

**BD RURAL WATER, SANITATION AND HYGIENE FOR HUMAN CAPITAL
DEVELOPMENT PROJECT**

Department of Public Health Engineering (DPHE)

Palli Karma-Sahayak Foundation (PKSF)

Labor Management Procedure (LMP)

April 2020

Executive Summary

The Labour Management Procedure (LMP) for the Project has been prepared to meet the objectives and requirements of ESS 2 and ESS 4 as well as the national Labor Law.

This LMP assesses the potential risks and impacts of assignment of labor for the implementation of the Project activities by the Implementing Agencies (IA)—Department of Public Health Engineering (DPHE) and Palli Karma Sahayak Foundation (PKSF) and addresses them through mitigation measures in light of ESS and Labor policies and provisions.

Various types of workers (Direct and Contracted), their estimated numbers, characteristics etc. have been set out in this LMP. Key potential environmental and social risks—such as unscrupulous labor practices, OHS, community risks, waste generation, exclusion of the disadvantaged and the vulnerable from project benefit and engagement, exploitation of child and forced labor as well potential threat while working under COVID-19 pandemic situation have been identified. Given the size of the project, the potential Environmental and Social (ES) risks and impacts, the capacity of the implementing agency to manage and mitigate the ES risks and the context under which the project is being implemented, the ES assessment has determined the risk to be Moderate.

Provisions of ESS, Labor Act 2006 (including Amendments of 2013 and 2018), National Child Labor Elimination Policy 2010. Governmental and WHO guidelines for COVID-19 etc have been thoroughly studied and cited to meet their requirement and obligations. Major points of consideration that include Conditions of Employment, OHS, and Child/Forced Labor etc. have also been referred as guidelines.

A Grievance Redress Mechanism (GRM) for workers has been established so that any potential dissatisfaction, concerns, notice can be raised by anyone employed by the contractor.

For the IA, a Contractor Management guideline has also been appended so that selection, retention, monitoring and guiding the contractor in its meeting of the ES requirement can be done in accordance with the ESS and national laws/acts.

This LMP will form a part of the General Specification of Contract of the bidding documents. The preparation and implementation of site-specific Labor Management Plans by the Contractor will be incorporated in the Bill of Quantities (BoQ) as a component of the general items of bidding documents.

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List of Acronyms and Abbreviations

BCC	Behavioral Change Communications
CBA	Collective Bargaining Agent
CoC	Code of Conduct
COVID-19	CORONA Virus Disease-19
DPHE	Department of Public Health and Engineering
EHS	Environmental and Health Safety Guidelines
EMP	Environmental Management Plan
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESF	Environmental and Social Framework
ESS	Environmental and Social Standards
GBV	Gender Based Violence
GIIP	Good International and Industry Practices
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
IVC	Independent Verification Consultant
LE	Local Entrepreneurs
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
OH&S	Occupational Health and Safety
PKSF	Palli Karma Shohaok Foundation
PMU	Project Management Unit
SBD	Standard Bidding Documents
SHEQ	Safety, Health and Environmental Quality
WASH	Water Sanitation and Hygiene
WB	The World Bank
WHO	World Health Organization

1. INTRODUCTION

The fundamental element of conducting a project work is the labor force, hence, management of the labor resources are essential. The Labor Management Procedure (LMP) is prepared meeting the Bangladesh Labor Act 2006 as well as the World Bank's Environmental and Social Framework, specifically Environmental and Social Standard 2: Labor and Working Conditions (ESS2) and Standard 4: Community Health and Safety (ESS4). The requirements of national laws and policies as well as the World Bank's ESS2 and ESS4 are compared in the table provided in Annex A. Further, the application of internationally accepted protocol to address COVID-19 outbreak has also been considered in this LMP.

In implementing Bangladesh Rural Water, Sanitation and Hygiene for Human Capital Development Project (the Project), both skilled and unskilled labor will be required to work in multi-disciplinary sectors. The LMP covers the direct and contracted workers to be engaged in the Project. The engaged contractors will be required to prepare a Labor Management Plan for contracts with construction activities. The IA may prepare specific procedures to be inserted in the contract as part of contractors' legal obligations. The approach will be assessed as part of the initial screening of environmental and social risk and impact carried out by the Project Management Units (PMUs).

2. OVERVIEW OF LABOR USE IN THE PROJECT

The LMP applies to all Project workers whether full-time, part-time, temporary, seasonal or migrant workers. The LMP is applicable, as per ESS2 to the Project in the following manner:

- a. **Direct Workers.** People employed or engaged directly by the IAs or the Project Management Units (PMUs) on its behalf to work specifically in relation to the Project;
- b. **Contracted Workers.** People employed or engaged by contractors to perform work related to core function i.e. construction and laying of water pipeline and sanitary/toilet facilities of the project, regardless of location;

The project is not likely to engage primary suppliers, community labor or security forces. However, if primary supply workers are engaged it has to be ensured that no child and/or force labor are engaged and OHS requirement for the labors are followed. Further, in case security personnel are engaged for safeguarding project sites and material, the Borrower will (i) make reasonable inquiries to verify that the security personnel employed by the Borrower to provide security are not implicated in past abuses; (ii) train them adequately (or determine that they are properly trained) in the use of force (and where applicable, firearms), and appropriate conduct toward workers and affected communities; and (iii) require them to act within the applicable law and any requirements set out in the ESCP.

Government civil servants, who will provide support to the Project, will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement.

The Implementing Agencies (IA)

There are two IAs—The Department of Public Health Engineering (DPHE) and Palli Karma Sahayak Foundation (PKSF).

DPHE will play the main role in the development of public infrastructure under the project. It will be responsible for supporting piped water schemes, providing public WASH facilities, including in healthcare centers and community secondary schools, and offering sanitation grants for the poorest. The DPHE will also carry out water supply feasibility studies in high climate risk areas, pilot innovations, implement most of WASH behavioral change communications (BCC) campaign and carry out institutional reforms and capacity building activities.

PKSF will be responsible for offering wholesale capital to retail MFIs, which in turn will give loans to households to upgrade the WASH facilities at their home in the project areas. In addition, PKSF will extend capacity building support to retail MFIs and local entrepreneurs for creating demand and installing SDG-6 compliant WASH facilities.

Project Management Units (PMUs)

DPHE PMU will comprise a full-time project director, a deputy project director, and personnel with specialization in financial management, procurement, monitoring and evaluation, environment and social and others, posted from within the DPHE and recruited from the open market.

PKSF PMU will comprise a full-time project director and personnel with specialization in financial management, procurement, monitoring and evaluation, environment and social and others, posted from within the PKSF and recruited from the open market.

Worker for Water Pipeline and Sanitation Facilities

The Civil work will entail mostly laying of water pipelines and establishment of sanitary facilities in 78 Upazillas of 18 Districts, both in public and household facilities. The civil work will cover the following:

Water Supply

Large piped water schemes will support 78 piped water schemes for water scarce communities of 300-700 households. This will be contracted through open bidding by DPHE. The scheme would require boring work, pipe networking, plumbing, overhead tank setup etc. Estimated workers required is **1500**, under around 25 Contractors for total 78 schemes with a single Contractor doing multiple schemes.

Small piped water schemes will target 3,000 water scarce communities of 30-40 households. This will be contracted through open bidding by DPHE. The scheme would require boring work, pipe networking, plumbing, overhead tank setup etc. Estimated workers required is **500**, under around 25 Contractors for total 3000 schemes with a single Contractor doing multiple schemes.

Sanitation and Hygiene

Under this, setup of 312 public sanitation and hygiene facilities (toilet and associated system) (in bus terminal, launch terminal, market, schools etc.), 500 new sanitation and hygiene facilities at community clinic (toilet and associated system) and renovation of 780 toilets and sanitation systems of 780 Community Clinics will be made. This will be contracted through open bidding by DPHE. Estimated labor requirement is **500**.

Sanitation and hygiene facilities for households will provide two-pit latrines and handwashing stations to households through MFI loans or grants, depending on their income

level. Local Entrepreneurs (LE) who possess trade license, and 03 years of experience in installation of household latrines (experience mandatory) and water supply (experience preferable) will be selected and trained. The three-day training program will include, among other technical details environmental and social issues (GBV, labor employment and working condition, occupational safety, COVID-19 protocol etc.) in line with ESF. They will also be provided with training pictorial material for future references. The trained LEs will then install household latrines and water supply system. Civil works for the public and household sanitation and hygiene will require around 2,500 local entrepreneurs who will each employ on average 5 labors from the localities. Thus a total of **13,000** workers will be required for provision of household sanitation and hygiene facilities.

Emergency Support for COVID-19

This will be provided in around 700 locations of 5 Districts of Bangladesh in the form of mini water supply with hand wash facilities. Mini water supply for emergency COVID-19 support would need around **100** workers, where an average of 35 locations will be covered by a group of 4/5 workers in a package.

The labor requirement above is an estimation and will be confirmed at contract award.

Timing of Labor Requirement

The Direct Workers will be recruited as soon as the project is approved, especially those forming part of PMUs. The employment of Contractors' workers will be done after award of contract and before the civil works begin.

Characteristics of Labor Force

The PMU will comprise of Government officials and professionals in their respective fields. The Contractors' workers will be mostly unskilled and semiskilled workers and as far as the characteristics of labor force in sanitary/water pipe facility is concerned, it is not expected that the number of female workers will be very high. It is estimated that women would be employed in technical (engineering, planning, and management) fields in PMU and as mostly service staffs for the Contractors' (maids, cooks, cleaners etc.). There will be no child or forced labor assigned for the project.

3. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

There will be multiple working sites for the provision of public and household piped water supply and sanitation facilities. Number of workers per site will be relatively small and most of the workers will be from the local communities. Establishment of labor camps is not envisaged. Possibility of large labor influx from outside areas is will be minimal. As with any other project of similar kind, following are the key labor risks that have been identified by the environmental and social assessment:

- Employment practice that are not compliant with either labor laws of the country or ESS 2. For example, wages not proportionate with tasks performed or industry standards, excess workload without provision of adequate rests and leisure, lack of hygiene facilities, discrimination towards women and workers with disabilities or other vulnerabilities, unlawful termination, withholding of benefit etc.
- Assignment of child and forced labor and use of unscrupulous labor practices.

- The conduct of hazardous work, such as working at heights or in confined spaces, use of heavy machinery.
- Lack of Occupational Health and Safety (**OHS**) practices and procedures, especially in the context of COVID-19 outbreak. The Paragraphs **General Hygiene** and **Adjusting Work Practices** of the Annex can be referred for guideline
- Since the workers will have to be in close proximity to one another, risk of communicable disease spread, especially COVID-19 among workers as well as their immediate family members is high. Lack of knowledge, lack of provision of PPEs and training, lack of social distancing measures may exacerbate the situation. WHO provides detailed advice on what should be done to treat a person who becomes sick or displays symptoms that could be associated with the COVID-19 virus. The Paragraphs **Local Medical and Other Services** and **Instances or Spread of the Virus** of the Annex illustrates how to address this issue.
- Though most of the workers will be from the local communities there could be cases in Gender Based Violence (GBV) which needs to be monitored in the field. As per the GBV assessment the GBV risk is Low and potential GBV cases will be mitigated by Code of Conduct, training of workers on GBV and monitoring in the field.
- Supply of essentials as well as Project related goods and equipment may be hampered due to supply chain disruption due to COVID-19 lockdown. Addressing this issue may be found at **Continuity of Supplies and Project Activities** Paragraph of the Attached Annex.

4. OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

Terms and Conditions of employment is guided by **The Bangladesh Labor Act, 2006 and Amendment 2013** that illustrate the basic conditions of employment which are materially consistent with ESS 2. The Act makes it mandatory for employers to furnish employees with written particulars of employment stating, hours of work, wages, leave entitlements, job description, grievance procedure, benefits if any etc. This Act also contains:

- Contracts of employment
- Leave entitlements, i.e. annual leave, sick leave, maternity leave and compassionate leave
- The protection of wages (prohibition against unlawful deductions)
- Retrenchment procedures
- Fair and unfair reasons for termination of employment
- Grievance mechanism

Chapter 6 of The Bangladesh Labor Act 2006 (**Safety**) specifically details the safety and working condition of the assigned workers. The salient aspects that this chapter illustrates are:

- **Safety of building and machinery.** It details with the inspection requirement of these installations and actions to be taken if these are found unsafe for workers.
- **Fencing of machinery, machinery in motion, automatic machines.** Details the fencing and safety requirement to be set around dangerous machinery.
- **Floors, Stairs and Passages.** Sets out the construction and setup requirement for safe access and ease of use.
- **Excessive weights.** Illustrates that no excessive weights to be lifted by any worker.
- **Dangerous fumes and explosive and flammable gas.** Details courses of action in case dangerous and explosive gases and fumes are in work area.
- **Personal protective equipment (PPE).** Makes it mandatory to supply workers with quality PPE including helmet, gloves, boot, etc. This is essential given the COVID-19 outbreak.

Chapter 7 of the same Act (**Special Provision Relating to Health, Hygiene and Safety**) details:

- **Dangerous operations.** All potential dangerous operations to be declared and women and children to be barred from such operations.
- **Notice on accident.** Makes it mandatory to report any accident in workplace.
- **Notice on diseases.** If any worker is infected with any disease listed in the Second Schedule of the Act, it is mandatory to notify and the employer is obligated to treat the worker.
- **Restriction to Employ Women Worker.** Lists specific assignments where women may not be employed.

Communicable Diseases (Prevention, Control and Eradication) Act 2018. The Act was passed in 2018 and the objective is to protect the people from the national and international spread of infectious diseases, to prevent, control and eradicate such diseases, to issue global alerts and to increase mutual support for the outbreak of the disease, to increase the capacity for precise risk management and to spread related education, to review the progress of diseases, to protect rights including systematic loss.

5. RESPONSIBLE STAFF AND PROCEDURES

The summary of responsibility with respect to labor issues is appended below:

Overall Management. The PMUs have the overall responsibility to oversee all aspects of the implementation of the LMP, in particular to ensure contractor compliance. PMUs will address all LMP aspects as part of procurement for works as well as during contractor induction. The contractor is subsequently responsible for management of labor issues in the field. The Contractor will be required to adopt and implement good labor management practices acceptable to the IA.

Occupational Health and Safety (OHS). Contractors must ensure day-to-day compliance with acceptable safety measures and will record safety incidents. Minor incidents are reported to PMU on a monthly basis, serious incidents are reported immediately. Minor incidents are reflected in the quarterly reports to the WB, major issues are flagged to the WB immediately.

Labor and Working Conditions. Contractors will comply with the provision of labor conditions including non-discrimination, wages, safer working conditions etc. PMU will carry out periodic monitoring to ensure that labor working conditions are met as per national legislation.

Worker Grievances. A Grievance Redress Mechanism (GRM) has been detailed with this LMP including the setup of a Grievance Redress Committee (GRC). Contractors will be required to abide by the provisions of the GRM. The Social Specialist/ Consultant will review records on a monthly basis. PMU will keep abreast of resolutions and reflect in quarterly reports to the World Bank. Given the anticipated number of the project workers the labor GRM will be a separate document apart from the Project level GRM, though personnel in the committees (GRC) on both the GRMs may have overlapping functions. Reporting Channels for the GRMs may also be same.

GBV/SEA, waste management, communicable diseases. Contractor will be fully responsible to ensure that their workers know and are trained on their obligations with respect to avoidance of any form of GBV/SEA, safe disposal of waste and reporting of communicable diseases if they contract any, especially during COVID-19 outbreak situation. Continuous motivation, monitoring and reporting on the same is the responsibility of the Contractor. The PMU will have a monitoring team

to ensure the same. The Paragraph **Cleaning and Waste Disposal** of the Annex is referred for guidance.

Additional Training. Contractors are required to ensure that the assigned workers are adequately trained and briefed with overall safety arrangement, use of equipment (especially PPE), GRM procedure, working conditions of the project. Training on use of PPE, hygiene facilities and behavior, GBV/SEA and preparation and obtaining signed code of conduct are also Contractor's responsibility. For training of workers reference is made to the Paragraph **Training and Communication with Workers** of the attached Annex.

Verification, Monitoring and Evaluation (M&E). M&E will be an integral part of the project under the responsibility of the PMUs. DPHE will be responsible for managing a common web-based platform, which will be developed to track the project's progress based on the results framework. The platform will support a participatory M&E, which will allow project stakeholders—such as the MFIs, UPs, the local DPHE and PKSF officials, and consultants—to collect data on project progress. PKSF will deploy a number of Independent Verification Consultants (IVCs) to continuously monitor and verify the project outputs during the entire project timeline.

5.1. Specific Responsibilities of Borrower to Address COVID-19 Outbreak before Employing Workers

The PMUs should confirm that adequate precautions to prevent or minimize an outbreak of COVID-19 have been taken and they have identified what to do in the event of an outbreak. Suggestions on how to do this are set out below:

- The PMUs, should request details from the Contractors of the measures being taken to address the risks. The contract should include health and safety requirements, and these can be used as the basis for identification of, and requirements to implement, COVID-19 specific measures. The measures may be presented as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures. This request should be made in writing (following any relevant procedure set out in the contract between the Borrower and the contractor).
- In making the request, it may be helpful for the PMUs to specify the areas that should be covered. This should include current and relevant guidance provided by national authorities, WHO and other organizations.
- The PMUs should require the Contractors to convene regular meetings with the project health and safety specialists/ medical staff (and where appropriate the local health authorities), and to take their advice in designing and implementing the agreed measures.
- Where possible, a person should be identified as a focal point to deal with COVID-19 issues. This can be a work supervisor or a health and safety specialist. This person can be responsible for coordinating preparation of the site and making sure that the measures taken are communicated to the workers, those entering the site and the local community. It is also advisable to designate at least one back-up person, in case the focal point becomes ill; that person should be aware of the arrangements that are in place.

- On sites where there are a number of contractors and therefore (in effect) different work forces, the request should emphasize the importance of coordination and communication between the different parties.
- The PMUs may provide support to projects in identifying appropriate mitigation measures, particularly where these will involve interface with local services, in particular health and emergency services. In many cases, the PMUs can play a valuable role in connecting project representatives with local Government agencies, and helping coordinate a strategic response, which takes into account the availability of resources. To be most effective, projects should consult and coordinate with relevant Government agencies and other projects in the vicinity.
- Workers should be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the project to address COVID-19 related issues, how procedures are being implemented, and concerns about the health of their co-workers and other staff.

6. POLICIES AND PROCEDURES

This section outlines main policies and procedures to be followed during the implementation of the project and will be updated and amended as needed, after contracts have been awarded. Bangladesh has in place the **Bangladesh Labor Act 2006** and **Amendment 2013, National Occupational Health and Safety Policy 2013** and **Communicable Diseases (Prevention, Control and Eradication) Act 2018** that illustrate rights and responsibilities of employers and workers, conditions of employment, child and force labor issues, OHS requirements, requirement related to communicable disease such as COVID-19 etc. The principles and procedures presented below represent minimum requirements, but are not an exhaustive list of requirements.

As specified in the Labor Act and ESS 2 of WB ESF, the employment of project workers will be based on the principles of non-discrimination and equal opportunity. There will be no discrimination with respect to any aspects of the employment relationship, such as recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment. The following measures will be developed by the contractors and monitored by PMUs to ensure fair treatment of all employees:

- As per Labor Code requirements, recruitment procedures will be transparent, public and non-discriminatory with respect to ethnicity, religion, disability, gender, and other grounds included in the Labor Code
- Applications for employment will be considered in accordance with the application procedures established by the Contractor
- Labor will be preferentially recruited from the local areas
- The contracted workers will not pay any hiring fees. If any hiring fees are to be incurred, these will be paid by the Contractor
- The labor contracts will be developed in *Bangla* so as to be understandable by all workers
- In addition to written documentation, an oral explanation of conditions and terms of employment will be provided to workers who may have difficulties with understanding the documentation
- While communicating with women workers, it is to be ensured that they understand their rights and process of raising issues and grievances related to their employment
- PMU will include in contracts that no forced or child labor would be allowed

The health and safety procedure illustrated in the Labor Acts, WB Environmental and Health Safety Guidelines (**EHS**G), (General including Construction and Decommissioning), ESS 2, Communicable

Diseases (Prevention, Control and Eradication) Act 2018 as well as guidelines to address COVID-19 issues (see Annex) will be referenced all activities under the Project. PMU is expected to carry out field visits and inspections of the construction from time to time. However, the WBG's EHS (General Guidelines and for Construction and Decommissioning) may not have sufficient details and specific requirements to deal with various occupational health and safety issues posed by the project, thus the IA should put in place specific standards meeting Good International and Industry Practices (GIIP) in the bidding documents and contracts reflecting appropriate level of risk.

PMU will include into the bidding documents specific OHS standard requirements that all contractors will meet under this project. The standards will be consistent with local regulations, WBG EHS guidelines, COVID-19 Protocols and GIIP. The following OHS standard requirements should be borne in mind:

- Risk Assessment Procedure;
- Work permitting for hazardous work (working at heights, hot work, work on energized lines, work within confined spaces);
- Rules for life threatening works;
- Emergency response procedure;
- Fall prevention and working at heights;
- Excavations safety, Ladders and scaffolding safety; welding and cutting safety; Cranes, Derricks, and forklifts safety; power and hand tools safety;
- Respiratory prevention to chemical and airborne hazards (including dust, silica and asbestos); Electrical safety (hazardous energies control, safe distance work, wiring and design protection, grounding, circuit protection, arc fault protection, PPE etc); hazards communication; Noise and vibration safety; Steel erection safety; fire safety; material handling safety; concrete and masonry safety;
- PPE and other protective gear including training on usage;

Contractors will provide a safe workplace, therefore a risk assessment will be completed before the commencement of any construction activities, and safety measures will be implemented in accordance with applicable safety standards. PPEs and other preventive measures will be provided at no cost to employees. Periodic OHS meetings will be conducted to discuss preventive measures, deviations and non-compliances, accidents and corrective actions. Contractors will conduct internal OHS surveys and audits to verify compliance of OHS practices. Non-compliances will be documented and reported internally. A time frame for a corrective action will be set and followed up. Daily OHS briefings will be conducted before the commencement of the works highlighting the hazards and preventive measures from each job, especially those related to COVID-19 outbreak. Contractors will document and report to PMU all accidents and illness, especially symptoms of COVID-19, fatalities or serious injuries that may happen at work site. There must be on site resources for first aid and for more serious injuries there must be a pre-approved health facility for medical treatment, as well as appropriate transportation of injured/sick/symptomatic workers. Contractors will control the access to the construction site only to authorized people and verify if workers are meeting training and capacity requirements to carry out their jobs. All workers must complete at minimum an OHS induction to have access to the construction site.

PMU will arrange periodic supervision of Contractor's OHS performance, including site visits, at least monthly. These supervisions will cover compliance with above mentioned standards, accidents, violations of rules, recommendations, and progress of ongoing corrective actions.

PMU will inform WB promptly about 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 (labor, health and safety, or security incident, accident or circumstance) as soon as

reasonably practicable. Such events can include COVID-19 cases and symptoms, labor protests, serious worker injuries or fatalities, project-caused injuries to community members or property damage.

The Contractor will develop and implement Code of Conduct (**CoC**). The CoC will reflect the Contractors' core values and overall working culture, provisions relating to GBV/SEA, waste management and disease prevention, work ethics and special illustration on COVID-19 protocols. CoCs will have to be understood and signed by all workers. The content of the CoCs will be included in the Standard Bidding Documents (**SBD**).

The Contractor will be required to provide the periodic information on the performance in terms of labor, OHS issues. The information will be included in the Contractor's monthly report and will be reviewed by PMU.

7. AGE OF EMPLOYMENT

In the Bangladesh Labor Act, 2006, Section 34, it is mentioned that no child shall be employed to work in any occupation. Section 44 mentions that anyone under age 14 is considered as child and under 18 but over 14 is considered as adolescent. World Bank strictly prohibits child labor and clearly mentioned that the minimum age of 18 years is required for anyone to get employment in such works. Section 37 of the act suggests a fitness certificate required for adolescents to get employed and they can be appointed to do the light works.

According to the World Bank standards and guidelines, the minimum age of employment for this project shall be 18 years (given the potential hazardous situation posed by COVID-19) and to ensure compliance, all employees will be required to produce National Identification Cards as proof of their identity and age which is the national identification document required for employment.

If any contractor employs a person under the age of 18 years, measures to address the same will be taken by PMU.

8. TERMS AND CONDITIONS

The terms and conditions of employment in Bangladesh are governed by the provisions of Bangladesh Labor Act, 2006 in connection with The Control of Employment Ordinance, 1965. The Act makes it obligatory for employers to provide service book containing written particulars of employment (Annex B), signed by both parties upon employment. For this project, contractors will be required to provide all its employees (including casual employees) with written particular of employment.

Contractors will also be required to comply with the most current decision of Wages Board assigned by the government, as of December 2018, the amendment of the labor act was implemented regarding the labor wage. The wages can be settled based on local wage rate prevailing at the market but not less than standard wage rate contained in the most current wages regulation issued by the government recommended by the Wages Board Chairman. In this case, written appointment letter with all terms and conditions would be given to the employees.

As a monitoring mechanism, a contractor shall not be entitled to any payment unless he has filed, together with his claim for payment, a certificate: - a) stating whether any wages due to employees are in arrears; b) stating that all employment conditions of the contract are being complied with. It

will be a material term of the contract to allow IAs to withhold payment from contractor should the contractor not fulfil their payment obligation to their workers.

8.1 Worker's Organization

The Bangladesh Labor Act, 2006 (Section 176) ratifies the Rights of Workers, guarantees all workers of their right to freely form, join or not join a trade union for the promotion and protection of the economic interest of that worker; and collective bargaining and representation and in the Bangladesh Labor Act, 2006, a worker's welfare society holds the right to negotiate the terms and conditions of employment and other related matters and any worker has the right to join the welfare society. Section-119 of this Act suggest collective bargaining agent to negotiate representing the welfare society of workers.

9. GRIEVANCE REDRESS MECHANISM

The Labor Act 2006 **Section 33** provides for the Formal Grievance Procedure in case a worker who has been laid-off, retrenched, discharged, dismissed, removed, or otherwise terminated from employment. Section 202 (**Subsection 24**) describes the responsibilities of a Collective Bargaining Agent (**CBA**) especially bargain with the employer in matters of the conditions of work or environment of work of the workers and conduct cases on behalf of any individual worker or a group of workers under this Act.

However, the PMU will require the Contractor to develop and implement a Grievance Redress Mechanism (**GRM**) for their own workforce prior to the start of design stage. The Contractor will prepare their own workers GRM. The GRM must be well circulated and written in a language understood by all. The workers GRM will include:

- A channel to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline that might also be anonymous;
- Stipulated timeframes to respond to grievances;
- A register to record and track the timely resolution of grievances;
- A responsible section/wing/committee to receive, record and track resolution of grievances.

The GRM will be described in workers' induction trainings, which will be provided to all project workers. The mechanism will be based on the following principles:

- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination against those who express grievances and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response. Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", and other means as needed.
- The Project workers' grievance mechanism will not prevent workers to use conciliation procedure provided in the Labor Act 2006.

A PMU representative will monitor the Contractors' recording and resolution of grievances, and report these to PMU in their monthly progress reports. The process will be monitored by the GRM Focal Point of PMU (preferably the Social Consultant).

10. CONTRACTOR MANAGEMENT

As part of the process to select Contractors who will employ contracted workers, the PMU will review the following information:

- Information in public records, for example, corporate registers and public documents relating to violations of applicable labor law, including reports from labor inspectorates and other enforcement bodies;
- Business licenses, registrations, permits, and approvals;
- Documents relating to a labor management system, including OHS issues, for example, labor management procedures;
- Workers' certifications/permits/training to perform required work;
- Records of safety and health violations, and responses; recordable incidents;
- Accident and fatality records and notifications to authorities;
- Records of legally required worker benefits and proof of workers' enrollment in the related programs;
- Worker payroll records, including hours worked and pay received;
- Copies of previous contracts with contractors and suppliers, showing inclusion of provisions and terms reflecting/ materially consistent with ESS2.

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

11. PRIMARY SUPPLY AND COMMUNITY WORKERS

The project will not use any primary or community workers and supply workers, as defined by ESS2.

12. COMMUNITY HEALTH AND SAFETY

The Contractors shall follow the standards set by World Bank ESS4 in order to ensure the health and safety of the community. During installation of pumps and water supply & sanitation facilities, they shall be inspected by DPHE as well as Union Parishad Chairman and MFIs to assess any risks or hazards associated. After inspection, the competent professionals from DPHE shall certify which shall reflect on the risk of adverse consequences posed by the nature and use of the structural elements and the natural conditions of the area. Since the locations of the project are in different zones of the country community people are to be consulted for broader support in selection of location of water pumps.

DPHE shall appoint quality management systems to anticipate and minimize any risks and impacts that may have on community health and safety. Traffic and road safety should be ensured, as the materials will be carried to the project sites by truck and local transport, therefore, reckless driving of the heavy vehicles are to be controlled to avoid accidents.

The proliferation of COVID-19 should be taken into cognizance while interacting with local community. Social distancing between the workers and community members must be maintained. Construction work in a house that has been quarantined for a specific period of time should be avoided until quarantine period is over.

The ***Communication and Contact with the Community*** paragraph in the attached Annex provides a guideline while interacting with the community.

CONTRACTORS' GENERAL GUIDELINE

COVID-19 CONSIDERATIONS IN CONSTRUCTION/CIVIL WORKS PROJECTS

INTRODUCTION. The Contractor should identify measures to address the COVID-19 situation. What will be possible will depend on the context of the project: the location, existing project resources, availability of supplies, capacity of local emergency/health services, the extent to which the virus already exist in the area. A systematic approach to planning, recognizing the challenges associated with rapidly changing circumstances, will help the project put in place the best measures possible to address the situation. As discussed above, measures to address COVID-19 may be presented in different ways (as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures). Implementing Agencies (IA) and contractors should refer to guidance issued by relevant authorities, both national and international (e.g. WHO), which is regularly updated (*WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>*).

Addressing COVID-19 at a project site goes beyond occupational health and safety, and is a broader project issue which will require the involvement of different members of a project management team. In many cases, the most effective approach will be to establish procedures to address the issues, and then to ensure that these procedures are implemented systematically. Where appropriate given the project context, a designated team should be established to address COVID-19 issues, including PMU representatives, the Supervising Engineer, management (e.g. the project manager) of the contractor and sub-contractors, security, and medical and OHS professionals. Procedures should be clear and straightforward, improved as necessary, and supervised and monitored by the COVID-19 focal point(s). Procedures should be documented, distributed to all contractors, and discussed at regular meetings to facilitate adaptive management. The issues set out below include a number that represent expected good workplace management but are especially pertinent in preparing the project response to COVID-19.

(a) ASSESSING WORKFORCE CHARACTERISTICS

Many construction sites will have a mix of workers e.g. workers from the local communities; workers from a different part of the country; workers from another country. Workers will be employed under different terms and conditions and be accommodated in different ways. Assessing these different aspects of the workforce will help in identifying appropriate mitigation measures:

- The Contractor should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations (e.g. 4 weeks on, 4 weeks off).
- This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation. Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk. Mixing of workers should be discouraged and minimized and where possible work areas should be segregated to avoid physical contacts.

- Consideration should be given to ways in which to minimize movement in and out of site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.
- Workers accommodated on site should be required to minimize contact with people near the site, and in certain cases be prohibited from leaving the site for the duration of their contract, so that contact with local communities is avoided.
- Consideration should be given to requiring workers lodging in the local community to move to site accommodation (subject to availability) where they would be subject to the same restrictions.
- Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health checks at entry to the site (as set out above) and at some point, circumstances may make it necessary to require them to either use accommodation on site or not to come to work.

(b) ENTRY/EXIT TO THE WORK SITE AND CHECKS ON COMMENCEMENT OF WORK

Entry/exit to the work site should be controlled and documented for both workers and other parties, including support staff and suppliers. Possible measures may include:

- Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.
- Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID -19 specific considerations.
- Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry.
- Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues.
- Checking and recording temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site.
- Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods.
- During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days.
- Preventing a sick worker from entering the site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days.

(c) GENERAL HYGIENE

Requirements on general hygiene should be communicated and monitored, to include:

- Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing) and what to do if they or other people have symptoms (for further information see [WHO COVID-19 advice for the public](#)).
- Placing posters and signs around the site, with images and text in local languages.
- Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used.
- Review worker accommodations, and assess them in light of the requirements set out in [IFC/EBRD guidance on Workers' Accommodation: processes and standards](#), which provides valuable guidance as to good practice for accommodation.
- Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected.

(d) CLEANING AND WASTE DISPOSAL

Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include:

- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.
- Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives.
- Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated (for further information [see WHO interim guidance on water, sanitation and waste management for COVID-19](#)).

(e) ADJUSTING WORK PRACTICES

Consider changes to work processes and timings to reduce or minimize contact between workers, recognizing that this is likely to impact the project schedule. Such measures could include:

- Decreasing the size of work teams.
- Limiting the number of workers on site at any one time.
- Changing to a 24-hour work rotation.

- Adapting or redesigning work processes for specific work activities and tasks to enable social distancing, and training workers on these processes.
- Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE. While as of the date of this note, general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review (for further information see [WHO interim guidance on rational use of personal protective equipment \(PPE\) for COVID-19](#)).
- Reviewing work methods to reduce use of construction PPE, in case supplies become scarce or the PPE is needed for medical workers or cleaners. This could include, e.g. trying to reduce the need for dust masks by checking that water sprinkling systems are in good working order and are maintained or reducing the speed limit for haul trucks.
- Arranging (where possible) for work breaks to be taken in outdoor areas within the site.
- Consider changing canteen layouts and phasing meal times to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site, including gyms.
- At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.

(f) PROJECT MEDICAL SERVICES

Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training. Where these are not adequate, consider upgrading services where possible, including:

- Expanding medical infrastructure and preparing areas where patients can be isolated. Guidance on setting up isolation facilities is set out in [WHO interim guidance on considerations for quarantine of individuals in the context of containment for COVID-19](#). Isolation facilities should be located away from worker accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with curtains, if possible. Sick workers should limit their movements, avoiding common areas and facilities and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or canteens), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use.
- Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow [WHO interim guidance on infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#).
- Training medical staff in testing, if testing is available.
- Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, and eye protection. Refer to WHO guidance as to what is advised (for further information see [WHO interim guidance on rational use of personal protective equipment \(PPE\) for COVID-19](#)).
- If PPE items are unavailable due to world-wide shortages, medical staff on the project should agree on alternatives and try to procure them. Alternatives that may commonly be found on

constructions sites include dust masks, construction gloves and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.

- Ventilators will not normally be available on work sites, and in any event, intubation should only be conducted by experienced medical staff. If a worker is extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital (see (g) below).
- Review existing methods for dealing with medical waste, including systems for storage and disposal (for further information see [WHO interim guidance on water, sanitation and waste management for COVID-19](#), and [WHO guidance on safe management of wastes from health-care activities](#)).

(g) LOCAL MEDICAL AND OTHER SERVICES

Given the limited scope of project medical services, the project may need to refer sick workers to local medical services. Preparation for this includes:

- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies).
- Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.
- Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.
- Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation.
- Establishing an agreed protocol for communications with local emergency/medical services.
- Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved.
- A procedure should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The project should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law.

(h) INSTANCES OR SPREAD OF THE VIRUS

WHO provides detailed advice on what should be done to treat a person who becomes sick or displays symptoms that could be associated with the COVID-19 virus (for further information see [WHO interim guidance on infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#)). The project should set out risk-based procedures to be followed, with differentiated approaches based on case severity (mild, moderate, severe, critical) and risk factors (such as age, hypertension, diabetes). These may include the following:

- If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site.

- If testing is available on site, the worker should be tested on site. If a test is not available at site, the worker should be transported to the local health facilities to be tested (if testing is available).
- If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home. If at home, the worker should be transported to their home in transportation provided by the project.
- Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of.
- Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms.
- Family and other close contacts of the worker should be required to quarantine themselves for 14 days, even if they have no symptoms.
- If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible.
- If workers live at home and has a family member who has a confirmed or suspected case of COVID-19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.
- Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law.
- Medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.

(i) CONTINUITY OF SUPPLIES AND PROJECT ACTIVITIES

Where COVID-19 occurs, either in the project site or the community, access to the project site may be restricted, and movement of supplies may be affected.

- Identify back-up individuals, in case key people within the project management team (PMU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place.
- Document procedures, so that people know what they are, and are not reliant on one person's knowledge.
- Understand the supply chain for necessary supplies of energy, water, food, medical supplies and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early pro-active review of international, regional and national supply chains, especially for those supplies that are critical for the project, is important (e.g. fuel, food, medical, cleaning and other essential supplies). Planning for a 1-2 month interruption of critical goods may be appropriate for projects in more remote areas.
- Place orders for/procure critical supplies. If not available, consider alternatives (where feasible).
- Consider existing security arrangements, and whether these will be adequate in the event of interruption to normal project operations.
- Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.

(j) TRAINING AND COMMUNICATION WITH WORKERS

Workers need to be provided with regular opportunities to understand their situation, and how they

can best protect themselves, their families and the community. They should be made aware of the procedures that have been put in place by the project, and their own responsibilities in implementing them.

- It is important to be aware that in communities close to the site and amongst workers without access to project management, social media is likely to be a major source of information. This raises the importance of regular information and engagement with workers that emphasizes what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of work force peace of mind and business continuity. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.
- Training of workers should be conducted regularly, as discussed in the sections above, providing workers with a clear understanding of how they are expected to behave and carry out their work duties.
- Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work.
- Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted.
- Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and social distancing, and what to do if a worker displays symptoms.

(k) COMMUNICATION AND CONTACT WITH THE COMMUNITY

Relations with the community should be carefully managed, with a focus on measures that are being implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers, or the risks posed to the community by local workers presence on the project site. The following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members.
- Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; posters, pamphlets, radio, text message, electronic meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups.
- The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. These need to be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO).