

**HEALTH AND GENDER SUPPORT  
PROJECT (HGSP)  
FOR COX'S BAZAR DISTRICT**

**Human and Occupational Resources Management  
Procedures (HORMP)**

**Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh**

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## Executive Summary

This Human and Occupational Resources Management Procedures (HORMP) (also termed as Labor Management Procedure, LMP) for the Health and Gender Support Project for Cox's Bazar District (HGSP) has been prepared to meet the objectives and requirements of the World Bank Environmental and Social Framework (ESF) Environmental and Social Standards (ESSs) 2, as well as the national Labor Laws of Bangladesh.

This HORMP assesses the potential risks and impacts of assignment of labor for the implementation of the Project activities by the Implementing Agency (IA), the Ministry of Health and Family Welfare, and addresses them through mitigation measures in line with ESSs and Bangladesh Labor policies and provisions.

Various types of workers (Direct and Contracted), their estimated numbers, characteristics etc., as well as key potential environmental and social (ES) risks—such as unscrupulous labor practices, Occupational Health and Safety (OHS) issues, community risks, exclusion of the disadvantaged and the vulnerable from project benefit and engagement, exploitation of child/ forced/trafficked labor/beneficiaries as well potential health and safety issues while working under COVID-19 pandemic situation, have been assessed and presented in this HORMP. Given the size of the project, the potential 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 overall ES risk to be Substantial for this project.

Provisions of ESSs, 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 etc. have also been referred to as guidelines.

A Grievance Redress Mechanism (GRM) for workers has been established so that any potential dissatisfaction or concern can be raised by anyone employed by the IA and the Contractors.

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## List of Acronyms and Abbreviations

CBA	Collective Bargaining Agent
CoC	Code of Conduct
COVID-19	CORONA Virus Disease-19
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
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
HCWM	Healthcare Waste Management
HNP	Health, Nutrition & Population
HSD	Health Service Division
IA	Implementing Agency
IOM	International Organization for Migration
IVC	Independent Verification Consultant
HORMP	Human and Occupational Resources Management Procedures
ME&FWD	Medical Education and Family Welfare Division
MOHFW	Ministry of Health and Family Welfare
M&E	Monitoring and Evaluation
OHS	Occupational Health and Safety
PO	Partner Organization
PIU	Project Implementation Unit
PMU	Project Management Unit
PPE	Personal Protective Equipment
SBD	Standard Bidding Documents
SHEQ	Safety, Health and Environmental Quality
WB	The World Bank
WHO	World Health Organization
UNICEF	United Nations Children's Emergency Fund
UNFPA	United Nations Population Fund

## 1. INTRODUCTION

The fundamental element of conducting project work is the labor force. Hence, management of the labor resources are essential to effective project implementation. These Human and Occupational Resources Management Procedures (HORMP) are prepared meeting the Bangladesh Labor Act 2006 as well as the World Bank's Environmental and Social Framework (ESF), specifically Environmental and Social Standard 2: Labor and Working Conditions (ESS2). Further, the application of internationally accepted protocol to address COVID-19 outbreak has also been considered in this HORMP.

The Implementing Agency (IA), the Ministry of Health and Family Welfare (MoHFW) will incorporate the relevant aspects of the Environmental and Social Commitment Plan (ESCP), including the relevant ES documents and/or plans, and the Human and Occupational Resources Management Procedures (HORMP), into the Environmental, Social, Health and Safety (ESHS) specifications of the respective procurement documents with contractors. The IA has contracted four UN Agencies (UNAs) (IOM, UNICEF, UNFPA, WHO) who would employ contractors to carryout civil construction and provision of medical service activities.

The HORMP covers the direct and contracted workers to be engaged in the Project by the IA under the four UNAs. MoHFW may prepare specific procedures to be inserted in the contract as part of the UNAs legal obligations. The approach will be assessed as part of the initial screening of ES risks and impacts carried out by the Project.

### The Implementing Agency (IA)

The MOHFW is responsible for the overall implementation of the government's sector program and development partner coordination. Key entities within the MOHFW involved in implementation include the HSD, the ME&FWD, DGHS and DGFP. Most of the Operational Plans of the government's sector program are implemented by these entities. The project will be implemented by the MOHFW in close collaboration with MOWCA, but parts of the project will require implementation support from relevant UNAs (WHO, UNICEF, UNFPA, IOM), which will be contracted by the MOHFW to complement their implementation. Coordination will also take place at all five levels of health service delivery.

## 2. ENVIRONMENTAL AND SOCIAL RISKS OF THE PROJECT

The possible anticipated adverse impacts of the project activities include:

- a) Enhanced health services generating additional quantities of health care waste than that of the current baseline.
- b) Health workers, construction laborers, and contractors being exposed to health risk due to already volatile and conflictual situations in communities in CXB.
- c) Planned civil works causing noise and emissions from vehicles and machinery, generating waste and involving risks regarding workplace and community health and safety. In addition, social screening will be required for civil works to improve and renovate the Community Clinics (CCs), Union Health and family Welfare Centers

(UH&FWC), Mother and Child Welfare Centers (MCWC), Upazilla Health Complex (UzHC) and District Sadar Hospital (DSH) to ensure that such construction will not affect residents in adjacent areas negatively. Impacts of health care waste will be minimized, mitigated and managed by implementing the ES instruments prepared before physical interventions of the project. Service providers in the health facilities under the project will receive appropriate training on Health Care Waste Management (HCWM) plan. Improved HCWM will lower the risk of exposure to hazardous waste.

### 3. OVERVIEW OF LABOR USE IN THE PROJECT

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

- a. Direct Workers: People employed or engaged directly by the IA to work specifically in relation to the Project
- b. Contracted Workers: People employed or engaged by UNAs to perform work related to core function of the Project

The project involves low scale of civil works which comprises of repair/renovation and reconstruction of existing health facilities. Such scale of infrastructural development activities can be handled by the participation of local labors; thus, the influx of outside laborers is not expected. As such, necessary steps will be taken to ensure that no child and/or force labor are involved and occupational health and safety (OHS) requirement for the laborers are followed.

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. However, ESS2 provisions of health, safety, child and forced labor will apply in this regard.



## Project Worker Required for the Project

There will be a number of different categories of Project workers engaged in the implementation:

TYPE OF WORKERS	EMPLOYED BY	DETAILS	APPROX NUMBER	NOTE
DIRECT	PMU (Government Official)	PD Program Manager Deputy Program Manager Coordinator	1 3 9 1	Under Government law
	PMU (Hired Consultant)	Environmental Social GBV	1 1 1	
CONTRACTED	IOM Civil Works (Sadar Hospital and Community Clinic Reconstruction)	Engineer Supervisor Worker Consultant Project Assistant	5 20 300	
	IOM Capacity Building	Community linkage/BCC/referral support staff Resource management & support staff	20	
	UNFPA Civil Works (Union Level Health Complex, WFS, MCWC)	Engineer Supervisor Worker	3 10 100	
	UNICEF Civil Works (Upazilla Level health Facilities)	Engineer Supervisor Worker	2 10 100	
	WHO (Waste Management)	Trainer	20	
	UNAs Medical Staffs and Doctors	Psychiatrist & support staff Biomedical engineer Anesthesiologist Medicine Consultant Medical technologist Obstetrician Medical Officers Anesthesiologists Midwives Clinical Aid Lab Technician Sonologist Midwives Pharmacists & Assistants Vaccinator	300	



		ObGyn Radiographer ECO tech Nutrition Officer/Specialist Camp health focal point Community Health Workers		
	UNFPA GBV Service	Case Workers	25	
		Psycho-social Counsellors	50	
	Administrative Staffs	Statistical assistants Call center operator Cleaners Drivers Porters Security guards Electrician Plumber Carpenter Gardener Lift Operator Ward boy	100	

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

#### Timing of Labor Requirement

The Direct Workers have already been recruited and will be employed throughout the project. The employment of the contracted staffs/workers will be done before signing of contract for specific activities.

#### Characteristics of Labor Force

The staffs will range from medical workers, administrative staff and laborers who are expected to be skilled. It is estimated that women would be employed equally as males. There will be no child or forced labor used for the project.

## 4. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

Given the nature of interventions—small scale repair and renovation including construction, psychosocial counselling and community engagement, labor related risk is expected to be low. Labor requirements are expected to be low in size mostly supplied by local labor from the community who will be Contracted Workers (as per ESS2 definition). Thus, there will be no labor influx and risks related to labor influx. As with any other project with similar interventions, following are the key potential labor risks that have been identified by the ES assessment and will be mitigated through this HORMP under the Environmental and Social Commitment Plan (ESCP):

- The project will recruit Health and GBV response service providers (doctors, nurses,

paramedics, counselors etc.). As these workers will provide Health, Nutrition and Population (HNP) service, the health-care workers and relevant stakeholders may be exposed to health risks from infectious diseases and waste.

- Employment practices 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, discrimination towards women and workers with disabilities or other vulnerabilities, unlawful termination, withholding of benefit etc.
- Child/forced/trafficked labor and use of unscrupulous labor practices will not be engaged under the project.
- The conduct of hazardous work, such as working at heights or in confined spaces, use of heavy machinery are not envisaged.
- Lack of Occupational Health and Safety (OHS) practices and procedures, especially in the context of COVID-19 outbreak.
- Since the staffs and the beneficiaries will have to be in close proximity to one another during the health and gender interventions under the project, the risk of communicable disease spread, especially COVID-19 among them as well as their immediate family members is high. Lack of knowledge, lack of provision of PPEs and training, lack of social distancing measures on part of the project workers may exacerbate the situation.
- Though low, there is a potential risk of Gender Based Violence (GBV) and Sexual Exploitation Abuse and Harassment (SEAH) by the laborers on fellow female laborers, by other project staff on beneficiaries, as well as amongst each other.

## 5. 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 ESS2. 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.

## 6. RESPONSIBLE STAFF AND PROCEDURES

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

**Overall Management.** MoHFW has the overall responsibility to oversee all aspects of the implementation of the HORMP. No separate Project Management Unit will be established, as the proposed project will be implemented as part of the sector program, using existing government structures for implementing the activities. The Project's PIU will subsequently be responsible for management of workers' (trainer, staffs etc.) issues in the field through monitoring of UNAs. They will be required to adopt and implement good labor management practices acceptable to the IA. The Social Development Specialist (SDS) hired under the project will be the focal points of overall management of labor issues.

**Occupational Health and Safety (OHS).** The UNAs must ensure day-to-day compliance with acceptable safety measures and will record safety incidents. Minor incidents are reported to PIU 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. The ES and GBV Consultants are responsible to oversee any OHS, GBV, HCWM issues and address them.

**Labor and Working Conditions.** UNAs will comply with the provision of labor conditions including non-discrimination, wages, safer working conditions, safety trainings etc. PIU 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 (Section 10) with

this HORMP including the setup of Grievance Redress Committees (GRCs). The UNAs and Project Staff will be required to abide by the provisions of the GRM. The SDS will review records on a monthly basis. The PIU will keep abreast of resolutions and reflect in quarterly reports to the World Bank. Given the anticipated number of the project personnel/workers, the workers' GRM, will be a separate entity 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/SEAH, communicable diseases.** Continuous motivation, monitoring and reporting on the same is the responsibility of the PIU in collaboration with the UNAs. The Gender Consultant hired under the project as a part of the PIU will be fully responsible to ensure that various personnel, especially contracted workers under the UNA's know, are trained on their obligations and GRM procedure and sign a CoC (example in Annex 3) with respect to avoidance of any form of SEA/SH (examples in Annex 2). The SDS will oversee the reporting of communicable diseases if any project workers contract any, especially during COVID-19 outbreak situation (Guidelines in Annex 1).

**Capacity Building/ Training.** PIU and UNAs are required to ensure that the assigned personnel are adequately trained and briefed with overall safety arrangement (especially in regards to COVID-19 guidelines), use of equipment (especially PPE), HCWM, GRM procedure, Labor rights, SEA/SH risks and working conditions of the project. PIU is also responsible for the preparation and obtaining signed CoC (example in Annex 3).

**Verification, Monitoring and Evaluation (M&E).** The implementation progress of the project interventions will be monitored by the MOHFW at the central, district and upazilla levels. The committees from national to union level will be actively involved in monitoring the progress. At the national level, the two Secretaries, Health Service Division (HSD) and Medical Education and Family Welfare Division (ME&FWD) of the MOHFW will monitor and supervise the overall progress. Activities related to the One Stop Center (OCC, district) and One Stop Cells (Upazillas) will be monitored by MOHFW in coordination with MOWCA using the existing platform through which such coordination has already been taking place since the establishment of the OCC system in Bangladesh. There will be meetings between the Secretaries of the two Ministries for monitoring and addressing issues requiring their guidance. The district officials of the two divisions of MOHFW will be responsible for overall project implementation and monitoring. In addition, the GRM and other community engagement mechanisms detailed in the SEP will support the monitoring arrangements to be established in the proposed project. The implementation progress data will feed into existing reports, which will include a comprehensive mapping of services provided to DRP in the camps. This will facilitate coordination and avoid overlap.

### **5.1. Specific Responsibilities of Borrower to Address COVID-19 Outbreak before Employing Personnel/Worker**

MoHFW 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 and further guidelines given in Annex 1:

- The PIU should request details from the UNAs/responsible staffs 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 IAs and the UNAs).

- In making the request, it may be helpful for the PIU to specify the areas that should be covered. This should include awareness and training on the current and relevant guidance provided by national authorities, WHO and other organizations regarding Covid-19.
- The PIU together with the UNAs should periodically consult with the project health and safety specialists/ medical staff (and where appropriate the local health authorities), to ensure adequate measures are being implemented to ensure OHS. Such discussions should also be detailed in the progress reports.
- Under the supervision of the SDS, the heads of construction workers at each site should act as a focal point to deal with COVID-19 issues. This can be a supervisor or a health and safety specialist under one of the UNAs. This person will be responsible for making sure that the measures taken are communicated to all under their mandate such as all workers and those entering the premises.
- The SDS will assist UNAs in identifying appropriate mitigation measures detailed in the ESCP, particularly where these will involve interaction among various project actors. The SDS will connect project representatives with local Government entities to help coordinate a strategic response, which takes into account the availability of resources.
- All project workers should be sensitized, trained and 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.

## 7. 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.

- It is to be noted that as per ESF, the term *labor* includes Direct Workers, Contracted Workers, Primary Supply Workers and Community Workers—a more inclusive term than that of Bangladesh Labor Law/Act.
- The ESF makes it mandatory to develop an HORMP and ensure OHS guidelines.
- ESF also includes non-discrimination provisions to protect disadvantaged or vulnerable individuals (including women workers, persons with disability workers etc) or groups, and to allow them to access employment opportunity and equality in terms of opportunity, payment and other labor issues. It is also required that the Implementing Agency considers,

mitigates, and manages potential impacts on such individuals and groups.

- As opposed to the Labor Law/Act, the ESF also establishes the requirement for a grievance mechanism *separately* for workers besides other stakeholders of the Project.
- As 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.

In addition, to ensure compliance with WB ESS, National and International Laws on OHS and Covid-19, the following measures will be developed by the UNAs and monitored by SDS to ensure fair treatment of all employees under this HORMP per the ESCP:

- 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 for the project by PIU/UNAs
- PIU will ensure that at no stage of the project will anyone pay hiring fees.
- The contracts may be developed in *Bangla* so as to be understandable by all
- In addition to written documentation, an oral explanation of conditions and terms of employment will be provided to all who may have difficulties with understanding the documentation
- While communicating with female workers, PIU will ensure they understand their rights and process of raising issues (especially related to SEA/SH) and grievances related to their employment through the project GRM
- PIU will ensure that no forced or child labor would be allowed
- PIU will ensure training for workers including response to emergency situations and ES issues.
- PIU will ensure that a clear description of relevant national Labor laws and their adoption in the HR policy communicated to all workers
- Project Director, Contractors, Workers and Project Staff to sign and abide by an Occupational Code of Conduct including GBV issues
- PIU will ensure measures to address formation of labor/workers/ employee organizations
- PIU, in collaboration with UNAs will ensure cordial relations amongst project workers

The health and safety procedure illustrated in the Labor Acts, WB Environmental and Health Safety Guidelines (EHSG), ESS 2, Communicable Diseases (Prevention, Control and Eradication) Act 2018 as well as guidelines to address COVID-19 issues (see Annex 1) will be referenced in all activities under the Project. The SDS is expected to carry out field visits and inspections of the construction from time to time. However, the WBG's EHSG 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 contracts reflecting appropriate level of risk.

PIU will include into the contract specific OHS standard requirements that all UNAs 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:

- An ES risk assessment screening of project sites will be completed before the commencement of any activities, and safety measures will be implemented in accordance with applicable safety standards.