or of labour management records and reports compiled by the contractor. Contractors' labour management records and reports that should be reviewed would typically include the following:

- Representative samples of employment contracts and signed CoC;
- Grievances received from the community and workers and their resolution;
- Reports relating to fatalities and incidents and implementation of corrective actions;
- Records relating to incidents of non-compliance with national Labour Code and the provisions of the LMP; and
- Records of training provided for contracted workers to explain OHS risks and preventive measures.

## 12. PRIMARY SUPPLY WORKERS

124. **Selection of primary suppliers:** When sourcing primary suppliers, the project will require identification of the risk of child labour/forced labour and OHS risks and mitigation measures, as this is very likely to occur during the course of implementation, including during the provisions of solar power and cold chain equipment under AF. Due diligence will be carried out and explicit provisions will be given in the contracts including reporting of serious incidents, which will be grounds for contract termination if not complied with. Where appropriate, the project will be required to include specific requirements on child labour/forced labour and OHS issues in all purchase orders and contracts with primary suppliers. Safety of workers alongside other labour management procedures should be explicit in all contracts and bidding documents and due diligence of the independent verification agent; the health technical partner and other contractors should be carried out to ensure that they observe the LMP. Grounds for suspension of contractors will included serious incidents not reported to the PCIU within 48 hours.

125. **Remedial process:** If child labour/forced labour and/or OHS including safety risks are identified, the PCIU and the consultants will require the primary supplier to take appropriate steps to remedy them. Such mitigation measures will be monitored periodically to ascertain their effectiveness. Where the mitigation measures are found to be ineffective, the PCIU and the consultants will, within reasonable period, shift the project's primary suppliers to suppliers that can demonstrate that they are meeting the relevant requirements.

## ANNEX 1: GUIDELINE ON CODE OF CONDUCT

This Code of Conduct (CoC) is prepared as part of the Labour Management Procedures (LMP) for the Health Project (Damal Caafimaad), including for interventions and activities under AF. This CoC will be signed by all contract workers recruited to deliver on any aspect of the project. The CoC will be adapted to the needs of the agency/institution. The CoC will be translated as necessary to ensure that each of the workers has clear understanding of the provisions and agrees to the terms. It will be signed by the worker, who will keep a copy, while the contractor/agency will keep the original copy.

1. A satisfactory CoC will contain obligations on all project workers (including sub-contractors) that are suitable to address labor identified issues in point 4 below, as a minimum. Additional obligations may be added to respond to particular concerns of the ministries, the location and the project sector or to specific project requirements.
2. The CoC should be written in plain local language and signed by each worker following an orientation to indicate that they have:
  - Received a copy of the code;
  - Had the code explained to them;
  - Acknowledged that adherence to this CoC 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.
3. The Contractor should conduct continuous awareness raising and training activities to ensure that workers abide by the CoC (such as through toolbox talks). The Contractor should also ensure that local communities are aware of the CoC and enable them to report any concerns or noncompliance.
4. The issues to be addressed include:
  - a) Compliance with applicable **laws, rules, and regulations** of the jurisdiction;
  - b) Compliance with applicable **health and safety requirements** (including wearing prescribed personal protective equipment (PPE), preventing avoidable accidents and a duty to report conditions or practices that pose a safety hazard or threaten the environment);
  - c) The use of **illegal substances**;
  - d) **Non-Discrimination** (for example on the basis of family status, ethnicity, race, gender, religion, language, marital status, birth, age, disability, or political conviction);
  - e) **Interactions with community members** (for example to convey an attitude of respect and non-discrimination);
  - f) **Sexual harassment** (for example to prohibit use of language or behaviour, in particular towards women or children, that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate);
  - g) **Violence or exploitation** (for example the prohibition of the exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour);

- h) **Protection of children and non-involvement in child/forced labour acts** (including prohibitions against abuse, defilement, or otherwise unacceptable behaviour with children, limiting interactions with children, and ensuring their safety in project areas);
- i) **Sanitation** requirements (for example, to ensure workers use specified sanitary facilities provided by their employer and not open areas);
- j) **Avoidance of conflicts of interest** (such that benefits, contracts, or employment, or any sort of preferential treatment or favours, are not provided to any person with whom there is a financial, family, or personal connection);
- k) **Respecting reasonable work instructions** (including regarding environmental and social norms);
- l) **Protection and proper use of property** (for example, to prohibit theft, carelessness or waste);
- m) Duty to **report violations of this Code**;
- n) **No retaliation against workers** who report violations of the Code, if that report is made in good faith.

This abbreviated CoC, which is part of the Labour Management Procedures (LMP) for the Health Project (Damal Caafimaad), including sub-components under AF, will be printed and placed in all facilities supported by the Project. It will be translated and shared in local languages depending on the project site.

DOs:

- Treat community members and colleagues with respect regardless of gender, race, colour, language, religion, or other status.
- Report any violations of this CoC to workers' representative, HR or grievance redress committee. No employee who reports a violation of this CoC in good faith will be punished in any way.
- Maintain social distancing and follow government and WHO Covid-19 prevention guidelines at all times
- Wash hands, sanitize and observe social distancing at all times and follow WHO and FGS updated guidelines.
- Seek healthcare if you experience any of the following symptoms (while at home or work): cough, fever and shortness of breath.
- Prevent avoidable accidents and report conditions or practices that pose a safety hazard or threaten the environment.
- Observe all security protocols to protect yourselves, your colleagues and clients from security risks;
- Comply with all national and international laws.

DON'Ts:

- Make unwelcome sexual advances to any person in any form.
- Have sexual interactions unless full and unequivocal consent is given and there is no form of material or other coercion.
- Use alcohol or narcotics during working hours.
- Expose other people to the risk of infection in any form.
- Leave personal protective equipment lying around.

- Come to work if you or any of your family members has any symptoms of COVID-19 (cough, fever and shortness of breath). Report immediately to your supervisor if you or family member has any of these signs.
- Employees, associates, and representatives, including sub-contractors and suppliers, without exception.

## ANNEX 2: DRAFT CODE OF CONDUCT FOR ALL PROJECT AND CONTRACTED WORKERS

I, \_\_\_\_\_ acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing gender-based violence (GBV) and violence against children (VAC) is important. All forms of GBV or VAC are unacceptable in the workplace or when interacting with communities.

The organization considers that failure to follow ESHS and OHS standards or to partake in GBV or VAC activities, constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution of those who commit GBV or VAC may be pursued if appropriate.

I agree that while working on the project I will:

- a. Attend and actively partake in training courses related to ESHS, OHS, HIV/AIDS, GBV and VAC as requested by my employer.
- b. Follow my employers' guidance on prevention of the spread of infectious diseases, including Covid 19;
- c. Follow my employers' guidance on security and safety, including not causing conflict or exposing myself, other colleagues, stakeholders including community members, project facilities or assets to risks;
- d. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- e. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- f. Not participate in sexual contact or activity with children (anyone age 18 or under) – including grooming or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
- g. Not engage in any form of sexual harassment of a co-worker - for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, of a sexual nature, including subtle acts of such behavior. E.g. Looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; giving personal gifts; making comments about somebody's sex life etc. Sexual harassment constitutes acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal
- h. Not engage in any form of sexual exploitation or abuse – for instance, exchanging money, employment, goods or services for sex or sexual favors, or making promises or favorable treatment dependent on sexual acts – or other forms of humiliating, degrading or exploitative behavior. This includes any project-related assistance due to community members. Sexual exploitation and sexual abuse constitute acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal;
- i. I will not engage in sexual misconduct, use the project resources or funds to exploit community members.
- j. Report any suspected or actual GBV or VAC by a fellow worker, whether employed by my organization or not or any breaches of this Code of Conduct through the reporting mechanism.

The standards set out above are not intended to be an exhaustive list. Other types of sexually exploitive or sexually abusive behaviour may be grounds for administrative action.

With regard to children under the age of 18:

- a. Wherever possible, ensure that another adult is present when working in the proximity of children.
- b. Not invite unaccompanied children unrelated to my family into my home unless they are at immediate risk of injury or in physical danger.
- c. Use any computers, mobile phones, or video and digital cameras appropriately, and never to exploit or harass children or to access child pornographic material through any medium (see also "Use of children's images for work-related purposes" below).
- d. Refrain from physical punishment or discipline of children.
- e. Refrain from hiring children for domestic or other labor, which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities or places them at significant risk of injury.
- f. Refrain from involvement in any form of act that could lead to bringing forced labour to the Project.
- g. Comply with all relevant local legislation, including labour laws in relation to child labour and forced labour.

#### Use of children's images for work-related purposes

When photographing or filming a child for work-related purposes, I must:

- a. Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
- b. Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
- c. Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
- d. Ensure images are honest representations of the context and the facts.
- e. Ensure file labels do not reveal identifying information about a child when sending images electronically.

#### Sanctions

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action, which could include:

- I. Informal warning;
- II. Formal warning;
- III. Additional training;
- IV. Loss of up to one week's salary;
- V. Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months;
- VI. Termination of employment; and
- VII. Report to the police if warranted.

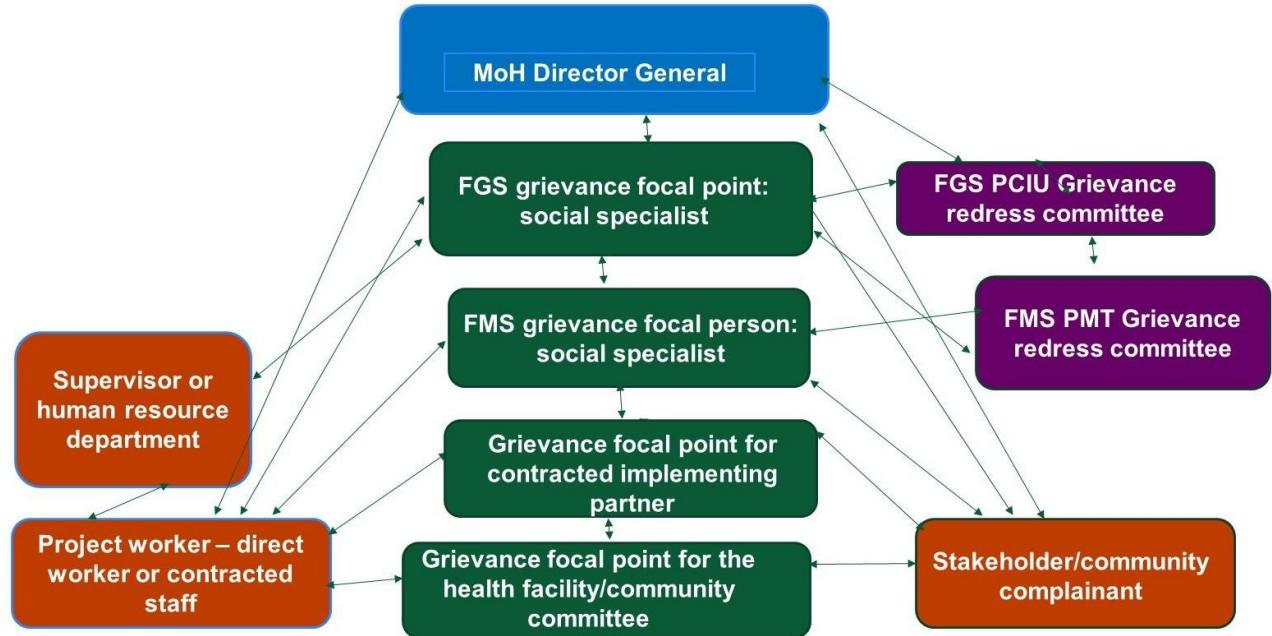
I hereby acknowledge that I have read the foregoing Individual Code of Conduct, agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, GBV and VAC issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to take action mandated by this Individual Code of Conduct may result in disciplinary action and may affect my on-going employment.

Signature: \_\_\_\_\_ Name \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

ANNEX 3: GRIEVANCE MECHANISM INCLUDING WORKER COMPLAINTS

PROJECT GRIEVANCE MECHANISM



ANNEX 4: COMPLAINTS FORM (to be translated into Somali)

1. Complainant's Details

Name (Dr / Mr / Mrs / Ms)

\_\_\_\_\_

ID Number \_\_\_\_\_

Postal address \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

County \_\_\_\_\_

Age (in years): \_\_\_\_\_

1. Which institution or officer/person are you complaining about?  
Ministry/department/agency/company/group/person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you reported this matter to any other public institution/ public official?

Yes

No

If yes, which one?

\_\_\_\_\_

\_\_\_\_\_

4. Has this matter been the subject of court proceedings?

YES  NO

Please give a brief summary of your complaint and attach all supporting documents [Note to indicate all the particulars of *what* happened, *where* it happened, *when* it happened and by *whom*]

\_\_\_\_\_

\_\_\_\_\_

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7. What action would you want to be taken?

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Signature \_\_\_\_\_

Date \_\_\_\_\_

ANNEX 5: COMPLAINTS LOG

Date and complaint from	Complaint e.g. non-issuance of payment	Staff/ institution complained against	Nature of complaint/ service issue, e.g. delay	Type of cause – physical human (e.g. inefficient officers, slow, unresponsive) or organization (e.g. policies, procedures, regulations)	Remedy granted	Corrective/ preventive action to be taken	Feedback given to complainant

**ANNEX 6: COMPLAINTS REPORTING TEMPLATE**

Reporting period:

No. of complaints received	Main mode complaint lodged	No. of complaints resolved	No. of complaints pending	Duration taken to resolve, e.g. spot resolution, 1 day, 7 days, 14 days, 1 month, quarterly, annual	Recommendations for system improvement

Note that this form could be replaced by a version using GIS tools e.g. kobotoolbox.