

**TUVALU HEALTH SYSTEM STRENGTHENING PROJECT
LABOUR MANAGEMENT PROCEDURE**

Government of Tuvalu

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List of Abbreviations	ADB Asian Development Bank
CERC	Contingent emergency response component
C-ESMP	Contractor's Environmental and Social Management Plan
COESP	Code of Environmental and Social Practice for Contractors
CPMO	Central Project Management Office
DFAT	Australian Government Department of Foreign Affairs and Trade
E&S	Environment and Social
ESF	World Bank Environmental and Social Framework
ESHS	Environment, Social, Health & Safety
ESMP	Environment and Social Management Plan
ESS 2	World Bank Environmental and Social Standard 2 Labor and Working Conditions
GBV	Gender Based Violence
GOLM	Grievance Officer for Labour Matters
(w)GRM	Grievance Response Mechanism
H&S	Health and safety
ILO	International Labour Organisation
IPC	Infection Prevention and Control
LMP	Labour Management Procedure
MFAT	New Zealand Government Department of Foreign Affairs and Trade
MFED	Tuvalu Ministry of Finance, Economy and Development
MoH	Tuvalu Ministry of Health, Social Welfare and Gender Affairs
MPWIELMD	Tuvalu Ministry of Public Works, Infrastructure, Environment, Labour Management and Disaster
MWM	Medical Waste Management
NCD	Non-communicable Diseases
NHSP	National Health Strategic Plan for 2020-2024
OP/BP	World Bank Operational and Bank Policy
OHS	Occupational Health and Safety
PMH	Princess Margaret Hospital
PMU	Project Management Unit
PPE	Personal Protective Equipment
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
SPC	Secretariat of the Pacific Community
SPD	World Bank Standard Procurement Document
THSSP	Tuvalu Health System Strengthening Project
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

1. BACKGROUND

The Tuvalu Government is developing a proposal for a project entitled Health Systems Strengthening Project (THSSP) which is being considered for World Bank financing. As such, the project will be subject to the requirements of the new World Bank Environmental and Social Framework (ESF). One of the requirements is the development, adoption, and implementation of a Labor¹ Management Procedure (LMP) to provide guidance in the management of workers to ensure project's compliance with labour management standards and address labour management-related risks. This requirement is articulated under the World Bank Environmental and Social Standard 2 - Labor and Working Conditions (ESS 2) of the World Bank Environmental and Social Framework (ESF).

1.2 The Tuvalu Health System Strengthening Project (THSSP)

The project aims to (i) increase the utilization of and strengthen the management of quality essential health services provided across Tuvalu, and (ii) to provide immediate and effective response in case of an eligible crisis or emergency. It will support the implementation of Tuvalu National Health Strategic Plan for 2020-2024 (NHSP). It has the following components:

Component 1: Improved availability and quality of health services across Tuvalu (approximately US\$ 12.75 million)

Subcomponent 1a: Improve the availability and quality of services provided at Princess Margaret Hospital (PMH). As part of its national health reform priorities, the MoH plans to substantially expand and improve the quality of services provided at PMH particularly for: diagnostic services (notably radiology and laboratory), emergency and other urgent care (including for domestic violence), national medical store/warehouse, surgical operations and post-operative recovery, intensive care and rehabilitation. A major emphasis will be placed on improving the patient experience and health outcomes through a dedicated outpatient center for integrated health promotion, detection, and management of Non-communicable Diseases (NCDs). The urgency to be able to provide quality essential medical and surgical services locally is based on the extreme vulnerability of Tuvaluans to major service disruptions and foregone care as demonstrated by the recent COVID-19 pandemic experience. The exact health services that the expanded PMH will be able to provide will depend on three key linchpins including: (i) availability of human resources including through existing and training of national staff, contracted staff, regularly scheduled visiting teams and establishment of routine teleconsultation with international health provider; (ii) the financial trade-offs of building and operating services in Tuvalu as opposed to the cost of providing the service abroad; and (iii) the ability to ensure adequate quality with the patient volume that would be specifically available in the overall small population of Tuvalu. The Project activities would include:

- (i) Conducting a more detailed assessment to define the service priorities and options taking into consideration the concerns mentioned;

¹ Spelt 'labor' when referring to a specific ESF component, e.g. the ESS 2 title and formal plan referred to by the ESF, the Labor Management Procedures, otherwise 'labour' as per non-American English.

- (ii) Detailing the functional and physical description of the facility, including all necessary requirements for ensuring that the facility adapts to the local hazards, changing climatic conditions and energy efficiency;
- (iii) Site specific plans for mitigation against environmental and social impact as specified in the requirements for environment and social standards;
- (iv) Detailed architectural design;
- (v) demolition and construction of a new hospital wing on the territory of the PMH complex, including the design characteristics for energy efficiency and resilience to significant weather and climate change events;
- (vi) Purchase of related medical equipment and supplies;
- (vii) Design and implementation of plans to supplement in-country human resources through established teleconsultation systems with an international provider, contracting of international medical providers, upgrade of Tuvalu general practitioners with specialists skills, and planning for routine visits of international medical teams for services in Tuvalu when possible again; and
- (viii) Training and support for clinical governance arrangements such as mortality audits and Infection Prevention and Control (IPC) committee as well as defined standard operating procedures to improve the quality of certain priority service areas (i.e. operating theater, admittance and discharge procedures, diagnosis, treatment and referral for gender-based violence). Investments would include works, medical equipment (including radiological equipment) and supplies, technical assistance, and training. This may include training abroad for the attainment of specialist qualifications by Tuvalu medical staff. The scope may also include providing some recurrent costs associated with supporting international teleconsultation systems and visiting medical teams.

Subcomponent 1b: Strengthen the capacity of core public health programs. This subcomponent would generally build the capacity of the public health system for public health screening of the population and its environment for interventions that can be managed in Tuvalu. Activities would include:

- (i) Design and establishment of a larger public health lab (in the new PMH Wing included under subcomponent 1a), building on the capacity that was established under the partner support for COVID-19 related screening, including field vehicles for specimen collections and outreach services;
- (ii) Assessment of the needs and implementation of a plan for defining standard operating procedures and training of the public health lab staff;
- (iii) Design and undertake an external peer review of the public health lab from a more established regional public health lab to provide support in establishing good quality control;
- (iv) Design and implementation of an integrated screening program of the adult population, including for diagnosis and risk stratification for NCDs, particularly hypertension and diabetes; and
- (v) Capacity building for the design and implementation of strategic public health communications, in coordination with other development partners such as ADB, WHO and UNICEF, but with specific analysis and planning due to gender, location, and other key differences in risk patterns and health seeking behavior. The Project would also support health communication strategies to embed cross-cutting issues like gender-

based violence. Investments would include equipment, laboratory reagents, vehicles, technical assistance, and training. It will be important to work with technical partners such as WHO and SPC in the design and quality assurance mechanisms for the expanded laboratory and population screening plans.

Subcomponent 1c: Improved management of Non-Communicable Diseases (NCDs) in the community and outer island clinics. Given the high burden of NCDs in the population and the financial strain of treating severe complications through the overseas medical treatment scheme, it is important to significantly improve the early management of the disease for those who are at high risk and for those who can be treated effectively on an outpatient basis through the system of clinics and through a specialized NCD clinic which will be established under PMH. Activities would include:

- (i) Ensuring standard treatment protocols for the management and referral of hypertensive and diabetic patients at primary health care level are available and staff are trained in their use;
- (ii) Defining standards and ensuring readiness of facilities to detect and manage cases of hypertension and diabetes, including through point of care diagnostic equipment where feasible, training, and availability of essential medicines;
- (iii) Enhancing the teleconsultation capacity between outer island clinics and PMH; and
- (iv) Promoting and building capacity for self-help patient groups for peer-to-peer support. Where possible, training on NCDs would be integrated with other primary health care training needs including those that are related to emergency response and injury in case of hazardous or other trauma event; prevention and awareness raising for heat-related illnesses; and detection and referral in case of gender-based violence. Investments could include technical assistance and training; point of care diagnostic technologies; and information, communication, and technology (ICT) related equipment. At the moment, it is considered that the Project would piggy-back on the improved internet connectivity initiatives already underway and, therefore, not have to directly invest in satellite or broadband connections themselves though it will be further investigated during preparation to the extent that those initiatives will directly benefit and link with the health facilities.

The Project will coordinate with WHO which is working with the MoH on strengthening NCD prevention and control, including introducing the Package of Essential NCD Interventions (PEN). The Project will provide the resources to expand upon and roll out the support initiated by WHO and other partners.

Subcomponent 1d: Strengthen Infection Prevention and Control (IPC) and Medical Waste Management (MWM). As a foundation to the improved quality of essential health services, this subcomponent would aim to improve the infection prevention control and medical waste management systems in practice at PMH and across the island clinics. Activities would include:

- (i) Assessment of current system, standard operating procedures, capacities of human resources and gaps for proper hygiene and infection control management and waste management;
- (ii) Development of procedures and training of staff based on the gaps defined;

- (iii) Upgrade of the water, sanitation and hand-hygiene facilities in the outer island health clinics, i.e. through improving and expanding the rain water collection and storage facilities, functioning hand-washing stations with appropriate soaps, and functioning and environmentally appropriate latrines for men, women and disabled access; and
- (iv) Investment in a vehicle to be used on Funafuti island (including from ports for waste of outer island health clinics) for the transport of waste (medical and otherwise) to designated points of disposal and incineration. Investments would include small infrastructure, technical assistance, training, and vehicle.

This subcomponent will need to be carefully coordinated with the support from (i) Taiwan for an incinerator to be used for medical waste, (ii) the Asian Development Bank (ADB) through United Nations International Children's Emergency Fund (UNICEF) on IPC and medical waste in conjunction with the COVID-19 vaccine deployment, and (iii) Secretariat of the Pacific Community (SPC) and World Health Organisation (WHO) on Infection Prevention and Control (IPC) policy and guidelines.

Component 2: Strengthen systems for better health service management (approximately US\$ 1.5 million)

Subcomponent 2.1: Strengthen information management for better service delivery. One of the big constraints for better patient management is the lack of patient-centered information that can be used to manage to track patients over time and through the referral system and generally the fragmentation and ill-use of existing health information related systems. The Project would support the adaptation and roll-out of a simplified digital patient record that can be used from the point of screening, stratification and management of NCDs which could be used across the system from community, health care clinics, and for the management of chronic disease patients at PMH. The simplified system would have the capability to be integrated with any larger scale management information system at the PMH and export summary information for general public health reporting, and, therefore, would not be the development of another parallel system. At the same time, the Project would support an assessment of the PMH hospital management information system in order to lay out a step-wise plan for the upgrade or replacement of the current system to make it functional across the different components (patient records, lab, radiology, pharmacy, administration, etc.). The replacement of the system would be outside the Project, but any minor investments in hardware, local area network connections or similar that may improve the use of the existing system may be supported. The Project would also support the collection and routine update of health facility readiness information both to ensure the ability to provide quality essential health services, but also ensure a minimum readiness in case of hazardous event. Investments would include: (i) technical assistance and training; (ii) software application adaptation and training; and (iii) ICT equipment and related small in-hospital works to establish network. The Project will coordinate with New Zealand Government Ministry of Foreign Affairs and Trade (MFAT) and Australian Government Department of Foreign Affairs and Trade (DFAT) development support that has been focused on the roll-out of the mSupply logistics management information system to promote the use of mSupply for the purposes of regular monitoring of pharmaceuticals and other essential health commodities availability, but also to determine if the support could be expanded to include related elements such as the patient monitoring system and facility readiness surveys.

Subcomponent 2.2: Strengthen the health planning, budgeting, and implementation. Given the Project investments in expanding service delivery and quality, this has significant implications to ensure that the recurrent costs for operations and maintenance are planned and budgeted adequately. While it is expected that DFAT will provide general technical advisory assistance in health sector planning, specific technical assistance for planning, budgeting and budget implementation of the increased operation and maintenance cost is expected to be needed. The draft NHSP identifies the need to have a prioritized and costed facility maintenance and repair plan and to establish an asset management system that would identify life cycle, repair and maintenance schedule for health assets. Since these would support the sustained operation and maintenance of the facilities supported by the Project, the subcomponent would also provide technical assistance to support the MoH with such plans. Also as a complement to the DFAT advisory support, the component may provide support for the generation of evidence on health system performance, provide feedback from the citizenry on the availability and quality of health services and provide a format through a national health assembly type of approach to engage with the citizens on the priorities for health. United Nations Development Programme (UNDP), with other partners, is providing support through a regional Project in strengthening climate information and early warning systems that includes Tuvalu. Though there is support from WHO and UNDP-financed by the Global Environment Facility to make progress according to the indicators listed in the Health and Climate Change Country Profile, the subcomponent may provide discrete technical assistance towards this progress as needed. Investments would include: (i) technical assistance; (ii) surveys; and (iii) meeting and workshop related expenses.

Component 3: Project Management, Monitoring and Technical Support (approximately \$1.00 million).

In order to facilitate the achievement of the Project objectives, activities and administrative procedures, this component would support the necessary full-time consultant team (as defined in the Project Implementation Arrangements) that would constitute the Project Management Unit (PMU) to support the MoH in its responsibilities as the Implementing Agency of the Project; short-term technical assistance in areas of project management as may be required, such as part-time consultants in specific areas to comply with the environment and social standards; the cost of equipping and furnishing a project office; and incremental operating costs in support of Project management, including travel related costs associated with Project management. It would also include key technical assistance particularly as it relates to the detailed functional and architectural design of the PMH Wing proposed under subcomponent 1a.

Component 4: Contingent emergency response component (CERC) (US\$ 0.0 Million).

The objective of this component is to improve the GoTv's response capacity in the event of an emergency, following the procedures governed by World Bank Operational and Bank Policy (OP/BP) 8.00 on rapid response to crisis and emergencies. The component would support a rapid response to a request from the Ministry of Finance, Economy and Development (MFED) for urgent assistance in respect of an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to Tuvalu associated with a natural or man-made crisis or disaster. In the event of an emergency, financial support could be mobilized by reallocation of funds from

other components to support expenditures on a positive list of goods and/or specific works and services required for emergency recovery. A CERC operational manual, governing implementation arrangements for this component, will be prepared with support under the project.

1.3 Typology of Project Workers

This Labor Management Procedure ensures protection of basic worker's rights, equal opportunity and non-discrimination in employment, protection of children from exploitation, and protection of workers from occupational health and safety hazards. The policies and procedures in this LMP apply to all Project Workers which include the following categories:

- (i) **Direct Workers** - Direct workers are people employed or engaged directly by the Project to work specifically in relation to the project.
- (ii) **Contracted Workers** - Contracted workers are people employed or engaged through third parties to perform work related to core functions of the project, regardless of location. Third parties may include contractors, subcontractors, brokers, agents, or intermediaries. This will include agencies providing labour supply to the project or its contractors.
- (iv) **Primary Suppliers' Workers** - Primary supply workers are people employed or engaged by the Project's primary suppliers. Primary suppliers, as defined in the WB ESF, are those suppliers who, on an ongoing basis, provide directly to the project goods or materials essential for the core functions of the project.
- (iii) **Community Workers** - Community workers are people employed or engaged in providing community labour (This may include volunteer labour by the project beneficiary communities).

For purposes of this LMP, "core functions of the project" constitute those production and/or service processes essential for a specific project activity without which the project cannot continue. Also, for purposes of this LMP, "project employers" refer to the direct employers of the Project Workers described above.

1.4 Anticipated Number of Workers

The number of workers for the THSSP is estimated in Table 1 below. These estimates are based on scale of the proposed construction at the PMH and improvement of outer island clinics, the PMU and the operations of new and improved health system. The LMP will be updated prior to the release of bid documents when more information on the labour requirements would be available.

Table 1: Indicative Estimates of Required Workforce

Type of project workers	Characteristics of project workers	Timing of labour requirements	Estimated peak number of workers
Direct Workers	Consultants, Admin Staff, Engineers, Health care	Throughout the life cycle of the project	20-30

	professionals (e.g., Medical Doctors, Nurses, Midwives) and Aides.	including operations of health care facilities and systems	(These include PMU staff and staff to be assigned at the new facilities at the PMH, at 7 outer island clinics and those that would be assigned in new and strengthened health services (i.e., teleconsulting, screening of NCDs, IPC and MWM, etc.))
Contracted Workers	Employees of civil contractors who are engaged in the project; construction workers.	From early stage of project implementation (civil contractor) and preparation (engineers) to project completion.	45 (Number of workers at the peak of construction)
Primary Supplier Workers	Various types of workers	During the production of materials and supplies to be procured by the project.	(Not within the purview of project management)

2. LABOUR LEGISLATIONS TUVALU

2.1 Employment Act 2008

This Act is Tuvalu’s main piece of labour legislation. Consistent with ESS2, it sets out various minimum terms and conditions of employment under Tuvaluan law, including relating to days and hours of work, rest periods, overtime and termination. The Employment Act also prohibits forced labour and the employment of children under the age of 15 years’ old for light duties or 18 years old for hazardous work.

2.2 Labour and Employment Relations Act 2017

This Act is made up 13 Parts and 6 out of these Parts are worth consideration by the THSSP PMU and the CPMO. This is due mainly to its application which is to all employers and employees in all workplaces in Tuvalu Section 4 (1). Relevant to this project are: (i) employment relationship including detailed terms and conditions of employment for the worker (Part 2), (ii) employment of young persons including minimum ages (Part 3), (iii) prohibition of the worst forms of child labour and forced labour (Part 4), (iv) equal employment opportunities and non-discrimination (Part 5), (v) occupational safety and health (Part 6) including employer and employee responsibilities, and (vi) settlement of disputes (Part 9).

2.3 Trade Unions Act 1946

This Act allows for the formation of registered Trade Unions with 7 or more members. It also sets the financial accounting requirements of Trade Unions so that accounts may be audited. The Act provides for workers being able to unionise without hindrance, subject to the union being registered and compliant with the articles of the act. The act also provides for workers to participate in peaceful pickets.

2.5 Labour and Employment Relations Act 2017

This Act is applicable to all employers and employees in any working places in Tuvalu. Therefore, the provisions made under Part 6 of the Act in terms of Occupational Health and Safety (OHS) are meant for all employers and employees in the country.

Employers are required under Section 55 (1) of the Labour and Employment Relations (LERs) Act 2017 to provide and maintain working environment that is safe and without risks to health. Therefore, it is the responsibility of the Contractor and the Ministry of Public Works, Infrastructure, Environment, Labour Management and Disaster (MPWIELMD) to ensure that the working environment prepared for project workers is safe and risks free at all times. Further required duties of main employers for THSSP workers are clearly laid out under Section 55 of the Act.

Duties of employees are spelt out clearly under Section 56 of the LERs Act 2017 for her or his own protection and not to affect others in the working environment in terms of OHS. Therefore, THSSP workers are expected to comply with all the provisions meant for them under this particular section of this particular Act.

2.6 Requirements of ESS 2

The requirements of ESS2 cover the following areas: (a) working conditions and management of worker relationships; (b) protecting the workforce; (c) workers' access to a grievance response mechanism; and (d) Occupational Health and Safety (OHS) measures.

Working conditions and management of worker relationships include requirements that:

- Project workers are provided with clear terms and conditions of employment, consistent with national legal requirements;
- The principles of non-discrimination and equal opportunity are applied to project workers, and vulnerable project workers are protected;
- The rights of workers to form workers organisations, consistent with national law, are respected.

Protecting the workforce requirements include:

- Provisions to prevent the employment of children below the age of 15 as per the national legal minimum for light duties and 18 for heavy work;
- Prevention of forced labour.
- Direct and contracted workers must have access to a grievance mechanism. The grievance mechanism for contracted workers must be provided by the direct employer and is separate from the project grievance mechanism.

OHS requirements must address:

- Identification of potential hazards to project workers, particularly those that may be life threatening;
- Provision of preventative and protective measures, including modification, substitution or elimination of hazardous conditions or substances;
- Training of project workers and maintenance of training records;
- Documentation and reporting of occupational accidents, diseases and incidents;
- Emergency prevention preparedness and response arrangements to emergencies; and
- Remedies for adverse impacts, including occupational injuries, deaths, disabilities and disease.

2.7 Gap Analysis and Measures

It is noted in the THSSP Preliminary Environmental and Social Management Plan (ESMP) that Tuvalu is signatory to all eight (8) fundamental International Labour Organisation (ILO) Conventions and has generally legislated most of the standards based on these Conventions. However, as also noted in the in the Preliminary ESMP enforcement is generally weak as with many small island countries in the Pacific. Generally, the gaps between the country labour legislations vis-à-vis World Bank's ESS 2 requirements are:

- No substantive provision on equal opportunities for women, with restrictions being put on the types of employment women can do.
- No provision of process for workplace grievance management
- Labour legislations do not have provisions for reporting procedures
- Labour legislations do not have provisions for emergency preparedness planning
- The Tuvalu labour legislations do not require development projects to prepare a labour management plan
- The Tuvalu labour legislations do not distinguish between types of workers

Measures have been identified to bridge the gaps between employment legislation and ESS2 (Table 1).

Table 2: Gap Analysis of Tuvalu labour laws against ESS 2 requirements

ESS 2 Requirement	National Legislation	Comment on Gap	Required Measures
Terms and Conditions of Employment	Required by law and provided for in detail in Labour and Employment Relations Act 2017	No notable gap	NA
Non-Discrimination and Equal Opportunity	Provided for in detail in Labour and Employment Relations Act 2017	Tuvalu's laws do not have substantive provisions on equal opportunities for women with restrictions being put on the types of employment women can do.	NA LMP is used.
Rights to Organise	Provided for in detail in Labour and Employment Relations Act 2017 and Trade Union Act 1946	No notable gap	NA

Prevention/restriction of child labour	Defined in Labour and Employment Relations Act 2017 setting minimum age at: 15 for light work (defined in Act) 18 for hazardous work (defined in Act)	No notable Gap (The ESS2 specifies minimum age of 15, as determined by country legislation for light duties and 18 for other work)	NA
Prevention of forced labour	Forced labour has a wide definition and is prohibited under the Constitution of Tuvalu and the Labour and Employment Relations Act	No notable gap	NA
Worker grievance mechanism	Labour and Employment Relations Act provides a detailed process for escalated disputes	No specific mention of workplace grievance management	Worker Grievance Response Mechanism (GRM) in this LMP will be used for workplace grievance management, legislated process will be used for escalation of grievances
Identification of potential hazards	Provided for in Part 6 of the Labour and Employment Relations Act	No notable gap	NA
Training of Workers and maintenance of training records	Provided for in Part 6 of the Labour and Employment Relations Act	No notable gap	NA
Documentation and reporting of occupational disease and incidents	Not specifically provided for	ESS 2 requires reporting procedures but Tuvalu laws do not.	All workplace health and safety (H&S) incidents to be recorded in a register and reporting to PMU in contractor periodical reports
Emergency preparedness	Not specifically mentioned	ESS 2 requires emergency preparedness planning, but Tuvalu laws do not	All worksites to have OHS plan including emergency plans
Planning Document (Labor Management Procedure)	Tuvalu legislations does not have specific provisions for project planning.	ESS 2 requires preparation of LMP, but Tuvalu laws do not.	LMP is required for this project
Distinction between types of workers	Tuvalu labour laws do not distinguish between types of workers with respect to their relation to the development project.	ESS 2 distinguishes between direct project workers, contracted workers and community workers, and workers of project's primary suppliers	The project's LMP will address the specific ESS 2 requirements for each of these types of workers.

3. LABOUR AND OTHER ESS 2-RELATED RISKS

The labour and other ESS 2-related risks are identified and assessed in the Project's Preliminary ESMP. These include:

3.1 ESS 2-related Risks during the Construction Phase

The following are the labour and other ESS2-related risks during the construction phase. The overall risks of non-compliance to labour management standards have been assessed to be Moderate due to potential non-observance of basic workers rights. The risks regarding rights to assembly and collective bargaining, employment discrimination and exploitation of child labour have been assessed to be negligible.

The overall OHS risk during construction stage is rated "Moderate" based on the expected activities in the construction of a new wing of the PMH. The same sets of OHS risk have been assessed for the construction activities at the outer island clinics as generally "Negligible" to "Low".

<i>ESS2 - related risks</i>	<i>Moderate</i>	<i>Assessment</i>
1. Possible non-observance of basic workers' rights (i.e., clear terms of employment, working hours, and prompt payment of wages)	Moderate	Tuvalu has a very small formal labour sector and very few are employed in construction. The laws are also aligned with international standards in as far as the basic workers' rights are concerned. However, enforcements of the law had been weak and there is uncertainty as to prevalence of violations among private employers for lack of data. The rating of this risk therefore is Moderate.
2. Risk of denial of freedom of assembly and collective bargaining	Negligible	The construction period is expected to be brief, no more than 12 months, too short for the need for the formation of union and realization of any collective bargaining. Also, the number of construction workers would be fewer than 50 and mostly temporary or hired on a casual basis.
3. Possible discrimination in hiring and benefits (i.e., based on gender, religion or ethnicity)	Negligible	There were no documented indications of employment discrimination in Tuvalu. The ethnicity profile in the country is also homogeneous.
3a. Possible engagement of child and/or forced labour by contractor, and project management.	Negligible	Children are highly unlikely to be hired in construction works in Tuvalu. As the discussed in 4.3.6, the issue of child labour may be present in the informal sector but not in the formal sector.
4. Possible involvement of child labour by suppliers in the production of embankment and aggregate materials.	Negligible	Children are not known to be involved in sand mining in the Pacific Islands. The possibility that suppliers of sands and gravel utilized child labour would be very low.
5. Risk Occupational Health and Safety (OHS)-related injuries to construction workers:	Moderate (Overall)	Construction workers will be exposed to a variety of hazards at their respective workstations. The most common specific hazardous situations and the ratings for this project, are enumerated below:
(a) Over-exertion, and ergonomic injuries and illnesses, such as repetitive motion, over-exertion, and manual handling, are among the most common causes of injuries in construction	Moderate	The construction work could be too costly for a full array of construction equipment and machinery. Chances are the contractor will rely mostly on manual labour to accomplish the task, in terms of lifting and pushing of tools and materials.
(b) Slips and falls associated with poor housekeeping	Moderate	This risk is always present when the housekeeping is poor in the construction site. This is more of a factor of the contractor's corporate/company culture of safety.
(c) Risk of falls from elevation	Moderate	The structure to be constructed will likely not be higher than three levels above ground level. Still, the risk of a fall from second level is significant and should not be ignored.

(d) Risk of being struck by objects	Moderate	Construction and demolition activities may pose significant hazards related to the potential fall of materials or tools, as well as ejection of solid particles from abrasive or other types of power tools which can result in injury to the head, eyes, and extremities.
(e) Risk of being hit by machineries and equipment	Low	Vehicle traffic and use of lifting equipment in the movement of machinery and materials on a construction site will pose a risk to workers on the ground. The project however is not expected to involve many machineries, and these would most probably be small.
(f) Risk of exposure to harmful dusts and fumes	Moderate	Worker's working on excavation, batching plant and concrete demolition could be exposed to high amounts of dust.
(g) Risk of working in confined spaces and excavations hazards	Low	The construction work will not have significant confined space and excavation work environment
(h) Risk of exposure to hazardous materials at workstations	Low	The construction work will not involve use of substantial amounts of hazardous materials/chemicals.
(i) Risk of infection with COVID-19 and other endemic diseases in the construction site	Moderate	There had been no confirmed case of COVID infection in Tuvalu. The construction works would also involve only a few workers in the built-up areas. The potential for importation of the disease through the workers or imported materials, exist. This is also moderate risks for outbreak of endemic vector borne diseases such as Dengue and Zika.

3.2 Labour and Other ESS2-related Risks during Operations Phase

The following are the labour and ESS2-related risks during the operations phase of the THSSP. At the operations phase, the labour risks are assessed to be generally "Negligible" to "Low" as most workers will be hired by the government. However, the OHS risks are assessed to be substantial due to exposure of workers to infectious agents, healthcare wastes and hazardous substances and materials.

1. Possible non-observance of basic workers' rights (i.e., clear terms of employment, working hours, and prompt payment of wages)	Low	Tuvalu's labour laws protect basic workers' rights. Most health care workers will be employed by the government and subject to government hiring and human resource management policies.
2. Possible denial of rights to assembly and collective bargaining.	Low	Most of the employees of the strengthened systems will be government employees. As noted in the Socioeconomic Baseline of the ESMP, government employees have their own associations which have functions similar to a union.
3. Possible discrimination in hiring and benefits (i.e., based on gender, religion, or ethnicity)	Negligible	There were no documented indications of employment discrimination in Tuvalu. The ethnicity profile in the country is also homogeneous. Also appears to be no systematic discrimination of female workers. Females are consistently represented in many sectors, including in the health sector.
4. Possible engagement of child and/or forced labour by contractor, and project management.	Negligible	Children are highly unlikely to be hired in health care tasks in Tuvalu.
5. Possible involvement of child labour by suppliers in the production of embankment and aggregate materials.	Negligible	Children are unlikely to be involved in the production of health care supplies.

6. Exposure of healthcare workers to Occupational Health and Safety (OHS) hazards	Moderate	
(a) Exposure to infectious wastes, biological samples and specimen	Moderate	Healthcare workers are generally at risks of being infected through exposure with infected patients and infectious health care wastes and laboratory samples/specimen (e.g., blood, other body fluids and contaminated fluids), infected materials (water used, syringes, bed sheets etc.).
(b) Exposure to hazardous medical laboratory chemicals/reagents and wastes	Moderate	Workers of medical laboratories are also exposed to laboratory chemicals, reagents, and other substances.
(c) Exposure to operational hazards of medical equipment (electrical and physical hazards)	Moderate	Healthcare workers are also exposed to physical and electrical hazards from medical equipment. Improper use of these equipment could result to injuries of workers and patients. There are human health risks associated with misuse of, poor quality, and/or poorly managed medical equipment, materials and services arising from potential constrained ability to use the equipment and materials.
(d) Exposure to radiology workers to ionizing radiation	Moderate	Workers of radiology units will be exposed to radiation.

3.3 Management Measures

The THSSP Preliminary ESMP has identified specific management measures for the OHS risks. Those will be updated when the ESMP is finalized. The risks relating to labour management are being addressed by the specific policies and procedures in this LMP (See Section 4 below). The specific risks pertaining to working conditions that are assessed to be "Low" to "Substantial" are each being addressed in the ESMP (See Preliminary ESMP, Sections 6.2 and 6.3).

4. POLICIES AND PROCEDURES

The Project will ensure that all tender documents for Infrastructure include budget provisions for all OHS provisions as well as other costs associated with labour management (e.g. the operation of a grievance response mechanism). The project will regularly monitor the contractor's performance in implementing OHS measures. Project's regular reporting system should include the project's performance on the OHS implementation.

Following ESS2 and national law, due to the hazardous work situation (working with heavy machinery, working in turbulent wave environments, transport to and from project sites, working with hazardous materials), children under the age of 18 will not be allowed to work on the project. The use of forced labour or conscripted labour on the project is also prohibited. The LMP includes a grievance response mechanism (GRM) in Section 8 which will be provided to all workers and measures will be in place for all workers (including contractors) to access the GRM to raise any concerns related to the project.

The project will apply the following policies and procedures to address the key labour risks identified under Chapter 3.

4.1 Terms and Conditions of Employment

All Project Workers should have clear terms and conditions of employment that they understand. It should have the following minimum standards:

- (a) Period of work engagement should be clear (e.g., casual, long-term contractual, or permanent.)
- (b) Wages should not be below the applicable minimum wage set by Tuvalu law, if any.
- (c) Clear schedule of payment of salaries and wages (For casual workers, payments of wages should be weekly.)
- (d) Standard 8 working hours and provisions for overtime.
- (e) Payments of remaining wages of all services rendered and benefits due upon termination.

4.2 Equal Opportunity and Non-discrimination

Project employers should hire workers only based on qualifications, skills and abilities required for the job, and shall not discriminate against race, ethnicity, gender, or religion or people with a disability, and/or migrant workers.

4.3 Hiring of Minors

Child labour is strictly prohibited. No Project Worker should be below 15 years old for light duties and under 18 for other work. Workers below 18 years old and 15 yrs. and over are considered minor and should be assigned only to light tasks and not to any hazardous and heavy, or manually laborious tasks. Any hiring of minors should be subject to careful assessment of OHS risks and the minor's welfare and development, and the work conditions shall be closely monitored. Furthermore, minors (below 18) if engaged in the project, should work only for no more than four (4) hours a day or 20 hours a week, and not between 8:00pm to 6:00am, and their work assignments should not interfere with their schooling.

4.4 Forced Labour

The project is not expected to encounter cases of force labour. However, the Project shall not engage any worker where he/she is coerced to work or forced to render service to the project on behalf of someone else, especially under the threat of any penalty. Coercion could be in a form of intimidation or use of violence but also through more subtle means such as manipulated debt, retention of identity papers or threats of denunciation to immigration authorities.

4.5 Violence in the Workplace

Workers should be protected from any form of Gender Based Violence (GBV) or Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH). The Project will ensure, including via the Code of Conduct for Project Workers that GBV/SEA/SH awareness seminars are conducted among direct and contracted workers, including their supervisors and managers. Workers will also be informed of the Grievance Response Mechanism provided by the project.

4.6 Primary Supplier Workers

The PMU shall undertake due diligence on their primary suppliers labour management practices, particularly in terms of observance of basic workers' rights, non-discrimination and child and forced labour. The Project, with the technical support of the CPMO Environment and Social (E&S) Management Experts shall identify potential risks of child labour, forced labour, and serious workers safety issues in the production and delivery of supplies to the project.

The Project is not expected to have major supply contracts on supplies likely associated with child labour. However, if there is a significant risk of child labour or forced labour, the Project will require the primary supplier to identify those risks consistent with the policy on hiring of minors (Section 8). If child labour or forced labour cases are identified, the Project will require the primary supplier to take appropriate steps to remedy them. Similarly, when there are serious safety issues related to primary supply workers, the Project shall require the relevant primary supplier to introduce procedures and mitigation measures to address such safety issues. However, if going through the process of remedy is not possible or not practical given the size of the supply contracts, the Project will shift the project's primary suppliers to suppliers that can demonstrate that they are meeting the relevant requirements.

Procurement contracts with suppliers shall include provisions for compliance with international standards for good labour management practices.

6. Occupational Health and Safety (OHS) and Incident Reporting

Specific management and mitigation measures for OHS risks that have been assessed to be low to substantial have been identified in the Preliminary ESMP. Those measures shall be updated after the ESMP will be finalized. Project Employers shall implement those measures and apply additional OHS measures, as necessary and appropriate, in the workplace following the World Bank Group's Environment, Health and Safety Guidelines for Construction, and for the operations of the Health Care Facility.

During construction, Project Employers must ensure day-to-day compliance with the OHS measures identified in the final ESMP and other the other acceptable safety measures. They will also record safety incidents. Minor incidents will be reported to PMUs on a monthly basis while major and serious incidents are reported immediately. Major and minor incidents are reflected in the Semi-Annual Report to the World Bank while major issues shall be flagged to the World Bank immediately.

Finally, the PMUs and its Contractors shall ensure that the assigned personnel are adequately trained and briefed with overall safety arrangements, use of equipment, the GRM procedure. Training on use of Personal Protective Equipment (PPE), hygiene facilities and behaviour, GBV and SEA/SH and preparation and obtaining a signed Code of Conduct for Workers (Appendix A) from the workers are also their responsibility.

4.8 Grievances Mechanism for Workers

The Project Employers shall provide a grievance mechanism for their employees. The mechanism shall be based on the following principles:

- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination against those who express grievances, and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response. Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of “suggestion/complaint boxes”, and other means as needed.
- The Project workers’ grievance mechanism will not prevent workers to use conciliation procedure provided in the Labour and Employment Relations Act 2017.

PMU's Labour GRM. The PMU shall have its own labour grievance management system. A staff other than the HR manager shall be designated as the Grievance Officer for Labour Matters (GOLM). The function of the GOLM will be to receive grievances from direct employees of the project (Direct Workers) and to forward the complaints to the concerned unit/supervisor which/who is the subject of the complaint. The Project Grievance Officer appointed under the GRM in the Stakeholder Engagement Plan (SEP), may also serve as the GOLM. The grievance resolution procedure may follow the Project's GRM process as outlined in the THSSP's Stakeholder Engagement Plan (SEP).

Contractors Labour GRM. Contractors are required to also set up their own internal grievance response mechanism, if they do not have any. The contractors' GRM will subscribe to the principles discussed above. Consistent with the Project GRM, grievances lodged by contractor employees with the GOLM will first be referred by the GOLM to the contractor management for resolution under their internal grievance response mechanism.

Grievances from direct workers will be resolved through the Project GRM procedure described in the SEP. Grievances from contracted workers will first be attempted to be resolved within the internal GRM of the project contractor and only when such grievances are not resolved internally shall they be elevated for resolution under the Project GRM. Other worker categories may submit grievances to the Project GRM. For such cases, the PMU will only investigate or conduct due diligence work on the complaint and will act appropriately based on any findings of conformance/non-conformance to the policies and procedures of this LMP.

6. RESPONSIBILITIES

The Project Manager at the PMU has the overall responsibility to oversee all aspects of the implementation of the LMP. The ES Management Specialist at the PMU will provide technical backstop to the Project Manager on matters of Labour Management and the implementation of this LMP.

The Contractors are required to conform to this LMP and by contractual obligation will be responsible for its application in the management of their workers and staff assigned to work in the project.

Various aspects of the responsibility with respect to worker management are described below:

The PMU will be responsible for overall project management and coordination, including compliance with labour and working conditions in the LMP. The PMU will be responsible for the following tasks relevant to labour and working conditions:

- Undertake the overall implementation of this LMP. Reviews and approves Contractors LMP.
- Engage and manage contractors and consultants in accordance with these LMP and the applicable Procurement Documents.
- Ensure that contractors prepare their labour management plan (Contractor's LMP) that complies with this LMP for approval before the contractor is allowed to mobilise to the field.
- Ensure that the contractor is meeting obligations towards contracted workers as included in the General Conditions of Contract the World Bank Standard Bidding Documents, and align with ESS2 and national labour code
- Ensure that contractors are meeting obligations towards contracted workers as included in the Contractor's LMP and the applicable Procurement Documents.
- Monitor training of relevant project workers.
- Ensure that the grievance mechanism for project workers is established and implemented and that workers are informed of it.
- Monitor the implementation of the Worker Code of Conduct (Appendix A) and any other measures to address risks of SEA/SH.
- Report to the World Bank on labour and occupational health and safety performance.

The PMU will monitor implementation of the LMP and systematically report on activities and outcomes in a dedicated section of the quarterly and semi-annual project reports.

Reporting will include:

- Awareness-raising materials produced, and trainings undertaken
- Outcomes of recruitment of direct project workers by age group, gender, and ethnicity
- Records of the project direct worker grievance mechanism
- Records of occupational health and safety incidents. These are to be systematically recorded in a standard format including (1) type of incident; (2) severity class of incident (major, moderate, minor); incident classification (e.g., fatality, illness, medical treatment, etc.), and notification timeframe (e.g., Immediately, within 24 hours, etc.).

The contractors will be responsible for the following:

- Employ or appoint/designate qualified environmental, social, occupational health and safety expert(s) to manage OHS issues for each project site.
- Prepare and implement their respective labour management plans (Contractor's LMP). Such plans will be submitted to the PMU for review and approval before the contractor is allowed to mobilise to the field.

- Supervise their workers adherence to the LMP.
- Maintain records of recruitment and employment of contracted workers with age verification to avoid child labour.
- Provide induction and regular training to contracted workers on environmental, social and occupational health and safety issues.
- Require the primary supplier to identify and address risks of child labour, forced labour and severe safety issues, and risks of equity and discrimination for primary supply workers.
- Develop and implement the grievance mechanism for contracted workers, including ensuring that grievances received from their contracted workers, resolved promptly, and reporting the status of grievances and resolutions.
- Ensure that all contractor and subcontractor workers and community workers understand and sign the Worker Code of Conduct which will provide for prevention of SEA/SH before the commencement of works, take all other measures to address risks of SEA/SH as specified in the preliminary ESMP and supervise compliance with such measures. An example of the required content of a Code of Conduct is provided in Appendix A.
- Report to PMU on labour and occupational health and safety performance.

8. PROCUREMENT OF CONTRACTORS

The procurement process for civil works contractor and contractors of other services (including procurement of primary suppliers) shall include due diligence on the legitimacy, labour management issues, and track records of prospective contractors (bidders). The following are the minimum information to be required:

- Business licenses
- Professional accreditations and registrations
- References
- Existing standard contractual provisions and non-compliance remedies
- Performance monitoring systems, including to comply with the Code of Environmental and Social Practice for Contractors (COESP).
- Documents relating to a labour management system, including OHS issues, labour management procedures; safety, and health personnel, their qualifications, and certifications; compliance record with regards to environmental, social and OHS issues, monitoring system in place for these.

The contracts with the Selected Contractor (winning bidder) shall include provisions for conformance and compliance with the policies and procedures of this LMP as well as compliance with occupational health and safety standards, as provided in the World Bank Standard Procurement Document (SPD), Tuvalu Employment Act and Labour and Employment Relations Act. The bid document will make it mandatory for Contractor's Environmental and Social Management Plan (C-ESMP) to include work program, among others, a Contractors' Labour Management Plans.

9. MONITORING AND AUDIT

The PMU will carry out periodic and/or random labour and working conditions audit (including OHS) of the various project units and at the operations of employers of contracted workers at the various project sites. The PMU will develop and adopt a simple Labour Management and OHS Audit Protocol to be used in these audits.

The PMU will monitor the performance of the Contractors in terms of compliance with their contractual agreements (obligations, representations, and warranties). In line with this, the PMU may will conduct periodic audits, inspections, and/or spot checks of project locations or work sites and/or of labour management records and reports compiled by contractors. Contractors' labour management records and reports that are subject to this audits/checks may include: (a) a representative sample of employment contracts or arrangements between third parties and contracted workers; (b) records relating to grievances received and their resolution; (c) reports relating to safety inspections, including fatalities and incidents and implementation of corrective actions; (d) records relating to incidents of non-compliance with national law; and (e) records of training provided for contracted workers to explain labour and working conditions and OHS for the project.

The PMU will also monitor any issues pertaining to the labour practices of the project's primary suppliers. For suppliers of contractors such as supplier of embankment materials and aggregates, the PMU will require the Contractor to provide documentation to verify that the primary supplier adheres to good OHS practice and does not employ children.

LMP APPENDIX A: CODE OF CONDUCT FOR PROJECT WORKERS

All Contracted Workers are required to subscribe to this Code of Conduct as a condition of employment.

I, _____, acknowledge that adhering to environmental, social, health and safety (ESHS) standards and the Project's occupational health and safety (OHS), and sexual exploitation and abuse (SEA) and sexual harassment (SH) requirements are important. I agree that while working on the Project I will:

- a. Comply with this Code of Conduct and all laws of Tuvalu, regulations and other requirements, including protecting the health, safety and well-being of other Contractor's Personnel and any other persons.
- b. Consent to a background check in any place I have worked for more than six months.
- c. Attend training courses related to ESHS, OHS, and SEA and SH as requested by my employer.
- d. Carry out my duties competently and diligently.
- e. Avoid and declare any conflicts of interest (such as benefits, contracts, or employment, or any preferential treatment or favours are not provided to any person with whom there is a financial, family, or personal connection).
- f. Ensure the proper use of all worksite property including not engaging in theft, carelessness or waste.
- g. Use specified sanitary facilities provided by their employer and not open areas.
- h. Maintain a safe working environment including by:

- Ensuring that workplaces, machinery, equipment and processes are safe.
 - Wearing required personal protective equipment at all times when at the Project Site.
 - Using appropriate measures relating to chemical, physical and biological substances and agents.
 - Following applicable emergency operating procedures.
 - Reporting work situations that are not safe or healthy.
 - Removing myself from a work situation which is an immediate and serious danger to my life or health.
- i. Not consume alcohol or use of narcotics, drugs or other substances which can impair faculties during work activities, including attending work under the influence of these substances.
 - j. Not discriminate against any person on the basis of family status, ethnicity, race, gender, sexual orientation age, language, religion, marital status, political or other opinion, disability, health or other status.
 - k. Treat all members of the community(ies) and any affected person(s) with respect, including to respecting their religion, culture and traditions.
 - l. Not use language or behaviour toward any person that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
 - m. Comply with all laws of Tuvalu, including but not limited, not perpetrating any form of physical or sexual violence.
 - n. Not exploit or sexually exploit or abuse any person.
 - o. Not engage in sexual harassment toward other Contracted Workers, Port Authority / Transport Department staff, Contractors, visitors to Project Sites or any other persons at or around the Project Sites.
 - p. Not engage in sexual favours with any Contracted Worker or members of the community.
 - q. Not use prostitution in any form at any time.
 - r. Not engage in HT of any person or exploit a trafficked person.
 - s. Not participate in sexual contact or activity with children under the age of 18, except in the case of a pre-existing marriage. Mistaken belief regarding the age of a child or “consent” from the child are not a defence or excuse.
 - t. Unless there is the full consent² by all parties involved, not have sexual interactions with any person.
 - u. Ensure the protection and safety of children under the age of 18 by:
 - Informing my manager of the presence of any children on the Project Site or who are engaged in hazardous activities as part of the Project.
 - Wherever possible, ensuring that another adult is present when working close to children.
 - Not inviting unaccompanied children, who are not my family, into my home.
 - Not accessing child pornography.
 - Refraining from physical punishment or discipline of children.
 - Taking appropriate caution when photographing or filming children for work-

²**Consent** is defined as the informed choice underlying an individual’s free and voluntary intention, acceptance, or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. Consent cannot be given by a child under the age of 18, even where legislation in the country has a lower age.

related purposes.³

- v. Report through the GRM or to my manager any breaches of this Code of Conduct.
- w. Not retaliate against any person who reports violations of this Code of Conduct.

The Contractor considers that failure to comply with this Code of Conduct constitute acts of gross misconduct and are therefore grounds for sanctions, penalties, or potential termination of employment. Prosecution by the police of those who break the law of Tuvalu may be pursued if appropriate.

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

- a. Informal or formal warning.
- b. Additional training.
- c. Loss of up to salary for a period of time.
- d. Suspension of employment (without payment of salary), for a period of time.
- e. Termination of employment.
- f. Report to the police or other relevant authorities.

I do hereby acknowledge that I have read this Code of Conduct, agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, and SEA and SH.

I understand that any action inconsistent with this Code of Conduct or failure to act mandated by this Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Name: _____

Position: _____

Date: _____

³ Including: complying with local traditions or restrictions for reproducing personal images, obtaining informed consent from the child and a parent or guardian of the child and presenting children in a dignified and respectful manner.