

# Labor Management Procedure (LMP)

for Parent Project and its Additional Financing



**Sri Lanka Covid-19 Emergency Response and Health Systems  
Preparedness Project (P173867)**

**and**

**Additional Financings (AFs) for Sri Lanka COVID-19 Emergency  
Response and Health Systems Preparedness Project (P174291) and  
(P176422)**

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## 1. Executive Summary – LMP for Parent Project and its Additional Financing

**Background:** An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Since the first confirmed COVID-19 cases in Sri Lanka on 27 January 2020, Sri Lanka has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. The GoSL's current priority is to work towards smooth economic recovery, while protecting the health and safety of the population. Efforts are being made to gradually reopen the economy and to revitalize economic activities, including tourism.

**Objectives of the project:** As the situation evolved and number of COVID19 cases increased, there was an urgent need to strengthen national systems for public health preparedness in Sri Lanka and rollout a nationwide vaccination program to support Sri Lanka's transition to a new normal. Therefore, the World Bank financed, Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) is supporting the GoSL Sri Lanka to strengthen national systems for public health preparedness to prevent, detect and respond to the threat posed by COVID-19. The project also involves additional financing (AF) for a) temporary cash & in-kind transfers and b) for COVID 19 vaccine deployment. The AF for cash & in-kind transfers supports the scale up of cash transfers through existing programs for the elderly, persons with disabilities and CKD patients and cash transfers for those who have lost their livelihoods and in-kind support for families in quarantine. The AFs for COVID-19 vaccines will ensure effective deployment of safe and effective vaccines in Sri Lanka through vaccination system strengthening, enabling equitable access to COVID-19 vaccines, and to further strengthen preparedness and response activities under the parent project.

**Environment and Social Risks:** Both the environmental and social risks are considered 'Substantial' for the Project. Key environment risks include, occupational health and safety issues and concerns relating to medical waste management including during disposal of hazardous medical waste generated by COVID-19 vaccination program. Key social risks are 'substantial' due to certain limitations that may inadvertently exclude vulnerable groups from not receiving cash/in-kind support and fully accessing information and services including vaccination, the risk of increasing GBV/SEA/SH against women when in isolation; the risk of triggering social tensions due to fears of contamination, stigmatization of affected groups, or competition to access limited medical supplies including vaccination. These risks will be mitigated by the project through the proper application of the Bank's environment and social standards (ESSs) as described in the Stakeholder Engagement Plan (SEP), Labor Management Procedures (LMP) and Environmental and Social Management Framework (ESMF) of the project.

**The objective of Labor Management Procedure (LMP):** The LMP prepared for the project covers both the Parent Project (Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867) and its additional financing (AF) for a) temporary cash & in-kind transfers and b) for COVID 19 vaccine deployment (two AFs). The objective of the LMP is to identify the main labor requirements, the associated risks, and necessary measures to address the project-related labor issues. By implementing the LMP, it is expected to promote sound worker- management relationships and enhance the development benefits of the project by treating workers in the project fairly while also providing them with safe and healthy working conditions.

**Overview of Labor use:** As per the World Bank's Labor Standard, project workers are categorized as follows: direct workers, contracted workers, primary supply workers, and community laborers. Direct staff are those who will be hired directly by the respective ministries for the purpose of the project and those who are not considered Government Civil servants. Contracted workers are those who are hired by third parties to perform work related to core functions of the project, these includes: construction workers, workers providing janitorial & waste management services etc. Primary Supply Workers are those workers employed by primary suppliers of the project such as those who supply food, lab equipment, medication, PPEs, vaccination-related supplies, construction material, waste management equipment etc. Community Workers will provide volunteer support to project activities. This includes 'Friends of the Facility' committees that support the health system with outreach services to communities. Where government civil servants are working in connection with the project, they will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement, unless there has been an effective legal transfer of their employment or engagement to the project. Government civil servants include all government medical, technical, administrative & operational staff attached to hospitals, health institutions including laboratories etc.

**Application of the LMP:** For all direct, contracted, and primary supply workers, all requirements of WB's labor standard will apply. Government civil servants involved in the project are bound by their existing public sector employment agreement or arrangement and military personnel are governed by the Army, Navy and Airforce Acts, and provisions under this LMP will not apply to such parties. Nevertheless, their health and safety will be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them. For community workers, labor management procedures on occupational health and safety, working conditions and avoiding child & forced labor will apply.

**Compliance with Key Labor Legislation in Sri Lanka:** As Sri Lanka lacks a single unified labor law/code, a number of statutes govern employment and industrial relations in the country. Together, these labor regulations cover aspects such as working age, working hours, contracting rules, leave policies, maternity leave, minimum wage, labor taxes and dismissal rules, among others, as required under the ESS2 will apply under the project. In addition, there are several legislations relating to waste management, occupational health and safety, management of hospital facilities, that are relevant to the COVID-19 context which the project will comply by. The terms and conditions for military personal will be governed by the Sri Lanka Army Act 1949, Navy Act 1959 and Airforce Act 1959.

**Compliance with Terms and Conditions:** For all direct, contracted and primary supply workers, project will comply by the following: workers to be provided with an employment contract, only workers above 18 years will be hired, use of forced labor or conscripted labor will be prohibited, maximum working hours, leave, maternity benefits, pension deductions etc. will be adhere to regulations as stipulated in the national legislature, staff will be made aware of the avenues available to seek redress including issues of sexual harassment, any foreign party employed by the project will have a valid work permit and a work visa while working in Sri Lanka, and equal training opportunity will be available to all staff working in the project without discrimination including a toolbox training prior to commencing any physical work. To ensure enforcement of these measures, relevant provisions will be included in the employment contracts of all workers and necessary documentary evidence will be shared with the PMU.

**Compliance with Health & Safety measure:** The project will ensure the application of OHS measures as outlined in WHO, National and World Bank guidelines. This will encompass procedures for entry into

health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE etc. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally. Contractors & suppliers will develop specific procedures/plans so that adequate precautions are in place to prevent or minimize an outbreak of COVID-19. A risk assessment was also conducted to ensure measures in place meets requirements of World Bank's Policy on the use of security personnel given the involvement of the military in project activities, especially in the vaccination program.

**Compliance with Working Conditions and Living Arrangements:** Project staff will be provided with safe and secure working environments and with necessary office facilities and equipment. Separate male and female toilet facilities will be provided, and potable drinking water & handwashing facilities will be available at all project offices & field/construction sites. Adequate waste management systems will also be in place at all project sites in accordance with General EHSs and industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19. To ensure the enforcement of the provisions mentioned here for the contracted workers, the conditions highlighted here will be included in the contracts signed with all the contractors.

**Grievance Mechanism:** The focal person for the health project's workers GRM will be the Environment and Social Specialist from the PMU. For the cash and in-kind support program, the GRM operates under the MoF through divisional and district secretaries. The GRM will allow workers involved to lodge complaints relating to their employment terms/conditions, issues related to health and safety of their work environment, lack of proper procedures or unreasonable working conditions/hours or rest periods etc. to the workers GRM.

**Contractor Management:** Contractual provisions and measures and procedures that will be put in place by contractors to manage and monitor relevant health and safety issues. Accordingly in bidding/tendering documents, specific requirements for contractors will be clearly stipulated such as having medical waste management experience/certifications etc., Codes of Conduct for workers, infection prevention & control (IPC) strategies, emergency response plan, as per WHO Guidelines Including contractual provisions and procedures for managing and monitoring the performance of contractors.

**Management of risks associated with Military:** As per the findings of the military risk assessment as per World Bank's Policy on the use of security personnel, the army medical team involved in the vaccination program has received the necessary training on vaccination guidelines to follow issues by the MoH, on the Code of Conduct governed by the Sri Lanka Army Act 1949 and on principles of human rights. The Army Act details the terms and conditions of employment and governs the conduct of armed forces in all settings either during combat or during involvement in civilian affairs. The Act enforces strict legal action / court martial for those accused of offences against property or persons. These include offences related to theft, misappropriation, willfully damaging property, causing any form of violence, criminal breaching of trust, etc.

**LMP implementation:** The LMP has been under implementation since the effectiveness of the parent project and the two AFs. The same implementation arrangements will follow during the third AF as well. The Ministry of Health and Indigenous Medical Services (MoH) and the State Ministry of Provincial Councils and Local Government Affairs (SMoPCLGA) has been the implementing agency for Health interventions including the vaccination program. The MoH has also involved the Sri Lanka Army Medical Corps (SLAMC) to carry out the vaccination program. The Project Management Unit (PMU) established under the MoH has been responsible for the implementation of the LMP for health sector response. The Ministry of Finance (MoF) has been the designated implementing agency for the cash transfer for livelihood and in-kind support program. The PMU/PCU under the MoF has been responsible for the implementation of the LMP for cash/in-kind transfer program.

## 2. Introduction

The primary objective of ESS2 on ‘Labor and Working Conditions’ is to promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly while also providing them with safe and healthy working conditions. Accordingly, the purpose of this Labor Management Procedure (LMP) is to facilitate the planning and implementation of the Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project by identifying the main labor requirements and the associated risks and determining the resources necessary to address the project-related labor issues. The LMP sets out general guidance relevant to different forms of labor and also issues and concerns that are specific to COVID-19.

## 3. Overview of Labor Use on the Project

In general, projects supporting COVID-19 response activities will include different categories of workers, some of whom will be engaged in activities that raise COVID-19 exposure concerns. As per ESS2, project workers can be classified into the following four groups: direct workers, contracted workers, primary supply workers, and community laborers. The Ministry of Health and Indigenous Medical Services (MoH) and the State Ministry of Provincial Councils and Local Government Affairs (SMoPCLGA) will be the implementing agency for Health interventions including the Vaccination program.

While the MoH is responsible for implementing the vaccination program, nine provincial departments of health services from the SMoPCLGA are responsible for the implementation of the vaccination program at the provincial and district levels. In addition, the MoH has also involved the Sri Lanka Army Medical Corps (SLAMC) to carry out the vaccination program. The Project Management Unit (PMU), MoH which was established under the World Bank assisted PSSP will be strengthened & supplemented with additional qualified staff, either internally seconded/retained or through staff recruited from outside.

The Ministry of Finance (MoF) will be designated as the implementing agency for the cash transfer for loss of livelihood and in-kind support programs under Additional Finance (AF). The cash transfer programs for elderly will be implemented by the National Secretariat for Elders which is under the MOH, cash transfer for CKD patients and persons with disabilities will be implemented by State Ministry of Samurdhi, Household Economy, Micro Finance, Self-Employment, Business Development And Underutilized State Resources Development. The existing staff and structures at the National Secretariat of Elders (NSE), National Secretariat for Persons with Disability (NSPD) and in the case of cash transfer

for loss of livelihood and the in-kind (food) support programs will also be implemented using the existing staff and structures at the District and Divisional Secretariats. Hence, no new recruitment will be required.

As per the staffing requirements & arrangements of the project to implement the Health interventions, vaccination program and the cash transfer & in-kind (food) support programs, the following types of workers would be involved: direct workers, contracted workers, primary supply and community workers. Given below are the key categories of workers that would be engaged under the project, including groups of workers that are specifically at risk in the COVID-19 context and thus require special attention:

Type of project workers	Characteristics & role of project workers	Timing of labor requirements	Indicative number of workers
<b>Direct workers<sup>1</sup></b> <b>Total: 8,500 workers</b>			
PMU staff - Health program.	Staff seconded or hired to PMU. - Project Director, Deputy Director, Finance Manager, Senior Accounts Officer, Senior Engineer, Senior Technical Officer, Procurement Specialist, Procurement Officer, Senior Environment Officer, Senior Social Safeguards Officer, Monitoring & Evaluation Officer, Legal Officer, Project Officer, Project Secretary, 2 Management Assistants, Office Assistant & a Driver. <i>-Job Roles:</i> Project planning, management, implementation, communication, monitoring.	From project preparation until project completion	20 workers
PCU staff – Cash & in-kind Transfer program	Civil servants designated to the project. Director, Planning, Chief Financial Officer (CFO), Director of National Secretariat for Elders (NSE), Director of National Secretariat for Persons with Disabilities (NSPD). An officer from the National Planning Department (NPD). Deputy Project Director, Accounts Officer of the Social Safety Nets Project & other support staff as required.	From project preparation until project completion	Approx. 10
PMU Engineering/ supervising consultants -Health program	International and national experts hired on short-term basis. <i>Job roles</i> -Technical design & supervision.	Limited duration based on specific needs	20 workers

<sup>1</sup> Direct workers - people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project



Type of project workers	Characteristics & role of project workers	Timing of labor requirements	Indicative number of workers
<b>Government Workers<sup>2</sup></b>			
Health Care Workers -Health program	Health administration at Provincial and District level, Doctors, Nurses, midwives, public health inspectors, Other (technicians, janitorial staff etc.) at MOH, district, provincial and national levels. <i>Job roles:</i> administration, operations, contact tracing, case finding, confirmation, communicating, reporting & treating patients.	Project commencement until project completion.	-1,000 Doctors, -2,000 Nurses, -350 Midwives, - 100 Public health inspectors - 300 Pharmacists, Therapists, Technicians etc. -2,000 Admin/Support staff, attendants, cooks, cleaners & janitors.
Health and non-health care workers – contributing to the Vaccination program entirely & its deployment through the health care system.	Each vaccine clinic will be staffed by a minimum of seven health staff and supportive non-health staff at approximately 4000 sites across the Island. Each center will include: 1 Medical Officer, 2 vaccinators: Nursing officers/ Public Health Midwives (SPHM/PHM)/Public Health Inspectors (SPHI/PHI), 2 persons at the Registration Desk, 1 person at AEFI area and 1 clinic assistant.	Start and end date of Covid19 vaccination program.	-4000 Doctors, -8000 Nurses -8000 Admin staff -8000 Clinic Assistants
Government Officers at the District & Divisional Secretaries – Cash/in-kind transfer program	District Secretary, Divisional Secretary, Divisional Grama Niladari (Village Officer), Social Service Officer, Elders Rights Promotion Officer, Economic Development Officer, Samurdhi Development Officer, Agriculture Research Officer and other divisional level officers.	Project commencement until project completion.	2500 workers
Staff of specialized institutions -Health program	Medical Services Department (MSD), Environment, Occupational Health and Food Safety, Laboratory Services, Health Promotion Bureau, Disaster Management, National Epidemiology unit & Quarantine services. <i>- Job roles:</i> Administration, research, communication and operations.	Project commencement until project completion.	50 workers

<sup>2</sup> Where government civil servants including military personnel are working in connection with the project, whether full-time or part-time, they will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement and in the case of military the respective military legislature, unless there has been an effective legal transfer of their employment or engagement to the project. § ESS2 will not apply to such government civil servants and military personnel, except for the provisions of paragraphs 17 to 20 (Protecting the Work Force) and paragraphs 24 to 30 (Occupational Health and Safety).

Type of project workers	Characteristics & role of project workers	Timing of labor requirements	Indicative number of workers
Tri-forces contracted to carry out construction works -Health program	Sri Lanka Army Medical Corps supporting vaccinations. Military personal who are from the construction arm of tri-forces – Navy, Army and Air force. <i>Job roles</i> – Architects, Engineers, military personal with construction skills in masonry, carpentry, plumbing, wiring, painting etc. in	Vaccination start to end. Construction start to end (isolation wards in at least one secondary or tertiary hospital in each district).	500 workers 500 workers
<b>Contracted workers<sup>3</sup></b> <b>Total: 3000 workers</b>			
Laboratory service providers -Health program	Scientist, Doctors & lab technicians contracted from Private Companies. <i>Job role:</i> carrying out lab investigations.	Project start to end	200 workers
Workers in Eldercare homes, homes for the disabled and in orphanages -Health & Cash & in-kind transfer	Administrators and Social workers <i>Job roles</i> – managing the homes and taking care elders, disabled and children	Project start to end	1000 workers
Janitorial & Waste Management Services -Health program	Janitors, Waster Collectors and their administrators contracted from Private Companies. <i>Job roles:</i> Cleaning, disinfecting, waste collection, disposal & administration.	Project start to end	500 workers
<b>Primary supply workers<sup>4</sup></b> <b>1500 workers</b>			
Primary Suppliers - Health program	<u>Primary Supply workers</u> - will include those providing medicine, lab equipment, PPEs, vaccination-related supplies, construction material, including food suppliers. <i>Job roles</i> – administrative and technical duties etc.	Project start to end	2000 workers
<b>Community workers</b> <b>3500 workers</b>			
Committee members of community-based organizations.	Members of community groups – mainly ‘Friends of Facility Committees’ and ‘Rural Elder committees’, ‘Community Based Rehabilitation committees’ etc. <i>Job roles:</i> Community mobilization, engagement, participatory activities &	Project start to end	3500

<sup>3</sup> Contracted workers - people employed or engaged through third parties to perform work related to core functions of the project,

<sup>4</sup> Primary supply workers - people employed or engaged by the Borrower’s primary suppliers (primary supply workers);

Type of project workers	Characteristics & role of project workers	Timing of labor requirements	Indicative number of workers
	decision making related to health and social interventions supporting government service provision .		

#### a) Project Management Unit (PMU) – Health Program including for Vaccinations

The PMU constitutes of direct project workers are either government civil servants engaged in the project or those that will be recruited for the purposes of the project.

Since the effectiveness of the project, the PMU of the existing World Bank-supported Primary Health Care Systems Strengthening Project (PSSP), which was assigned the responsibility of managing the project, has made significant progress in filling the designated staffing positions for the Emergency Response and Health System Preparedness Project. The recruitment process has been completed for all key positions, including the Project Director, Deputy Director, Finance Manager, Procurement Specialist, Senior accounts officer, and Environmental and Social (E&S) Specialist. The recruitment process for two Procurement Officers will be completed shortly and a technical consultant for Social safeguards will be hired based on needs. The two E&S specialists desingated from the Directorate of Environmental and Occupational Health and Food Safety & Estate and Urban Health Unit on a part-time basis to help the PMU as an interim measure, will also continue under the new PMU structure who will support the full-time E&S specialist in thier respective areas.

Specifically, the planned PMU structure included: Project Director, Deputy Director, Finance Manager, Senior Accounts Officer, Senior Engineer, Senior Technical Officer, Procurement Specialist, Procurement Officer, Senior Environment Officer, Senior Social Safeguards Officer, Project Officer, Project Secretary, 2 Management Assistants, Office Assistant & a Driver.

- The Project Director & the Deputy Director will be responsible for the overall implementation, management and coordination of the project. Project Director will closely liaise with the Task Team from the World Bank and other stakeholders. S/he will also ensure that the Project is in compliance with the World Bank’s and national regulations relating to social, environment and labor issues, among others.
- The Finance Manager & Senior Accounts Officer will support the project team to lead the financial management activities of the project and coordinate with the technical teams and stakeholders assigned to implement the subcomponents.
- The Procurement Specialist & Procurement Officer will lead the procurement activities of the project and coordinate with the technical teams and stakeholders assigned to implement the subcomponents. Specifically, the Procurement Specialist will work with the Senior Environment Officer & Senior Social Safeguards Officer to ensure that all the procurement documents adequately reflect environment and social due diligence, where relevant.
- Senior Engineer & Senior Technical Officer will provide technical support to activities related to designing, technical evaluation and construction supervision. They will review progress of construction works, compile data and provide updates to the project director.
- The Monitoring & Evaluation Specialists will lead the monitoring and evaluation activities of the project and coordinate with the technical teams and stakeholders assigned to implement the

subcomponents. The monitoring and evaluation Specialists will collect, process and manage data, including those relating to social and environment issues associated with the project, as appropriate, from various sources including health management information system, official documents, etc.

- The Legal Specialist will be responsible to provide prepare contracts, agreements & provide legal advice related to staffing, engaging with technical agencies, implementing partners, contractors & suppliers and will also be involved in any dispute resolution matters. Legal Specialist is expected to work on a part-time basis seconded from the PSPP.
- The Senior Social Safeguards Officer will lead the social activities of the project and coordinate with the technical teams and stakeholders assigned to implement the subcomponents. Together with the Senior Environment Officer, Senior Social Safeguards Officer will primarily be responsible for ensuring that project activities avoid and minimize negative social impacts; and where they cannot be avoided, that these impacts are identified and the necessary mitigation measures are developed and implemented following the relevant World Bank policies and national laws.
- The Senior Environment Officer will lead the environmental activities of the project and coordinate with the technical teams and stakeholders assigned to implement the subcomponents. Together with the Senior Social Safeguards Officer, the Senior Environment Officer will primarily be responsible for ensuring that project activities avoid and minimize negative environmental impacts; and where they cannot be avoided, that these impacts are identified and the necessary mitigation measures are developed and implemented following the relevant laws as well as the World Bank policies.
- Project Officer will be responsible for the overall project coordination, monitoring/review and reporting functions of the project.
- Project Secretary, Management Assistant, Office Assistant & the Driver will be responsible for all administrative support functions including those related to management of human resources, logistics, records/filing, communications and maintenance of office inventory/assets etc.

Though the project initially planned to have a full-time Senior Environment Officer and a full-time Senior Social Safeguards Officer, the project will proceed with one full time Specialist who will cover both social and environment work of the project and supported by two part-time specialists (one for social and one for environment) seconded from th MoH. These two part-time specialist will continue under the new PMU structure who will support the full-time E&S specialist in thier respective areas and together will provide overall policy and technical direction for environmental and social management under the Project, as defined by the Environmental and Social Commitment Plan (ESCP), Environmental and Social Management Framework (ESMF), Health Care Waste Management Plan (HCWMP), Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP).

The two part-time social and environment specialists have received training on E&S screening, ESMP, HCWM plan preparation, carrying out consultations/engaging stakeholders, GRM operations, labor management procedures etc. Since the full time E&S Specialist only joined in September 2021, relevant ESF trainings will be provided during months of October and November 2021.

The PMU staff are either seconded from other government institutions or have been newly hired. Both new hires and those seconded staff will receive new letters of appointments/contracts initially for 3 years, renewed annually based on performance and extended beyond 3 years depending on project completion date. New letters of appointments/contracts will be issued for all project staff (i.e. new hires or those who are seconded). The appointing authority differs based on the job grade/salary scale. As per the Management Services Circular No: 01/2019<sup>1</sup>, depending on the level of the cadre/salary grade, appointments to the Project can either be made by the Project Director-PMU or the Secretary to the MOH.

In addition to these contracted staff required for the duration of the Project, the Project may hire other technical staff for limited duration based on specific needs. For example, when civil works are undertaken for the refurbishment of health care centers, construction of quarantine and isolation facilities, etc., a civil engineer will be required for monitoring the various sites; for international procurement guidance, on Hands-on Expanded Implementation Support (HEIS) and other procurement related support an International procurement consultant will be hired for the project.

All these staff, including the civil servants assigned/recruited to serve in the PMU, are considered direct staff/workers under ESS2 and the respective ESS2 standards/provisions will apply to them. The civil servants assigned to serve in the PMU of the Project, whether full-time or part-time, will be bound by their existing public sector employment agreement or arrangement, and provisions under this LMP will not apply to such parties. Nevertheless, their health and safety will be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them.

The terms and conditions of public sector employment will be governed by Sri Lanka's Constitution; the powers vested in the Public Service in terms of the appointment, promotion, transfer, disciplinary control and dismissal of the public officers, and the different Management Services Circulars, PSC Circulars, the Government Gazette notifications/announcements. In addition, the laws and regulations in Sri Lanka prohibit child labor and forced labor.

Likewise, the Project may involve other specialized agencies/consultancies (firms or otherwise) to support project implementation. For example, the Project has collaborated with UNICEF to develop risk communication strategy, including facilitating training for staffs and key stakeholders; work with WHO to ensure consistency of environmental and social documents and procedures, with national and international guidelines to support country preparedness and response; and work with UNICEF, WHO and UNOPS on emergency procurement of medical equipment and supplies to strengthen Sri Lanka COVID19 Response, etc. The provisions given under this LMP will not strictly apply to such consultancies. Nevertheless, the health and safety needs of the specialist consultants will to be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them.

#### **b) Project Coordination Unit / Project Management Unit – Cash Transfer & In-kind Support Program**

The PCU / PMU in the MoF will be established to support the temporary cash & in-kind transfers provided through this AF and the PCU / PMU will comprise of existing staff and structures as much as possible. No new recruitment will therefore be required for the implementation.

Existing staff under the relevant PCU / PMU will be designated or assigned to coordinate the cash & in-kind transfers. All staff assigned to the PCU / PMU are considered direct staff/workers under ESS2 and the respective ESS2 standards/provisions will apply to them. The civil servants assigned to serve in the PCU, whether full-time or part-time, will be bound by their existing public sector employment agreement or arrangement, and provisions under this LMP will not apply to such parties. Nevertheless, their health and safety will be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them.

The terms and conditions of public sector employment will be governed by Sri Lanka's Constitution; the powers vested in the Public Service in terms of the appointment, promotion, transfer, disciplinary control and dismissal of the public officers, and the different Management Services Circulars, PSC Circulars, the Government Gazette notifications/announcements. In addition, the laws and regulations in Sri Lanka prohibit child labor and forced labor.

#### c) Staff of Specialized Institutions

Given that the current capacity of the PMU is insufficient to support this complex, emergency response, the project has received the support from the following specialized Institutions:

- The Medical Services Department (MSD) for the procurement of required essential supplies
- The Directorate of Environment, Occupational Health and Food Safety, MoH for the preparation and implementation of health care waste management under the project
- The Health Promotion Bureau for risk communication and social safeguard measures
- The Directorate of Laboratory Services for laboratory improvement
- The Directorate of Disaster Management for strengthening of national coordination for emergency response
- The National Epidemiology unit for strengthening disease surveillance and related capacities
- The Directorate of Quarantine services for strengthening the national response for quarantine services and;
- Family Health Bureau for implementation of GBV response and services.
- Other Directorates as per requirements of the project.

#### d) Health Care Workers

Approximately 6,000 health care workers will be engaged in the project as direct workers, who are directly employed by the Government employees as permanent (including civil servants) and contracted staff working mainly in targeted hospitals. Health care workers may carry out a range of activities, for example, assessing, triaging and treating COVID-19 patients and workers; establishing public health reporting procedures for suspect and confirmed cases; providing or reinforcing accurate infection prevention and control and public health information, including for concerned workers. In addition to doctors, nurses, midwives, public health inspectors hired directly by hospitals, other direct workers will include pharmacists, therapists, technicians, administration/support staff, attendants, cooks, cleaners & janitors etc.

#### e) Health and non-health staff for the Vaccination program

Nine provincial departments of health services from the SMO PCLGA are responsible for the implementation of the vaccination program at the provincial and district levels. These workers will be involved in preparation and vaccine deployment activities, this includes: planning, providing technical guidance, management of cold chains, administration, operations, communication, reporting & emergency preparedness for AEFI treating patients and real time vaccination tracking.

Approximately 4,000 sites will be available for COVID-19 vaccination, and each vaccine clinic will be staffed by a minimum of seven health staff and supportive non-health staff (following the standard guidelines for COVID-19 vaccination centers issued by the MoH). Vaccine clinics will operate every other day during the campaign, with a capacity of 300-500 vaccines per site/day. The composition of the staff at each Vaccine clinic includes: 1 Medical officer: for screening eligibility and handling AEFI, 2 vaccinators: Nursing officers/ Public Health Midwives (SPHM/PHM)/Public Health Inspectors (SPHI/PHI) who are trained and skilled in intra-muscular injections and capable to adhere safe injection practices per standards of National Immunization Programme (NIP), 2 persons at the Registration Desk - for screening eligibility, identify contra-indications, referral for special needs, 1 person at AEFI area: for identification and management of immediate side effects/reactions and 1 clinic assistant to help the entire process.

The Sri Lanka Army Medical Corps (SLAMC) run vaccination centers will also follow the same guidelines issued by the MoH for COVID vaccination. The army medical team possess exactly the same educational backgrounds as their counterparts in the MOH do and have also been trained by the Epidemiology unit of the MOH. The army medical team has also received the necessary training on vaccination guidelines to follow, the Code of Conduct governed by the Sri Lanka Army Act 1949 (also inline with WHO Code of Ethics and Professional Conduct) and on human rights principles (in line with Humanitarian International law). The MOH and the District Secretary are responsible for the administrative planning of the vaccination process at district level – dates and venue for vaccination and associated arrangements etc. and the Regional Epidemiologist requests the army medical team to supply a vaccination team to carry out vaccination at district locations based on the needs and thereafter the military undertakes to transport vaccines to the vaccination centers and administer the vaccines following the MOH COVID 19 vaccination guidelines. In addition to the conduct of community vaccination centers, the mobile COVID-19 Vaccination Fleet that prioritizes the vaccination of the elderly, sick, handicapped and feeble sections in society is a combined effort of the Sri Lanka Army Medical Corps and Directorate of Preventive Medicine MoH.

#### f) Government Officers at the District & Divisional Secretaries – Cash transfer & In-King support program

The PCU will make monthly cash transfers to high-risk populations such as the elderly, disabled and CKD patients from low-income households through District Secretaries (DS) & Divisional Secretary Offices (DSOs). To ensure a transparent process for selection of beneficiaries, village level pandemic response committees have been established at the local government level / Grama Niladari (14022) level. This Committee comprises of representatives from the local authority, Grama Niladari (Village Officer), Social Economic Development Officer, Samurdhi Development Officer and Agriculture Research Officer. Social

Service Officers and Elders Rights Promotions Officers will also provide necessary support to vulnerable groups to access information and cash.

The village level pandemic response committees will again be responsible for the verification of applications received from those who have lost livelihoods (directly or indirectly) to receive the Rs.5,000 grant. The village committees will review the applications and recommend them for approval or rejection to the Divisional Secretary. The Divisional Secretary based on the committee's recommendations further recommends the approved list to the District Secretary who is the final sanctioning authority for the benefit. For the In-kind (food) support program, the list of quarantined homes will be submitted by the public health inspectors to the District/Divisional Secretariat who then will facilitate the procurement and delivery of food packs through the village committees to the quarantined homes. Suggestions or grievances if any, are directed to the committee, Divisional Secretary or District Secretary for resolution as per the GRM in place. An estimate of 2500 such government officials mainly at divisional level will provide necessary support to select beneficiaries, facilitate cash & in-kind transfers and address any grievances in 256 divisions throughout the Island.

#### g) Workers from Janitorial & Waste Management Services

All care waste produced during the care of COVID-19 patients and the vaccination campaigns will be considered as infectious waste and will be collected in designated containers and bags, treated and safely disposed by incinerating or autoclaving according to the SOPs on health care waste management for COVID-19. An estimate of 500 workers from Janitorial & Waste Management Services may be engaged in the project to support this activity. Most likely, these workers will be contractors or subcontractors, primary supply workers, or even as government direct employees until the pandemic comes to an end.

#### h) Workers from Laboratory Service Providers

Workers from Private Companies will be contracted to strengthen Laboratory Facilities and Information Systems. Laboratory facilities will be strengthened by providing the necessary testing kits, PPEs, equipment for safe transport of biological samples, training and re-orientation of lab technicians on standardized sample collection, channeling and transportation for infectious diseases, and decontamination practices. Guidelines for engaging a network of private hospitals and laboratories for supporting care and testing will also be developed to support existing facilities and labs to deal with surges in samples and patients.

#### i) Workers in Eldercare homes, Homes for the disabled and in Orphanages

Number of field staff engaged in elder care, homes for the people with special needs and orphanages will be trained and equipped for prevention and care measures as per MOH-approved protocols. Field staff include public health nursing officers, elderly right promotion officer and care givers, social welfare workers. These staff will be involved in the management of institutions supported by the project and taking care of the elders, disabled and children.



#### j) Workers from Security Forces (Tri-Forces)

The involvement of the Sri Lanka Army Medical Corps has contributed expedite the execution of the vaccination program of the MoH. The Sri Lanka Army Medical Corps has exactly same cadre structure as that of its counterpart MOH and receive the same basic and post graduate training the MOH professionals- medical specialists, medical officers, nursing staff, Public health inspectors, public health midwives – receive. The army medical team has also received the necessary training on vaccination guidelines to follow, the Code of Conduct governed by the Sri Lanka Army Act 1949 (also inline with WHO Code of Ethics and Professional Conduct) and on human rights principles (in line with Humanitarian International law). Hence the army medical team supplements the national vaccination program under the overall supervision of the MOH who have been trained on the same processes and use the same guidelines issued by the MOH for COVID19 vaccination. In addition. military may be involved to support in the establishment of Covid treatment facilities and isolation wards in hospitals. The involvement of military has been proposed in the interest of urgency and due to the current limitations in accessing labor due to the ongoing COVID-19 related restrictions. For civil works, the armed forces will be engaged only for the duration of the civil works required to set up these facilities. Further, all procurement of vaccinations and construction material will be done by the MoH, with no financing going to the military, the military will only support with their human resources.

#### k) Workers of Primary Suppliers

An estimated 2000 primary supply workers will be involved in project activities. These people are employed or engaged by the Borrower’s primary suppliers who supply food, lab equipment, medication, vaccination related supplies, safety boxes for the disposal of syringes, PPEs, construction material, waste management equipment etc.

#### l) Community Workers

‘Friends of the Facility’ committees, connected with Hospitals will help the facility to reach out to difficult target groups in the community and to bring feedback from the community to the facility on its responsiveness to the community needs. Hence ‘Friends of the Facility’ committees will support in the information dissemination and feedback processes. ‘Rural Elder committees’ and ‘Community Based Rehabilitation committees’ will support village level pandemic response committees comprising of government officials in reaching target groups to disseminate and gather information, facilitate the cash & in-kind transfer processes in rural and hard to reach areas and support those with challenges in reaching government services.

### 4. Assessment of Potential Labor Risks

The labor risks for the project can be defined based on the nature and location where project activities will be carried out. Labor risks, including COVID-19 specific risks, in relation to the activities being carried out by the workers, are described below:

Project Activity	Key Labor Risks
Procurement of essential protective equipment, vaccination related supplies, other essential items to protect healthcare workers and patients and food packs from	<ul style="list-style-type: none"><li>• Health and safety risks for frontline service providers, especially against COVID contamination</li><li>• Suppliers as vectors of COVID-19 &amp; hence risks HCWs and patients</li></ul>

Project Activity	Key Labor Risks
suppliers.	<ul style="list-style-type: none"> <li>• Inability of benefit from procedures and mitigation measures to address risks relating to COVID-19 spread</li> </ul>
Preparation and implementation of risk communication, community engagement and behavior change, including social distancing measures and associated mitigation strategies.	<ul style="list-style-type: none"> <li>• Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>• Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment</li> <li>• Risks of contamination during community visits</li> <li>• Workers as vectors of COVID-19 and hence risks to community health and safety</li> <li>• Risks of child labor and forced labor, though expected to be minimal</li> </ul>
<p>Strengthening the capacity of health care facilities for emergency response</p> <ul style="list-style-type: none"> <li>- Constituting emergency response teams in HCFs to cater to both regular and infectious disease patients.</li> <li>- Increasing ICU beds and relevant equipment such as oxygen delivery units, etc.</li> <li>- Installation of solar photovoltaics (solar PV) and battery energy storage based renewable energy (RE) systems at critical response facilities and select facilities that face regular electricity outages</li> <li>- Setting up isolation wards in at least one secondary or tertiary hospital in each district.</li> </ul>	<ul style="list-style-type: none"> <li>• Workers brought in to carry out the civil works may become vectors for transmission of COVID-19 to other workers in construction project sites and nearby communities.</li> <li>• Untenable overtime, psychological distress, fatigue, occupational burnout, among health care workers</li> <li>• Risks associated with GBV and SEA/SH in quarantine/isolation facilities</li> <li>• Risks of exposure while handling of medical specimens or treatment of COVID-19 patients</li> <li>• Stigma and passing on infections to family and community</li> <li>• Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc</li> <li>• Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment</li> <li>• Risks of child labor and forced labor among frontline stakeholders, though expected to be minimal</li> <li>• Social tensions due to concerns about infection spread to the communities in the vicinity of the HCFs, quarantine centers, etc.</li> <li>• Risks associated with use of security personnel, including on community health and safety as well as labor management.</li> </ul>
<p>Increasing laboratory and diagnostic capacity</p> <ul style="list-style-type: none"> <li>- Training to health workers and other frontline stakeholders</li> <li>- Increasing number of testing kits, expansion of special panel kits, expansion of testing capacity</li> <li>- Equipment for safe transport of biological samples</li> <li>- Orientation of lab technicians on</li> </ul>	<ul style="list-style-type: none"> <li>• Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out the testing, transporting samples, delivering training, etc.</li> <li>• Stigma and passing on infections to family and community</li> <li>• Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>• Absence of a mechanism to express grievances and protect</li> </ul>

Project Activity	Key Labor Risks
<p>standardized sample collection, channeling and transportation for infectious diseases, and decontamination practices</p> <ul style="list-style-type: none"> <li>- Establishment of a BSL3 laboratory at the National Medical Research Institute (MRI).</li> </ul>	<p>rights regarding working conditions and terms of employment</p> <ul style="list-style-type: none"> <li>• Risks of child labor and forced labor, though expected to be minimal</li> <li>• Social tensions due to concerns about community health and safety</li> </ul>
<p>Containment and treatment efforts</p> <ul style="list-style-type: none"> <li>- Establishment of local isolation units in hospitals</li> <li>- Expansion of intensive care unit (ICU) capacity, including the establishment of additional ICU beds and the necessary equipment and supplies to make them functional.</li> <li>- Training all hospital staff to prevent intra-hospital infections, particularly medical waste management and disposal systems, management of patients with infectious diseases, including dead bodies, and instituting a system to monitor the same; (d) putting in place safe and separate transportation facilities for infectious disease patients starting with testing to hospital admission;</li> <li>- Training on implementation guidelines and SOPs to frontline health workers, hotel and resort staff, airport personnel and other frontline stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Workers brought in to carry out the civil works required to establish isolation units, quarantine facilities, may become vectors for transmission of COVID-19 to other workers in construction project sites and nearby communities.</li> <li>• Untenable overtime, psychological distress, fatigue, occupational burnout, among health care workers</li> <li>• Risks associated with GBV and SEA/SH in quarantine/isolation facilities</li> <li>• Risks of exposure while handling of medical specimens or treatment of COVID-19 patients</li> <li>• Stigma and passing on infections to family and community</li> <li>• Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>• Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc</li> <li>• Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment</li> <li>• Risks of child labor and forced labor among frontline stakeholders, though expected to be minimal</li> <li>• Social tensions due to concerns about infection spread to the communities in the vicinity of the HCFs, quarantine centres, etc</li> </ul>
<p>Implementing Vaccination program including those run by the military</p> <ul style="list-style-type: none"> <li>-Establishment of Vaccination Centers</li> <li>-Vaccinating target population groups</li> <li>-Disposing hazardous waste</li> </ul>	<ul style="list-style-type: none"> <li>• Risks of contamination during vaccinations.</li> <li>• Stigma and passing on infections to family and community.</li> <li>• Risks of exposure while handling of medical Waste such as sharps, syringes, vials, swabs, reagents, medical equipment, and PPEs, some of which would be contaminated with blood and bodily fluids.</li> <li>• Social tensions due to delays and improper handling &amp; lack of transparency in vaccination procedures.</li> <li>• Untenable overtime, psychological distress, fatigue, occupational burnout, among health care workers.</li> <li>• Risk of SEA/SH for female health care workers including those from the military,</li> </ul>
<p>Implementation of Cash transfer &amp; in-kind (food) support program</p> <ul style="list-style-type: none"> <li>- Awareness regards the program &amp; procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Risks of contamination during community visits</li> <li>• Workers as vectors of COVID-19 and hence risks to community health and safety</li> </ul>

Project Activity	Key Labor Risks
<ul style="list-style-type: none"> <li>- Selection of beneficiaries</li> <li>- Transfer of cash through DSs/post offices</li> <li>- Distribution of food packs through DS/GN</li> <li>- Collection of cash &amp; food items by the beneficiaries</li> <li>- Responding to grievances.</li> </ul>	<ul style="list-style-type: none"> <li>• Harassment and abuse of project workers due to issues of lack of transparency in the selection processes or delays in receipt of payments &amp; food packs.</li> <li>• Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment</li> </ul>

As the military is involved in the vaccination program, the project conducted a risk assessment to ensure that adequate measures are in place meeting World Bank’s Policy requirements on the use of security personnel. Findings from the risk assessment concluded that the overall E&S risk of involving military as being ‘low’, given the measures in place. Based on the findings from the risk assessment, the army medical team has received the necessary training on vaccination guidelines to follow, the Code of Conduct governed by the Sri Lanka Army Act 1949 (also inline with WHO Code of Ethics and Professional Conduct) and on human rights principles (in line with Humanitarian International law). In addition, complaint reporting hotlines and recording books are available at all vaccination centers operated by the army.

## 5. Key Labor Legislation in Sri Lanka

### a) National Regulations

As Sri Lanka lacks a single unified labor law/code, a number of statutes govern employment and industrial relations in the country (See Table 3 for a summary of the main provisions under these acts, ordinances, etc). Together, these labor regulations cover aspects such as working age, work hours, contracting rules, leave policies, maternity leave, minimum wage, labor taxes and dismissal rules, among others, as required under the ESS 2.

**Table 1: Summary of Applicable Laws and their Provisions**

Applicable Laws	Provisions
<ul style="list-style-type: none"> <li>• Shop and Office Employees’ Act No 19 of 1954,</li> <li>• Wages Boards Ordinance No.27 of 1941 and Decisions made thereunder,</li> <li>• Factories Ordinance No.45 of 1942,</li> <li>• Employment of Women, Young Persons and Children Act No. 47 of 1956</li> <li>• Maternity Benefits Ordinance No.32 of 1939</li> </ul>	Basic terms and conditions of employment, including those pertaining to working hours, leave and holidays and work arrangements
<ul style="list-style-type: none"> <li>• National Minimum Age No.03 of 2016,</li> <li>• Budgetary Relief Allowance of Workers Laws of 2005 &amp; 2016,</li> <li>• Decisions of Wages Boards established in terms of the Wages Boards Ordinance</li> </ul>	Wage fixation
<ul style="list-style-type: none"> <li>• Industrial Disputes Act No.43 of 1950,</li> <li>• Trade Unions Ordinance No.14 of 1935,</li> <li>• Constitution of the Democratic Socialist Republic of Sri Lanka</li> </ul>	Statutory provisions relating to Labor/Industrial Relations Right to form or join a Trade Union of one’s choice flow
<ul style="list-style-type: none"> <li>• Termination of Employment of Workmen (Special Provisions) Act No.45</li> </ul>	Non-disciplinary

Applicable Laws	Provisions
of 1971	terminations
<ul style="list-style-type: none"> <li>• Factories Ordinance, Employment of Women Young Persons and Children Act,</li> <li>• Shop &amp; Office Employees Act,</li> <li>• Maternity Benefits Ordinance</li> <li>• National Institute of Occupational Safety and Health Act No.38 of 2009</li> </ul>	Health, safety and general well-being of employees, as well as special protections for female workers, pregnancy/childbirth and “young persons” in employment
<ul style="list-style-type: none"> <li>• Workmen’s Compensation Ordinance No.19 of 1934</li> </ul>	A detailed computation of compensation due in the event of a variety of work-related injuries and illnesses
<ul style="list-style-type: none"> <li>• Employees Provident Fund Act No.15 of 1958,</li> <li>• Employees Trust Fund Act No. 46 of 1986</li> <li>• Payment of Gratuity Act No.12 of 1983.</li> </ul>	Social protection
<ul style="list-style-type: none"> <li>• Part IV of the Industrial Disputes Act</li> <li>• Army Act 1949, Navy Act 1959, Airforce Act 1950</li> </ul>	Provides the principal legal forum for employees & military to their employment for adjudication.

However, despite the plethora of laws and regulations in Sri Lanka, their implementation has been inconsistent due to uneven application and weak enforcement. Further, with regards to employment in the private, there are areas required under the ESS 2 that are not consistently implemented. These include issues relating to the age of employment, wages, working hours, leave and holidays, maternity protection, occupational safety and health, industrial relations and dispute resolution, freedom of association and collective bargaining, terminal benefits etc. In such cases, the common law principles and/or judicial decisions need to be referred to for the relevant legal principles. For instance, while many statutory provisions are written into employment contracts, there is no single statute governing employment contracts or the types of employment. The Shop and Office Employees Act is the only statute which states that employees should be issued with written Letters of Appointment and sets out the matters which must be included in it. A few statutes do cover specific employments, such as the (obsolete) Service Contracts Ordinance No.11 of 1865 and the narrowly applicable (and rarely used) Employment of Trainees (Private Sector) Act No.8 of 1978. Areas of practical significance such as probation, transfers, and bonus payments have not been legislated on, nor are an age of retirement stipulated by law for private sector employees. These matters therefore are required to be determined in the case of bonus, transfer and retirement age by contractual provisions or the practice in the organization, and in the case of probation by the contract, common law principles and judicial decisions.

#### b) ILO Conventions Ratified by Sri Lanka

Sri Lanka has ratified 43 of the International Labor Organization (ILO) Conventions, including all the eight core conventions on labor standards.<sup>5</sup> Of the 43 ILO Conventions ratified so far, 30 are in force, 10 have

<sup>5</sup> The eight core conventions include: The Forced Labour Convention, 1930 (No. 29), the Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87); the Right to Organise and Collective Bargaining Convention, 1949 (No. 98);

been denounced, and three have been repealed.<sup>6</sup> Further, four areas covered by the 8 core Conventions have not been correctly set out in the national mechanism. These include the freedom of association and the right to collective bargaining, the elimination of all forms of forced or compulsory labour, the effective abolition of child labor, and the elimination of discrimination in respect of employment and occupation. The most recent ratification of ILO convention by the Government of Sri Lanka was *the January 2017 ratification of the Maritime Labour Convention of 2006 (MLC)*.<sup>7</sup> The government has also expressed its interest in ratifying the Occupational Safety and Health Convention 1981 (No. 155). However, the employers have expressed reservations over provisions contained in it, especially relating to refusal to work.

### c) Basic Labor Standards in Sri Lanka

Some basic standards from the labor laws and regulations of Sri Lanka, including the Labor Code, are as follows:

#### Terms and Conditions

##### *Contracting Rules:*

In Sri Lanka, 'employment' is not dependent on the existence of a written document. The Industrial Dispute Act, Section 48, defines a "Workman" as any person who has entered into or works under a contract with an employer in any capacity, whether the contract is expressed or implied, oral or in writing. Generally, the type of employment contract largely depends on the worker category: permanent; temporary or contract worker ; and apprentice<sup>8</sup>. The public sector mostly engages employees on a permanent basis until retirement at age 55,<sup>9</sup> but also employs contract workers . Employees in the private sector are mostly engaged on time-bound contracts. Temporary workers are hired based on a particular task required for a limited time period. Likewise, Contract workers<sup>10</sup> are contracted for a specific task at a fixed level of pay that does not involve overtime payments or additional ad hoc allowances.

##### *Work hours:*

There are three laws in Sri Lanka that govern working hours, rest intervals, and holidays: the Wages Board Ordinance of 1941; the Shop and Office Employees Act of 1954; and the Factories Ordinance of 1950.<sup>11</sup> The working hours, overtime restrictions and provisions relating to night work for young

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the Equal Remuneration Convention, 1951 (No. 100); the Abolition of Forced Labour Convention, 1957 (No. 105); the Discrimination (Employment and Occupation) Convention, 1957 (No. 111); the Minimum Age Convention, 1973 (No. 138); the Worst Forms of Child Labour Convention, 1999 (No. 182).

<sup>6</sup> [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11200:0::NO::P11200\\_COUNTRY\\_ID:103172](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11200:0::NO::P11200_COUNTRY_ID:103172)

<sup>7</sup> This particular ILO Convention is unique in that it is a consolidation of several pre-existing ILO Conventions on the seafarers and maritime matters, where a somewhat different process of ratification is allowed for Amendments etc.

<sup>8</sup> Apprentices work on a temporary basis, and the time period depends on the time required for practical instruction in a given trade.

<sup>9</sup> However, public sector employees can continue to work until 60 years without requesting for service extensions.

<sup>10</sup> Seasonal workers also fall into this category.

<sup>11</sup> For details on working hours and holidays see: <https://salary.lk/home/labour-law/leave-and-holidays/working-hours-and-holidays>

persons and women employed in 'Industrial Undertakings' are set out in the Employment of Women, Young Persons and Children Act. As per the Shop and Office Employees (SOE) Act, 1954:

- Normal maximum working hours are eight (08) hours a day and forty-five (45) hours a week, excluding intervals for rest or meals
- Work in excess of normal maximum working hours on any day or week (overtime) should be remunerated at a rate of 1.5 times the employee's hourly wage.

The provisions of the Wages Boards Ordinance, as well as the Decisions of Wages Boards established thereunder for various Trades, are significantly different to those stipulated by the SOE Act.

#### *Management Services Circular:*

The Management Services Circular No: 01/2019<sup>12</sup> provides board procedural and implementation guidelines with regard to the cadre and remuneration management of a project. This circular is deemed effective from 20.01.2019. With the implementation of this circular, the Management Service Circular No. 01/2016 dated 24.03.2016 and 01/2016 (i) dated 16.12.2016, will be rescinded. For the purpose of this circular, a "Project" means a planned set of interrelated tasks to be executed over a fixed period of time and within certain costs and other limitations to achieve a particular objective/s. The cost stipulated in the approval of the Cabinet of Ministers for the Project is considered as the total cost of the project. This circular is applicable only for the foreign-funded projects and the share of foreign fund of the project cost should be more than 60%. The circular lays out the remuneration package, qualifications and the experiences expected for each level of the cadre and the selection procedure of the staff for project management cadre.

#### *Leave and Holidays:*

As per the Shop and Office Employees (SOE) Act, in the 1st (calendar) year of employment, an employee is granted one (01) day of leave for each completed period of two (02) months.<sup>13</sup> Thereafter, an employee is provisioned for 7 days of paid annual leave.<sup>14</sup> Further, there are provisions in the law for 7 paid days of "casual leave" – from the second (calendar) year of employment onward. Additionally, is also provision in the law for 9 statutory holidays to be declared which are paid holidays for SOE Act covered employees.<sup>15</sup>

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<sup>12</sup> [www.treasury.gov.lk/documents/10181/47156/01.2019+Reduced.pdf/a696c6e9-a9e8-4702-a7df-5ab76ed8ca53?version=1.0](http://www.treasury.gov.lk/documents/10181/47156/01.2019+Reduced.pdf/a696c6e9-a9e8-4702-a7df-5ab76ed8ca53?version=1.0)

<sup>13</sup> This is the only leave available during this period, in law.

<sup>14</sup> The Act requires that seven days of annual leave are to be taken on a consecutive basis. No provision in law to carry forward or accumulate unutilized annual leave.

<sup>15</sup> An employee may be required to work on a Statutory holiday – in strict law, the prior permission of the Commissioner General of Labour is required in order to do so, though this provision is observed more in the breach. When an employee works on a Statutory Holiday, the employer is required, in law, to EITHER pay an extra day's wage with EPF and ETF contributions thereon, OR grant an alternative holiday before 31st December that year. This obligation arises irrespective of the number of hours worked on the Statutory Holiday. Overtime work is not permitted in law, on Statutory Holidays

### *Maternity leave:*

Maternity leave entitlements in the Private Sector are granted to female employees under either Part 1A of the Shop & Office Employees (SOE) Act or the Maternity Benefits Ordinance (MBO).<sup>16</sup> However, there is no legal entitlement for paternity leave in the private sector in Sri Lanka; though in the case of public sector employees, there are 03 days available to male public sector employees, in the event of a birth of a child to their wife. As per the SOE Act, maternity leave and benefits include 84 working days of paid leave in respect of the birth of any child, irrespective of whether it is the first, second, third or any other child, provided it is a live birth. While as per the MBO, female employees are eligible for 12 weeks of paid maternity leave, on the same basis, without differentiation on account of the number of surviving children.

### *Minimum wage:*

There are several laws that relate to payment and fixing of wages.<sup>17</sup> The Wages Board Ordinance of 1941 mandates the Minister of Labor to establish a Wages Board<sup>18</sup> for any trade to which provisions of the Ordinance have been applied. In March 2016, Sri Lanka adopted two new laws on wages designed to guarantee a minimum income for workers. The National Minimum Wages Act, No. 3 of 2016 mandates a national minimum monthly wage of Rs10,000 (about US\$67.56) and minimum daily wage of Rs.400.00, while the Budgetary Relief Allowance of Workers Act (BRAWA) No. 4 of 2016<sup>19</sup> establishes that a wage supplement of Rs 2,500 (about US\$16.89) is applicable to all workers earning less than Rs 40,000 per month (about US\$270).<sup>20</sup> National Minimum Wages Act No.3 of 2016 sets out the penalties that may be imposed on errant employers in respect of a first, second offence and so forth. Further, the minimum wages established by the Wages Boards cannot be less than the national minimum wage as stipulated by the National Minimum Wages Act, NO. 3 of 2016.

### *Notice for termination of contract and dismissal rules:*

The Termination of Employment of Workers (Special Provisions) Act No 45 of 1971 (TEWA) sets out a compensation formula which must be adhered to in the event permission to terminate on non-disciplinary grounds is granted by the Commissioner General of Labour, on an application under Section 2 of the Act. Compensation is made on the basis of the last drawn salary and the years of service, though

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<sup>16</sup> Three (03) categories are specifically excluded from its coverage – (i) females covered by the Shop and Office Employees Act, (ii) females employed in an industry, business or undertaking which is carried on mainly for the purpose of giving an industrial training to juvenile offenders or orphans or to persons who are destitute, dumb, deaf or blind, and (iii) females whose employment is of a casual nature (the test here is whether the employment and not the worker is casual).

<sup>17</sup> Wage is defined in the National Minimum Wages Act as the contractual wage or salary of the worker or the wage prescribed under the Wages Boards Ordinance (Chapter 136) for the industry or service to which the worker belongs, and wages or basic salary together with the cost of living allowance, special living allowance or any other similar allowances.

<sup>18</sup> The number of representative members of a Wages Board is determined by the Minister, and is divided equally between employers' representatives and workers' representatives.

<sup>19</sup> in addition to the 2016 BRAWA entitlements, the 2005 BRAWA prescribes Rs.1,000/- payable to employees earning less than Rs.20,000/- per month (with marginal relief granted in respect of monthly wages between Rs.20,000/- and Rs. 21,000/). This payment is a continuing requirement for this wage bracket until the employee's wage reaches Rs.21,000/- and Labour Department Officials on inspections often require that it be shown separately in the Pay slip.

<sup>20</sup> Minimum wages are revised on an annual basis or at the request of trade unions, with wage increases tied to the Colombo Cost of Living Index (CCLI) and Cost of Living Allowance (COLA).



capped at Rs.1.25 million in all cases. Further, Voluntary Severance/Retirement Schemes (VSS/VRS) or packages are offered by employers who wish to expedite retrenchments or to avoid the uncertainty involved in seeking the permission to the Commissioner in a Section 2 Application under the TEWA.

### Occupational Health and Safety

Sri Lanka has several laws dealing with or impacting on health and safety in the workplace, including Factories Ordinance No.45 of 1942, the National Institute of Occupational Safety and Health Act No. 38 of 2009 etc. Provisions relating to Occupational Safety and Health are set out mostly in the Factories Ordinance and Regulations framed thereunder. As a “Factory” has a very extensive definition encompassing almost every imaginable manufacturing process, this Statute has a very wide coverage. The Ordinance, Parts 11, 111, 1V & V deal with general provisions on health, safety and welfare respectively, while Part VI deals with notification and investigation of accidents and industrial diseases.

Provisions are made under the Ordinance in regard to the following aspects which affect the work environment: Cleanliness, Overcrowding Temperature, Ventilation, Lighting, Drainage of floors, Sanitary conveniences, Prime movers, Transmission machinery, Other machinery, Vessels containing dangerous liquids, Self-acting machinery, Hoists and lifts Chains, ropes and lifting tackle, Cranes and lifting machinery, Floor, passages and stairs, Safe means of access and safe place of employment, Places where dangerous fumes are liable to be emitted, Explosive or flammable gases, vapors, Steam boilers and pressure vessels, Means of escape in case of fires, Safety provisions in case of fire, Supply of drinking water, Washing facilities, Accommodation for clothing, First aid, Removal of dust and fumes, Meal rooms, Protection of eyes, Lifting excess weight, Noise, Electricity. Apart from maintaining the provisions in regard to the above aspects, the employer (known as the ‘occupier’ under the Ordinance), is responsible for notifying the District Factory Inspecting Engineer (DFIE) about accidents and industrial diseases.

Further, the Shop & Office Employees Act No.19 of 1956 contains several, fairly rudimentary, provisions on occupational safety, health and welfare required to be provided by shops and offices within the meaning of this Act, while the Employment of Women, Young Persons and Children Act No 47 of 1956, contains provisions relating to work time for women and children, conditions for employing women at night, which are intended to ensure the health, safety and general welfare of these categories of workers (as described in the earlier section). Other Laws impacting on OSH, include the Central Environmental Act No.47 of 1980, the Mines and Minerals Act No. 33 of 1992, the Municipality Ordinance No., the Control of Pesticides Act No.33 of 1980 and the Disease Among Labourers Act No.10 of 1956.

With regard to the investigation of work-related injuries, ill health, diseases and incidents, and their impact on safety and health performance, the provisions in the Factory Ordinance No.45 of 1942 are as follows:

- The investigation of the origin and underlying causes of work-related injuries, ill health, diseases and incidents should identify any failures in the OSH management system and should be documented.

- Such investigations should be carried out by competent persons, with the appropriate participation of workers and their representatives.
- Results of such investigations should be communicated to the safety and health committee, where it exists, and the committee should make appropriate recommendations.
- Results of investigations, in addition to any recommendations from the safety and health committee, should be communicated to appropriate persons for corrective action, included in the management review and considered for continual improvement activities.
- Corrective action resulting from such investigations should be implemented in order to avoid repetition of work-related injuries, ill health, diseases and incidents.
- Reports produced by external investigative agencies, such as inspectorates and social insurance institutions, should be acted upon in the same manner as internal investigations, taking into account issues of confidentiality.

### Non-discrimination and Equal Opportunities

The Constitution of Sri Lanka (1978) states that all persons are equal before the law and are entitled to the equal protection of the law (Article 12(1)). Article 12(2) provides that “no citizen shall be discriminated against on the grounds of race, religion, language, caste, sex, political opinion, place of birth or any such grounds”. However, Article 12(4) provides that these Constitutional provisions shall not prevent “special provision being made, by law, subordinate legislation or executive action, for the advancement of women, children or disabled persons”.<sup>21</sup> While there are no equal opportunity legislations in Sri Lanka at present, some discriminatory provisions that previously existed in few labor laws such as the different wages set out for men and women in some wages boards, have been remedied. Having said that, covert discrimination may exist at recruitment and other stages of employment, and are very difficult to identify or address as official complaints are not made, especially in relation to gender-based discrimination. Measures to protect women from discriminatory activities include legal provisions to protect maternity, payment of 1.5 times of normal rate of payment for women for night works in the EWYP&C Act. For instance, both the SOE Act and the MBO contain provisions on prohibition on termination due only to “pregnancy, childbirth or any consequential illness”, and also preclude an employer from issuing notice of termination on any grounds on a female employee while she is on maternity leave, or in such a manner that such notice expires while she is on maternity leave. These Statues also both contain a prohibition on engaging a pregnant female employee on work which may be injurious to her health or that of her unborn child for a specified period of time.

### Child Labor

Several definitions of “child” involving different age limit exist in law in Sri Lanka, including the definition in the National Child Protection Act No.50 of 1998, which defines a child as any person under 18 years of age. However, for purposes of employment, the definitions/age limits set out in the Shop & Office Employees Act (SOE ACT) and the Employment of Women, Young Persons & Children Act (EWYP&C Act) are to be considered when discussing child labour in Sri Lanka, together with the provisions on the Core ILO Conventions on the elimination of child labour- viz. Conventions 28 (Minimum Age Convention) and

<sup>21</sup> [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms\\_551675.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms_551675.pdf)

132 (Elimination of the Worst Forms of Child Labour). Other laws impacting on child labour and protections offered to workers under 18 years of age include: the Estate Labour (Indian) Ordinance, the Factories Ordinance and the Mines and Minerals Law.

The EWYP&C Act defines a child as a person who is under the age of 14 years. Gazette Extra Ordinary No.1116/5 of 26th January 2006 contains a general prohibition on the employment of children under 14 years of age. It recognizes two exceptions to this general prohibition – work done by children in technical schools if such work is approved or supervised by a public authority, and work by children which is supervised by parents or guardian in light agricultural or horticultural or similar work carried on by members of the same family before the commencement of regular school hours or after they end. The SOE Act, on the other hand, completely prohibits the employment of any person under the age of 14 years in a shop or office. Male children between the ages 14 and 18 cannot be employed before 6.00 a.m. or after 6.00 p.m. except in specified types of employment.

The EWYP&C Act defines a “young person” as a person who has attained the age of 14 years, but who is under the age of 18 years. The Act further distinguishes between young persons between the ages of 14 and 16 years, and those between the ages of 16 and 18 years, and sets very detailed guidelines to regulate for their employment. As per Section 13 in the 2006 Amendment of the EWYPC, where a child is employed in contravention of the provisions of subsection, the employer shall be guilty of an offence chargeable in the Magistrate Court. The employer can be fined or imprisoned or both and; the Magistrate could also order the employer to pay compensation to the child in question.<sup>22</sup>

In terms of hazardous work, the government passed two legislations and the announcement was published by Gazette notification 1667/41 of 2010 and No. 1695/32 dated Friday, March 4, 2010, a list of forty-nine trades/ occupations which have been listed as Hazardous Work. In 2006, Section 20 of the EWYPC was amended to address the special issue of hazardous labor by children between the vulnerable age group between 14 to 18 years. The penalty for employing children in violation of the Employment of Women, Young Persons and Children Act 8 of 2003 varies from Rs 5,000 to Rs 10,000 fines, imprisonment of not less than 12 months or both.<sup>23</sup>

### Forced Labor

The Constitution of Sri Lanka prohibits forced or compulsory labour directly and indirectly; Article 11 of the constitution says that no person shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In addition, Article 14 of the Constitution provides for freedom of association, lawful occupation, profession, trade, business or enterprises and freedom of movement. Section 358A of the Penal Code (Amendment) Act No. 16 of 2006 prohibits forced labor in Sri Lanka while also listing several actions which can be considered as forced labor.<sup>24</sup> Moreover, the section introduces

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<sup>22</sup> <https://salary.lk/labour-law/fair-treatment/child-labour/child-labour>; <http://www.employers.lk/child-labour>

<sup>23</sup> Gazette Notification No. 1695/32 dated Friday, March 4, 2010; Employment of Women, Young Persons and Children’s Amendment Act 24 of 2006; <https://salary.lk/labour-law/fair-treatment/child-labour/child-labour>

<sup>24</sup> In addition, *child trafficking* is prohibited under Section 360 of the Penal Code (Amendment) Act No. 16 of 2006; Section 360 of the Penal Code (Amendment) Act No. 22 of 1995 (18, 19). Prohibition of commercial sexual exploitation of children is mentioned under Sections 286 of the Penal Code (Amendment) Act No. 29 of 1998; Section 360 of the Penal Code

imprisonment and fines for violating the law. If the victim is a child more sections of the Code will be applicable. Additionally, other laws and regulations relating to forced labor include: Employment of Women, Young Persons, and Children Act No. 47 of 1956,<sup>25</sup> Hazardous Employment Amendment to the Employment of Women, Young Persons, and Children Act No. 47 of 1956,<sup>26</sup> Industrial Dispute Act,<sup>27</sup> and the Shop and Office Employment Act 1954. For instance, the Employment of Women, Young Persons and Children Act introduced several legal provisions for preventing forced or compulsory labour such as limits on night work, especially registration process for underage workers, and special regulations for selected work or service fields<sup>28</sup> while the Shop and Office Employment Act, 1954, provides legal protection for working hours, holidays, leaves, working conditions and much more. On 11 April 2019, Sri Lanka ratified the Protocol of 2014 to the Forced Labor Convention, 1930, thereby becoming the second country in Asia and thirty-first worldwide to ratify the Protocol.<sup>29</sup>

#### Involvement of Military:

A risks/due diligence assessment was conducted given the involvement of military in the vaccination program. In terms of the code of conduct, the 'Army Act (1949), Airforce Act (1950) and Navy Act (1950)' details the terms and conditions of employment and governs the conduct of armed forces in all settings either during combat or during involvement in civilian affairs. The military code of conduct governed by the military Acts are in line with World Bank's Policy on the use of security personnel and WHO Code of Ethics and Professional Conduct. The Act enforces strict legal action / court martial for those accused of offences against property or persons. These include offences related to theft, misappropriation, willfully damaging property, causing any form of violence, criminal breaching of trust, etc.

#### d) Workers' and Employers' Organization

The Constitution of Sri Lanka grants the right for every person to join a trade union, while the Trade Union Ordinance permits any seven people to form such an organization. In Sri Lanka, there are 2,074 registered trade unions, of which 54.5 per cent are in the public sector, 27.5 per cent in public corporations and 18 per cent in the private sector. The number of members covered by the trade unions amount to 9.5 per cent of the total workforce of Sri Lanka.<sup>30</sup> Additionally, there is also an organization of employers, the Employers' Federation of Ceylon (EFC), the principal organization of employers, established to promote employer interests in addressing labor and social issues, industrial relations and

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(Amendment) Act No. 22 of 1995; and prohibition of using children in illicit activities is provided for under Section 360C of the Penal Code (Amendment) Act No 16 of 2006; Section 288B of the Penal code (Amendment) Act No. 29 of 1998.

<sup>25</sup> Section 20A of The Employment of Women, Young Persons, and Children Act No. 47 of 1956 has set the minimum age for hazardous work at age 18.

<sup>26</sup> The Hazardous Employment Amendment to the Employment of Women, Young Persons, and Children Act No. 47 of 1956 lists hazardous occupations prohibited for children;

<sup>27</sup> The Industrial Dispute Act introduced the right for workers to leave a job after serving due notice to the employer.

<sup>28</sup> [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms\\_700567.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms_700567.pdf)

<sup>29</sup> [https://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/forced-labour/WCMS\\_685140/lang--en/index.htm](https://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/forced-labour/WCMS_685140/lang--en/index.htm)

<sup>30</sup> <https://www.ilo.org/colombo/areasofwork/workers-and-employers-organizations/lang--en/index.htm>

labor laws in Sri Lanka. The Council, the policy making body of the EFC, has 25 elected and co-opted members representing various groups of employers and the Secretariat. The Chairman of the EFC is the Chairman of the Council. The executive arm of the EFC is the Secretariat, headed by the Director-General.<sup>31</sup>

#### e) GBV and Sexual Harassment at Workplace

Sexual harassment at work can be described as unwanted or unwelcome conduct of a sexual nature, the imposition or rejection of which can have negative employment consequences for the victim as well as an undesirable effect on the work environment.” Although both women and men can be victims of sexual harassment at work or elsewhere, women are disproportionately affected, and as a result it may also be considered to be a form of gender-based violence or even as a form of discrimination based on sex.

Sexual harassment was criminalized in Sri Lanka in 1995 by including a new offence in the Penal Code. Specifically, Section 345 of the Penal Code states that anyone who ‘by assault or use of force sexually harasses another, or by words or actions causes sexual annoyance or harassment to a person’, commits the offence of sexual harassment. The offence of sexual harassment is further elaborated in the explanation by indicating that sexual harassment constitutes, ‘unwelcome sexual advances by words or action by a person in authority, at a working place or any other place,’ against men and/or women.<sup>32</sup> Similarly, the Bribery Act of 1956, in the public sector, mentions that a public servant can be charged with sexual harassment if he or she (in relation to any other person in the transaction of his/her official duties), ‘solicits or accepts any gratification<sup>33</sup> as an inducement or a reward for his performing or abstaining from performing any official act or for such expediting, delaying, hindering, preventing, assisting or favoring...’

The punishment for sexual harassment in the Penal Code includes a term of imprisonment with hard labor which may extend up to five years and/or a fine. The court may also order the offender to pay compensation to the victim. In the Public sector, the Bribery Act mentions punishment for public officials who solicit or accept ‘sexual gratification with vigorous punishment for up to seven years and a fine not exceeding five thousand rupees.<sup>34</sup>

#### f) Brief Overview of Institutional Framework for Management of Labor in Sri Lanka

##### General Roles and Responsibilities

- The Ministry of Labor, Trade Union Relations (hereafter, Ministry of Labor) is the central government ministry of Sri Lanka responsible for formulating and implementing national policy

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<sup>31</sup> <http://www.employers.lk/about-us>

<sup>32</sup> [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms\\_525537.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms_525537.pdf)

<sup>33</sup> ‘Gratification’ here is taken to include sexual gratification, and take the form of a sexual bribe when demanded in return for recruitment, transfers, promotions and other terms, conditions and benefits of employment.

<sup>34</sup> [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms\\_525537.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-colombo/documents/publication/wcms_525537.pdf)

on labor, trade union relations, and other subjects under its purview. The Ministry of Labor is also the primary agency for providing occupational health & safety services in the country.

- The National Labour Advisory Council (NLAC) is the national tripartite consultative mechanism established to provide consultation and facilitative co-operation between the government and the organizations of workers and employers at the national level on matters relating to social and labour policies and international labour standards.
- The Department of Labour (DoL) within the Ministry of Labour has functional responsibilities in many different areas including enforcement of labour laws. The DoL is divided into 13 divisions, including those with responsibility over law enforcement, namely: the Labour Standards Division (enforces the labour law in shops and offices), the Occupational Hygiene Division and the Industrial Safety Division which enforces the Factories Ordinance to ensure the safety, health & welfare of workers in factories
- The Industrial Safety Division of the Department of Labor<sup>35</sup> is responsible for ensuring occupational safety, health and welfare of the employee population in Sri Lanka.<sup>36</sup> This division is headed by the Commissioner of Labor (Industrial Safety) and the Chief Factory Inspecting Engineer who are assisted by the Deputy Commissioner of Labor (Technical), the Deputy Chief Factory Inspecting Engineer and a team of Specialists Factory Inspecting Engineers. Services of the division are decentralized through District Factory Inspecting Engineers' (DFIE) officers, in various areas including Kandy. A special division, the Division of Occupational Hygiene assists the Factory Inspectorate by carrying out environmental and biological monitoring of workplaces. This Division is headed by the Commissioner of Labor (Occupational Hygiene).
- The National Institute of Occupational Safety and Health (NIOSH) advises the government in the formulation of a national policy on OHS and on the working environment both of employers and employees; measures required for the prevention of accidents and injuries relating to occupations at work places; conduct, undertake and assist in investigations in the field of occupational safety and health; provide advisory services to any institution or person on the correct use of equipment, hazardous substances, physical, chemical or biological agents or products or any other hazards; increase awareness of and adherence to appropriate health and safety legislation; etc.<sup>37</sup>

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<sup>35</sup> This responsibility has been vested to the Industrial Safety Division under the Factories Ordinance Act No. 45 of 1942 (post amendment). The term "factory" under the Act means premises in which persons are employed in manual labour for the purpose of trade or gain in making, repairing, ornamenting, finishing, washing, cleaning or adopting for sale of any article.

<sup>36</sup> The other important activities that the Industrial Safety Division is responsible for includes: Advisory services for improvement of work environment in factories; Participation in national committees with regard to Safety & Health of work personal; Safety auditing of factories; Preparation of curriculum on Safety, Health & Welfare for educational institutions such as ICTAD, NAITA, NIBM and NIPM.

<sup>37</sup> [https://www.niosh.gov.lk/index.php?option=com\\_content&view=article&id=4&Itemid=124&lang=en](https://www.niosh.gov.lk/index.php?option=com_content&view=article&id=4&Itemid=124&lang=en)

## Labor Inspection

Sri Lanka does not have a written labour inspection policy. Inspection activities are regulated by departmental circulars under the responsibility of the Commissioner General of Labour. Broadly however, the DoL is responsible for enforcement of labour laws through its inspection services including with respect to working time, wages, employee provident fund, working conditions and the working environment (including occupational safety and health). The Labor Inspectorate functions are decentralized into 11 Zones, 36 District Offices and 17 Sub-District Offices. In all field offices, labour officers have responsibilities for labour inspection, conciliation as well as administration of the Employees Provident Fund (EPF). Aside from their enforcement functions, labour inspectors are also involved in conciliation work and assist in the collection of contributions to the EPF.

Further, the Industrial Safety Division is decentralized through District Factory Inspecting Engineers' (DFIE) offices in several districts.<sup>38</sup> The District Factory Inspecting Engineers (DFIE) are responsible for enforcing the provisions under the Factory Ordinance Act No. 45 of 1942 (post amendment) within their areas of jurisdiction. For this purpose, each DFIE is assisted by a few Factory Inspecting Engineers. Each of them is expected to carry out 15 to 20 routine inspections a month. Beside this, they are also responsible for investigating fatal and serious accidents. In case of serious violations, especially leading to fatal accidents, the Inspectorate institutes legal action against the occupier of the factory.

## Judicial Bodies

### *Office of the Commissioner of Workmen's Compensation*

The main function of this office is to inquire into the claims made by the workmen who meet with accidents in the course of their employment. This office functions entirely on a judicial capacity, with the Commissioner, Additional Commissioner and the Deputy Commissioner being full time Judicial Officers, and the office being vested with both District Court and Magisterial powers in enforcing its orders. The activities carried out by the Commissioner include: receipt of complaints claiming workmen's compensation; conducting inquiries in to the accepted applications for compensation and settlement of the problem either by obtaining the claim or by rejecting it; collection of compensatory payments from employers; and payment of compensation to disabled or diseased workmen or to the dependents of dead workmen.

### *Labor Tribunals*

Labor Tribunals were established as per Part IV of the Industrial Disputes Act. The Tribunal is a judicial body that provides the principal legal forum for employees to take disputes relating to termination of their employment for adjudication. The judge of the Labor Tribunal is called the "president," and 'workman' as defined under the Section 48 of the Industrial Disputes Act or a trade union on her/his behalf, may submit an application to the Labor Tribunal. Recourse to the Labor Tribunal is not applicable to officers in the public service who usually resort to fundamental rights applications in respect of unjust or arbitrary treatment. In the instance the Tribunal finds that the employer had unjustifiably terminated the workman's services, the Tribunal can either issue an order of re-instatement of the worker or

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<sup>38</sup> Other districts include Anuradhapura, Badulla, Colombo, Galle, Gampaha, Jaffna, Kalutara, Kurunegala, and Ratnapura.

compensation.<sup>39</sup> However, the Tribunal will not normally order re-instatement where the employee's post was of a personal or confidential nature and the employer no longer desires to employ him/her.

#### g) COVID-Specific Policies, Regulations and Procedures

In addition, there are several legislations relating to waste management, occupational health and safety, management of hospital facilities, that are relevant to the COVID-19 context and would also impact workers in specific activities. Some of these include:

- Occupational safety and health (OSH) is governed by
  - the Factories Ordinance No. 45 of 1942,
  - National Institute of Occupational Safety and Health Act, No. 38 of 2009 (b), and
  - The Workmen's Compensation Ordinance No. 19 of 1934.
- Draft National Policy on health care waste management
- Draft National Guidelines on health care waste management
- National Code of Hygiene and Cold Code
- Hospital Infection Control Manual
- The National Environmental Act
- The Urban Development Authority Act No. 41 of 1978 and the Sri Lanka Land Reclamation & Development Corporation Act No. 15 of 1968
- Operational Guidelines on Preparedness and Response For Covid-19 Outbreak For Work Settings

Relevant details on these laws and regulations are provided in Chapter 3, including the extent to which they are up-to-date and capture good international industry practice (GIIP). In addition, Chapter 3 of the ESMF as well as the generic ESMP provided in Annex 9 of the ESMF, also makes reference to the applicable international conventions, and directives for addressing health and safety issues relevant to COVID-19.

The Additional Financing for the Vaccination program will also cover service delivery costs that supports the benefits of clinical and non-clinical staff such as provisions for hazard pay and overtime allowances during the operation of the vaccination program.

## 6. Policies and Procedures for Management of Labor Issues Under the Project

This section sets out the mitigation measures that will be adopted by the project to address the risks mentioned in previous section, including those relating to responding to the specific risks to workers posed by COVID-19.

#### a) Terms of Employment: Direct Workers

- All project staff will be provided with an employment contract as per the requirements of the relevant labor legislature/regulations mentioned in Section 4 of this LMP.
- All project staff employed for the purpose of the project will be above 18 years, even though the law provides provision to employ minors under certain circumstances. To prevent engagement of under-

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<sup>39</sup> The workman himself may indicate in his application whether he is seeking re-instatement or compensation.



aged labor, all contracts, including those with the armed forces, will have contractual provisions to comply with the minimum age requirements including penalties for non-compliance. The contractor will be required to maintain labor registry of all contract workers with age verification.

- Maximum working hours for project staff will not exceed eight (08) hours a day and forty-five (45) hours a week, excluding intervals for rest or meals. Hours worked in excess of the normal hours of work will not exceed 12 hours a week and will entitle a worker to a proportionate increase in remuneration which is equal to at least 1.5 times the employee's hourly wage
- Equal training opportunity will be available to all staff working in the project without discrimination, based on gender or otherwise, as specified in the Constitution of Sri Lanka. It is responsibility of the Project Director to ensure that such discrimination does not exist.
- Workday in Sri Lanka is eight hours excluding intervals for rest or meals (as per the SOEA Act).
- All staff will be entitled to 21 days' leave with pay for every year of continuous service; and 84 working days of paid maternity leave. An entitlement to leave with pay shall normally be acquired after a full year of continuous service.
- Staff will be made aware of the avenues available to seek redress for any at the Ministry for victims of sexual harassment. Staff will be able to lodge complaints to the Ministry, established under Section 345 of the Penal Code and Bribery Act of 1956.
- Staff will be provided a pension contribution and deductions will be made from their salaries for their contribution in accordance with the Employees' Trust Fund Act No 15 of 1980.
- A daily subsistence allowance (DSA) will be provided to all project staff covering lodging, meals, gratuities and transport costs when travelling in field. The rate of DSA will be determined based on the rates at locations where project is implemented and will be revised based on changes to rates.
- Any foreign party employed by the project will have a valid work permit and a work visa while working in Sri Lanka.
- All staff will be made aware of GRM available for the staff as specified under this LMP.

To ensure enforcement of these aspects highlighted in the LMP, these provisions will be included in the employment contracts of all direct workers. If workers, particularly health care workers, are allowed (or required) to work longer hours than normal because of the COVID-19 emergency, this should be documented alongside measures taken to protect such workers (e.g. mandatory rest breaks).

#### b) Terms and Conditions: Military

A risks/due diligence assessment was conducted given the involvement of military in the vaccination program to ensure that measures in place meets World Bank's Policy requirements on the use of security personnel. The risk assessment done following the guidelines given in the :

- a) Assessing and Managing the Risks and Impacts of the Use of Security Personnel, World Bank.
- b) Use of Military in COVID -19 Operations: Suggestions for Due Diligence and Mitigation. Version 1: March 25, 2020

This risk/due diligence assessment included a) a desk review of available documents that made the basis of the planning, designing, and operation of military involved in the national COVID 19 vaccination program and b) consultations with those that are involved in the vaccination program, Government counterparts and army, army personnel and the public. Findings from the risk assessment and consultations concluded that the overall E&S risk of involving military as being 'low', given the measures in place – such as Code of Conduct, training on human rights, GRM hotlines and vaccination operation

guidelines which are followed by military issued by the MoH. Additional findings from the risk assessment and mitigation measures are included in the revised ESMF.

In terms of the code of conduct, the 'Army Act (1949), Airforce Act (1950) and Navy Act (1950)' details the terms and conditions of employment and governs the conduct of armed forces in all settings either during combat or during involvement in civilian affairs. The military code of conduct governed by the military Acts are in line with World Bank's Policy on the use of security personnel and WHO Code of Ethics and Professional Conduct. The Act enforces strict legal action / court martial for those accused of offences against property or persons. These include offences related to theft, misappropriation, willfully damaging property, causing any form of violence, criminal breaching of trust, etc. In the event of any violations of provisions as set out in the Army Act of Sri Lanka, inquiries will be held by the military police and if any person found guilty of offence will be punished and sanctioned under "punishments by courts martial in respect of civil offences" of the Army Act of Sri Lanka.

The military personnel involved in the vaccination program are professional cadres in the army medical team with the necessary educational backgrounds and have been trained by the Epidemiology unit of the MOH on the processes and guidelines to follow during vaccinations. The army personnel have also been trained by the 'Directorate of Human Rights and International Humanitarian Law' established within the army on Human Rights Principles, International Humanitarian Law (IHL), International Law System and IHL Universal Code.

In addition to the Army Act governing the conduct of military, the army follows the following guidelines and instructions during the vaccination program:

- Guidelines for the Conduct of COVID-19 Community Vaccination Centers, Issued by the Directorate of Preventive Medicine and Mental Health of the Army.
- Standing Order on Instructions to be followed by Army Personnel Involved in the Community Vaccination Centers, issued by the Commander-in-Chief of the Army Infantry Unit.

The standing order issued by Commander-in-Chief of the army infantry unit stipulates that every military person should conduct himself/herself with dignity, integrity and respect for the public, upholding the credibility of the army, and should : be unarmed, be vigilant of the persons entering the vaccination centers, manage the vaccine recipients in a public-friendly manner without causing any inconvenience to them, not vaccinate persons in army uniforms, organize separate queues for and help pregnant mothers, infirmed, elderly, mothers with infants , maintain cleanliness of the vaccination centers at all times etc. Both the female and male military health cadres are deployed at these centers for ensuring gender respect, dignity among the patients during the vaccination program. Presence of military police at community vaccination centers is also mandatory as army personnel involved in public activities have to be accompanied by the military police.

#### c) Terms and Conditions: Contracted Workers

- List of workers to be utilized in relation to the project, with proof of employment will be required to be submitted to PMU by all investors/contractors.
- Construction work can only commence once the following conditions are met:
  - Toolbox training completed by all staff employed by the contractor

- All the required Personal Protective Equipment are acquired by the contractor for all workers
- Any newly employed party by the contractor will be required to complete the toolbox training prior to commencing any physical work.
- As per the provisions of the employment, all parties employed by any contracted party will be above 16 years of age. For those between 16 to 18 years of age, consent of the parent will be required as per the Employment Act. In addition, all other provisions of the act highlighted previously regarding employment of a minor will apply.
- All contractors and investors will be required to provide document evidence (passport, identity card or birth certificate) confirming age of employees to PMU prior to involving them on activities of the project. In addition, for minors consent of the parent will be provided in writing together with evidence of legal guardianship.
- Maximum working hours for staff will not exceed the maximum limit set in the employment act, i.e. 48 hours a week. To confirm this, monthly attendance and duty sheets need to be submitted to PMU during the construction phase.
- An internal transparent and accountable system will be established within the company to tackle issues of sexual harassment, physical and psychological harassment and workplace bullying. Details of this system will be shared with PMU prior to signing any contracts or agreements.
- The leave policy of the company will be shared and confirmed that it is in line with national laws and regulations.
- All foreign parties employed by all contractors/investors will have valid work permit. The work permit details will be shared with PMU.
- All vehicles used by any contractor/investor for the purpose of the project will have valid registration, insurance and road worthiness.
- All contracted staff will be made aware of grievance redress mechanism available for the staff specified under this LMP.

To ensure the enforcement of the provisions mentioned here for the contract workers by the contractor, the conditions highlighted here will be included in the contracts signed with all the contractors. If workers, particularly health care workers, are allowed (or required) to work longer hours than normal because of the COVID-19 emergency, this should be documented alongside measures taken to protect such workers (e.g. mandatory rest breaks).

#### d) Working Conditions and Living Arrangements: Direct Workers and Contracted Workers

- Entry and exit from site/workplace will be strictly controlled.
- A workstation with computer will be provided to all staff, at the project offices, including software essential for functioning of the assigned tasks.
- Separate male and female toilet facilities will be provided at all project offices, field/construction sites.
- Potable drinking water and handwashing facilities will be available at all project offices and field/construction sites.
- All provisions that are required under 'The Factories Ordinance' and 'National Institute of Occupational Safety and Health Act, No. 38 of 2009' will be strictly adhered to.

- Working environment will be clean, hygienic and safe
  - All project offices will be free of pests. Where pests are detected pest control measures will be taken immediately.
  - Fire detection and firefighting equipment will be available at all project offices.
  - Emergency evacuation plan will be established for all project offices and staff will be made aware of the plan and periodic simulation exercises that needs to be implemented.
  - Adequate safety signs will be installed at the work site giving clear direction. These will be provided in addition to English in the language of the workforce.
- Construction work site will be demarcated & fenced, and warning signs will be displayed both in English and Dhivehi.
- When procuring sea-vessels for travelling, in addition to cost, safety considerations will be given a priority, including the size of the vessels, and only sea-vessels that have lifejackets available, will be procured.
  - Some form of identification will be there identifying the staff belonging to project when attending meetings and sites.
  - Work tasks will be rearranged or numbers of workers on the worksite will be reduced to allow social/physical distancing, or rotating workers through a 24-hour schedule
- Adequate PPE will be provided to workers, including:
  - Facemasks, gloves, etc., if possible, to prevent COVID-19 spread
  - Lifejackets to workers when travelling by sea.
  - Hard hats (through contractors, investors or project directly)
  - Enclosed shoes will be worn by all staff (safety shoes are preferable).
  - Safety harness will be provided (through contractors, investors or project directly) when climbing heights at project sites.
- Worker accommodation, if required and relevant, will have the following provisions:
  - Accommodation arrangements will be reviewed, to see if they are adequate and designed to reduce contact with the community
  - Male and Female workforce will be housed separately
  - Constant and reliable electricity supply will be made available. In addition, sufficient lighting and cooling systems will be established
  - Shower and toilet facilities will be available at the accommodation site. A minimum ratio of 01 toilet/shower per 20 workers will be maintained. Separate facilities will be provided for men and women.
  - Toilet and drainage will be connected to local sewer system, where not available septic tanks will be used for treatment prior to disposal.
  - Individual bedding will be provided to all workers.
  - Storage space for individual belongings will be provided for all workers.
  - Designated locations for waste disposal with clearly marked bins will be established. Bins will be emptied daily, and the site will be cleaned daily.
  - Meals to the site will be prepared from a Health Protection Agency (HPA) certified facility (whether food is prepared on site or offsite)

- Monthly inspection to determine pest infestation on the site will be carried out.

To ensure enforcement of these aspects highlighted in the LMP, these provisions will be included in the employment contracts of all direct workers. Further, to ensure the enforcement of the provisions mentioned here for the contract workers by the contractor, the conditions highlighted here will be included in the contracts signed with all the contractors.

#### e) COVID-19 specific Measures for Construction/civil works: All Workers

Contractors, including the security personnel, will develop specific procedures/plans so that adequate precautions are in place to prevent or minimize an outbreak of COVID-19, and it is clear what should be done if a worker gets sick. These will include:

- The characteristics of the workers will be assessed prior to engaging them in civil works, including those with underlying health issues or who may be otherwise at risk. This will be done by conducting pre-employment health checks.
- Assessment of whether the workers are fit for work will be confirmed by including temperature testing and refusing entry to sick workers
- Entry/exit to site or the workplace will be minimized, and measures will be put in place to limit contact between workers and the community/general public
- Contract duration of the existing/new workforce will be reviewed to reduce the frequency of workers entering/exiting the site
- Trainings for workers on hygiene and other preventative measures will be carried out, and a communication strategy for regular updates on COVID-19 related issues and the status of affected workers, will be carried out
- Treatment of workers who are or should be self-isolating and/or are displaying symptoms, will be immediately attended to
- Risks to continuity of supplies of medicine, water, fuel, food and PPE, taking into account international, national and local supply chains, will be assessed and measures will be taken accordingly to address the supply constraints
- Reduction, storage and disposal of medical waste, will be duly carried out taking into consideration workers' health and safety
- Adjustments will be made to work practices to reduce the number of workers and increase social distancing
- Access to health facilities on-site compared to usual levels, developing relationships with local health care facilities and organize for the treatment of sick workers, will be provided
- Access to psychosocial support based on the needs and availability of such services
- Worker accommodations will be provided further apart, or having one worker accommodation in a more isolated area, which may be easily converted to quarantine and treatment facilities, if needed, will be explored
- Procedure to follow if a worker becomes sick (following WHO guidelines), will be instituted and followed
- Communication strategy with the community, community leaders and local government in relation to COVID-19 issues on the site, will be followed.

f) Supporting health facilities including operation of vaccine centers: All workers

Plans/procedures that will apply to all workers associated with the project, including security personnel, will be in place to address the following issues:

- The characteristics of the workers will be assessed prior to engaging them in healthcare works, including those with underlying health issues or who may be otherwise at risk. This will be done by conducting pre-employment health checks.
- Adequate supplies of medical PPE, including gowns, aprons, curtains; medical masks and respirators (N95 or FFP2); gloves (medical, and heavy duty for cleaners); eye protection (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment, will be put in place. If relevant PPE cannot be obtained, viable alternatives, such as cloth masks, alcohol-based cleansers, hot water for cleaning and extra handwashing facilities, until such time as the supplies are available, will be considered
- Work tasks will be rearranged or numbers of workers on the worksite will be reduced to allow social/physical distancing, or rotating workers through a 24-hour schedule
- Alternatives to direct contact, like tele-medicine appointments and live stream of instructions, will be put in place.
- Training will be provided to medical staff on the latest WHO advice and recommendations on the specifics of COVID-19, and principles on fair, equitable and inclusive access and allocation of Project benefits, including vaccines.
- Training medical staff on the priority groups for allocation of vaccines and the timetable for these groups, as well as why they are required to only vaccinate persons from the particular priority group at the particular time (for example, because that group is at higher risk, for reasons of inclusion and equity etc where there is limited supply of vaccines)
- Improving community perception of vaccination programs, particularly where they are taking place in fragile, conflict or vulnerable settings such as IDP camps or affecting vulnerable sectors (e.g. children under 5, pregnant women, elderly, hard-to-reach), by sensitizing community members on the safety and efficacy of the vaccine, and building public trust in the ability of the vaccination campaign to avoid increased risk of COVID-19 infection.
- For vaccination sites, ensuring that the space is organized in a safe and socially distant manner, and necessary logistical controls and waste management are planned for in advance.
- For the deployment and use of vaccines, safe cold-chain practices, checking that vaccines are approved for use by WHO or another regulatory authority agreed by the Bank, selecting safe injection equipment, immunization practices for vulnerable people such as pregnant women or children under 5, immunization waste-disposal plan, supervision and reporting on implementation of immunization practices as required under national legislation
- Enhanced cleaning arrangements, including thorough cleaning (using adequate disinfectant) of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, common areas, including door handles, floors and all surfaces that are touched regularly, will be put in place
- Cleaning staff will be trained and provided with adequate PPE when cleaning consultation rooms and facilities used to treat infected patients
- Access to psychosocial support based on the needs and availability of such services

- Communication strategy/plan to support regular communication, accessible updates and clear messaging to health workers, regarding the spread of COVID-19 in nearby locations, the latest facts and statistics, and applicable procedures, will be implemented.

**While preparing the site specific plans involving labor, the following** guidance materials will be used:

- WHO COVID-19 interim guidance: For health workers rights, roles & responsibilities, including on OHS
- WHO IPC interim guidance: For guidance on infection prevention and control (IPC) strategies for use when COVID-19 is suspected
- WHO interim guidance on use of PPE for COVID-19: For rational use of PPE
- WHO guidance getting your workplace ready for COVID-19: For workplace-related advice
- WHO interim guidance: For guidance on water, sanitation and health care waste relevant to viruses, including COVID-19
- WHO Safe management of wastes from health-care activities: For guidance on management of medical waste

## 7. Age of Employment

### a) Age limitation for hazardous work

As presented above, the Employment of Women, Young Persons and Children’s Act (EWYPC) provides that it is unlawful to employ children under the age of 14 years. The same Act amended in 2006 proscribes employment of children under 14-18 years in hazardous work, providing that the minimum age for employment on underground work in quarries or mines shall be 18 years. Similarly, ESS2 (para 19) sets out further conditions on the minimum age, stating that a child over the minimum age and under the age of 18 will not be employed or engaged in connection with the Bank-financed project in a manner that is likely to be hazardous<sup>40</sup> or interfere with the child’s education or be harmful to the child’s health or physical, mental and any other relevant development. Considering these national and the ESF requirements, the minimum age for **hazardous** work under the Project is set at 18. Hence the use of any person under the age of 18 will be forbidden due to the hazardous work situation given the exposure to COVID-19.

### b) Minimum age for project workers

The national Employment of Women, Young Persons and Children’s Act (EWYPC) as well as ESS2 allow persons under 18 and over 15 to be engaged if the work is **non-hazardous** and does not interfere with

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<sup>40</sup> Examples of hazardous work activities prohibited for persons between the minimum age and 18 under ESS2 include work: (a) with exposure to physical, psychological or sexual abuse; (b) underground, underwater, working at heights or in confined spaces; (c) with dangerous machinery, equipment or tools, or involving handling or transport of heavy loads; (d) in unhealthy environments exposing children to hazardous substances, agents, or processes, or to temperatures, noise or vibration damaging to health; or (e) under difficult conditions such as work for long hours, during the night or in confinement on the premises of the employer.

the child's education and not harmful to the child's development (for example, administrative work, site cleaning or rubbish removal). However, no work is considered non-hazardous due to the risk of exposure to COVID 19. Hence the the minimum age of project workers for all works under the Project is set at 18.

#### c) Process of age verification

In order to prevent engagement of under-aged labor, all contracts with work contractors will have contractual provisions to comply with the minimum age requirements including penalties for non-compliance, and it will be well communicated to all potential stakeholders including the local community where the unskilled workforce will be sourced. The contractor is required to maintain labor registry of all contracted workers with age information. Verification of the age will be undertaken prior to the engagement of labor and be documented. Below is indicative age verification means that will be used under the Project, including in cases where national identity card (NIC) is unavailable:

- a) Check the birthday on official documents such as birth certificate, NIC or other credible records, where available;
- b) Obtain written confirmation from the medical practitioner;
- c) Obtain written and signed declaration from the worker and his/her parents or guardian; or
- d) Inquire with the local community leader, community action group or with other credible community sources.

#### d) Responsible remedial measures

In case a project worker who does not satisfy the age limit is identified working on the project (i.e., over 18 years old for all works under the Project), the employer (borrower, contractor, subcontractor or primary supplier) will be required to terminate the engagement of such a project worker in a responsible manner. Indicative approach may include:

- a) Offer a project employment to a member of the family who satisfies the age limit in exchange of keeping the under-aged worker away from work.
- b) If a family member who satisfies the age limit is not available, require the employer (using the contractual penalty provisions) to continue the wage payment to the underage worker without engaging in work for an agreed period.

### 8. Grievance Mechanism

There are separate grievance mechanisms established for Health Interventions implemented by the MOH and for the Cash & in-kind Transfer program implemented by the MoF and State Ministry of Samurdhi, Household Economy, Micro Finance, Self-Employment, Business Development and Underutilized State Resources Development. Besides these, separate GRMs will be established for:

- i) GRM for the project workers involved in the Health Interventions implemented by the MOH.
- ii) GRM for the project workers involved in the Cash & in-kind Transfer program implemented by the MoF and State Ministry of Samurdhi, Household Economy, Micro Finance, Self- Employment, Business Development and Underutilized State Resources Development.



The GRMs will allow workers involved in under the respective programs to lodge their complaints relating to their employment terms/conditions, issues related to health and safety of their work environment, lack of proper procedures or unreasonable overtime, etc. to their respective Worker's GRMs.

The mechanism for workers' GRM will be based on the following principles:

- Handling of grievances will be objective, prompt and responsive to the needs and concerns of the aggrieved workers.
- 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.
- All grievances will be treated confidentially, and individuals who submit their comments or grievances may request that their name be kept confidential.
- Anonymous grievances will be considered, and anonymous grievances will be treated equally as other grievances, whose origin is known.

a) Workers' GRM for Health Interventions including for the Vaccination program

The focal person for the GRM for Health interventions implemented by the MOH & SMOPLGA is the Environmental and the Social (E&S) Specialist from the PMU.

Discussions have been held with the newly recruited E&S Specialist in September 2021 to prepare the necessary labor GRM guidelines, create necessary awareness and put systems in place to soon operationalize the GRM for project workers. The labor GRM will be made operational by the time the second AF for vaccines becomes effective. The labor GRM will allow workers to quickly inform involved agencies of labor issues, such as a lack of PPE, unreasonable overtime, unsatisfactory work conditions etc.

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", websites, emails, and other means as needed. Different ways in which workers can submit their grievances will be allowed, such as submissions in person, by phone, text message, mail and email. Contract workers will be informed of the grievance mechanism at the induction session prior to the commencement of work, and the contact information of the GRM focal persons and the PMU will be shared with contract workers.

Further, considering that in the context of COVID-19, allowing workers to quickly report labor issues, and allowing the project/PMU to respond and take necessary action immediately, would be important. Thus, the grievance raised will be recorded and acknowledged within one day. While the timeframe for redress will depend on the nature of the grievance, health and safety concerns in work environment or any other urgent issues will be addressed immediately.

Where the grievance cannot be addressed within a reasonable timeframe, the aggrieved worker will be informed in writing, so that the worker can consider proceeding to the national appeal process through:

- Office of the Commissioner of Workmen's Compensation (<https://www.compensation.gov.lk/>) –inquiries into the claims made by the workmen who meet with accidents in the course of their employment.

- Industrial Courts - Department of Labour (<http://www.labourdept.gov.lk/>)- provides the principal legal forum for employees to take disputes relating to termination of their employment for adjudication

Grievances raised by workers will be recorded with the actions taken by each unit and/or the contractor. The summary of grievance cases will be reported to the PMU as part of contractor’s, healthcare facilities’, and other relevant parties’ periodic report. Where the aggrieved workers wish to escalate their issue or raise their concerns anonymously and/or to a person other than their immediate supervisor, the workers may raise their issue with the PMU.

b) Workers’ GRM for the Cash Transfer & In-kind (food) support Program

The focal persons for the Cash Transfer & In-kind (food) support program will be as follows:

Level	Complaints relating to Project Workers involved in the Disabled and CDKu Patient program - e.g. Social Services Officers.	Complaints relating to Project Workers involved in the Elders program, – e.g. Elders Rights Promotion Officers	Complaints relating to Project Workers involved in livelihood support and In-kind (food) support programs.
Tire 1 – Divisional	Divisional Secretary		
Tire 2 – District	District Secretary		
Tire 3 – National (Department level)	Director, National Secretariat for Persons with Disabilities (NSPD).	Director, National Secretariat for Elders (NSE).	Director - Planning Department
Tire 4 – National (Ministry level)	Secretary of the relevant Ministry (MoF) and State Ministry of Sumurdhi)		

While the focal points for the Workers GRM and the Project GRM may overlap, issues related to workers will be separately handled by the Divisional & District Secretaries and the Directors of NSPD & NSE.

Information about the existence of the grievance mechanism and contact information of the GRM focal persons will be readily available to all project workers through notice boards, the presence of “suggestion/complaint boxes”, websites, emails, and other means as needed. Workers will be able to submit their grievances in person, by phone, text message, mail and email etc.

Project workers can submit complaints to any levels. Any complaints not resolved at divisional level/tire 1 will be escalated to tire 2 and those not resolved at tire 2 will be escalated to tire 3. When a grievance cannot be resolved even at tire 3 within a reasonable timeframe, the aggrieved worker will be informed in writing, so that the worker can consider proceeding to the national appeal process through:

- Office of the Commissioner of Workmen's Compensation (<https://www.compensation.gov.lk/>) for matters related to accidents in the course of their employment.

- Industrial Courts - Department of Labour (<http://www.labourdept.gov.lk/>)- for disputes pertaining to termination of their employment.

Considering that in the context of COVID-19, allowing workers to quickly report labor issues and to respond and take necessary action immediately, would be important. Thus, the grievance raised will be recorded and acknowledged within one day. A committee headed by the respective focal points at each of the GRM levels will be responsible for resolving the grievances. While the timeframe for redress will depend on the nature of the grievance, health and safety concerns in work environment or any other urgent issues will be addressed immediately.

#### c) Grievances related to Gender Based Violence (GBV)

To avoid the risk of stigmatization, exacerbation of the mental/psychological harm and potential reprisal, the grievance mechanism will have a different and sensitive approach to GBV related cases. The GRM committee will be trained on how to respond to GBV cases in a sensitive manner. Where such a case is reported, it would immediately be referred to the appropriate service providers, such as medical and psychological support, emergency accommodation, and any other necessary services. Prior to the start of the project interventions, the GBV Service Providers will be mapped and identified in order to refer cases as required. Further, such GBV incidents will be immediately notified to respective Ministries namely MOH, SMOPLGA, MOF, State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment, Business Development And Underutilized State Resources Development and the World Bank, with the consent of the survivor.

Data on GBV cases will not be collected through the grievance mechanism unless operators have been trained on the empathetic, non-judgmental and confidential collection of these complaints. Only the nature of the complaint (what the complainant says in her/his own words) and additional demographic data, such as age and gender, will be collected as usual.

#### d) GRM for Security Personnel

Under the Health interventions, the tri-forces will be involved in the construction of isolation centers in targeted hospitals. As stipulated in the Army, Navy and Airforce Acts, the tri-forces will have their own Grievance Redress Mechanism. Where an officer is aggrieved by any action of, and is unsuccessful in obtaining redress from, his commanding officer, he may make a written appeal for redress to the Commander of the Forces, and where he is aggrieved by any action of the Commander of the Forces, either in respect of his appeal or in respect of any other matter, he may make a written appeal to the President. An order made by the President on any such appeal shall be final.

Project will discuss with the military to have a system in place to filter grievances related to the project financed activities as possible, so the military could keep the PMU informed. For specific construction activities if military is involved, project can identify grievances directly linked to the construction activity financed by the Bank. For the vaccination program, if the Bank is the only agency financing a particular type of a brand of vaccines, grievances linked to that vaccine rollout could be linked to the project. Accordingly the project needs to put a system in place to identify and filter grievances related to Bank financed activities and ensure the military will share regular reports on the grievances received and resolved.

## 9. Contractor Management

This section sets out references to the contractual provisions and measures and procedures that will be put in place by contractors to manage and monitor relevant health and safety issues. Measures required of Contractors will include, as necessary and relevant:

- As part of the bidding/tendering process, specific requirements for certain types of contractors, and specific selection criteria (e.g. for medical waste management, certifications, previous experience)
- Provision of medical insurance covering treatment for COVID-19, sick pay for workers who either contract the virus or are required to self-isolate due to close contact with infected workers and payment in the event of death
- Specific procedures relating to the workplace and the conduct of the work (e.g. creating at least 6 feet between workers by staging/staggering work, limiting the number of workers present)
- Specific procedures and measures dealing with specific risks. For example, for health care contractors: infection prevention and control (IPC) strategies, health workers exposure risk assessment and management, developing an emergency response plan, per WHO Guidelines
- Appointing a COVID-19 focal point with responsibility for monitoring and reporting on COVID-19 issues, and liaising with other relevant parties
- Including contractual provisions and procedures for managing and monitoring the performance of contractors, in light of changes in circumstances prompted by COVID-19

## 10. Responsible Staff

This section identifies the functions and/or individuals within the project who will be responsible for managing different issues relating to project workers. Since the project is meant to respond specifically to COVID-19, there will be specialized staff for enhanced monitoring and supervision, to conduct training of workers in mitigating the spread of COVID-19 and to treat patients and workers infected with COVID-19.

Engagement and management of project workers	Senior Environment Officer, Senior Social Safeguards Officer, Project Officer, Senior Engineer, Senior Technical Officer, Health Promotion Bureau, Divisional & District Secretary, Provincial & Regional Directors of Health Services. Director, National Secretariat for Disabled & Director, National Secretariat for Elders, Director General, National Planning Department. Commander-in-Chief of the army infantry unit.
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Activity	Responsible staff/party
Occupational health and safety (OHS)	HCFs, quarantine centers, isolation units & Vaccination centers; Senior Environment Officer, Senior Social Safeguards Officer, Project Officer, Senior Engineer, Hospital Directors, Provincial and Regional Directors of Health Services, Senior Technical Officer, Directorate

	of Environment, Occupational Health and Food Safety.
Monitoring, supervising, and reporting on health and safety issues relating to COVID-19 (COVID-19 focal point)	HCFs, Senior Environment Officer, Senior Social Safeguards Officer, Provincial & Regional Directors of Health Services, Monitoring and Evaluation Specialist, Divisional & District Secretary, Director, National Secretariat for Disabled & Director, National Secretariat for Elders, Director – Planning. Commander-in-Chief of the army infantry unit.
Engagement and management of contractors/subcontractors, including coordination and reporting arrangements between contractors	Senior Engineer, Senior Technical Officer, Procurement Specialist, Project Director, Project Officer, Medical Services Department (MSD), Provincial & Regional Directors of Health Services, Directorate of Laboratory Services, Directorate of Disaster Management.
Training of workers, including raising awareness and training of workers in mitigating the spread of COVID-19	Senior Environment Officer, Senior Social Safeguards Officer, Senior Engineer, Senior Technical Officer, Project Officer, Relevant Agency/consultancy (e.g., UNICEF, WHO, UNOPS), Health Promotion Bureau, Provincial & Regional Directors of Health Services, Divisional & District Secretary, Director, National Secretariat for Disabled & Director, National Secretariat for Elders, Director General, National Planning Department.
Assessment, triaging and treatment of patients and/or workers infected with COVID-19	HCFs, PMU, National Epidemiology unit, Directorate of Quarantine services, Directorate of Laboratory Services
Addressing workers grievances	Senior Social Safeguards Officer, PMU-MoH, Labor Tribunals, GRM with Tri-Forces. District Secretary, Director, National Secretariat for Disabled & Director, National Secretariat for Elders & Director General, National Planning Department & Secretary, Ministry of Finance (MoF), State Secretary, State Ministry of Samurdhi, Household Economy, Micro Finance, Self-Employment, Business Development And Underutilized State Resources Development. Commander-in-Chief of the army infantry unit.

## 11. Primary Supply Workers

These people are employed or engaged by the Borrower's primary suppliers who supply food, lab equipment, solar panels, medication, vaccination related supplies, PPEs, construction material etc.

#### a) Potential risks in primary supply workers

The activities under the Project will employ or engage workers of primary suppliers who supply food, lab equipment, medication, PPEs, construction material, supplies for the vaccination campaigns etc. These suppliers will directly provide goods or materials to the project's core functions on an ongoing basis. The workers engaged by such primary suppliers are deemed as "primary supply workers", as defined in ESS2.

As discussed in Section 3 (Key Labor Risks), among the key risks are OHS related to exposure to COVID-19, the risk of child or forced labor where increased demand for supplies could give rise to shortages in the formal labor market, other labor disputes, etc. associated with the project. To address these potential risks, the following measures will be taken as described below.

#### b) Selection of primary suppliers

When sourcing goods and material from primary suppliers, the suppliers will be required to describe their OHS measures which will be put in place as outlined in WHO guidelines. This will encompass procedures for entry into health care facilities including undergoing strict temperature checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures, and mandating hand hygiene and use of personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry specific EHSs and following evolving international best practice in relation to protection from COVID-19. Also, the Suppliers will be required to regularly integrate the latest guidance by WHO as they are developed over time based on experience in addressing COVID-19 globally.

In addition, the suppliers will be required to identify the risk of child labor and/or forced labour. In line with ESS2, prohibited is the use of forced labor or conscripted labor in the project by primary suppliers. The use of child labor will also be forbidden in accordance with ESS2, i.e. due to the hazardous work situation, for any person under the age of 18.

The PMU and supervision consultants will review and approve the purchase of primary supplies from the suppliers following such risk identification/assessment and any other relevant due diligence. The Suppliers will also be required to include specific requirements on OHS issues and where appropriate on child labor issues in all purchase orders and contracts with primary suppliers.

#### c) Monitoring and reporting

If lapses in implementing OHS measures and/or child/forced labor issues are identified in relation to primary supply workers, the PMU and the supervision consultants will require the primary supplier to take appropriate steps to remedy them. Such mitigation measures will be monitored periodically to ascertain their effectiveness. Where the mitigation measures are found to be ineffective, the PMU and supervision consultants will, within reasonable period, shift the project's primary suppliers to suppliers that can demonstrate that they are meeting the relevant requirements.

The project will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPEs.

## 12. Community Workers

The community workers that will be involved in the project will support government officials in information dissemination, awareness programs, obtaining feedback from communities and facilitate provision of services especially to vulnerable groups in rural & hard to reach areas. Community groups will also support in information dissemination and awareness creation on the vaccination program. More specifically, the 'Friends of the Facility' committees will help the relevant communication campaigns and support vulnerable groups to access necessary health services. While, the 'Rural Elder committees' & 'Community Based Rehabilitation committees' will support government officials with the cash & in-kind transfer program to reach out to vulnerable groups to facilitate access to information and services.

Based on the assessment carried out while preparing this LMP, there are no risks of child labor and forced labor associated with Community Workers under this project. But the Employment Act does not cover terms and conditions for community workers. However, the project will comply with the provisions of the ESS 2 of ESF regarding involvement of community workers. These provisions are in relation to: assurance of safety and health, promotion of fair treatment, nondiscrimination and equal opportunity, protection including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS), prevention on the use of all forms of forced labor and child labor, and access to workers' GRM established under the project.

Specifically, the following terms and conditions will apply to all community workers:

- Terms and conditions of voluntary work will not be more stringent than what the Employment Act prescribes for paid work in relation to working hours, rest breaks and leave days - these working arrangements, terms and conditions will be discussed, agreed with all community workers and minuted before commencement of any community activities.
- Measures to address liability issues in relation to sicknesses and accidents during community work will be discussed, agreed & minuted.
- No community workers under the age of 18 will be able to volunteer (evidence for proof of age will be required).
- The community workers will have access to the Department of Labour, the Labor Tribunal and the punishment for sexual harassment will be as per the Penal Code.
- All community workers will also be trained on and follow the general and COVID-19 specific Occupational Health and Safety measures & Codes of Conduct.