

THE GOVERNMENT OF SOMALILAND



THE MINISTRY OF HEALTH DEVELOPMENT

**IMPROVING HEALTHCARE SERVICES IN SOMALILAND
'DAMAL CAAFIMAAD'**

LABOUR MANAGEMENT PROCEDURES (LMP)

October 05, 2023

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ABBREVIATIONS AND ACRONYMS

AFRO	Regional Office for Africa, World Health Organization
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
GBV	Gender-based Violence
GDP	Gross Domestic Product
GFF	Global Financing Facility
GIIP	Good International Industry Practice
GM	Grievance mechanism
GRC	Grievance Redress Committee
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
MoHD	Ministry of Health Development
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

Introduction

1. The Republic of Somaliland, through the Ministry of Health Development (MoHD), plans to implement 'Improving Healthcare Services in Somaliland Project', also known as '**Damal Caafimaad**' in Somali language.¹The project will run from **November 1st, 2023 to May 30, 2025** in selected areas in Maroodi Jeeh Region in Somaliland. The central problem the project seeks to address is improving Somaliland'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 MoHD, to effectively deliver healthcare services to the population.

2. The Project Development Objective (PDO) is to improve coverage of essential health and nutrition services in project areas and strengthen stewardship, governance, and accountability of the MoHD. The project seeks to expand the coverage of essential services for health and nutrition to underserved populations in selected areas through performance-based contracting (PBC) of non-state actors (NSAs) and private sector networks to deliver health services, and direct support to state actors. The project has four components as summarized in the Table E1 below.

Table E1: Summary Project Components of Damal Caafimaad in Somaliland

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)	

3. The Project will retain a proportion of the funds to contribute to the achievement of the Project's PDO in Somaliland. 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 Environmental and Social Management Framework (ESMF) 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. It is notable that the overall environment and social risk rating for this project is Substantial, hence the need to ensure that the provisions contained in this LMP, and other instruments are implemented.

4. The expected key project results include: (i) improvement of coverage of essential health and nutrition services in project locations; (ii) strengthened stewardship, governance, and accountability of the MoHD; (iii) expansion of the coverage of essential health and nutrition services to underserved populations in the project locations; (iv) enhanced delivery of quality health services by the MoHD; and (v) provision of emergency fund to MoHD in case of epidemics and outbreaks during the project implementation period.

¹Damal is a Somali word that refers to *Acacia stenocarpa*, sometimes also known as *Vachellia seyal*, which grows in Somalia. Caafimaad in Somali means "health."

Rationale for the Labour Management Procedures (LMP)

5. The World Bank’s Environmental and Social Standard on Labour and Working Conditions (ESS2)² recognizes the centrality of fairness, non-discrimination, and equal opportunity among workers. In addition, protection of workers since construction sites may attract child and forced labour. ESS2 requires the Borrower to develop an LMP which sets out how project workers will be managed, in accordance with the requirements of national laws and ESS2. The procedures outline how the LMP will apply to different categories of project workers including direct workers, and the way in which the Borrower will require contractors to manage their workers. This LMP, therefore, lays out the project’s approach to meeting national requirements in Somaliland, as well as the objectives of the World Bank’s Environmental and Social Framework (ESF), and specially “Environmental and Social Standard 2 (ESS2): “Labour and Working Conditions” and some aspects of 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. The procedures identify the ways in which national law and the requirements of ESS2 and ESS4 are applied to the project. Detailed assessment of ESS4 provisions are contained in the Environmental and Social Management Framework (ESMF) and the Infection Control and Waste Management Plan (ICWMP).

Application of the LMP

6. The LMP will be administered to the different categories of project workers: (i) direct workers - (both direct and contracted); (ii) contracted workers including workers for the implementing partners and third-party monitors (TPMs) as well as other contractors, e.g. security risk management firms; (iii) primary supply workers – these will be individuals and agencies engaged by the MoHD and implementing partners as suppliers. These may include those staff contracted by primary suppliers for the project (e.g. pharmaceutical suppliers). Although, there are no plans to engage community workers, it is possible that community members could be involved in the project as members of Community Health Committees and/or community mobilizers. If this happens, then the provisions of this LMP will apply to them.

7. Engagement in the project design and the planned activities, and implementation arrangements have been carried out with relevant government agencies, development partners and non-government project-affected stakeholders. As part of the development of the LMP (and the Environmental and Social Management Frameworks (ESMF)), a series of consultations were carried out with a diverse set of stakeholders including government staff, health workers, civil society and NGO staff, including 39 individuals, 6 of whom were women. The consultations provided valuable insights on potential E&S risks and mitigation measures related to the implementation of the “Damal Caafimaad” project as indicated in Annex 1. Additionally, the Damal Caafimaad Project in Somaliland has conducted a stakeholders consultation on 22nd of August, 2023, in which a wider array of health officials and line ministries, local Non-governmental Organizations (NGOs), Civil Society Organizations (CSOs), International NGOs, and UN mission representation have discussed the project components, the legal framework, the expected E&S risks and impacts, and recommendations, and had the chance to discuss ESF instruments, including this LMP (see Annex 2 for details). These engagements were done virtually with stakeholders in the confirmed region of Maroodi Jeeh.

8. Once conditions permit, more in-depth stakeholder engagement to regularly validate the identified E&S risks will commence on the ground. The LMP will be a living document that is continuously updated based on the information provided via the various stakeholder consultations at different levels.

9. Consultations done for the preparation of this LMP have already identified the following potential labour-related risks:

² Please refer to the Environmental and Social Standards of the World Bank, available at <https://projects.worldbank.org/en/projects-operations/environmental-and-social-framework/brief/environmental-and-social-standards>

- (i) **Occupational health and safety (OHS) risks:** There are substantial environmental risks associated with the project. Most of the risks are related to the proposed construction activities. The primary risk to worker safety revolves around the exposure to highly infectious diseases such as HIV/AIDS. To manage these risks, detailed OHS requirements have been included in the updated ESMF.
- (ii) **Non-compliance of Somaliland Labour Laws:** This is likely to occur during recruitment processes due to clannism and elite capture that might disadvantage people from certain areas, clans, gender, among other considerations; as well as non-compliance with maternity leave and other considerations.
- (iii) **Discrimination and exclusion:** 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.
- (iv) **Labour disputes over terms and conditions of employment:** Labour-related disputes may emerge between health professionals (and consultants) and the MoHD (or contracted agencies) over labour wages, working hours, payment delays, health and safety concerns in the work environment and working conditions.
- (v) **Child labour:** There is a substantial risk for child labour in Somaliland . Health workers are unlikely to be children, however, children could be employed in rehabilitation works or to provide security.
- (vi) **Gender Based Violence/Sexual Exploitation, Abuse and Harassment (GBV/SEAH):** Female workers may be subjected to GBV/SEAH in the recruitment or retention process given men dominate the hiring process in most if not all government offices. They may also be targeted in the workplace or community by colleagues, patients or community members.

10. The Provisional Constitution of the Republic of Somaliland (adopted in August 2012) provides the legislative framework for labor issues. Labour Laws of Somaliland (Law Number 65, adopted in 1972) is the specific labor law governing all aspects of labor and working conditions, which covers the contract of employment, terms and conditions, remuneration, and OHS, trade unions and labor authorities. The provisions of the Labour Law apply to all employers and employees in all project areas and is applicable to all project workers.

Mitigation measures proposed

11. The **Project Implementation Unit (PIU)** at the MoHD will be responsible for project management and coordination, compliance with safeguards requirements such as those on labour and working conditions. Their duties include: (i) ensuring that all contractors and primary suppliers comply with the provisions of this LMP in line with ESS2 and ESS4 as. (ii) engage and manage consultants in accordance with this LMP and the applicable procurement documents; (iii) monitor child labour and forced labour in relation to primary suppliers; (iv) develop code of conduct (CoC) and GM and ensure that direct workers and contractors have access (vi) ensure that grievances received from the healthcare workers are resolved and reporting the status of grievances and resolutions

12. The **Implementing Partners** of the Project will be required to implement the relevant provisions of this LMP: (i) the expressions of interest (EOIs) for the implementing partners will refer to this document while the NSAs will state their experience and capacity in implementing ESS2 and ESS4 requirements for their workers; (ii) the social and environmental specialists will be recruited prior to project effectiveness with experience of labour management and will review the RFP's for adequate human resource management capacity; (iii) the social and environmental specialists will conduct pre-bid workshops on the E&S requirements

including on labour management for the shortlisted implementing partners; (iv) the Implementing partners will include a labour management plan with adequate human resources to implement the plan in their bids (RFPs); and (v) the contractors labour management plan will be reviewed by the social and environmental at the PIU level including by the Bank for clearance.

Grievance mechanism

13. Typical workplace 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 the work environment. Therefore, a GM will be provided for all Project workers including **direct workers, contracted workers and consultants** to raise workplace concerns. Such workers will be informed of the GM 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, confidential 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.

14. This Workers' GM is not same as the GM to be established for project affected stakeholders. The specific GM for the workers will be at the MoHD level and for contracted workers will also have a structure within their organisation. It should be emphasized that the 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 the cost and time of escalating to higher stages.

15. Government workers at both at MoHD levels will be encouraged to use the internal systems for raising and managing complaints. However, If the matter remains outstanding (after attempting to redress it), the aggrieved worker shall refer it to the Director General (DG) who will then take up the matter with the management. If the worker is not comfortable raising grievances with his/her supervisors/seniors, he/she can raise issues anonymously via the project complaints system and if he/she is not happy with the channel, he/she 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 Country Management Unit (CMU), complaints can be lodged with the World Bank Grievance Redress System (GRS) or the Inspection Panel.

Grievances related to GBV/SEAH

16. The GBV risk rating for this project is Substantial. To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the GM shall have a different and sensitive approach to GBV related cases that 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, 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 to service provision. If a worker on the project is involved, the incident should be reported immediately to the PIU Health Program Coordinator who will provide further guidance after consulting with the World Bank. The GBV Action Plan, prepared as part of the ESMF, will serve as a reference point for all the stakeholders.

Monitoring of the LMP

17. The MoHD PIU shall establish resources and procedures for managing and monitoring the performance of the project and implementation of the LMP. 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: (i) representative samples of employment contracts and signed CoC; (ii) grievances received from the community and workers and their resolution; (iii) reports relating to fatalities and incidents, and implementation of corrective actions; (iv) records relating to incidents of non-compliance with Somaliland Labour Law and the provisions of the LMP; and (v) records of training provided for contracted workers to explain OHS risks and preventive measures.

18. The cost of implementing this LMP is estimated at USD 308,700 for the four years. It is, however, notable that this cost could be adjusted from time to time based on project requirements.

1. The Project Context

1.1. Project Objectives and Components

19. The 'Improving Healthcare Services in Somaliland Project', also known as '**Damal Caafimaad**' in Somali language³ is expected to run from **November 1, 2023, to May 30, 2025**, in selected geographical areas in Maroodi Jeeh Region. The central problem that the project seeks to address is improving Somaliland'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 MoHD, to effectively deliver healthcare services to the population.

20. The Project Development Objective (PDO) 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.

21. The project will specifically develop the capacity of the MoHD 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.

22. 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)	

23. The Project will also retain a proportion of the project funds to contribute to the achievement of the Project's PDO in Somaliland. 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

³Damal is a Somali word that refers to *Acacia stenocarpa*, sometimes also known as *Vachellia seyal*, which grows in Somalia. Caafimaad in Somali means "health."

total project cost or reallocated based on the agreement reached at that point.⁴

24. 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 etc. may result in an expansion of the environmental footprint, biohazard and biological waste management risks and impacts may occur during the rehabilitation and operational phases of the project. Hence, the need for the project to pay close attention to occupational health and safety (OHS).

1.2. Project Beneficiaries

25. The direct beneficiaries of the project will be the Somaliland public, specifically the residents of Maroodi Jeeh where the project activities will be implemented: Hargeisa district, Baligubadle district and Gabiley district. 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.

26. Other beneficiaries of project will include government institution (MoHD) that will benefit from the capacity building component of the project. In addition, consultants employed under the project to assist the MoHD 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

27. The expected key results of the project include:

- Improved coverage of essential health and nutrition services in project locations;
- Strengthened stewardship, governance, and accountability of the Ministry of Health Development;
- Expanded coverage of essential health and nutrition services to underserved populations in the project locations;
- Enhanced delivery of quality health service by the Ministry of Health Development; and
- Provision of emergency fund to the Ministry of Health Development in case of epidemics and outbreaks during the project implementation period.

1.4. Labour Management Procedures of the World Bank

28. 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 Management Framework (ESMF), 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. The procedures identify the ways in which national law and the requirements of ESS2 and ESS4 are applied to the project.

29. 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 PIU will require contractors/subcontractors and primary suppliers to manage their workers in line with ESS2.

30. 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.

31. 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. Labor Requirements

32. The Project will include the use of: (i) direct workers including PIU staff and technical advisors etc. The workers will be involved in implementation phase of subprojects including planning activities, supervision and monitoring, etc., many of whom will be existing civil servants;(ii) contracted workers mainly associated with the construction activities under component one; and (iii) primary supply workers who will be employed by companies that provide goods and services needed for the project. Community workers may also be involved by contractors in support of infrastructure development.

33. Government civil servants working in connection with the project will remain subject to the terms and conditions of their existing public sector employment agreement or arrangements. ESS2 will apply to them in respect provision for protecting the work force and occupational health and safety (OHS).

34. Given the project may purchase solar panels to pump water, there is a risk of forced labor risk in the procurement of Solar Panels/components in the global supply chain for solar panels and solar components. To support forced labor risk mitigation, the project will strengthen procurement documents that include solar panels/components. These strengthened measures include forced labor bidder declarations, qualification requirements, strengthened forced labor contractual provision, and mandatory prior review/No-objection by the Bank. The requirements will apply to both international and national competitive procurement and any direct selection/direct contracting within the scope of application.

35. The LMP will be administered to the different categories of project workers as defined below and summarized in Table 2.5 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.

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 PIU. 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.

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 Somaliland Labour Law and Civil Service Law 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.

⁵ESS2 applies to project workers including full- time, part-time, temporary, seasonal and migrant workers.

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 will procure the services of CSOs/NGOs to deliver health services in public facilities on performance-based contracting. The following contracted CSOs/NGOs are expected 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.
- (ii) **Third party monitor:** the firm to provide this service will be competitively recruited.
- (iii) **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.

Primary Supply Workers: Individuals and companies engaged by the MoFD or by the contracted firms to provide healthcare are considered primary suppliers.⁶These may include those staff contracted by primary suppliers for the project (e.g. pharmaceutical suppliers). The primary suppliers will be required to demonstrate that they are managing child labour, forced labour and serious safety measures.

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.

⁶Primary 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.

Table 2: Overview of Labour Use

Level	Ministry	Organ	Functions & Responsibilities	Potential Project Staff
Government of Somaliland	Ministry of Health Development	PIU (Project Implementation Unit)	<ul style="list-style-type: none"> • Leading and coordinating project planning and reporting – including social and safeguard management • Leading the Financial Management Function of the project • Leading Procurement Function – including signing of contracts with partners. • Coordinating the Contract Management in Somaliland. • Coordination in Capacity Building and institutional development activities (consolidated plan and reporting mechanism) • Overseeing the project Monitoring and Evaluation (Incl. – Supervision) - leading joint review and appraisal process. • Centralized information sharing platform – Dashboard based on DHIS2 and HMIS • Responsible and Leading the Policy development and harmonization of standard protocols, guidelines, procedures and tools for the project / Sector • Implementation Support to Somaliland. 	<p>PIU Senior Project Coordinator to be responsible for all the project activities</p> <ol style="list-style-type: none"> 1. Procurement Specialist 2. Financial Management Specialist 3. Environmental Specialist 4. Social Specialist 5. M&E Specialist 6. Regional Project Officer 7. Contract management specialist

2.2. Timing of Labour Requirements

36. 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

37. 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 PIU 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 Somaliland Labour Law (Law, No. 31/2021), the Civil Service Law and World Bank OHS requirements for this project. Appropriate mitigation measures to address the potential risks will be incorporated into procurement documents.

38. According to project stakeholder consultations conducted during the development of the Environmental and Social Management Framework (ESMF), as well as during stakeholders' consultations held for discussing ESF instruments including this LMP on 22nd of August 2023, the following are the potential labour-related risks are expected throughout the implementation period of the project (see Annex 2 for more details):

39. **OHS risks:** These include healthcare occupational risks, moving equipment and heavy machines, noise, vibration, welding, chemical hazard, working environment temperature, working at height and safety and hygiene in worker camps during construction phase of the project). The primary risk to worker safety is health-related due to the potential for exposure to highly infectious diseases such as Covid-19 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.⁷

40. **Impacts on Community health and safety:** Potential community health and safety related risks from the project include exposure to improper waste disposal, air emissions, waste water 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.

41. **Non-compliance of Somaliland 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 (PLWDs) and women. Also, implementation of labour laws particularly around prompt payment, overtime, maternity leave and nursing breaks may not be observed.

42. **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 MoHDs may set higher employment qualifications which may marginalize disadvantaged and vulnerable groups including women,

⁷Further 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.

persons from ethnic minority groups (persons from non-dominant clans), IDPs, female headed households, and PLWDs. 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.

43. **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 MoHD (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.

44. **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.

45. **Child labour and forced labour:** There is a substantial risk for child labour in Somaliland, as the region is within the top 10 countries of the world with the highest child labour risks. Health workers are unlikely to be children, however, children could be employed in rehabilitation works or to provide security;

46. **Risk of Insecurity:** The ‘Damal Caafimaad’ Project is governed by a revised Security Management Framework (SecMF) fit for the Somaliland context, which will establish direction for adequate levels of security risk management, crisis and contingency response and duty of care for all project workers, communities, and other project-affected persons. The government of Somaliland, in close collaboration with the PIU, is responsible for implementing security protocols and standards to ensure workers safety and security. The government of Somaliland shall prepare a rapid and confidential security risk assessment of the project sites and areas to be covered by the Damal Caafimaad Project. The assessment shall detail the prevailing, contemporaneous security situation of the past 5 years (2018-2022) in the larger Maroodi Jeeh region, in which the proposed project sites are located. The Service Provider is responsible for reporting any significant security events to the PIU as soon as possible, and in any case within 24 hours of the incident’s occurrence. In consensus with the Government of Somaliland, the PIU shall be responsible for preparing and submitting verified and complete information on significant events to the World Bank within five days, using the prescribed Environmental and Social Incident Response Toolkit (ESIRT).

47. **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.

48. The construction activities to be implemented by the project will be guided by an Emergency Response Plan (ERP) that will be developed by the PIU 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 and Development. 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.

49. All project workers shall sign a code of conduct (CoC) that will stipulate their key responsibilities and entitlements (see Annex 3 & 4). 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.

4. BRIEF OVERVIEW OF LABOUR LEGISLATION: TERMS AND CONDITIONS

4.1. Relevant National Labour Framework

50. **The National Employment Policy for Somaliland (NEP)**, being developed by the CSC and MESAF (with the World Bank support) provides the institutional framework for managing labour related issues for the Civil Service in the country. The Government shall take the overall responsibility for the implementation of this policy. This will require all Government agencies to integrate in their policies and programs the relevant policy principles and interventions that maximize productive employment and the improvement of the general working conditions.

51. The GoSL intends to put in place well defined structures, systems and implementation arrangements that will facilitate smooth implementation and deliveries of the national employment policy. Government ministries, agencies, regional and local Government authorities, and the tripartite social partners, shall adopt policies and strategies that are in line with the National Employment Policy. They will also maintain and produce up-to-date information, and analyse trends about the employment situation and potential for employment growth and achievements in their respective sectors.

52. The Government will establish a National Employment Council, chaired by the Minister responsible for Employment matters. The composition of the members of the Council, which will be tripartite in nature, shall be drawn out of the Ministries and institutions which have a great role in employment creation but shall not exceed twelve members. The Government will also establish a National Employment Creation Committee chaired by the Director General of the Ministry responsible for employment matters, to oversee the implementation of the national employment policy, and the Labour, Economic and Social Council (LESCO) as an advisory body to the Ministry on matters patterning to employment. Regional and Local Authorities shall establish relevant participatory structures such as Employment Creation Committees for the implementation of the NEP.

53. A national employment program will be prepared for facilitating the implementation of NEP. The preparation of the NEP will include:

- i. Translating policy objectives and strategies into employment programs for each of the fourteen thematic areas in NEP in collaboration with MDAs;
- ii. Developing objectives, outputs, baseline, performance indicators and means of verification for each of the priority employment programs;
- iii. Developing clear institutional roles and responsibilities for the key actors involved
- iv. Determining the required budget for each of the programs and potential sources of funds;
- v. Bench-marking the programs with NDPII (2017-2021) priority economic and social development programs; and
- vi. Translating NEP into a Bill of Law for enactment by Parliament.

54. The Government structures responsible for the implementation of this policy will make quarterly, monitoring and annual evaluations and prepare progress reports on the implementation of the policy to the coordinating ministry. The national employment creation committee will make national annual evaluations and prepare report to LESCO and then to the Cabinet. Employment indicators will be developed and made available to enable stakeholders at all levels to monitor and assess employment creation outcomes on regular basis.

55. An evaluation of the outcomes of the Employment policy will provide information on the extent to which the Policy is being implemented, and the progress being made in achieving the objectives. An overall

Policy review will be undertaken after every three years. The responsibility for the overall review is assigned to the Ministry responsible for employment matters.

56. **The Somaliland Labour Law (2020)** is the law governing all aspects of labour and working conditions for civil servants in the country. The law covers the contract of employment, terms and conditions, remuneration, and OHS, trade unions and labour authorities. This Law applies to all project workers. The law is broadly consistent with the ESS2, although there is a significant gap in the enforcement aspects of the legislation.

57. **Civil Servants:** The main law governing the conditions of employment of civil servants is the 1996 Somaliland Civil Service Law No. 7/96. This Law, which was issued under the 1993 Somaliland National Charter. The 1996 Somaliland Civil Service Law covers permanent civil servants and does not apply to local government employees and to members of the armed forces or the police and corrections corps (see Article 2). The law No. 7/96 has been recently amended and approved by the Cabinet and Parliament with the support of CSSP. Civil Service Law (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. The Constitution and the Civil Service Code prohibit child labor and forced labor. The government civil servants involved in the project will wear appropriate Personal Protective Equipment (PPE) to limit and safeguard them from exposure to Occupational Health Safety (OHS) risks under the project.

58. **Private employment sector:** The private sector employment plays an integral role on the labour right and working conditions. The Private Sector Employees Law (Law No. 31/2004) covering the provisions, working hours and holidays, employee's payment, contracts, recruitment procedure, employee grievances mechanism and health and safety in the working place. This limits any employees abuse in private sector employment procedures and process.

59. **Primary supply workers:** Procurement will be done for equipment and supply. It is notable that most procurement will be carried out by PIU with possibly oversight of the World Bank (if need arises). Where appropriate, specific requirements on child labour, forced labour, and work safety issues should be included in all purchasing orders and contracts with suppliers throughout the project implementation phase. The number and type of primary suppliers will be determined during project implementation.

60. Other workers under this category include Third Part Monitoring Team (TPM) and/or Civil Society Organization (CSOs).

61. **Temporary staff:** The project will hire temporary workers as casuals including the hired drivers (the number of employees will be determined on need-basis).

62. The Somaliland Constitution makes the following provisions on Labour in Article 20:

- a. The conditions of work of the young and women, night working and working establishments shall be regulated by the Labour Law (2).
- b. All employees have a right to payment appropriate to the work they undertake, and are free to enter into agreements with their employers on an individual or collective basis. Forced labour is prohibited (3).
- c. Somaliland shall endeavour to create understanding and clear rights between employees and employers and shall accordingly introduce a law [42] (in this respect) (4).
- d. The State shall promote the support systems, insurance and safety of employees and shall strengthen the relevant responsible bodies (6).

- e. Further, the right to form trade unions is part of the right to freedom of association, but is specifically mentioned in Article 22(1) of the International Covenant on Civil and Political Rights (ICCPR). This right is also covered by ILO Conventions, such as the freedom of association and Protection of the Right to Organise Convention 1948 and the Right to Organise and Collective Bargaining Convention 1949 (footnote 51).
- f. Social security, pension and special allowances: (i) social security, compensation for service-incurred death, illness or injury, pensions and other related benefits, subsistence allowance for special services shall be established by separate laws; (ii) until otherwise provided by law, the benefits referred to the preceding paragraph, shall continue to be governed by the existing laws and the time of entry into force of this law.

63. Somaliland Labour/Employment Law stipulates that all employment contracts must include: (i) the nature and duration of the contract; (ii) the hours and place of work; (iii) the remuneration payable to the worker; and (iv) the procedure for suspension or termination of contract. Furthermore, all contracts must be submitted to the competent Labour Inspector for pre-approval. In regard to OHS standards, the employer is obligated to provide adequate measures for health and 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 ensuring workers' health and safety.

64. The Law further forbids work for children below the age of 15, but allows employment of children between the age of 15-18, but employment has to be compatible with proper protection, health and the moral of children.

65. The Labour Law 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. The Law stipulates the right to equal pay for the same work as men and paid maternity leave. Women are entitled to 14 weeks of maternity leave at half pay.

66. Article 25 (Discipline 1): No official shall be subject to disciplinary proceedings except in accordance with the provisions of this chapter (2). Without prejudice to any civil or criminal proceedings to which he/she may have rendered himself/herself liable, an official who ceases to fulfil or violates any of the provisions of this law or regulations made hereunder shall be dealt with: a) By a ministerial Disciplinary Board, or b) By a National Disciplinary Board.

67. Article 26 (Ministerial Disciplinary Board 1): As and when required, a Ministerial Disciplinary Board may be established and convened by: a) Director General or other official in executive control of a Unit; b) Head of Somaliland Mission abroad; c) Regional Governor/mayor. For trial of officials subordinate to them for offences. The Board shall consist of three members including the Chairman who shall be the Director General or other official in executive control of a Unit, Head of Somaliland, Diplomatic Mission Abroad or the Regional Governor/Mayor, as the case may be, or an official holding a post in Division A, Grade A5, or above delegated by any of them. The other two members shall be officials in a grade not lower than that of the offending official and in no case lower than Division C grade C7. 3. The board shall have the power to try offences committed by officials other than the officials triable by the National Disciplinary Board.

68. Article 27 (National Disciplinary Board 1): The National Disciplinary Board for the Civil Service shall consist of a President and nine members appointed for a period of two years by the President on the proposal of the commission, approved by the Council of Ministers. 2. Five members shall constitute the quorum for meetings of the Board, where there is an even number of votes, the president shall have the casting vote. 3. Where a member of the Board has brought the charge in his capacity as superior official, he shall not participate in the proceeding as a member of the Board. 4. The board shall have the power to impose penalties as set out in paragraph 1 of Article 28. 5. All decisions of the board relating to (g and h) in paragraph 1, of

article 28, shall be subject to the confirmation of council of Ministers.

4.2. Relevant International Instruments

69. The ILO's Governing Body has identified eight conventions as "fundamental" and these are applicable to employers and employees in Somaliland:

- i. Freedom of Association and the Right to Organize, 1948 (No. 87);
- ii. Right to Organise and Collective Bargaining Convention, 1949 (No. 98);
- iii. Forced Labour Convention, 1930 (No. 29);
- iv. Abolition of Forced Labour Convention, 1957 (No. 105);
- v. Minimum Age Convention, 1973 (No. 138);
- vi. Worst Forms of Child Labour Convention, 1999 (No. 182);
- vii. Equal Remuneration Convention, 1951 (No. 100); and
- viii. Discrimination (Employment and Occupation) Convention, 1958 (No. 111).

70. The principles adopted by the GoSL are also covered in the ILO's Declaration on Fundamental Principles and Rights at Work (1998) (see section 3). In 1995, the ILO launched a campaign to achieve universal ratification of these eight conventions. There are currently over 1,200 ratifications of these conventions, representing 86% of the possible number of ratifications.

71. The ILO's Governing Body has also designated another four conventions as "priority" instruments, thereby encouraging Somaliland to ratify them because of their importance to the functioning of the international labour standards system. These are:

- i. Labour Inspection Convention, 1947 (No. 81);
- ii. Labour Inspection (Agriculture) Convention, 1969 (No. 129);
- iii. Tripartite Consultation (International Labour Standards) Convention, 1976 (No. 144); and
- iv. Employment Policy Convention, 1964 (No. 122).

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

5.1. Relevant National Labour Framework

72. The Labour Law 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 Law with regard to OHS.

73. 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:

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

74. 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.

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

76. 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.

5.2. World Bank Labour Provisions

77. **Guidelines on OHS requirements:** Measures relating to OHS will be applied to the project. 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).

78. **Guidelines on non-discrimination and equal opportunity:** Decisions relating to the employment or treatment of project workers will not be made on the basis of personal characteristics unrelated to inherent job requirements. The employment of project workers will be based on the principle of equal opportunity and fair treatment, and there will be no discrimination 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.

79. **Guidelines on gender and GBV:** The Borrower will provide appropriate measures of protection and assistance to address the vulnerabilities of project workers, 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.

80. **Guidelines on the child labour:** The project shall only employ people aged 18 years and above as a precautionary measure.

5.3. WHO Guidance on COVID-19

81. The PIU 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.

5.4. Gap Analysis Between ESS2 and Somalia Labour Laws Provisions

82. Table 3 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 3: Gap analysis between Somalia Legislation and World Bank Standards

ESS 2: Labour and Working Conditions			
ESF Objectives	National Laws and Requirements	Gaps including in implementation	Recommended Actions
<p>The Objectives of ESS 2 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>The Constitution of Somaliland stipulates (in Article 20) that persons are free to enter into agreements with their employers on an individual or collective basis. Shall endeavor to create understanding and clear rights between employees and employees.</p>	<p>The implementation of the existing articles in practice may not be enforced enough.</p> <p>A decree in Somaliland prohibiting FGM have been drafted.</p>	<p>a. The Project 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>The constitution of Somaliland stipulates that the conditions of work of the young and women, night working and working establishments shall be regulated by the Labour Law.. Every labour law and practice shall comply with gender equality in the workplace.</p>		
	<p>According to the Constitution: All employees have a right to payment appropriate to the work they undertake, and are free to enter into agreements with their employers on an individual or collective basis. Forced labour is prohibitedThe Labour Code stipulates the right to equal pay for the same work as men and paid maternity leave. Women are entitled to 14 weeks of maternity leave at half pay.</p>	<p>N/A</p>	<p>The project will implement a workers' grievance mechanism to redress facilitate workplace concerns.</p>
	<p>Somaliland Labour/Employment Law stipulates that all employment contracts must include: (i) the nature and duration of the contract; (ii) the</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>	hours and place of work; (iii) the remuneration payable to the worker; and (iv) the procedure for suspension or termination of contract.		
	The employer is obligated to provide adequate measures for health & 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.	N/A	The Project 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
	Workers have the right to submit complaints and the employer must give the complaints due consideration.	N/A	The project will implement a workers' grievance mechanism to redress facilitate workplace concerns.
	According to the Labour Code, 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. Maximum number of working hours per week are 8 hours per day and 6 days per week.	Women are restricted from being employed in night work, and the specific types of work prohibited for women may be prescribed by decree. No provisions on the protection of the rights of domestic workers	The Project will fully comply with the national law and WB ESS 2. Any complaints that emerged through the workers' grievance mechanism will be addressed.
	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.	N/A	The Project will only allow deployment from the age of 18 years.
	The Labour Code forbids work for children below the age of 15, but allows employment of children between the age of 15-18, yet employment has to be compatible with proper protection, health and the moral of children.	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)	The Project 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.

ESS 2: Labour and Working Conditions			
ESF Objectives	National Laws and Requirements	Gaps including in implementation	Recommended Actions
		<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 identify hazardous occupations or activities prohibited for children, and child trafficking for labour and commercial sexual exploitation is not criminally prohibited.</p>	
	<p>The Labor 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 will follow national laws and ESS2 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>

6. ROLES AND RESPONSIBILITIES OF PROJECT STAFF

6.1. Management

83. **The Project Implementation Unit (PIU) at MoHD** will be responsible for overall project management and coordination, including the compliance with safeguards requirements including on labour and working conditions. The PIU 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 MoHD, 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.

84. **Implementing partners of the Project:** 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 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.

85. The roles and responsibilities of the various implementers are summarized in Table 4 below.

Table 4: Summary of the project staff/entity responsible for various key responsibility areas

Responsibility area	Direct workers/Contracted workers	Primary supply workers
Human resources	Hiring the staff to serve in the PIU	N/A (outside the scope of ESS2)
OHS	Direct workers will follow OHS measures as contained in the ESMF and ICWMP	The PIU will assess the risk of serious safety issues by primary suppliers and as needed require them to develop procedures to address these risks.
Child labour and forced labour	The contract does not allow child and forced labour	
Training on CoC and other provisions	PIU/ consultants	n/a (outside the scope of ESS2)
CoC -For contractors -For workers (including contracted health workers)	The contract for direct workers will address relevant risks	
Grievance mechanism	PIU/consultants	
Monitoring and reporting	PIU/consultants to monitor and report to the World Bank	Relevant PIU staff to monitor and report to PIU Coordinator. PIU to report to World Bank.

86. The Head of Occupational Safety and Health (OSH) 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 Somaliland Labour law to the extent that they regulate safety, health and welfare in the workplaces.

6.2. Resources for implementing the LMP

87. The project has set aside funds to ensure that the planned LMP activities are implemented and monitored effectively. The summary budget is presented in Table 5.

Table 5: Estimated budget for implementing the LMP

LMP Activities	Units	No. Units	Unit Cost, USD	Total cost (USD)
Support the development of Labour Management Plans and IPC protocols at the workplace	Months	6	5,000	30,000
Travel expenses of staff on LMP activities (supervision missions by the safeguards officers and PIU leadership) (bi-monthly)	Months	24	4000	96,000
Training (contract management, CoC, GRM, GBV, etc.) for PIU, contractors and primary suppliers	Months	12	2,000	24,000
Cost of managing the GM	Months	48	2,000	96,000
Monitoring and evaluation	Quarters	16	3,000	48,000
Sub-total				294,000
Contingency (5%)				14,700
Total				308,700

7. POLICIES AND PROCEDURES

88. **Occupational health and safety (OHS):** Pursuant to the relevant provisions of the Somaliland Labour Law, 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 that 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.

89. **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.

90. **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.

91. **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 Somaliland Labour Law 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.

92. **Security risks:** The use of security forces either during travel or at project sites be carried out in line with the World Bank's Good Practice Note on Assessing and Managing the Risks and Impacts of the Use of Security Personnel. A project level security risk assessment and management plan will be prepared before effectiveness, identifying what areas are possible to work in. Following this site-specific security risk assessments and management plans will be prepared including specific measures for project workers and contractors and will be referred to in the contractor's contracts and will be implemented with capacity building support and close follow up. A robust and continuous contextual analysis will be done to ensure safety of both the beneficiaries and project staff, both direct and indirect. A fit for context Security Management Framework (SecMF) will be finalized before the EOIs are issued;

- a. 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;
- b. The PCIU security advisor and the certified security risk management firm should be contracted as soon as the project becomes effective;
- c. 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;

- d. 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
- e. The security management firm will provide ongoing updates of the security risk assessments and capacity building support.

93. **GBV/SEAH incidents:** Given the context of fragility, conflict and violence in Somaliland, 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. Female workers may be subject to GBV/SEAH in the recruitment or retention process given men dominate the hiring. Given the weak capacity of the government to enforce rules against discriminatory practices in the workplace, the potential is acute for women. Potential abuse of power and sexual exploitation in labour practices, especially during recruitment, can distort power relations and lead to opportunities for abuse.

94. 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 PIU 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.

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

96. **Fatality and serious incidents:** In the event of an occupational fatality or serious injury, the PIU shall report to the Bank as soon as becoming aware of such incidents (ESIRT, November 2018)⁸ within 5 days of learning of the incidence and inform the government authorities (where available) in accordance with national reporting requirements. Corrective actions shall be implemented in response to project-related incidents or accidents. The PIU or, where relevant a consultant, may conduct a root cause analysis for designing and implementing further corrective actions.

⁸This clause should be included in all relevant bids and contracts.

8. AGE OF EMPLOYMENT

97. **Minimum age:** In Somaliland (Article 93) it is 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. While the Somaliland Labour Laws 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.

98. **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 Somaliland 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.
- d. According to Article 90 'Prohibited work': 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.

99. The PIU 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.

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

101. To ensure that the best interests of the child under 18 years are considered, the PIU 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

102. **Project workers:** The terms and conditions for direct workers will be governed by the contracts with the PIU 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 Law of Somaliland presented in is the guiding legislation on employment terms and conditions for all workers. **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.

103. **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.

104. **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.

105. **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.

106. **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 Somaliland.

107. **Annual leave:** 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.

108. **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.

109. **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.

110. **Deductions from remuneration:** No deductions other than those prescribed by the Law 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.

111. **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.
112. **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.
113. **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

114. **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.

115. 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 **MoHD 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.

116. **Direct workers:** The project will have a simple but effective grievance system for direct workers to address workplace complaints and other concerns, including matters relating to workplace GBV/sexual harassment. The PIU at MoHD will hold periodic team meetings to discuss any workplace concerns. The project's grievance mechanism will borrow provisions from ESS2 and MoHD's Grievance Redress Committee (GRC) chaired by the project manager, and the relevant PIU staff will be included as necessary depending on the complaint (procurement, finance, M&E, Social Specialist).

117. The workers at MoHD level 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.

118. 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.

119. **Project GM:** Channels for complaints and grievances put in place should be convenient for workers. To enable this, the project will have several channels for complaints and grievances including email, phone calls, texts, blogs, hotline and letter writing that will also be accessible to all workers. Information on the project GM will be made available to workers at all facilities, MoHD offices 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 will be 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 6 illustrates the process/timeline for addressing general complaints for this project through the GM system.

Table 6: Timelines for managing complaints

No:	Steps to address the grievance	Indicative timeline*	Responsibility
1	Receive, register and acknowledge complaint in writing.	Within two days	Social Safeguards specialist.
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	Social Safeguards specialist
3	Program manager and social safeguards officer to consider ways to address the complaint.	Within one week	Program manager supported by PIU.
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 PIU.	Within 21 days	Social Safeguards specialist and GRC supported by PIU.
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 PIU.

120. **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, 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 to service provision. If a worker on the project is involved, the incident should be immediately reported to the Program Coordinator who will provide further guidance after consulting with the World Bank.

11. CONTRACTOR MANAGEMENT

121. **Selection of Contractors:** ‘Damal Caafimaad’ project will use the World Bank Standard Procurement Documents for Works for solicitations and contracts. These include labour and OHS requirements. The MoHD PIU 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 MoHD PIU may review the following information:

- 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).

122. **Contractual Provisions and Non-Compliance Remedies:** The MoHD PIU 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 PIU will require the contractor to include equivalent requirements and non-compliance remedies in their contractual agreements with subcontractors.

123. **Performance Monitoring:** The MoHD PIU shall establish resources and procedures for managing and monitoring the performance of the contractor in relation to the LMP. The PIU 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. 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. 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 include serious incidents not reported to the PIU within 48 hours.

125. **Remedial process:** If child labour/forced labour and/or OHS including safety risks are identified, the PIU 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 PIU 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.

ANNEXES

ANNEX 1: Virtual Individual Stakeholder Consultations Held During the Development of the Instruments

1. Stakeholders Consulted

Stakeholder	Affiliation	Location
Amin Ambulance	Local organization	Hirshabelle state and Banadir
Iniskoy for Peace and Development Organization (IPDO)	Local organization	Southwest state
Integrated Services for Displaced Population (ISDP)	Local organization	Puntland state
Save the Children	International organization	Puntland, Galmudug, Southwest, Hirshabelle states
Relief International	International organization	Hirshabelle state

2. Planned Consultations

Stakeholders	Affiliation	Location
Zamzam Foundation	Local organization	Puntland and Southwest state
Mama Asha Foundation	Local organization	Southwest state
Mercy Corp	International organization	Puntland, Southwest, Hirshabelle states
Danish Refugee Council (DRC)	International organization	Puntland, Southwest, Hirshabelle states
Community members	Community elders, women, youth etc.	2 from each Federal Member State (FMSs)

3. Summary of the Interviews

Area of discussion	Key Risks	Mitigation Measures
Perception about the project and its implementation	<ul style="list-style-type: none"> The process of contracting NGOs may not be as transparent as required and this may lead to the delay of the project implementation. The contract may be awarded to an NGO with less capacity and the process may be flawed due to nepotism. Often the ministries officials have interest in the procurement processes. Provision of health services to women and children may not be prioritized by the ministries and NGOs due to existence of high number of such facilities within the state (It is important for the ministry to know that these facilities do not have capacity to provide quality health services). Elite capture - powerful individuals or groups may influence the project implementation process and end up benefiting their businesses and their process through employments and contracts. Construction/rehabilitation of health facilities, can cause noise pollution and road blockages. Environmental risks - disposal of syringes, injections and other equipment cause risks 	<ul style="list-style-type: none"> The procurement process should be conducted in a transparent manner and due diligence followed. The ministries should remain focused to the activities set in the project. The ministries and World Bank should have supervision role in the implementation of the project and monitor it closely. Proper consultation with the key stakeholders, community members and local administration in order to avoid exclusion of certain groups. Conduct proper security analysis and prior site visit before the target locations are chosen. Conduct needs assessment in the target locations and coordinate the activities with agencies working in the sector Contracting of employees from the local areas and improving their capacity because they understand the dynamics of the areas, we operate it.

Area of discussion	Key Risks	Mitigation Measures
	<p>to the communities. There is no proper mechanism to dispose medical equipment.</p> <ul style="list-style-type: none"> • Socio-cultural beliefs about medicines and vaccines within communities is however common in remote areas. For example, people may be discouraged to use conventional medicine, and instead encouraged to seek traditional medicines. • Community acceptance/ownership and participation: Acceptance of the project by the communities in the implementation areas. The communities have to understand the project components very well before implementation. • Recruitment of qualified people, especially the medical professionals – doctors, nurses, and midwives. <p>Challenges:</p> <ul style="list-style-type: none"> • Tension and fights between clans and village elders, and between the ministries and local administrations office over the management of the project. • The project may end up in the hands of the few people either through elite capture or contracts. • Lack of proper security assessment in the project locations may lead to selection of insecure areas. E.g. areas controlled by AS. • Duplication of activities i.e. health services already supported by other organizations. • Transparency in the procurement and contracting processes. • The project implementation process may be flawed because of tribalism. • Exclusion of certain clans and groups within the communities especially minority clans and women in consultations and provision of health services. <p>Role of gate keepers in implementation – they often play an intermediary role between the IDPs and the services providers.</p>	<ul style="list-style-type: none"> • Review security risks in the target areas. • Social risks can be minimized if all clans and communities are consulted about the project equally. • Proper plan should be in place during the construction of the health facilities. Construction material should be disposed properly. • Proper disposal mechanism for health equipment such as burning of the equipment. • Selection of proper sites for construction of health facilities (always avoid flood-prone areas). • Awareness raising conducted by experienced women regarding misperceptions of vaccines • Support by the FGS and FMS MoH. • Adopt manageable approach. • Community representation should be increased especially women. • Recruitment of medical professionals from local communities.
<p>Exclusion during project implementation</p>	<ul style="list-style-type: none"> • Yes. There could be exclusion of certain groups such as minority groups, IDPs and people living with disabilities due to elite capture. • People from minority clans have little representation in the ministries and local administration, therefore they may also be excluded from receiving services provided at the health facilities and the contracts awarded. Similarly, IDPs may be excluded from receiving health services because they are regarded as external community. 	<ul style="list-style-type: none"> • Proper consultation with these communities, and awareness to the communities regarding their rights to be part of the project. • Awareness raising. • Put policies in place. • Procurement of staff and services must be done in a balanced manner. • Access to information (About project, procurements and compliant redress mechanisms) should available to all.

Area of discussion	Key Risks	Mitigation Measures
	<ul style="list-style-type: none"> • Issues such as family planning and GBV services may be rejected by the communities and cause tension. • Exclusion of certain groups such as IDPs are expected especially in consultation and benefits. They are supposed to be treated as part of community, but they are most often treated as an external group. IDPs are not in most cases considered to be part of the communities. • Similarly, people living with disabilities are supposed to be part of the communities and should equally benefit from health services provided. • Dominant clans and elite groups may take over the implementation of the project. E.g, the project workers may be selected from dominant clans and leave out minority clans. For example, the project workers may be recruited from dominant clans leaving out minority clans and NGOs owned and led by dominant clans may be contracted. • Yes, there will be rejection of family planning services and GBV services by community elders, imams etc. • Dominant clans and elite group might take over the project but it depends on the NGO implementing the activities. The organization can put systems in place to avoid clan/elite capture. • Family planning services might cause tension and rejection in some communities if proper awareness raising is not conducted. 	<ul style="list-style-type: none"> • Be conscious of the IDPs and minority groups and include them in the implementation of the project. Make the project as inclusive as possible. • Make the health facilities a disability-friendly premises. • Establish health centers in IDP populated areas/districts.
Labour-related risks	<ul style="list-style-type: none"> • Non-compliance of Somali labour laws are expected during the project implementation. For example, recruitment of workers may be flawed due to nepotism and elite capture. • Somali labour laws are not often followed in many organizations in the country and the rights of workers are abused. For example, fair recruitment may not be practiced during the implementation of the project. • Risks related to pay and working hours, GBV are expected from the project. • Recruitment of project workers may be flawed - many people from dominant clans may be recruited and people from minority clans/groups excluded. • Non-Somalis in the top management of the project within the ministry of health. 	<ul style="list-style-type: none"> • The WB should establish an advocacy group to counter this flawed process. ?? • Safeguarding the Somali labour laws • Awareness raising • Equal payment for project workers depending on the qualifications and experience.

Area of discussion	Key Risks	Mitigation Measures
	<ul style="list-style-type: none"> • Non-equal payment for project workers. Some employees are paid incentives while others are paid salaries. 	
Security issues and conflict	<ul style="list-style-type: none"> • The project can be implemented in all the locations where there is presence of Somali government forces/AMISOM. • Presence of security forces may increase attention from AS, even though AS do not target health agencies. • No security threats in Puntland. 	<ul style="list-style-type: none"> • Specific security protocol for health workers may increase security threats against them. • Medical workers should minimize unnecessary movements and limit their operations in AS-controlled areas.
Socio-cultural beliefs	<ul style="list-style-type: none"> • Some health facilities are associated to certain clans; therefore, some clans (especially minority clans) may not feel comfortable seeking medical assistance from it. This is because these medical facilities are dominated by certain clans. 	<ul style="list-style-type: none"> • Awareness raising. • Put policies in place to stop influence of clans in recruitment of health workers and initiate elimination of discriminatory behaviour in recruitment processes.
Grievance Mechanism	<ul style="list-style-type: none"> • Grievance feedback mechanisms do exist, but people are not confident of using it because they believe that their problem will not be solved. These mechanisms are not effective and transparent. • Somalis are oral society; people would prefer phone calls rather than suggestion boxes or email. It is important to provide a toll number where they would call and pass their concerns. • Due to security reasons, they do not trust anyone, so it is difficult for them to complain about issues regarding a project. • In many projects, beneficiaries do use suggestion/feedback boxes provided to air their views and grievances about the project (Hirshabelle state). • People do not use suggestion boxes due to high illiteracy level. It is better for them to call and air their grievances (Puntland state). 	<ul style="list-style-type: none"> • If a toll-free hotline number is established and the calls are managed by an external actor, the people may be comfortable conveying their grievances. • Provide a toll-free phone number to the project beneficiaries. • Contract a third party to manage GRM on behalf of the MoH. • Conduct forums/meetings at the community level regarding the implementation of the project. • Ensure timely and quality redress of grievances to encourage others to speak about challenges
Gender-based violence (GBV)	<ul style="list-style-type: none"> • Female health workers may be sexually exploited even though this is minimal. Security may cause GBV to FHWs. • Due to Somali culture which denounces GBV, such cases are expected to be minimal in the project locations, but it may happen in some places. • Due to the Somali culture and religious teachings, GBV is not expected. 	<ul style="list-style-type: none"> • Awareness raising about the consequences of the GBV in workplaces.
Occupational health and safety	<ul style="list-style-type: none"> • AS do not mostly target/attack health facilities. • If proper security analysis is not conducted in target locations, the health workers may be attacked. • They can protect themselves from infectious diseases if they use PPEs. 	<ul style="list-style-type: none"> • Put security measures in place. Emergency response. • Provide PPEs to the health workers including the FHWs. • Awareness raising on protection of health workers

Area of discussion	Key Risks	Mitigation Measures
	<ul style="list-style-type: none"> • Medical professionals are prone to infectious diseases and PPEs are not sufficient for them. They are at risk of contracting diseases. • Employees are likely to witness violence and injuries and death at work place. • Most health workers do not have PPEs and are not able to protect themselves from infectious diseases. 	<ul style="list-style-type: none"> • Capacity building for health workers on protection of infectious diseases.
Political dynamics	<ul style="list-style-type: none"> • There could be elite capture. 	<ul style="list-style-type: none"> - Ensure inclusion of all members of the community in the programming phases
Stakeholder engagement	<ul style="list-style-type: none"> • Stakeholder engagement can be conducted through meetings, community forum and bilateral meetings with elders. 	<ul style="list-style-type: none"> • Engage various groups/segments within the community including women, community elders, religious leaders, youth, women groups and professionals through meetings and community forums. • Use media platforms such as TVs and radio especially during peak hours.
Recommendations	<ul style="list-style-type: none"> • Proper implementation of the project and engagement of wide range of stakeholders throughout the implementation process. • It is important to invest on the local ownership of the project and its sustainability after the funding ceases. 	<ul style="list-style-type: none"> - Close monitoring by 3rd party and world bank

ANNEX 2: Stakeholders Consultation & Minutes for Validation of E&S instruments – 22 August 2023

Objective: To get input and suggestions on improving the social and environmental instruments for Damal Caafimaad Project, including stakeholder engagement, GM, labour, security procedures and the GBV action plan.

Participants: representatives of disadvantaged and vulnerable groups and different NGOs working in the health sector in targeted regions of Maroodi Jeex region, Somaliland.

Agenda:

Time	Session	Lead
09:00 – 09:30	Opening Remarks/Introduction to Damal Caafimaad Project	Dr. Mohamed Herrgeye (MoHD DG)
0930 – 10:20	PPT: Environmental and Social risk stakeholders' consultation.	Dr. Mohamed Elmi
10:20 – 10:40	Tea Break	Participants
10:40 – 11:30	Discussion on social and environmental risks	Participants
11:30 – 12:00	Discussion on social and environmental mitigation measures.	Participants
12:00 – 12:20	Closing Remarks	MoHD Team

Participants: Stakeholder Engagement Session

S/N	Name	Organisation	Email
1	Dr Layla Hashi	UNFPA	lhashi@unfpa.Org
2	Mohamed Sahal Eidle	NDRA	planning.ndra@sldgov.org
3	Dr. Caroline Mwangi	FCDO	
4	Dr. Saed Abdi Ibrahim	Save the Children International	
5	Adan Qodax	PSI Somaliland,	
6	Mubarik Abdi Mohamoud	ALIGHT	mubarikm@wearealight.org
7	Abdifatah Ali Habbane		
8	Waliid Saryan	MoJ	Waliid.saryan571@gmail.com
9	Hamda Omar Yousuf	SOFHA	
10	Mohamed Abdi Hussien	MoHD	hsslead.mohd@sldgov.org
11	Ibrahim Saeed Abdi	Save the Children	
12	Wardere Hassan	ALIGHT	
14	Abdilaahi Hassan		
15	Abdinur	ALIGHT	abdinura@wearealight.org ,
16	Abdigani Abdilahi		
17	Abdulkadir Yousuf	PSI	
18	Abdilaahi A. Ahmed	NRD	
19	Adam Qodax	PSI	
20	Adan Adar		
21	Ahmed Abdi Wais		
22	Anowicka	Mercy USA	
23	Ayan Hassan	ALIGHT	ayanh@wearealight.org ,
24	Deqa Abdi	ALIGHT	deqaa@wearealight.org ,
25	Japheth ngureh	psi	
26	Kingsley chukumalu	Psi Somalia	

27	Anowicka	Health program USA	
28	Faaduma jama yuusuf	Psi Somaliland	
29	Bulaale	HPA somalia	
30	Tedeasa	Health program africa	
31	Beverly	HPA somaliland	
32	sohier	Program manager HPA	
33	Sahal cabdi naasir	Save the children Somaliland	

Minutes: Summary of the key risks raised and potential mitigation measures in the Somaliland Damal Caafimaad project.

	Key Risks	Mitigation Measures
Perception about the project and its implementation	<ul style="list-style-type: none"> - An issue of conflict of interest may arise during the hiring of the PIU team and selection of the NGO. For example, an unqualified consultant may be hired as a PIU team member or an NGO with limited experience and know-how might be selected. In turn, this causes delays to the project, which is already facing setbacks, and impacts the overall implementation. - Duplication/overlapping of the Damal Caafimaad with other projects. For instance, other organisations might be already supporting facilities targeted by the Damal Caafimaad project, causing duplication of health provisions/services. - Project sustainability and exit strategy must be clear; otherwise, a considerable gap will appear in the Somaliland health services. - Poor conditions of health facilities and the lack of instruments, such as wheelchairs, beds, and access for People with Disabilities and elderly persons, could slow down the implementation of the project. - Lack of proper referral systems within the health facilities. The service users need help accessing ambulances, especially in rural areas. Limited service usage may arise in the Damal Caafimaad Project, hindering the project's impact. 	<ul style="list-style-type: none"> - MoHD should follow the WB procurement process and guidelines to ensure a fair and transparent process is followed. Also, the WB should monitor the process to ensure that due process takes place. - Coordinate with other supporting donors and health services providers to avoid overlapping with other projects. - Mapping and Strategies for Damal Caafimaad services to complement other projects. - Cost-sharing and government provision should be considered before the project exit. Additionally, The WB should consider the extension of the Damal Caafimaad. - Priorities within the Damal Caafimaad or consider other provisions to improve the condition of health facilities to enable vulnerable groups accessing to health services. - Establish well-coordinated referral system
Exclusion during project implementation	<ul style="list-style-type: none"> - IDPs account for 15% of the Somaliland population, and other vulnerable groups (women, children, PwDs, Mental Health and minorities, HIV, GBV, etc.) are already experiencing difficulties accessing health services. It is already perceived that vulnerable groups are absent from the decision-making process (ministries and local administration), thus excluded from receiving services provided at the health facilities. Unless a thorough and well-strategised plan for inclusivity is implemented, vulnerable 	<ul style="list-style-type: none"> - Proper consultation with the key stakeholders should occur to avoid excluding vulnerable groups in the Damal Caafimaad. - Be mindful of the IDPs and vulnerable groups and include them in the implementation of the project. Make the project as inclusive as possible.

	Key Risks	Mitigation Measures
	groups will be excluded from the Damal Caafimaad Project.	
Labor-related risks	<ul style="list-style-type: none"> - Immigration of health workers from other regions to the project target region; thus, other regions might experience limited/shortages of health workers. 	<ul style="list-style-type: none"> - Mobilize resources for underserved regions/communities to retain healthcare providers.
Security issues and conflict	<ul style="list-style-type: none"> - Election related tensions: The delayed Political Association and Presidential elections. Although the elections are scheduled for December 2023 (Political Association Election) and Nov 2024 (Presidential Election), there remains a political stalemate on the election sequence. - Generally, the planned elections might bring about additional insecurities relating to election frauds and results, further impacting the project region. 	<ul style="list-style-type: none"> - Somaliland citizens are well known for resolving their differences through locally driven mediation. Currently, Somaliland elders are engaged in the mediation process. - Additionally, Somaliland Civil Society Organisations and other prominent members of society should play a part in the mediation role. - Local domestic election and international election observers, coverage should be planned and deployed to as many as possible to mitigate against elections.
Socio-cultural beliefs	<ul style="list-style-type: none"> - In Somaliland, the overall demand and uptake of family planning services are low due to cultural and religious misconceptions. Due to beliefs, the community may reject family planning services within the project. 	<ul style="list-style-type: none"> - Mass media and community awareness by elders and religious leaders to limit the misconception around family planning. - Provision of integrated sexual and reproductive health services - Demand creation to increase the utilisation of family planning and including men as part of the solution.
Grievance Mechanism	<ul style="list-style-type: none"> - Grievance feedback mechanisms are ineffective due to the perception that the grievances raised are not resolved and needs to be more transparent. 	<ul style="list-style-type: none"> - To improve the confidence of the end user, grievances should be dealt with in a quick turnaround.
Gender-based violence (GBV)	<ul style="list-style-type: none"> - The low risk of GBV is due to the cultural and religious teachings of Somaliland; nonetheless, there are risks related to GBV. 	<ul style="list-style-type: none"> - Awareness raising on the consequences of the GBV in workplaces.

	Key Risks	Mitigation Measures
Occupational health and safety	<ul style="list-style-type: none"> - Medical professionals are exposed to infectious diseases. They are at risk of these contracting diseases. - Work-related risk can be caused by understaffed health facilities, which means medical staff are overworked, creating stress-related illnesses. - Lack of waste management systems and policies in the facilities. 	<ul style="list-style-type: none"> - Protection - Training that ensures health workers have the prevention and skills to avoid such diseases. - Provide health workers with the right PPEs. - Counselling and training for health workers. - Establish proper waste management system at supported health facilities - Leverage existing waste management system
Stakeholder engagement	<ul style="list-style-type: none"> - Identify key stakeholders to provide continuous engagement that can be conducted through meetings, community forums, project steering committees, and ad-hoc meetings. 	<ul style="list-style-type: none"> - Engage various groups/segments within the community, including women, community elders, religious leaders, youth, women groups and professionals through meetings and community forums.
Recommendations	<ul style="list-style-type: none"> - Proper implementation of the project and engagement of a wide range of stakeholders throughout the implementation process. - Investing in the local ownership of the project and its sustainability after the funding ceases is essential. 	

ANNEX 3: 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). 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 the following issues, as a minimum. Additional obligations may be added to respond to particular concerns of the ministry, 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** (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), 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.
- Wash hands, sanitize and follow WHO 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 following the rules of Somaliland 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 4: 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 HIV/AIDS;
- 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. Comply with all relevant local legislation, including labor laws in relation to child labor.

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

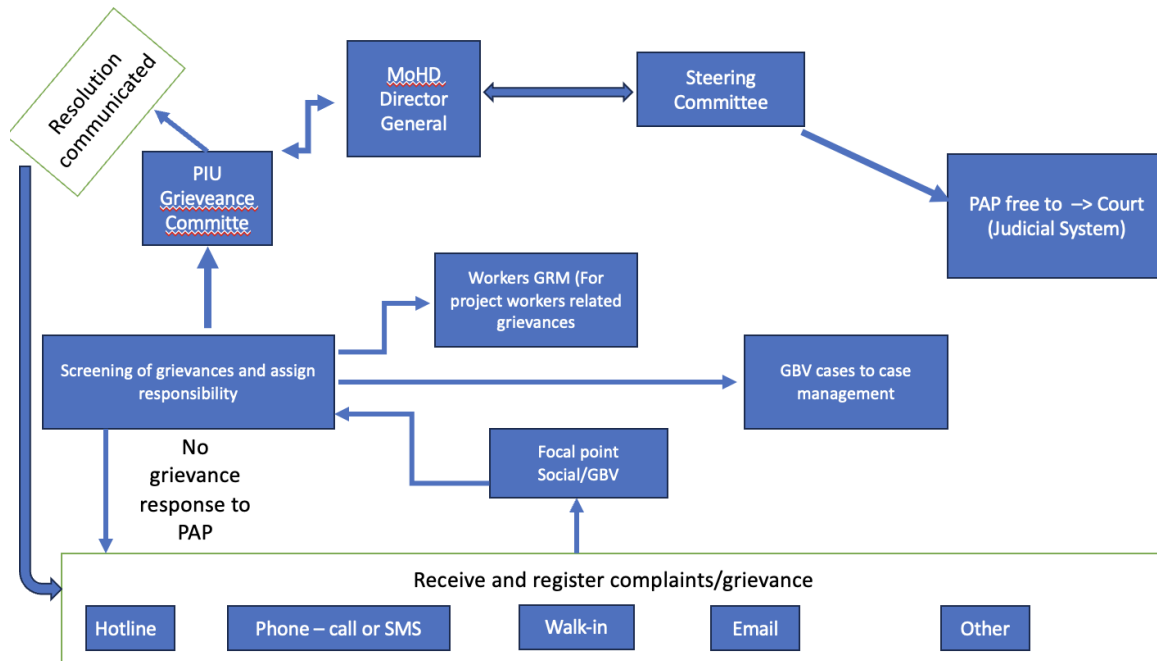
I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action, which could include:

- 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 5: Grievance Mechanism Including Worker Complaints



ANNEX 6: 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*]

7. What action would you want to be taken?

Signature _____

Date _____

ANNEX 7: 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 8: 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.