

PACIFIC HEALTHY ISLANDS TRANSFORMATION PROJECT (P508550)

LABOUR MANAGEMENT FRAMEWORK

1. PURPOSE AND CONTEXT

1.1. Purpose

This Labour Management Framework (LMF) is a key project instrument that sets out the requirements and expectations for the project to meet the conditions of the World Bank's Environmental and Social Standard 2 (ESS2) on Labour and Working Conditions. Under ESS2, loan and grant Recipients are required to develop labour management procedures (LMPs) for project activities. The purpose of LMPs is to facilitate planning and implementation of the project. LMPs identify the main labour requirements and risks associated with the project, and help the Recipient to determine the resources necessary to address project labour issues.

The objectives of ESS2 are to:

- To promote safety and health at work.
- To promote the fair treatment, non-discrimination and equal opportunity of project workers.
- 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.
- To prevent the use of all forms of forced labour and child labour.
- To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law.
- To provide project workers with accessible means to raise workplace concerns.

The Pacific Healthy Islands Transformation (PHIT) Project is a regional project involving Fiji, Kiribati, Tonga and Tuvalu, and the Pacific Community (SPC) as a key regional coordinating partner, and encompasses a range of different but integrated activities aimed at transforming and uplifting Pacific health systems to promote health and deliver adequate preventive and curative services.

As a regional project delivered in multiple jurisdictions and involving broad range of activities (subprojects), LMPs are required to be developed for each specific subproject relative to the activity (e.g. construction vs technical assistance) and activity location.

This LMF provides the principles and requirements for the development of specific LMPs for each subproject. It is designed to help identify key aspects of labour planning and management relevant to each subproject. Where national law addresses requirements of ESS2 this can be noted in the LMP, and there is no need to duplicate such provisions.

A concise and up-to-date LMP will enable different project-related parties (e.g. staff of the project implementing unit, contractors, sub-contractors and project workers) to have a clear understanding of what is required on a specific labour issue. The level of detail contained in the LMP will depend on the type of project, its scale, scope and risk profile, and the information available. Where relevant information is not available, this should be noted and the LMP should be updated as soon as possible.

1.2. Project overview

The PHIT project is designed as a suite of regional investments to support the transformation of Pacific health systems into fit-for-purpose, primary health care (PHC) oriented health systems that promote health, and deliver adequate preventive and curative services in the region. It will complement and boost the impact of existing national health systems investments, including national IDA-funded investments such as the Kiribati Health Systems Strengthening Project (P176306), the Health Enhancement and Resiliency in Tonga (HEART) Project (P180965), and the Tuvalu Health Systems Strengthening project (P175170).

The project consists of three highly interlinked components:

Component 1: Strengthening of regional systems to improve access to quality care and essential inputs for greater resilience of Pacific SIDS's health systems:

Sub-component 1.1: Enhancing quantity and quality of the Pacific healthcare workforce, by (a) Improving professional development and accreditation; (b) Addressing advanced skills gaps; (c) Establishing a regional network of e-learning hubs, (d) Establishing electronic health worker registries, (e) Addressing advanced skills gaps, and (d) Strengthening national training institutions.

Sub-component 1.2: Using digital innovations to create a Pacific model of PHC strengthening, by (a) Establishing a regional telehealth network (RTN), (b) Establishing a regional registry for the RTN, (c) Developing shared instruments to guide regional use of the RTN, (d) Developing an AI-enabled diagnostic application, (e) Developing a regulatory and cooperation framework on use of AI-enabled software, (f) Developing secure cross-border data-exchange mechanisms, (g) Upgrading selected PHC facilities with digital equipment to maximise reach of RTN.

Sub-component 1.3: Expanding access to tertiary hospital care and upgraded training facilities within Pacific SIDS, by (a) Updating clinical guidelines, protocols, and climate-resilient patient care pathways, (b) Upgrading and expanding the Colonial War Memorial (CWM) Hospital in Fiji.

Component 2: Modernise Fiji's health system and upgrade PHC facilities regionally, with emphasis on establishing networks of care for health promotion, early detection and management of disease:

Sub-component 2.1: Building resilient, person-centred, integrated health service delivery with strengthened capacity to detect and manage NCDs and risk factors, by (a) Establishing networks of care by upgrading, repairing or replacing PHC clinics, (b) Establishing a national digital health architecture in Fiji, (c) Improving health emergency preparedness and response in Fiji, (d) Strengthening supply chain resilience, (e) Upgrading PHC screening, risk assessment, diagnosis, treatment and referral protocols, (f) Assessing resource gaps for NCD management, and (g) Designing and implementing an electronic health record and screening program.

Sub-component 2.2: Scale-up gender and climate sensitive community outreach, risk profiling, wellness and behaviour change programs, by implementing community-based, digitally aided outreach programs.

Component 3: Strengthening stewardship, evidence-based decision making and learning for quality health systems in Pacific SIDSs:

Sub-component 3.1: Support regional implementation capacity, monitoring, evaluation and learning (MEL) for health systems strengthening through a regional Centre of Excellence (COE) approach, by (a) Establishing a COE for Regulatory and Data Safety for Telehealth (Tonga), a COE for Continuity of Care in Disparate Geographies (Kiribati and Tuvalu), and (c) a COE for Fair Access to Regional Specialist Care (Fiji).

Sub-component 3.2: Project Implementation Management by (a) Establishing and operating Project Management Units, (b) Implementing regional activities through SPC, and (c) Engaging UNICEF to provide hands-on implementation support and coordination.

The planned activities by participating country are summarised in Table 1.

Table 1: Planned activities by participating country

Sub-component	Activity description	Fiji	Kiribati	Tonga	Tuvalu	SPC
1.1: Enhance quantity and quality of the Pacific healthcare workforce	a) Professional development and accreditation	✓	✓	✓	✓	✓
	b) Establish a regional learning management system	✓	✓	✓	✓	✓
	c) Establish a regional network of e-learning hubs	✓	✓	✓	✓	✓
	d) Establish electronic health worker registries	✓	✓	✓	✓	✓
	e) Address advanced skills gaps	✓	✓	✓	✓	✓
	f) Strengthen national training institutions	✓	✓	✓	✓	✓
1.2: Use digital innovations to create a Pacific model of PHC strengthening	a) Establish a regional telehealth network (RTN)	✓	✓	✓	✓	✓
	b) Establish a regional registry for the RTN	✓	✓	✓	✓	✓
	c) Develop shared instruments to guide regional use of the RTN	✓	✓	✓	✓	✓
	d) Develop AI-enabled diagnostic application	✓	✓	✓	✓	✓
	e) Develop a regulatory and cooperation framework on use of AI-enabled software	✓	✓	✓	✓	✓
	f) Develop secure cross-border data-exchange mechanisms	✓	✓	✓	✓	✓
	g) Upgrade selected PHC facilities with digital equipment to maximise reach of RTN	✓	✓	✓	✓	✓
1.3: Expand access to tertiary hospital care and upgraded training facilities within Pacific SIDS	a) Update clinical guidelines, protocols, and patient care pathways	✓	✓	✓	✓	✓
	b) Upgrade and expand CWM Hospital	✓				

Sub-component	Activity description	Fiji	Kiribati	Tonga	Tuvalu	SPC
2.1: Build resilient, person-centred, integrated health service delivery with strengthened capacity to detect and manage NCDs and risk factors	a) Establish networks of care by upgrading, repairing or replacing PHC clinics	✓	✓	✓	✓	✓
	b) Establish a national digital health architecture in Fiji	✓				
	c) Improve health emergency preparedness and response in Fiji	✓				
	d) Strengthen supply chain resilience	✓	✓	✓	✓	✓
	e) Upgrade PHC screening, risk assessment, diagnosis, treatment and referral protocols	✓	✓	✓	✓	✓
	f) Assess resource gaps for NCD management	✓	✓	✓	✓	✓
	g) Design and implement an electronic health record and screening program	✓				
2.2: Scale-up gender and climate sensitive community outreach, risk profiling, wellness and behaviour change programs	Implement community-based, digitally aided outreach programs	✓				
3.1: Support regional implementation capacity, monitoring, evaluation and learning (MEL) for health systems strengthening through a regional Centre of Excellence (COE) approach	a) Establish a COE for Regulatory and Data Safety for Telehealth			✓		
	b) Establish a COE for Continuity of Care in Disparate Geographies		✓		✓	
	c) Establish a COE for Fair Access to Regional Specialist Care	✓				
3.2: Project implementation management	a) Establish and operate Project Management Units	✓	✓	✓	✓	✓
	b) Implement regional activities through SPC					✓
	c) Engage UNICEF to provide hands-on implementation support and coordination					✓

The high-level activity typology is outlined in Table 2:

Table 2: PHIT project activity typology

Activity type	Activity	Description and inclusions
Infrastructure investments	Construction of new tertiary healthcare facility	1.3: Construction of offsite expansion of CWM Hospital in Suva, Fiji. Major Engineer-Procure-Construct (EPC) civil works.

Activity type	Activity	Description and inclusions
	Renovation and refurbishment of existing tertiary healthcare facility	1.3: Renovation, refurbishment and/or re-development of the CWM Hospital in Suva, Fiji. Significant re-development works involving demolition, EPC and replacement/installation of medical equipment.
	Infrastructure upgrade of local PHC facilities and/or nursing schools	2.1: Repair, renovate or replace PHC clinics and training facilities, principally in Fiji but also to outer and remote islands of other Pacific SIDS through SPC. May include deployment of new modular flatpack buildings with integrated services (solar, battery, wastewater treatment) for remote sites.
Digital infrastructure	Digital infrastructure (hardware)	1.1, 1.2, 2.1, 2.2: Equip healthcare, PHC and training facilities with necessary digital infrastructure and equipment for telehealth, secure data management, eLearning, accreditation and coordination.
Technical assistance	Policy reform and program implementation	<p>1.1, 1.2, 1.3, 2.1, 3.1: Various streams of technical assistance, which may include:</p> <ul style="list-style-type: none"> • Development of needs-based regional curriculum guidelines • Development of electronic healthcare worker registries • Support for national institutions to adopt and implement changes • Policy reforms to increase scope of practice for different levels of PHC workers • Development of coherent and transparent healthcare career pathways • Alignment of regulatory and liability policies to enable cross-border care • Establishment of regional registries of specialists for telehealth • Design and implementation of EHR and screening program integrated into national HIS • Strengthening of health system resilience and workforce capacity building • Support for strategic transition planning for expansion of tertiary healthcare facilities • Support for implementation of Fiji's standards-based national digital health architecture • Establishment and operation of PMUs and COEs
	Policy reform involving downstream risks	<p>1.1, 1.2, 1.3, 2.1, 3.1: Various streams of technical assistance for policy reform involving potential downstream risks, which may include:</p> <ul style="list-style-type: none"> • Expansion and strengthening of community-based health surveillance • Development of secure cross-border data-exchange protocols • Establishment and dissemination of quality standards, including clinical guidelines, protocols, and climate resilient care pathways for national OMR • Establishment of ethical engagement standards for vulnerable populations • Update of screening, risk assessment, diagnosis, treatment and referral protocols for hypertension and diabetes • Assessment of gaps in HR, infrastructure, medicines & technologies for NCDs

Activity type	Activity	Description and inclusions
		<ul style="list-style-type: none"> • Development of governance for standards-based digital health architecture
	Digital platforms and content	<p>1.1, 1.2, 2.1, 2.2: Technical assistance for digital transformation of the regional healthcare ecosystem through the development of various digital platforms, which may include:</p> <ul style="list-style-type: none"> • Digital Learning Management System, • Digital platforms for eLearning Hubs • Regional electronic health worker registries • Telehealth networks of excellence and registries • AI-based diagnostic support application • Secure cross-border data-exchange mechanisms • Cross-sectoral health early-warning system <p>Digitally aided health outreach system</p>
	Health outreach programs	<p>2.2: Local PHC- and community-based health outreach activities supported by digital technologies.</p>
	Training	<p>1.1: Training of healthcare staff for re-accreditation at existing training facilities and/or using new or upgraded facilities.</p>

1.3. Project implementation arrangements

The project management structure, institutional arrangements and implementation framework for the project are as follows.

The PHIT project operates through a three-tiered management system. At the apex is a Regional Steering Committee (RSC) comprising participating Ministers or their delegates, serving as the highest oversight body for strategic direction and political-level guidance. SPC acts as the RSC's secretariat, facilitating annual meetings and ensuring lessons learned are shared with Pacific Island Forum leaders to maximise regional spillovers.

Each participating government selects its most appropriate implementing agency based on financing volumes and existing capacity to manage World Bank funding within their health ministries.

PHIT draft implementation arrangements

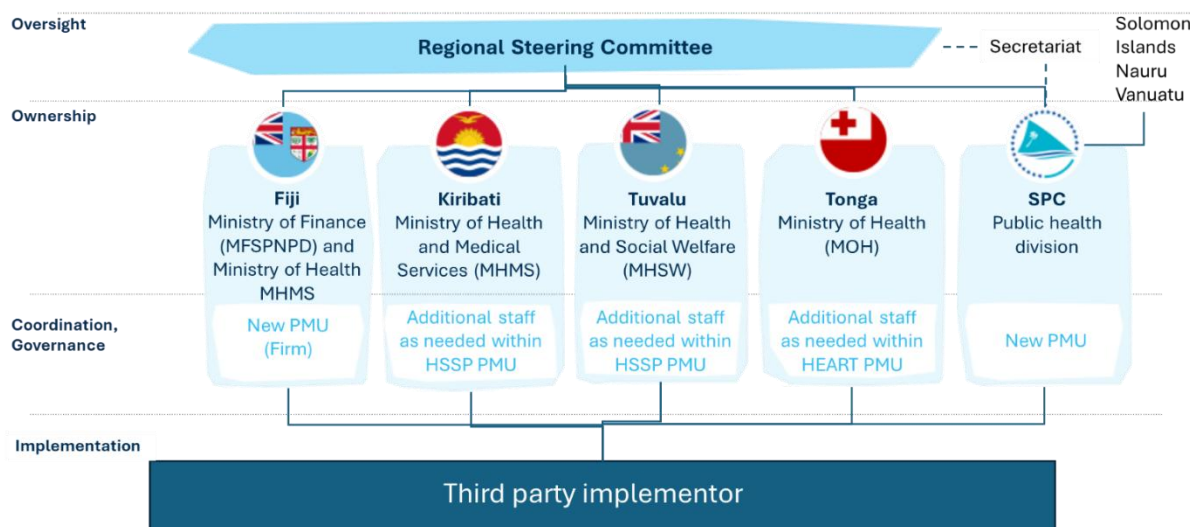


Figure 1: PHIT project implementation and governance arrangements

Project Management Units (PMUs) will be established or reinforced in each country:

- **Fiji** will establish a new PMU hosted within the Ministry of Finance, coordinating with the Ministry of Health to hire specialised firms for major contracts including hospital construction and health facility upgrades;
- **Kiribati** will operate through its existing Health Systems Strengthening Project (HSSP) PMU within the Ministry of Health and Medical Services;
- **Tonga** will operate through its existing Health Enhancement and Resiliency for Tonga (HEART) Project PMU within the Ministry of Health;
- **Tuvalu** will operate through its existing Health Systems Strengthening Project (HSSP) PMU within the Ministry of Health and Social Welfare.

SPC will additionally form a new PMU under its Public Health Division.

Each PMU coordinates PHIT implementation by validating annual workplans, transferring procurement funds, monitoring activities, managing fiduciary oversight, and preparing comprehensive reporting.

A third-party implementer will be engaged as a shared project implementation partner, to provide substantial implementation support, build PMU capacity, and enable bulk procurement.

SPC will play a pivotal role as the regional organisation with scientific and technical expertise. Beyond serving as the RSC secretariat, SPC will focus on building regional healthcare workforce capacity through identifying training needs, facilitating clinical guideline updates, rolling out professional development curricula, establishing training partnerships, and building mentorship networks. SPC will also facilitate knowledge sharing and regional dialogue to extend PHIT benefits to non-participating countries (e.g. Nauru, Samoa and Vanuatu), while overseeing monitoring and evaluation activities and preparing consolidated annual progress reports.

2. PROJECT LABOUR USE AND POTENTIAL RISKS

The LMF applies to all project workers, irrespective of contracts being full-time, part-time, temporary or casual.

World Bank ESS2 defines four categories of project workers listed below along with their expected inclusion in the Project and subprojects:

Categories of workers in ESS2	Expected inclusion in subprojects
Direct workers: People employed or engaged directly by an Implementing Agency to work specifically in relation to the project.	Likely, detailed below and to be detailed in each subproject LMP.
Contracted workers: People employed or engaged by sub-grantees to perform work related to core functions of the project, regardless of their location.	Likely, detailed below and to be detailed in each subproject LMP.
Primary supply workers: People employed or engaged by primary suppliers and sub-grantees. Primary suppliers are those suppliers who, on an ongoing basis, provide goods and materials <u>directly</u> to the project (does not apply to indirect Tier 2/3 suppliers).	Unknown, and will be confirmed in each subproject LMP as relevant.
Community workers: People engaged in providing community labour, generally voluntarily (mobilised and supported by sub-grantees).	Unlikely, but will be confirmed in each subproject LMP as relevant.

ESS2 does not seek to interfere in the relationship between the government and its civil service employees, who are normally employed under specific terms and conditions that may reflect mandatory legal requirements. While government civil servants may work on the project, for example, in the project implementation unit or project management office, their status as government civil servants is not affected.

In reference to the ESS2 worker classifications and project activities above, the expected labour use on the regional project is summarised in Table 3.

Note that the number of project works and timing of labour requirements for each subproject is to be defined in the subproject LMP.

Table 3: Expected labour use on the PHIT project and associated potential labour risks

Project activity type	Characteristics of project workers	Potential labour risks	Risk rating (unmitigated)
<p>Construction of new tertiary healthcare facility</p> <p>Renovation and refurbishment of existing tertiary healthcare facility</p>	<p>Direct workers:</p> <ul style="list-style-type: none"> • PMU Staff* • Technical Coordinators provided by local Ministries (e.g. MHMS CIU and AMU) • Consultants • EPC Project Management firm <p>Contracted workers:</p> <ul style="list-style-type: none"> • Engineering, architectural, surveying and other construction-related professional services • Construction and trade services contractors • Construction work force (including migrant labour) <p>Primary supply workers:</p> <ul style="list-style-type: none"> • Workers of direct suppliers (e.g. directly procured goods and materials) 	<p>Construction-related risks:</p> <ul style="list-style-type: none"> • Including: Working at heights, in confined spaces; Demolition work; Excavation work; Electrical work; Fatigue (incl heat stress); Hazardous manual tasks; Moving / suspended loads; Noise and vibration; Plant and machinery; Psychosocial hazards; Scaffolding; Slips, trips and falls; Traffic hazards; Working outdoors; Hazardous materials (asbestos, chemicals); Dust (including silica) <p>Labour conditions risks:</p> <ul style="list-style-type: none"> • General OHS risks • Working conditions below national minimum standards • Exploitation of workers through underpayment (incl fraud and/or forced labour, modern slavery) • Use of underage labour • Discrimination of workers on the basis of a personal characteristic e.g. race, ethnicity, gender, sexual orientation <p>General and social risks:</p> <ul style="list-style-type: none"> • Sexual exploitation and abuse/sexual , harassment (SEA/SH) • Social tensions related to migrant labour • Transmission of disease related to labour camps and migrant labour 	<p>HIGH</p> <p>HIGH</p> <p>HIGH</p> <p>HIGH</p> <p>HIGH</p> <p>HIGH</p> <p>HIGH</p>

Project activity type	Characteristics of project workers	Potential labour risks	Risk rating (unmitigated)
Infrastructure upgrade of local PHC facilities and/or nursing schools	<p>Direct workers:</p> <ul style="list-style-type: none"> • PMU Staff* • Technical Coordinators (in local Ministries) • Consultants • EPC Project Management firm <p>Contracted workers:</p> <ul style="list-style-type: none"> • Architecture and/or engineering design firms • Building and trade services contractors <p>Primary supply workers:</p> <ul style="list-style-type: none"> • Workers of direct suppliers (e.g. directly procured equipment) 	<p>Construction-related risks:</p> <ul style="list-style-type: none"> • Demolition, excavation work; Electrical work; Moving / suspended loads; Hazardous materials (incl asbestos, chemicals); Traffic hazards; Slips, trips and falls; Plant and machinery <p>Labour conditions risks:</p> <ul style="list-style-type: none"> • Working conditions below national minimum standards • Exploitation of workers through underpayment (incl fraud and/or forced labour) • General OHS risks • Use of underage labour <p>General and social risks:</p> <ul style="list-style-type: none"> • Social tensions related to labour influx or exclusion of local labour • Exclusion and discrimination on any protected basis (e.g. race, ethnicity, gender, sexual orientation) 	<p>HIGH</p> <p>HIGH</p> <p>HIGH</p> <p>HIGH</p> <p>HIGH</p> <p>HIGH</p>
Digital infrastructure upgrade (hardware)	<p>Direct workers:</p> <ul style="list-style-type: none"> • PMU Staff* • Technical Coordinators (in local Ministries) • Consultants • Digital platform developer • Digital infrastructure implementation firm • Digital platform service provider 	<p>Installation-related risks:</p> <ul style="list-style-type: none"> • Electrical work; Slips, trips and falls <p>Labour conditions risks:</p> <ul style="list-style-type: none"> • Working conditions below national minimum standards • General OHS risks 	<p>MEDIUM</p> <p>LOW</p> <p>MEDIUM</p>
Policy reform and program implementation	<p>Direct workers:</p> <ul style="list-style-type: none"> • PMU Staff* • Technical Coordinators (in local Ministries) • Consultants 	<p>Labour conditions risks:</p> <ul style="list-style-type: none"> • Working conditions below national minimum standards • General OHS risks 	<p>LOW</p> <p>LOW</p>

Project activity type	Characteristics of project workers	Potential labour risks	Risk rating (unmitigated)
Digital platform development (systems and content)	Direct workers: <ul style="list-style-type: none"> • PMU Staff* • Technical Coordinators provided by local Ministries • Consultants • Digital platform developer • AI application developer • Digital infrastructure design firm • Digital platform service provider 	Labour conditions risks: <ul style="list-style-type: none"> • Working conditions below national minimum standards • General OHS risks 	<p>LOW</p> <p>LOW</p>
Health outreach programs	Direct workers: <ul style="list-style-type: none"> • PMU Staff* • Technical Coordinators (in local Ministries) • Consultants Contracted workers: <ul style="list-style-type: none"> • PHC workers 	Labour conditions risks: <ul style="list-style-type: none"> • Working conditions below national minimum standards • Exploitation of workers through underpayment (incl fraud and/or forced labour) • General OHS risks • Use of underage labour • Conditions for <18y labour General and social risks: <ul style="list-style-type: none"> • Social tensions related to labour influx or exclusion of local labour • Exclusion and discrimination on any protected basis (e.g. race, ethnicity, gender, sexual orientation) 	<p>MEDIUM</p> <p>MEDIUM</p> <p>MEDIUM</p> <p>MEDIUM</p> <p>MEDIUM</p> <p>MEDIUM</p>
Training of healthcare workers	Direct workers: <ul style="list-style-type: none"> • PMU Staff* • Technical Coordinators (in local Ministries) • Consultants • Training delivery service provider Contracted workers: <ul style="list-style-type: none"> • PHC workers 	Labour conditions risks: <ul style="list-style-type: none"> • Working conditions below national minimum standards • Exploitation of workers through underpayment (incl fraud and/or forced labour) • General OHS risks General and social risks: <ul style="list-style-type: none"> • Social tensions related to labour influx or exclusion of local labour • Exclusion and discrimination on any protected basis (e.g. race, ethnicity, gender, sexual orientation) 	<p>MEDIUM</p> <p>MEDIUM</p> <p>MEDIUM</p> <p>LOW</p> <p>MEDIUM</p>

*PMU Staff nominally includes: Project Manager, Financial Management Specialist, Procurement Specialist, Social Protection Specialist, Project Officer(s), Environmental and Social Specialist, Environmental and Social Officer, Gender Based Violence Specialist, Monitoring and Evaluation Specialist, Policy Advisor

3. OVERVIEW OF LABOUR LEGISLATION

The overall risk level related to labour and employment conditions for the PHIT Project is **HIGH**, as summarised in Table 4.

Table 4: Summary of labour-related risks by PHIT country

Country	Risk level	Considerations
Fiji	Moderate	Comprehensive labour law framework implementing all ILO conventions, potential gaps in OHS compliance and underpayment. Some PHIT activities in Fiji will be high risk.
Kiribati	Moderate	Comprehensive labour law framework implementing all ILO conventions, potential gaps in minimum working age, OHS compliance and underpayment. PHIT activities in Kiribati will be lower risk.
Tonga	Very high	No labour law framework, reliant on common law. Very high labour risk environment in all aspects, particularly child labour, discrimination, employment conditions and safety. PHIT activities in Tonga will be lower risk.
Tuvalu	High	Partially implemented labour law framework, implementing child labour and maritime labour ILO convention only. High risk related to employment conditions, underpayment, safety and fair practices. PHIT activities in Tuvalu will be lower risk.

The key aspects of national labour legislation with regards to the terms and conditions of work and occupational health and safety are summarised in Table 5.

Table 5: Key national labour legislation relevant to the PHIT project

Country	Constitution	Employment and working conditions	Occupational health and safety	Anti-discrimination
Fiji	<p>The Fijian Constitution (2013) protects workers' rights through several articles:</p> <ul style="list-style-type: none"> • Article 10 prohibits slavery, servitude, forced labour and human trafficking. • Article 11 guarantees freedom from torture, cruel treatment and violence, ensuring personal security at home, school and work. • Article 18 protects peaceful assembly rights, though limitations exist for national security and public order. • Article 20 ensures fair employment practices, humane treatment, safe working conditions, and the right to form or join trade unions and engage in collective bargaining. • Article 26 prohibits discrimination based on race, gender, sexual orientation, disability, age, religion, economic status and other characteristics, ensuring equality for all. 	<p><i>Employment Relations Act 2007</i>. This Act covers recruitment, conditions of employment as well as health and safety aspects, and is administered by the Department of Labour and Employment. The Act implements all 8 core ILO* conventions. Fiji's labour laws have been reformed following a 2016 resolution to work towards legislative compliance with ratified International ILO conventions and align with international labour standards. The Act provides for trade union formation and collective bargaining rights; prohibition of discrimination based on sex, race, colour, religion, political opinion, national extraction, social origin, or age; minimum employment age (15); written employment contracts; minimum wage requirements; 14-day termination notice; severance pay entitlements; paid maternity leave (98 days) and paternity leave (5 days); dispute resolution mechanisms</p>	<p>The Fiji <i>Health and Safety at Work Act 1996</i> covers the health and safety of workers and is administered by Ministry of Employment, Productivity & Workplace Relations. The Act places primary responsibility on employers to ensure workplace safety through risk assessments, safe work systems, and employee training. Employees must cooperate with safety measures and use protective equipment. The Act is enforced by health and safety inspectors who can issue improvement notices, prohibition notices, and prosecute violations. The Ministry oversees enforcement, and employers must report serious accidents and maintain safety records.</p>	<p><i>Employment Relations Act 2007</i>. Part 9 of the Act explicitly prohibits discrimination in employment matters, including recruitment, training, promotion, and remuneration. Section 75 outlines prohibited grounds of discrimination, encompassing race, gender, sexual orientation, age, disability, and more. Section 78 mandates equal pay for equal work, reinforcing the commitment to fair treatment in the workplace.</p> <p><i>Human Rights and Anti-Discrimination Commission Act 2009</i>: This Act establishes the Human Rights and Anti-Discrimination Commission (HRADC), which is empowered to investigate and address complaints related to unfair discrimination in employment and other areas. Section 19 specifies areas where unfair discrimination is prohibited, and Section 22 provides guidelines on genuine occupational qualifications and justifications.</p> <p>Fiji National Employment Policy 2018: This policy underscores the government's commitment to promoting equal employment opportunities and eliminating discrimination in the workplace. It serves as a strategic framework to</p>

Country	Constitution	Employment and working conditions	Occupational health and safety	Anti-discrimination
				guide employment practices and policies across various sectors.
Kiribati	<p>The Kiribati Constitution (1979, amended 2013) contains limited workers' protections:</p> <ul style="list-style-type: none"> • Article 6 prohibits slavery, servitude and forced labour, with exceptions for court-ordered work, detention duties, disciplined forces, emergencies and civic obligations. • Article 7 prohibits torture, inhuman or degrading treatment. • Article 13 protects freedom of assembly and association, though restrictions are permitted for public safety, order, morality, health, protecting others' rights, or limiting public employees. • Article 15 prohibits discrimination in laws based on race, origin, political opinions, colour or creed. However, gender, disability and sexual orientation are notably absent from protected categories. • No specific constitutional provisions address fair employment practices or safe working conditions. 	<p><i>The Employment and Industrial Relations Code Act 2015</i> is the Kiribati legislative instrument that provides for the regulation of employment contracts, industrial relations and the settlement of employment disputes and associated matters. The Act is designed to align with ILO conventions. The Act represents a comprehensive modernisation of Kiribati's labour laws, replacing three outdated laws and aligning with international labour standards.</p> <p>The Act prohibits the worst forms of child labour and sets a minimum employment age (14); 8-hour workdays / 40-hour workweeks; written employment contracts; minimum wages; collective bargaining rights; fair termination procedures; non-discrimination provisions; and establishment of a labour inspectorate. However, a lack of qualified personnel hampers the Ministry's ability to enforce employment law.</p>	<p>The Kiribati <i>Occupational Health and Safety Act 2015</i> covers the health and safety of workers and is administered by the Ministry of Labor and Human Resources Development. The Act provides a comprehensive framework for occupational safety and health standards for the workplace, placing primary duty of care on employers to ensure workplace safety through risk assessments, safe work systems, and provision of PPE. The OSH Unit within the Ministry enforces the Act through inspectors who can enter workplaces, issue improvement/prohibition notices, and investigate accidents. Employers are liable for the expenses of workers injured on the job. By law workers may remove themselves from situations that endanger their health or safety without threat to their employment.</p>	<p>Kiribati has a Ministry for Women, Youth, Sports and Social Affairs, and a National Human Rights Taskforce composed of representatives of key ministries and non-governmental organisations. The Ministry of Justice oversees the implementation of Kiribati commitments under international human rights treaties. Kiribati has a National Policy on Gender Equality and Women's Development (GEWD) that aims to prioritise gender mainstreaming, economic empowerment of women, stronger and more informed families, improved women's leadership, and the elimination of gender-based violence. While national legislation prohibits discrimination in employment, and external agencies have reported few cases of discrimination in employment and wages, cultural barriers may continue to impede women from playing a more active role in the economy.</p>
Tonga	<p>The Tonga Constitution contains limited workers' protections:</p> <ul style="list-style-type: none"> • Article 1 establishes freedom from slavery and the right to dispose of one's labour and possess property. 	<p>Tonga currently lacks comprehensive employment legislation. There is no statute regulating employment, so the terms of employment contracts will outline the rights, responsibilities, and</p>	<p>Tonga does not have a national OSH policy, but public sector and public health legislation include OSH requirements. The <i>Public Health Act 2008</i> establishes employers' general duty of care to ensure</p>	<p>National Employment Policy (NEP) 2025: Validated in early 2025, the NEP aims to address employment challenges by promoting decent job creation and aligning with international</p>

Country	Constitution	Employment and working conditions	Occupational health and safety	Anti-discrimination
	<ul style="list-style-type: none"> Article 2 prohibits forced servitude except as punishment by law, and provides refuge for escaped slaves. Article 4 establishes equal law for all people regardless of class. The Constitution broadly prohibits discrimination based on disability but lacks specific provisions for workplace safety, minimum wages, or comprehensive anti-discrimination protections. No constitutional articles specifically address worker rights to organise, collective bargaining, or occupational health and safety standards. 	<p>obligations of both the employer and employee. A proposed Employment Relations Act sets standards for working hours, wages, and termination procedures, but has not been passed. There are also no laws specifying a minimum age for work, defining hazardous forms of work for children under age 18, or prohibiting the use of children for the production and trafficking of drugs. The law does not prohibit forms of forced or compulsory labour. Worker safety enforcement is inconsistent, and the government does not have inspectors to enforce compliance. Employment matters largely depend on common law and employment contracts rather than constitutional guarantees. Tonga has ratified the ILO convention on Child Labour, but has not implemented the provisions in legislation.</p>	<p>health, safety and welfare of employees. The Ministry of Health is responsible for developing and enforcing OHS regulations. Authorised officers under the Act have powers to inspect workplaces, issue improvement notices, and take enforcement actions. Employers must report serious injuries immediately and maintain accident records.</p>	<p>labour standards. It emphasizes inclusive employment practices and equal opportunities.</p> <p>Public Service Policy Manual (2006): Applicable to public sector employees, this manual emphasizes merit-based employment decisions, equal opportunity, and a discrimination-free workplace. It outlines principles for fair treatment and grievance procedures.</p> <p>Gender Equality Policy (2019–2025): This policy focuses on mainstreaming gender equality across all sectors. It addresses issues like gender-based discrimination and aims to empower women in the workforce.</p> <p>The draft Employment Relations Bill 2020 has been approved by Parliament but remains under consideration by His Majesty in Privy Council.</p>
Tuvalu	<p>The Tuvalu Constitution includes the following articles related to worker rights:</p> <ul style="list-style-type: none"> Article 18 prohibits slavery and forced labour Article 25 provides for freedom of assembly and association (includes trade union rights) Article 27 provides for freedom from discrimination (amended in 2023 to include sex and disability alongside race, 	<p>The <i>Labour and Employment Relations Act 2017</i> contains provisions on the minimum age for work (14), that a child must be 18 years old to sign a formal work contract; mandates a 40-hour work week spread over five days; required rest periods; and protects against discrimination on the basis of sexual orientation. The Penal Code prohibits forced labour. The Act implements Tuvalu’s two ratified ILO Conventions on Maritime Labour and Child Labour.</p>	<p>The <i>Employment Relations Act 2017</i> covers worker health and safety, and requires employers to provide and maintain a safe working environment, identify and assess hazards, and take steps to eliminate, minimise, isolate or control significant hazards. Employers must provide information, instruction, training and supervision, monitor workplace conditions and employee health, and maintain records. Employees must take reasonable care for their own</p>	<p><i>Labour and Employment Relations Act 2017</i>: This Act prohibits workplace discrimination based on various grounds, including race, gender, sexual orientation, age, disability, religion, and political opinion. It applies to all employers and employees in Tuvalu.</p> <p>Constitution of Tuvalu (2023 Amendments): The Constitution now explicitly prohibits discrimination on the grounds of sex and disability,</p>

Country	Constitution	Employment and working conditions	Occupational health and safety	Anti-discrimination
	place of origin, political opinions, colour, and religious beliefs) <ul style="list-style-type: none"> • No specific provisions for workplace safety standards or employment protections. 		and others' safety and cooperate with employers. Labour inspectors enforce the Act through workplace inspections, investigating allegations, and issuing demand notices. However, worker safety standards and enforcement mechanisms may be underdeveloped.	enhancing protections for women and persons with disabilities.

*International Labour Organization (ILO) conventions: Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87); Right to Organise and Collective Bargaining Convention, 1949 (No. 98); Forced Labour Convention, 1930 (No. 29); Abolition of Forced Labour Convention, 1957 (No. 105); Minimum Age Convention, 1973 (No. 138); Worst Forms of Child Labour Convention, 1999 (No. 182); Equal Remuneration Convention, 1951 (No. 100); Discrimination (Employment and Occupation) Convention, 1958 (No. 111).

4. RESPONSIBLE STAFF

The LMP for each subproject is to identify the functions and/or individuals within the project responsible for:

- **Engagement and management of project workers**, including contracting, compliance, administrative onboarding, remuneration and insurance
- **Engagement and management of contractors**, including procurement, contract management, compliance oversight
- **Occupational health and safety (OHS)**, including general and site-specific induction, OHS oversight, incident oversight
- **Training of workers**, including task- and function-specific training as required for effective work
- **Addressing worker grievances**, including oversight of grievance mechanism, compliance reporting, and grievance response/redress management

For Direct Workers, these functions will be assigned to key staff in the relevant PMU or host Ministry. Where a Contractor employs staff or subcontractors, the Contractor will assigned named staff to be responsible for equivalent functions for which the Contractor is responsible.

The assigned focal points for these functions in the PMUs comprising the PHIT project are provided in Table 6.

Table 6: Responsible staff for ESS2 requirements under the PHIT project

PMU / Ministry	Focal Point
Fiji PHIT PMU Fiji Ministry of Health and Medical Services	PMU E&S Officers PMU Focal Point(s) for:
Kiribati HSSP PMU Kiribati Ministry of Health and Medical Services	<ul style="list-style-type: none"> • Project Worker • Contractor Management
Tonga HEART PMU Tonga Ministry of Health	<ul style="list-style-type: none"> • OHS • Training
Tuvalu HSSP PMU Tuvalu Ministry of Health and Social Welfare	<ul style="list-style-type: none"> • Grievance
SPC PHIT PMU	

The PMUs will be responsible for project management, implementation and coordination. The PMU's Project Manager will lead day-to-day project management and implementation, supported by an Environment and Social Specialist and an Environmental and Social Officer. Responsibilities of the PMU include:

- Implementing this LMF and preparing, consulting, adopting and thereafter implementing subproject LMPs;
- Ensuring contractual mechanisms to ensure Contractors comply with this LMF and subproject LMPs;

- Monitoring to verify that Contractors are meeting labour and working conditions and OHS obligations toward contracted workers as required under the LMPs and local legislation;
- Monitoring Contractors' implementation of this LMF and subproject LMPs;
- Monitoring compliance with OHS standards at all workplaces in line with this LMF, sub-project LMPs and national OHS legislation;
- Ensuring that the grievance mechanism for Project workers is established and implemented and that workers are informed of its purpose and operation;
- Have a system for regular monitoring and reporting on labour and OHS performance; and data collection, monitoring, and analysis of the LMF/LMPs as part of the Project's MEL activity;
- Reporting on LMF/LMP implementation within the six-monthly report to the WB;
- Notify the WB within 24 hours of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers; providing sufficient detail regarding the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and supervising entity, as appropriate;
- Preparing a report on any incident or accident per WB's request and propose any measures to prevent its recurrence.

5. POLICIES AND PROCEDURES

5.1. Occupational health and safety

The OHS measures of the Project are based on the requirements of the relevant sections of ESS2 as well as local government OHS regulations and guidelines, and WHO guidelines.

The Environment and Social Specialist and Environmental and Social Officer in each PMU will create an **Occupational Health and Safety Plan** (OHSP) as an Annex to the subproject LMP that includes:

- OHS guidelines for all project workers;
- Training arrangement for project workers
- The system for regular monitoring and reporting on OHS performance including documentation and reporting of occupational accidents, diseases and incidents.

The Project Manager will ensure effective methods are put in place for responding to identified hazards and risks, establishing priorities for taking action and evaluating outcomes.

The Project Environment and Social Specialist and Environmental and Social Officer will ensure that:

- OHS guidelines are in full compliance with local workplace health and safety standards and laws, ESS2 and WHO Guidelines, including:
 - Basic safety awareness training on risks identified in Table 3;
 - That all Project vehicle drivers have appropriate licences;
 - That first-aid equipment and facilities are provided in accordance with labour legislation;

- That adequate provisions for hygiene facilities (toilets, hand-washing basins) and resting areas are provided;
- All workplace health and safety incidents are properly recorded in a register detailing the type of incident, injury, people affected, time/place and actions taken;
- All workers (irrespective of contracts being full-time, part-time, temporary or casual) are covered by worker insurance against occupational hazards;
- All work sites are inspected to identify potential hazards and actions to be taken in case of emergency;
- Any on-site accommodation is safe and hygienic, including provision of an adequate supply of potable water, washing facilities, sanitation, accommodation and cooking facilities;
- Workers residing at site accommodation receive training in preventing prevention of infection through contaminated food and/or water, transmission of tropical diseases, and avoidance of sexually transmitted diseases;
- Laminated signs of relevant safe working procedures are placed in a visible area on work sites, in local language and English;
- Employment practices are fair and non-discriminatory;
- Safe access is provided to project facilities (workplace) for workers with disabilities;
- Under no circumstances will contractors, suppliers or sub-contractors engage forced labour;
- Construction materials are procured only from suppliers able to certify that no forced labour or child labour (except as permitted by national labour law) has been used in the production of the materials;
- All employees are aware of their rights under national labour law, including the right to organise;
- All employees are informed of their rights to submit a grievance through the workers' grievance mechanism;
- All employees are provided training on appropriate behaviour with communities, gender-based violence and violence against children.
- Project workers receive OHS training at the start of their employment or engagement, and thereafter on a regular basis and when changes are made in the workplace, with records of the training kept on file;
- Training will cover the relevant aspects of OHS associated with daily work, including the ability to stop work without retaliation in situations of imminent danger (as set out in paragraph 27 of ESS2), emergency arrangements, and specific labour-management procedures, stakeholder engagement and grievance mechanisms for the project as set out in the LMF, SEF and ESMF.

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

5.2. Construction-related risks

Civil works activities will involve a specific set of construction-related risks that pose high potential for harm requiring specific management frameworks beyond general OHS considerations.

The Contractor engaged to undertake any civil works is required to prepare and submit a comprehensive **Construction Health and Safety Plan (CHSP)** as a component of the subproject Construction Environmental and Social Management Plan (CESMP) that covers all reasonable risks to workers and the community related to the construction activity.

The requirement for a CHSP is to be included in construction¹ bidding documents, terms of reference, contracts and key performance indicators for the project. A draft CHSP is to be requested as part of bid submissions, and a complete CHSP vetted by NOHSS (see below) and approved by the PMU as being satisfactory considering the risk level of the activity, is to be in place and implemented before the commencement of work.

A CHSP serves as the cornerstone of workplace safety management throughout the construction process. This comprehensive plan must be prepared before work commences and maintained throughout the project lifecycle.

The CHSP must:

- Identify all potential hazards and risks associated with the construction work, including structural, electrical, mechanical, and environmental dangers
- Include a comprehensive risk register with hazard identification matrices and corresponding mitigation strategies with identified risk owners
- Detail specific control measures for high-risk activities such as working at heights, excavation, crane operations, and handling hazardous materials (including asbestos)
- Provide clear emergency procedures, evacuation routes, and incident reporting protocols
- Include provisions for regular scheduled documented safety inspections, toolbox talks, and worker induction programs
- Address site security, traffic management, and coordination between multiple contractors and subcontractors
- Specify personal protective equipment (PPE) requirements for different work activities and trades
- Specify communication protocols, including safety meeting schedules and reporting hierarchies
- Specify training requirements, competency assessments, and certification records for all personnel, including documentation arrangements
- Include any and all applicable standards, work method statements, and safe work procedures for specific tasks.

The principal Contractor holds primary responsibility for developing, implementing, and maintaining the CHSP, under the compliance oversight of the PMU. The Contractor must ensure all subcontractors comply with the plan's requirements and coordinate safety activities across the site. The Contractor must provide relevant information about the site and ensure adequate resources are allocated for

¹ Or "design and construction".

safety implementation. Individual contractors and workers are responsible for following the plan's procedures, reporting hazards, and maintaining their own safety competencies.

In Fiji, construction safety inspections are conducted by the National Occupational Health and Safety Service (NOHSS), which operates under the Ministry of Employment, Productivity & Industrial Relations.

The NOHSS has several key responsibilities regarding construction site inspections. NOHSS inspectors of the Field Operations (FO) Unit have broad powers to enter workplaces, conduct investigations, issue notices, and prosecute violations. The inspections are governed by the *Health and Safety at Work Act* (1996).

The NOHSS conducts different types of inspections:

- High-risk workplace inspections, such as construction sites and factories
- Complaint-driven inspections in response to specific workplace hazard complaints
- Routine inspections based on available resources

OHS approval and inspections are mandatory parts of the building approval process, working alongside other authorities like local councils, the National Fire Authority, and utility providers.

The CHSP is a living document that requires regular review and updating as construction phases progress and new risks emerge. Changes must be communicated to all stakeholders, and training updated accordingly. Documentation of safety performance, incident investigations, and corrective actions must be maintained for audit purposes and continuous improvement. Effective implementation of a comprehensive CHSP not only ensures legal compliance but creates a safer working environment, reduces project delays, and protects all parties from potential liabilities associated with workplace incidents.

5.3. Sexual exploitation and abuse, sexual harassment, gender-based violence (SEA/SH/GBV)

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

The initial risk screening for the civil works activities of the PHIT project indicate a **Substantial** level of SEA/SH risk.

For these risks to be adequately and properly addressed, an effective **SEA/SH Action Plan** contained in the Project ESMF which includes inter alia Accountability and Response Framework is mandatory for major civil works subprojects (being construction of the new hospital in Suva and renovation / re-development of the CWM Hospital).

The SEA/SH Action Plan sets out:

- The necessary protocols and mechanisms that the project will put in place to address SEA/SH risks;
- How any SEA/SH allegations that may arise are to be addressed;

The Action Plan must set out specific arrangements for addressing SEA/SH risks for both workers and the community, including:

- An awareness raising strategy setting out how workers and local communities will be sensitised to SEA/SH risks and worker's responsibilities under the project Code of Conduct;
- The information that will be provided to employees and the community on how to report cases of SEA/SH via the workers GM;
- The WGM process for notifying the Contractor of allegations;
- GBV service providers to which GBV/SEA/SH survivors will be referred, and the services which will be available, including specific provisions for child survivors of GBV;
- Plans to coordinate with others working on GBV/SEA/SH and child safeguards locally.

The SEA/SH Accountability and Response Framework sets out how allegations of SEA/SH will be handled (investigation procedures) and disciplinary action for violation of the Code of Conduct by workers, and is to include at a minimum:

- How allegations will be handled, in what timeframe, and the range of possible disciplinary actions for violation of the CoC by workers, taking account of due process;
- Procedures to report SEA/SH allegations internally for case accountability;
- Protocols on responding to survivors, applying the survivor-centred approach, including a referral pathway to refer survivors to appropriate support services;
- Procedures that clearly lay out confidentiality requirements for dealing with cases;
- Specific provisions to address allegations involving children who are survivors of SEA/SH, including the consideration of the best interests of the child, specialist support services, and the role of parents/guardians in the response process;
- Protocols to comply with mandatory reporting requirements, if applicable under national law, including to inform survivors (ideally prior to disclosure) of this obligation and any limits on confidentiality;
- Procedures for review of complaints or incident reports, including information on the investigation and verification process and related information-sharing and reporting requirements; and
- Protocols for protection of whistleblowers and prohibition on retaliation against survivors, consistent with the World Bank's Commitments on Reprisals.

5.4. Project-related labour influx

The construction and renovation activities of the PHIT project have the potential to involve in the influx of labour into the activity locations from outside of Suva and Fiji. Whenever there is a labour influx of such a nature, there is a risk of adverse social and environmental impacts that need to be managed as part of the project's ESMF and LMF.

Under the World Bank's ESF, the high-level principles that apply to assembling a labour force for PHIT subprojects involving major civil works are as follows:

- **Minimise labour influx by using the local workforce.** The most effective mitigation measure to manage the impacts of labour influx is to avoid or reduce it. For PHIT subprojects involving major civil works, the labour strategy is, to the extent practical, to:

- Source unskilled labour from the local Suva area (anticipated to be plentiful);
 - Source specialised staff locally where available, or consider training local workers if practical within a reasonable timeframe to meet project requirements, particularly if such trained staff are needed post-construction for the operation and maintenance of the new infrastructure;
 - If unavailable locally, hire specialised staff from elsewhere, prioritising the PHIT countries;
 - Include the prioritisation of local labour as a weighted criterion in the evaluation of tenders for civil works.
- **Assess and manage labour influx risk through appropriate instruments.** The assessment and management of labour influx form part of the environmental and social screening process for each subproject:
 - For subprojects in which labour influx is negligible/incidental and the majority of workers are local, risks can be managed within the framework of the ESCP/ESMP/LMP;
 - Once labour requirements for specific subprojects are known, and it is established that there will be a requirement for a significant labour influx for major civil works, a site- and subproject-specific **Labor Influx Management Plan (LIMP)** will be required as an annex to the subproject LMP.
 - **Incorporate social and environmental mitigation measures into the civil works contract.** Most adverse impacts from labour are ultimately the responsibility of the Contractor hired by the Borrower to carry out the works. This responsibility is to be implemented as follows:
 - Bid submissions are required to outline the makeup of the labour force including any labour influx, and to include a draft outline LIMP (should this later be required);
 - The responsibilities for managing the adverse impacts of labour influx are to be clearly reflected as a contractual obligation, with appropriate costing and mechanisms for addressing non-compliance, in reference to the commitments in its ESCP and the LMP/LIMP;
 - The complete LIMP will be developed by the Contractor and approved by the PMU, and is to be in place before any external workers arrive for the project;
 - The requirements of these instruments are to be reflected in the Contractor's C-ESMP;
 - The subproject is to be implemented in accordance with the C-ESMP, legal requirements, and other relevant contractual provisions.

Specific risks to be considered in the development of a LIMP are summarised in Table 7.

Table 7: Potential risks associated with labour influx

Risk	Description	Possible mitigations
Social conflict	Conflicts may arise between the local community and the project workers, which may be related to religious, cultural or ethnic differences, or based on competition for local resources. Tensions may also arise between different groups within the labour force, and pre-existing conflicts in the local community may be exacerbated. Ethnic and regional conflicts may be aggravated if workers from one group are moving into the territory of the other, and this can be magnified if there is a high rate of unemployment in the project area.	Code of Conduct and associated induction training Effective grievance mechanism Contractual obligations Worker engagement / liaison
Increased risk of illegal behaviour, or behaviour that violates social norms in the project area	The influx of workers and service providers for the project into communities may increase the rate of crimes and/or a perception of insecurity by the local community. Such crimes can include theft, physical assaults, illegal hunting or fishing, substance abuse, prostitution and human trafficking. Behaviour that violates social norms can include relationships between workers and community members, disrespect of local customs, etc. Local law enforcement may not be sufficiently equipped to deal with the increase in local population.	Code of Conduct and associated induction training Effective grievance mechanism Contractual obligations Worker engagement / liaison Police liaison
Increased burden on and competition for public service provision	Labor influx can generate additional demand for the provision of public services, such as water, electricity, medical services, transport, education and social services, as well as natural resources.	Supplementation of services as part of project delivery based on services capacity assessment and regular review
Increased risk of communicable diseases and burden on local health services	An influx of people from another area may bring communicable diseases to the project area, including sexually transmitted diseases (STDs) or conversely, workers may be exposed to endemic diseases in the project area to which they have low resistance. If appropriate health care is not provided, worker health care could pose an additional burden on local health resources.	Induction training on transmission and infection control Supplementation of clinical and nursing services for worker cohort
Gender-based violence (GBV)	Construction workers are predominantly younger males. Those who are away from home on the construction job are typically separated from their family and may act outside their normal sphere of social mediation. This can lead to inappropriate and criminal behaviour, such as sexual harassment of women and girls, exploitative sexual relations, and illicit sexual relations. A large influx of male labour may also lead to an increase in exploitative sexual relationships and human trafficking whereby women and girls are forced into sex work. T	See section 5.2.

Risk	Description	Possible mitigations
Child labour and school dropout	Increased opportunities for the local community to sell goods and services to the incoming workers can lead to child labour to produce and deliver these goods and services, which in turn can lead to enhanced school dropout.	Prohibition of buying goods or soliciting services from children in project area as part of Code of Conduct and associated induction training
Local inflation of prices	A significant increase in demand for goods and services due to labour influx may lead to local price hikes and/or crowding out of community consumers.	Subproject to provide sufficient supplemental goods and service to prevent price inflation, balanced with support of local business and community
Increased pressure on accommodations and rents	Depending on project worker income and form of accommodation provided, there may be increased demand for accommodations, which may lead to price increases, crowding out of local residents, and resulting tensions between the community and the project.	Accommodation to be provisioned for worker cohort where local supply is constrained
Increase in traffic and related accidents	Delivery of supplies for and transportation of project workers can lead to an increase in traffic, rise in accidents, as well as additional burden on transportation infrastructure.	Comprehensive traffic management plan considering volumes, fleet and safety risks to be included in project C-ESMP
Influx of additional population	People in addition to the labour force (e.g. families of workers) may migrate to the project area, thereby exacerbating the impacts of labour influx.	Employment rules regarding family in-migration

6. AGE OF EMPLOYMENT

The minimum worker age is 14 years in accordance with ESS2, unless a higher minimum age is defined in relevant national law (which will prevail if over 14 years). The minimum working age provisions for the PHIT countries are summarised in Table 8.

Table 8: Minimum working age provisions

Fiji	Kiribati	Tonga	Tuvalu
Under the Fiji <i>Employment Relations Act 2007</i> , a child over the minimum age and under the age of 18 may only be employed if the work is not of a hazardous nature, does not interfere with the child’s education, and is not harmful to the child’s health or physical, mental, spiritual, moral or social development, and only after completing an appropriate risk assessment and putting into place measures to regularly monitor the health, working conditions, hours of work and all other provisions that normally apply to workers.	The Kiribati <i>Employment and Industrial Relations Code Act 2015</i> provides for children 14 years and over to perform work in any capacity, and children aged 12–13 to be employed in light work (only) and are prohibited from hazardous work.	Tonga has not established a minimum age for work or hazardous work, nor has it determined the types of hazardous work prohibited for children. There is currently no statute regulating employment in Tonga (Employment Relations Bill 2020 has yet to be passed).	The Tuvalu <i>Labour and Employment Relations Act</i> of 2017 sets a minimum working age of 14 years, or 15 years for industrial employment. The Act does not specify whether hazardous work for children 14–18 years is prohibited.

The minimum working age provisions for Kiribati and Tonga do not meet the requirements of ESS2, and so the provisions set out in this LMF will prevail.

In practice, for the major labour activities planned for the PHIT project, which are in Fiji, the conditions for employment of children under 18 years cannot be met. Best international practice for the other PHIT countries is also to prohibit workers under the age of 18 from engaging in any activities involving hazards (such as construction, electrical works and transport).

The minimum age of employment for the PHIT project is therefore set at 18 years.

To ensure compliance, all employees will be required to produce a Tax Identification Number (TIN) and photo identification as proof of their identity and age before the commencement of work. Contractors and subcontractors will be required to receive approval for the specific procedures they will use to verify the ages of proposed employees.

The PMU staff responsible for engagement and management of project workers must confirm and validate the age of staff (either directly or by validated report from a contractor) before work commences.

Contractors are required as a condition of contract to ensure that no child under the age of 18 conducts work of any kind on the aspect of the project under their control and authority. Contractors who employ staff to work on the PHIT project will be required to provide an employee report stating the ages of all employees every 6 months. The PMU or their delegate is provided the authority to conduct periodic reviews of project activities and locations for the purpose of oversight for compliance with this minimum age requirement.

If underage workers are found to be working on the project under a Contractor's control, this will be a breach of the conditions of contract and subject to punitive actions under the contract as appropriate.

The PMU will provide details of the age of employed staff and any inspections and breaches as part of regular project management reporting.

7. TERMS AND CONDITIONS

The terms and conditions of employment for the PHIT project and its subprojects will be determined based on the following principles.

- The terms and conditions of employment for direct workers will be determined by their individual contracts.
- Permanent project staff will have individual agreements (labour contract or service contract) with fixed fortnightly wage rates.
- All recruiting procedures will be documented and filed in accordance with ESS2 any locally applicable labour laws.
- Forty (40) hour per week employment should be practiced; requirements and conditions of overtime and leave entitlements are agreed as part of individual contracts.
- In addition to labour and working conditions required in construction contracts, the Project Manager in the PMU will ensure that Contractors monitor, report and comply with, labour management and OHS policies and procedures outlined in this LMP.
- Each Contractor will be required to submit an assessment of labour risks associated with their activities and risk mitigation measures in accordance with this LMF.

8. WORKERS' GRIEVANCE MECHANISM

A workers' grievance mechanism (WGM) is to be provided for all direct and contracted workers (and their organisations) to raise workplace concerns.

Complete GMs must be established prior to project commencement by each country PMU, and detailed in each subproject LMP.

The mandatory principles that apply to all workers' GMs in accordance with ESS2 are as follows:

- Workers are to be informed of the WGM at the time of recruitment, including measures put in place to protect them against any reprisal for its use.
- Measures are to be put in place to make the WGM easily accessible to all eligible project workers.
- The WGM is to be proportionate to the nature and scale and the potential risks and impacts of project activities.
- The WGM is to address concerns promptly, using an understandable and transparent process that provides timely feedback to those concerned in a language they understand, without any retribution, and will operate in an independent and objective manner.
- The WGM may utilise existing grievance mechanisms where available, providing that they are properly designed and implemented, address concerns promptly, and are readily accessible to eligible project workers.

- Existing WGMs may be supplemented as needed with project-specific arrangements.
- The project WGM will not impede access to other judicial or administrative remedies that might be available under the law or through existing arbitration procedures, or substitute for WGMs provided through collective agreements.

Specifically, noting the risks identified in Table 3, the workers' GM for the PHIT project will:

- Be established within the Ministry hosting the PMU;
- Be accessible via an email address and phone number published on the Ministry's public website;
- Ensure that all grievances of a sensitive nature (e.g. GBV, SEAH, bullying, incidents) are survivor focused and directed to trained professionals (e.g. within the human resources department);
- Ensure that the Grievance Focal Point is notified of all complaints (for sensitive complaints, upon vetting and anonymisation by trained professionals);
- Ensure that complaints are acknowledged within 24 hours (including non-business days);
- Ensure that complaints are addressed or resolved within 7 days;
- Ensure that if a complaint cannot be resolved within 7 days, the matter will be escalated to the Grievance Focal Point to coordinate with the Project Manager and relevant departments / organisations and persons to address the grievance;
- Ensure there is to no unnecessary delay in addressing complaints;
- Ensure that Direct and Contracted Workers are informed of the WGM before the commencement of employment, including that:
 - Grievances can be submitted and handled in confidence;
 - The complainant is protected from reprisal and all complaints handled sensitively by trained staff to avoid potential harm;
 - The WGM can be used to raise any issue of concern related to their work, including (but not limited to) their terms of employment, rights at work, SEAH, GBV, and unsafe or unhealthy work conditions.
- Ensure that Contractors have in place equivalent WGMs that meet these requirements prior to commencing work, and that grievances of a sensitive or significant nature are reported to the Contract Manager (PMU).

A notional procedure the WGM will operate via is outlined below. Individual subproject LMP WGMs may include additional stages

1. The complainant may report their grievance in person, by phone, text message, mail or email (including anonymously if required) via the publicly available workers' GM or the Contractor's WGM.
2. The grievance is to be addressed/resolved and the outcome communicated to the complainant, or escalated according to the WGM protocol and the nature of the grievance.
3. For complaints that are satisfactorily resolved at this stage, the incident and resultant resolution are to be logged and reported to the PMU Grievance Focal Point (notionally the PMU E&S Officer).

4. Where the complaint is not resolved, the matter will be reassigned to the Grievance Focal Point, who will advise the PMU Project Manager to decide further action or resolution.
5. If the matter remains unresolved, or the complainant is not satisfied with the outcome, the PMU Project Manager will refer the matter to the Permanent Secretary of the host Ministry (or delegated review committee) to decide on further action or resolution.
6. If the complaint remains unresolved with 30 days of the initial complaint or the complainant is dissatisfied with the outcome proposed by the Permanent Secretary, the complainant may refer the matter to the appropriate legal or judicial authority, at the complainant's own expense. A decision of the Court will be final.

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

The Project Stakeholder Engagement Framework outlines the project GM for issues that are not worker or workplace related but may apply to issues such as worker community interactions.

The Grievance Focal Points and WGM access points for each PMU are set out in Table 9.

Table 9: Grievance mechanism details for the PHIT project

PMU / Ministry	Grievance Focal Point / Responsible Executive	WGM access points
Fiji PHIT PMU Fiji Ministry of Health and Medical Services	PMU E&S Officer PS MHMS	https://www.health.gov.fj/contact-us/ Email Phone Mail
Kiribati HSSP PMU Kiribati Ministry of Health and Medical Services	PMU E&S Officer	
Tonga HEART PMU Tonga Ministry of Health	PMU E&S Officer	
Tuvalu HSSP PMU Tuvalu Ministry of Health and Social Welfare	PMU E&S Officer	
SPC PHIT PMU	PMU E&S Officer	

9. CONTRACTOR MANAGEMENT

9.1. General contractors

The procurement process for civil works contractor and contractors of other services (including procurement of primary suppliers) shall include due diligence on labour management capacity, verification of identified 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) where specified.
- Documents relating to a labour management system, including OHS issues, labour management procedures; safety and health personnel including qualifications and certifications; compliance records with regards to environmental, social and OHS issues, and an adequate monitoring system.

Subproject bid documents will follow the World Bank Standard Procurement Document (SPD) and shall include provisions requiring the adoption of the subproject LMP, including compliance with national occupational health and safety standards and relevant national employment legislation. The bid document will make it mandatory for the Contractor's ESMP to include work programs, LMPs and other information as specified.

Contractors will be responsible for management of their workers or subcontracted workers in accordance with the subproject LMPs, which will be supervised by the relevant PMU. Contractors will be responsible for:

- Obeying requirements of the national legislation (including any emergency regulations) and subproject LMPs;
- Maintaining records of recruitment and employment process of contracted workers;
- Communicating clearly job description and employment conditions to contracted workers;
- Providing workers with evidence of all payments made, including benefits and any valid deductions;
- Providing all workers with compliant remedies for adverse impacts such as occupational injuries, deaths, disability and disease;
- Maintaining records regarding labour conditions and workers engaged under the Project, including contracts, registry of induction of workers, hours worked, remuneration and deductions (including overtime);
- Assigning a designated safety officer, conducting training on and implementing OHS measures, recording safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities;
- Ensuring no child or forced labour is involved in the Project;
- Recording evidence of age and working rights including tax identification number and photo identification prior to the employee's commencement of work on the Project;
- Maintaining records of training/induction dates, number of trainees, and topics;
- Implementing a WGM, maintaining records of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up outstanding;

- Reporting sensitive (e.g. GBV, SEAH, bullying) or significant grievances to the Grievance Focal Point;
- Establishing a system for regular review and reporting on labour, and occupational safety and health performance.

9.2. Third-party implementation partner contractor

A third-party implementer will be engaged as a shared project implementation partner, to provide substantial implementation support, build PMU capacity, and enable bulk procurement. Based on guidance from the Ministries of Finance during in-country missions to PHIT countries, and lessons from recent portfolio reviews highlighting low disbursement capacity, PHIT countries have agreed to use a shared third-party implementor to (a) provide hands-on implementation support; (b) leverage and build PMU capacity; and (c) procure in bulk to deliver in each country civil works, equipment, inputs and technical assistance, achieving regional economies of scale, cost efficiencies and quality for small markets with low purchasing power. To ensure coordination across project components and countries, a single entity will be contracted as the third-party implementor. Each PHIT country will enter into a subsidiary agreement with the third-party implementor, stipulating the terms of reference of expected support (mirroring the legal agreement on project activities that each country will have under PHIT). The recruitment of a third-party implementor will be done by going to market during the preparation of PHIT, and could comprise single firms or consortia. The selected implementer will be responsible for supporting PMUs to achieve the project development objectives and results targets for PHIT and to build capacity to sustain project impact over time.

In addition to complying with the general contractor provisions in section 9.1, the third-party implementer will be required to:

- employ an achievable minimum percentage of local national staff based across the PHIT Countries, as specified in bidding documents and contracts,
- develop and implement a capacity building plan designed to uplift the skills and capacities of the local employed staff and the broader implementation agencies with respect to procurement, contract management, project management and other activities for which the third-party implementor is responsible, through e.g. on-the-job and professional training, mentorship and functional twinning.

10. PRIMARY SUPPLY WORKERS

The project will undertake screening to determine whether there are primary supply workers² for the project. Where primary suppliers are identified and there are identified potential risks of child labour, forced labour and/or serious safety issues, these will be assessed in the ESIA/ESMP. 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. If screened as relevant, the PMU, with the technical support of 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. In other specific instances World Bank guidance will be applied (see C below).

- i. The Project is not expected to have major supply contracts for supplies likely associated with child or forced labour. However, if there is a significant risk of child labour or forced labour, the

² "suppliers who, on an **ongoing basis**, provide directly to the project goods or materials **essential for the core functions** of the project".

Project will require the primary supplier to identify those risks consistent with the policy on hiring of minors (Section 6). If child labour or forced labour cases are identified, the Project will require the primary supplier to take appropriate steps to remedy them.

- ii. 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.
- iii. If specific project supplies are known to have forced or child labour or serious safety issues associated with them and there are designated approaches to managing this risk, these approaches shall be followed. Namely the³ Forced Labor-Solar-Declarations and provisions for Procurement Documents.
- iv. Procurement contracts with suppliers shall include provisions for compliance with international standards for good labour management practices.

11. DEVELOPMENT OF SUBPROJECT LABOUR MANAGEMENT PLANS

The PHIT project will be implemented via subprojects, defined for a specific activity type or related suite of activity types, for each jurisdiction in which the subproject will be conducted.

For each subproject, an LMP is to be developed that includes the sections set out in Table 10, and meets the applicable inclusions and principles as set out for each section.

Table 10: Required sections and principles for LMPs developed for each subproject of the PHIT project

Section	Inclusions and principles that apply
1. Subproject description	<p>Provide a clear but brief description of the subproject that includes:</p> <ul style="list-style-type: none"> • An outline of included activities and work plans, including timelines • Implementing and project management arrangements, including positions of key staff and reporting lines
2. Subproject labour use	<p>In relation to the specified activities:</p> <ul style="list-style-type: none"> • Specify expected number of workers in each ESS2 worker category (direct, contracted, community, primary supplier) • For each category, specify expected worker characteristics, including number/proportion of local workers, national or international migrants, female workers, and workers between the minimum age and 18 years. • Specify the timing of labour requirements for each category (i.e. in reference to the subproject workplan) including duration of engagement. • Specify the contracting and subcontracting arrangements, including any broker, agency or intermediary arrangement, and provide a breakdown of the number of employees under each arrangement.

³ <https://thedocs.worldbank.org/en/doc/a5d4a4a88227973aecdbab19dd58258e-0290032021/forced-labor-solar-declarations-and-provisions-for-procurement-documents-ext-docx>

Section	Inclusions and principles that apply
3. Potential risks and mitigations	<p>Using the Risk Management Matrix provided in Annex A:</p> <ul style="list-style-type: none"> • Identify potential risks related to each worker category • Provide practical mitigation measures for each risk • Assign an owner responsible for managing each risk mitigation
4. Labour legislation	<p>Using the Applicable Labour Legislation matrix provided in Annex B:</p> <ul style="list-style-type: none"> • Identify the legislation and/or regulation applicable to each aspect of labour law • Match these against the requirements of ESS2 in the matrix • Identify where ESS2 requirements exceed applicable national legislation as a special requirement for project employment
5. Responsible staff	<p>Assign project staff responsible for:</p> <ul style="list-style-type: none"> • Engagement and management of project workers • Engagement and management of contractors/subcontractors • OHS • Training of workers • Addressing worker grievances
6. Policies and procedures	<p>Based on the subproject risk assessment, prepare the following instruments for each subproject a required:</p> <ul style="list-style-type: none"> • Occupational Health and Safety Plan (PMU) • Construction Health and Safety Plan (Contractor) • SEA/SH Action Plan and (PMU) • SEA/SH Accountability and Response Framework (PMU) • Labor Influx Management Plan (Contractor)
7. Age of employment	<p>Confirm the applicable minimum age of employment for each worker category, noting that the following principles apply:</p> <ul style="list-style-type: none"> • The minimum worker age is 14 years in accordance with ESS2, unless a higher minimum age is defined in relevant national law (which will prevail if over 14 years). • A child over the minimum age and under the age of 18 may only be employed or engaged in connection with the project if the work is not of a hazardous nature, does not interfere with the child's education, and is not harmful to the child's health or physical, mental, spiritual, moral or social development, and only after completing an appropriate risk assessment and putting into place measures to regularly monitor the health, working conditions, hours of work and all other provisions that normally apply to workers. • In practice, the conditions for employment of children under 18 years are not expected to be met for any Project activities. <p>Specify practical measures and mechanisms with assigned accountable staff to:</p> <ul style="list-style-type: none"> • Verify the age of project workers before work commences • Report and take procedural action if underage workers are found working on the project • Conducting risk assessments for child workers under the age of 18 years
8. Terms and conditions	<p>Specify the terms and conditions for project staff in accordance with the principles set out in Section 7.</p>

Section	Inclusions and principles that apply
9. Grievance mechanism	<p>Establish and document a workers' GM as set out in Section 8, including:</p> <ul style="list-style-type: none"> • The WGM access points and Focal Points • Training and induction • Complaint handling and reporting protocols
10. Contractor management	<p>Establish procurement requirements commensurate with the scale, scope and risk profile of the contract, including:</p> <ul style="list-style-type: none"> • Due diligence on the legitimacy, labour management issues, and track records of prospective contractors • Inclusion of applicable ESMP, LMP, OHS and LIMP compliance provisions <p>On contract award, the PMU is to ensure, before work by the Contractor may commence:</p> <ul style="list-style-type: none"> • All of the Contractor's workers and subcontracted workers have been age verified and registered as employees • Applicable management plans (ESMP, LMP, OHS, LIMP) have been approved by the PMU and are in place, including any induction, training or setup activities required prior to work commencement • The PMU has put in place agreed schedules of monitoring and supervision of all compliance items specified in the management plans.
11. Community workers	Not applicable
12. Primary supply workers	<p>Establish procurement requirements commensurate with the scale, scope and risk profile of the contract, including:</p> <ul style="list-style-type: none"> • Screening each procurement activity for labour-related risks, including basic workers' rights, non-discrimination and child and forced labour. • Conducting due diligence on the legitimacy of each supplier and their labour management practices in respect of identified risks. • Including mandatory conditions as part of contracts to ensure compliance with these standards equivalent to those set out under 10. Contractor management, commensurate with the risk profile of the engagement. • Where notable risks have been identified, putting in place agreed schedules of monitoring and supervision of all compliance items specified in the conditions.

Annex: Code of Conduct Template

CODE OF CONDUCT FOR CONTRACTOR'S PERSONNEL

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

This Code of Conduct is part of our measures to deal with environmental and social risks related to the Works. It applies to all our staff, labourers and other employees at the Works Site or other places where the Works are being carried out. It also applies to the personnel of each subcontractor and any other personnel assisting us in the execution of the Works. All such persons are referred to as "Contractor's Personnel" and are subject to this Code of Conduct.

This Code of Conduct identifies the behaviour that we require from all Contractor's Personnel.

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

REQUIRED CONDUCT

Contractor's Personnel shall:

1. carry out his/her duties competently and diligently;
2. comply with this Code of Conduct and all applicable laws, regulations and other requirements, including requirements to protect the health, safety and well-being of other Contractor's Personnel and any other person;
3. maintain a safe working environment including by:
 - a. ensuring that workplaces, machinery, equipment and processes under each person's control are safe and without risk to health;
 - b. wearing required personal protective equipment;
 - c. using appropriate measures relating to chemical, physical and biological substances and agents; and
 - d. following applicable emergency operating procedures.
4. report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent and serious danger to his/her life or health;
5. treat other people with respect, and not discriminate against specific groups such as women, people with disabilities, migrant workers or children;
6. not engage in Sexual Harassment, which means unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature with other Contractor's or Employer's Personnel;

7. not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another;
8. not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions;
9. not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage;
10. complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH);
11. report violations of this Code of Conduct; and
12. not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer, or who makes use of the grievance mechanism for Contractor's Personnel or the project's Grievance Redress Mechanism.

RAISING CONCERNS

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

1. Contact [*enter name of the Contractor's Social Expert*] in writing at this address [] or by telephone at [] or in person at []; or
2. Call [] to reach the Contractor's hotline (if any) and leave a message.

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

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

CONSEQUENCES OF VIOLATING THE CODE OF CONDUCT

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

FOR CONTRACTOR'S PERSONNEL:

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

Name of Contractor's Personnel: [*insert name*]

Signature: _____

Date: (day month year):

Countersignature of authorized representative of the Contractor:

Signature: _____

Date: (day month year):