# Islamic Republic of Afghanistan

Ministry of Public Health (MoPH)

# Labor Management Procedure

for the

# Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project - P173775

And

Additional Financing for Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project - P176012

March 2021

#### 1. OVERVIEW OF LABOR USE ON THE PROJECT

#### 1.1. Introduction to LMP

The Labor Management Procedures (LMP) describe the requirements and expectations in terms of compliance, reporting, roles and responsibilities, monitoring and training with respect to labor and working conditions in the project. These procedures are adopted by the Ministry of Public Health (MoPH) for both the <u>Parent Project and Additional Financing for "Afghanistan COVID-19 Emergency Response and Health</u> <u>System Preparedness Project</u>", and apply to all full-time, part-time, temporary, seasonal, project workers as well as direct, contracted and community workers employed by the project, and its contracted Service Providers (SPs). Civil servants who are working in connection with the project, whether full-time or part-time, will remain subject to the terms and conditions of their public sector employment agreement or arrangement. However, this LMP considers their health and safety needs, and all the measures included in here – related to addressing occupational health and safety issues specifically related to COVID-19, will apply to them. The LMP sets out the project's approach to meeting national requirement as well as the objectives of the World Bank's (WB) Environmental and Social Framework (ESF), specifically objectives of Environmental and Social Standard 2 (Labors and Working Conditions). LMP is applicable, as per ESS2 to the project. The key objectives of the LMP include:

- Promote safety and health at work,
- Promote fair and equitable labor practices for the fair treatment, non-discrimination and equal opportunity of workers engaged under all components of the project
- Protect all categories of project workers, including vulnerable workers such as women, workers with disabilities etc.
- Prevent the use of all forms of forced and child labor
- Protect project workers' rights and ensure the management and control of activities that may pose labor-related risks
- Protect project workers with accessible means to raise workplace concerns.

The recruitment and assignments of the workers will be done in an inclusive manner and all conditions of contracts of all types of workers in this project will be explicitly spelled out and agreed and abided by both the employees and the employees and will be in accordance of this LMP and its objectives as mentioned above.

The LMP assesses potential labor risks and impacts and describes how they will be mitigated. The LMP is a living document and will be reviewed and updated throughout development and implementation of the project. Following this LMP, **labor management plans** will be prepared and implemented by the MoPH and Service Providers (SPs)

#### **1.2. Description of the Project Workers**

The MoPH is the Implementing Agency (IA) for this project. Project management arrangements used under the COVID-19 parent project (IDA -D5930), which are the same as those under the ongoing Bank-supported Sehatmandi Project (IDA-D2850) will be adopted to utilize existing capacity in MoPH and prevent unnecessary fragmentation and duplication. The Deputy Minister for Policy and Planning in the MoPH will serve as the Project Coordinator with support of the Sehatmandi Coordination Office (SCO) of the MoPH, which will coordinate project activities with all stakeholders. There is no specific Project Implementation Unit (PIU) established for this project. However, various Departments at the MoPH and SEHATMANDI Coordination Office (SCO) has been assigned with key professionals and staff to spearhead project preparation and implementation. The project will engage MoPH civil servants, direct workers, contracted workers, and community workers. Detailed information about each category of workers are provided below.

# 1.2.1. Civil Servants

This project will target all 34 Provinces across the country and will engage some of the Civil Servants to deliver services. The exact number of the civil servants are yet to be known, thus an estimated figure is given below.

- **Doctors:** Doctors will include Specialists (Medicine Specialists, Anesthesiologists, ICU Specialists, and any other relevant discipline) as well as General Duty Doctor. Estimated number of Specialists would be 80 and General Duty Doctors would be around 620, totaling around 700 doctors, across the country.
- Nurses: The estimated number of Nurses are expected to be around 600, across the country.
- **Medical Technologists (Laboratory Technicians) and Other Discipline**: In various laboratories, around 150 laboratory technicians will be employed for pathological testing.

Civil servants who are working in connection with the project, whether full-time or part-time, will remain subject to the terms and conditions of their public sector employment agreement or arrangement. However, this LMP considers their health and safety needs, and all the measures included in here – related to addressing occupational health and safety issues specifically related to COVID-19, will apply to them.

## 1.2.2. Direct Workers:

SCO Staff and Consultants: Direct workers include the Sehatmandi Coordination Office (SCO) staff and consultants hired by the MoPH for the project. The SCO staff include a Senior Communication Specialist, Project Management Specialist and a Social and Environmental Expert. In addition, necessary support staff will be recruited by the government. There is specific Term of Reference (TOR) developed for SCO staff.

# 1.2.3. Contracted Workers:

Through the Sehatmandi project, the MoPH contract out health services in 31 provinces to 19 Service Providers (SPs), and contracts-in the MoPH in 3 provinces.

#### • Service Providers (SPs) Staff:

The SPs are responsible for COVID-19 case management and infection prevention and control (IPC) in isolation wards in provincial hospitals and delivering vaccination. The contracted workers for this project include workers engaged by the 19 Service Providers (SPs) across provinces. The SPs contracted by the parent project for incremental tasks related to COVID-19 to date, will also be utilized for targeting beneficiaries and delivering the vaccines. They will also monitor the implementation of the COVID-19 vaccination program in the health facilities under their contract. The exact number of SPs' workers are unknown at this stage, however, under the Additional Financing they will engage 2,000 additional vaccinators (1,000 teams -two person each team mixed male and female) to be stationed in health facilities with vaccination centers, to deliver the vaccine.

The SPs will enjoy sole discretion in the recruitment, posting, training (on technical and behavioral issues e.g. on CoC (there should be CoC for all SP staff) treating the visitors with respect and care, safe workplace environment etc.), disciplining, paying them on time, and termination of staff paid for under this contract.

 Construction Workers: The workers for construction and maintenance activities, include masons, electricians, plumbers, AC technicians and bricklayers etc. for renovation of laboratories and ICUs are estimated to be about 200.

### • MoPH Contracted Third Party Monitor (TPM):

The MoPH will expand the existing contract of the MoPH contracted TPM for monitoring implementation of the vaccination program. However, the total number of staffing to be hired by the TPM will be known after agreement on the scope of monitoring.

#### 1.2.4. Primary Supply Workers:

Currently, there are no information about the engagement of primary supply workers under the project. However, based on the availability of information related to engagement of primary suppliers, this information will be updated.

## 1.2.5. Community Workers:

The community workers in this project will include the Community Health Workers (CHWs), who have been recruited by MoPH as volunteers (receiving an honorarium for their services) for community outreach activities. The CHWs will support government and SPs in information dissemination, awareness raising, obtaining feedback from communities and facilitate provision of services or vaccines to vulnerable groups in rural and hard to reach areas. Half of them will be female, to provide women with the information about the vaccine and managing misinformation regarding vaccination process. The CHW will help in implementation of the Community Engagement Plan developed by the MoPH, for increasing demand creation, and to address rumors and negative propaganda about the COVID-19 vaccines. The exact numbers of the CHWs are not known yet, however it is expected that each vaccination team will involve one or two of Community Workers, to facilitate their smooth access to the communities.

# 1.3. Timing of Labor Requirement

MoPH has implementation arrangements in place for the ongoing parent project and Sehatmandi project implementation, which will also be used for this project. Some of the direct workers under the SCO are already recruited by the MoPH, while other SCO staff will be recruited prior to project effectiveness. The contracted workers (MoPH contracted SPs) are already engaged under the parent project, which will be also used for Additional Financing activities. The SPs will also engage additional 2,000 vaccinators (both male and female), prior to project effectiveness. The MoPH will expand the existing contract of the MoPH contracted third-party monitor for monitoring the implementation of the vaccination program. Some of the community workers (Community Health Workers) are already engaged under the parent project, while additional community workers will be engaged prior to implementation of the vaccination program.

#### **1.4. Characteristics of Labor Force**

The Civil Servants Staff will include doctors, nurses, laboratory technicians and other administrative and support staff engaged with the administrative and monitoring and supervision activities of the project. They are MoPH regular staff engaged both at central and at provincial level, providing services at MoPH and health care facility level. Medical professionals are either Specialists or general physician, nurses, and laboratory technicians. The support staff include drivers, porters, peon, cleaners, guards, transportation

workers engaged with the delivery, distribution, and transportation of vaccines. The support staff are mainly uneducated individuals hired by the MoPH centrally and locally.

The direct workers include the SCO staff and consultants engaged by the MoPH for project implementation. They include short-term or temporary technical, administrative and support staff. The SCO comprise of Civil Servants and professionals in their respective fields.

The contracted workers include the staff of 19 SPs. There are Community Health Supervisors engaged locally, by SPs at each health facility level, who will ensure that the program is implemented as per the technical guidelines in the provinces. These supervisors are responsible for monitoring and oversight of the implementation process and capacity building and training support required for the field staff. The SPs also engaged physicians, nurses and technicians who are responsible for COVID-19 case management and infection prevention and control (IPC) in isolation wards in provincial hospitals. The SPs will also engage additional 2,000 vaccinators at provincial level (preferably male and female vaccinator, midwife, nurse, pharmacists, lab technician etc.), who will be stationed in each health facility to deliver the vaccines. They will work in dynamic teams visiting urban and rural communities to identify and vaccinate the targeted individuals and groups. The vaccinators will be locally recruited by SPs including educated and trained individuals.

The construction workers (contracted workers) include masons, electricians, plumber, AC technicians and bricklayers etc. They are providing construction and maintenance services and renovation of laboratories and ICUs both at central and at provincial level.

The MoPH contracted Third-Party Monitoring (TPM) staff include managerial, administrative, and technical monitoring agents. They are mostly educated, and professional technical experts involved both at central and at provincial level.

The community workers in this project include the Community Health Workers (CHWs), who have been recruited by MoPH as volunteers (receiving an honorarium for their services) for community outreach activities. The CHWs will support government and SPs in information dissemination, awareness raising, obtaining feedback from communities and facilitate provision of services or vaccines to vulnerable groups in rural and hard to reach areas. They are mostly educated youth who are active in their areas, in term of service delivery and services rendered by the civil society organizations at grass root level.

# **COVID-19 CONSIDERATIONS:**

The Project supporting vaccination activities will include different types of workers as mentioned above, most of whom will be engaged in activities that raise COVID-19 exposure concerns. The program implementation in the field would consist of transportation, storage, preparation and administration of vaccines, on-site face-to-face consultation with the beneficiaries, collecting of used vaccine spools for disposals etc. Government civil servants in the project will be employed in SCO and various committees in the field and to carry out planning, implementation, monitoring and evaluation activities.

- **Doctors, Nurses, and other medical Staff:** They will be engaged in examining and treatment of the patients. Attention should be given to the terms on which they are engaged in the project, and the arrangements put in place to protect them. They are likely to be exposed to the virus, hence will need to be supplied with adequate measures and PPEs for protection.
- **Vaccinators**: They will be engaged in registering and recording details of people receiving vaccinations; vaccinating the public; on site consultation and providing information to beneficiaries