



LABOR MANAGEMENT PROCEDURE



MALDIVES COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

MAY 2020

UPDATED: FEBRUARY 2026

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1. Introduction

‘Labor and Working Conditions’ is applicable under ESS1 of the AIIB’s ESF. The primary objective of ‘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 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 but also issues and concerns that relate to COVID-19 considerations.

2. Overview of Labor Use on the Project

In general, projects supporting COVID-19 response activities include different categories of workers, some of whom will be engaged in activities that raise COVID-19 exposure concerns. Project workers can be classified into the following four groups: direct workers, contracted workers, primary supply workers, and community laborers. For this project, direct workers and contracted workers are the most applicable, as at this stage, significant community labor is not envisioned for the project. The following 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.

a) Project Management Unit (PMU)

The PMU will be constituted by direct project workers who will either be government civil servants engaged in the project or those that will be recruited for the purposes of the project. Specifically, the PMU will comprise: Project Director, Project Coordinator, Procurement Specialist, Financial Management Specialist, Social and Environmental Specialist, and Monitoring and Evaluation Specialist. While the Project Director, Project Coordinator, and Procurement Specialist, will be civil servants from the MoH, the other remaining posts will be hired.

- The Project Director will oversee the project team on the overall day-to-day management and coordination and implementation of the subcomponents of the project.
- The Project Director will also closely liaise with the Task Team from the AIIB and other stakeholders. The Project Coordinator will assist Project Director to ensure that the works are in line with the objectives of the project and is carried out according to the terms of reference.
- The Financial Management Specialist will assist 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 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 Environment and Social specialists to ensure that all the procurement documents adequately reflect environment and social issues, where relevant.
- The Monitoring and Evaluation Specialist 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 Specialist 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 Social and Environmental Specialist will lead the social activities of the project and coordinate with the technical teams and stakeholders assigned to implement the subcomponents. Together with the Environment Specialist, the Social Specialist will primarily be responsible for ensuring that project activities

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avoid or minimize negative social impacts; and where they cannot be avoided, that impacts are identified and the necessary mitigation measures are developed and implemented following the relevant laws as well as the AIIB's ESF.

- The Social and Environmental Specialist will also lead the environmental activities of the project and coordinate with the technical teams and stakeholders assigned to implement the subcomponents. Together with the Social and Environmental Specialist will primarily be responsible for ensuring that project activities avoid and minimize negative environmental impacts; and where they cannot be avoided, that impacts are identified and the necessary mitigation measures are developed and implemented following the relevant laws as well as the World Bank policies.

The Social and Environmental Specialist 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 these Labor Management Procedures (LMP). These staff will be hired for a 1-year term and the contract will be renewed based on performance, need and funding.

In addition to these permanent staff required for the full 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, HEIS and other procurement related support, an international procurement consultant will be hired for the project. All these staff, including the civil servants assigned to serve in the PMU, are considered as direct staff of the project and the respective standards/provisions will apply. However, 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 need 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.

Likewise, the Project may involve other specialist agencies/consultancies (firms or otherwise) to support project implementation. For example, the Project may seek collaboration with UNICEF to develop risk communication strategy, including facilitating training for staff 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 UNOPS on emergency procurement of medical equipment and supplies to strengthen Maldives COVID19 Response, etc. The provisions given under this LMP will not strictly apply to such consultancies. Nevertheless, as above, the health and safety needs of such specialist consultants needs 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) Health Care Workers

Approximately 2500 health care workers will be engaged in the project as direct workers, as contracted workers (contractors, subcontractors), or civil servants. 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 of suspect and confirmed cases; providing or reinforcing accurate infection prevention and control and public health information, including for concerned workers.

c) Waste Management Workers

All waste produced during the care of COVID-19 patients will be considered infectious waste and will be collected in designated containers and bags, treated and safely disposed by incinerating or autoclaving according to the SOP on health care waste management for COVID-19. An estimate of 1,050 waste management workers may be engaged in the project to support this activity. Most likely, these workers will be contractors, subcontractors or civil servants until the pandemic comes to an end.

d) Migrant Workers

Migrant workers often comprise a significant part of workforce in the Maldives, particularly where there is large scale construction/civil works. Roughly 200 migrant workers may also be engaged in this project as contractors or sub-contractors to carry out civil works such as construction of isolation and quarantine facilities, and primarily refurbishment of healthcare facilities, etc. These workers may be employed for six to eight months given the current situation of the pandemic. There is potential transmission risk of COVID-19 both within the worksite and in nearby communities. These risks are not only from workers that are mobilized from abroad or returning from abroad, but also workers moving from other regions.

e) Frontline Service Providers

An estimate of 2500 front line service providers will be involved as primary supply workers. These workers may be active in the project as contracted workers (contractors or sub-contractors) or civil servants until the pandemic comes to an end. These include those providing services such as food supply, delivery and preparation; waste disposal; pharmacies; etc.

3. 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 and other essential items to protect healthcare workers (HCWs) and patients	<ul style="list-style-type: none"> • Health and safety risks for frontline service providers, especially against COVID contamination • Suppliers as vectors of COVID-19 & hence risks to HCWs and patients • Inability to benefit from procedures and mitigation measures (i.e. home-based work, social distancing etc.) in place to limit the exposure to the COVID-19 virus.
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"> • Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. • Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc • Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment • Risks of contamination during community visits • Workers as vectors of COVID-19 and hence risks to community health and safety • Risks of child labor and forced labor, though expected to be minimal
Increasing laboratory and diagnostic capacity	<ul style="list-style-type: none"> • Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out the testing, transporting samples, delivering training, etc

Project Activity	Key Labor Risks
<ul style="list-style-type: none"> - Training to health workers and other frontline stakeholders - Increasing number of testing kits, expansion of special panel kits, expansion of testing capacity to five regions - Transportation of samples - Certification of safety cabinets 	<ul style="list-style-type: none"> • Stigma and passing on infections to family and community • Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. • Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc • Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment • Risks of child labor and forced labor, though expected to be minimal • Social tensions due to concerns about community health and safety
<p>Containment and treatment efforts</p> <ul style="list-style-type: none"> - Establishment of local isolation units in hospitals - Establishment of quarantine and isolation facilities in other existing spaces (e.g. hotels, former hospitals, etc.). - Intensified contact tracing of known cases. - Expansion of intensive care unit (ICU) capacity, including the establishment of additional ICU beds and the necessary equipment and supplies to make them functional. - Training on implementation guidelines and SOPs to frontline health workers, hotel and resort staff, airport personnel and other frontline stakeholders. 	<ul style="list-style-type: none"> • 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. • Untenable overtime, psychological distress, fatigue, occupational burnout among health care workers • Risks associated with GBV and SEA/SH in quarantine/isolation facilities • Risks of exposure while handling of medical specimens or treatment of COVID-19 patients • Stigma and passing on infections to family and community • Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. • Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc • Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment • Risks of child labor and forced labor among frontline stakeholders, though expected to be minimal • Social tensions due to concerns about infection spread to the communities in the vicinity of the HCFs, quarantine centers, etc

4. Key Labor Legislation in the Maldives

Over the last decade or so, the Government of Maldives has enacted several laws and policies relating to working conditions, promotion of safety and health at work, fair treatment and non-discrimination, prevention of forced labor and child labor and protection of vulnerable workers. Key among these are:

- Employment Act of 2008,
- Regulation on Resolving Disputes between Employers and Employees (2011/R-12),
- Construction Site Health and Safety Regulations (2019/R-156)
- Maldives Immigration Act (1/2007)
- Regulation on Employment of Expatriates in Maldives (2011/R-22)
- Anti-Human Trafficking Act, December 2013

Employer/employee relationships are governed under the Employment Act (2/2008) and the subsequent amendments to it. An employer is defined in the Act as, “any person, company, government or association

of persons providing employment pursuant to an employment agreement which includes the use of services of non-independent contractors, successors, assigns of such employers, and any person to whom the rights of such employers are transferred in accordance with the law". An employee is any person seeking to work pursuant to an employment agreement. Maldives National Defense Force and Maldives Police Service are exempted from the Act. The Employment Act specifies the rights and duties of employers and employees. The Act prohibits forced employment, and discrimination in granting of employment, increase in remuneration, provision of training, determination of conditions and manner of employment, dismissal and resolution of other employment related issues; based on race, color, social standing, religion, political beliefs or affiliation with any political party, sex, marital status, family obligations, age or disability.

a) Terms and Conditions

Employment Agreement: All employers are required to enter into an employment agreement in writing, with their employees. The Act recognizes three types of employment agreements, which are, (a) fixed term contracts or agreements with a definite term, (b) agreements with an indefinite term or permanent employment agreements, and (c) agreements for a specific task or project. Direct workers or project staff in the PMU falls under this latter category. Such agreements are considered neither permanent nor fixed term contract. And they are considered terminated upon the completion of the specific task or project. All agreements must at minimum have included in them the following details:

- The name of the employee, permanent address, current address, identity card number or passport number, date of birth, nationality, emergency contact person's name, address and phone number;
- Job description, whether employment is permanent or temporary;
- Date of commencement of employment agreement;
- Salary and other benefits, pay day, including method and guidelines for calculation of salary;
- Days on which leave may be granted;
- Staff appraisal, principles pursuant to which disciplinary measures may be taken against the employee; manner of dismissal from employment.

Minors: The law considers a minor to be a person under the age of 18. Chapter 3 of the Employment Act allows minors between the ages of 16 and 18 to be engaged in employment, provided consent is obtained from their legal guardian. Minors under the age of 16 are prohibited from engaging in employment, unless it is as part of a training for their education. A minor may also be employed in a family business with the consent of such minor and their family. All children are protected from employment that would have a detrimental effect on their health, education, safety or conduct. These rights are further stipulated in the Rights of the Child Act [19/2019] under which the Labour Relations Authority (LRA), is mandated to enact necessary regulations and monitoring the implementation of the same, for the prevention of child labour.

Working Hours: Working hours of employees, under the Employment Act must not exceed 48 hours per week. This however does not cover overtime work. Employees may not work for more than six consecutive days without taking a day off. The employment agreement must stipulate how overtime work can be obtained from an employee. Employees working overtime are entitled to a pay of 1 ¼ times their hourly wage and if working on a public holiday, 1 ½ times their hourly wage.

Dismissal: Employees have a right not to be dismissed unfairly, without cause. The Act provides a list of disciplinary measures that can be taken reasonably against an employee due to misconduct and which must ordinarily be exhausted before any dismissal. This includes, cautioning verbally, a written warning, 14-day suspension and demotion, in that order.

Leaves: Entitled leaves for employees under the Act includes, 30 (thirty) days of paid annual leave, 30 (thirty) days of paid sick leave, 60 (sixty) days of paid maternity leave, upon expiry of which either parent may choose to take up to 01 (one) year of unpaid leave, 03 (three) days of paid paternity leave, 10 (ten) days of paid leave for family responsibility, and 05 (five) days of paid leave for a parent of a child undergoing circumcision. On March 2019, the government decided to grant all government employees with a paid maternity leave and paternity leave of 06 (six) months and 01 (one) month, respectively. This practice has since been taken up by state owned enterprises as well.

Pension: The Pension Act (Act No. 8/2009) mandates upon every Employer to enrol all employees on a defined contribution pension scheme. In addition, the GoM has also established the Employment Tribunal, pursuant to the Employment Act with the objectives of examining and arbitrating legal matters arising in the work environment between the Employer and employee and any matters ascribed to the employment Tribunal pursuant to the employment Act or any other Act or regulation or under any agreement, in an expeditious and simple manner.

Training: Employees may be engaged with training, on the job or otherwise, subject to a separate agreement entered in to with the employer, for the purpose. The agreement must have in them at minimum, the details of the employer and the employee along with, details of the type of training, the period it would take to complete the training, costs incurred by the employee in relation to the training and the rights and obligations of each party if the training is not completed.

b) Occupational Health and Safety

Obligations of the Employers: All employers are obligated under the Act to take measures for the safety and protection of their employees, without any charge. These measures include:

- Provide a safe workplace environment and procuring of secure tools and machinery for carrying out work, and ensuring the continued safety of the same;
- Provide resources necessary to carry out the work with safety;
- Provide protective attire and equipment in the event that the nature of work is such that it is not possible to eliminate or control health hazards arising out of work;
- Provide education and training to employees on the use of protective gear and safety equipment, and disseminate information to employees on all issues of related concern;
- Conduct regular health checks for employees involved in any work that may cause physical ill health or for employees working with chemical or biological materials that may pose a threat to their health;
- Provide or arrange for appropriate medical care for employees injured during the course of their employment
- Facilitate first aid to employees who are involved in emergencies or accidents.

Obligations of the Employees: Employees are required to:

- Maintain safe practices at work to avoid danger to the safety and wellbeing of the employee and co-workers, which may be caused by inattentiveness to safety and security measures;
- Assist the employer and co-workers in maintenance of measures designed to ensure health and safety in the workplace;
- Use safety equipment and protective gear as instructed in accordance with the training and education provided for use of such equipment and gear;
- Report to the employer any damage, loss of or destruction of protective gear or safety equipment;

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- Inform the employer or his designated supervisor immediately of the occurrence of any incident which the employee believes may cause danger and which the employee is unable to resolve;
- Inform the employer or his designated supervisor of any accidents or damage sustained at work or related to work.
- Employees have the right to abstain from work where there is serious threat to health or life.

OHS Relating to Construction Site: As per Article 5 of Construction Site Health and Safety Regulations (2019/R-156), the aim and objective of this regulation is to provide minimum standards for safety and security of the community and labour force. The same article suggests that if the value of the project exceeds 1.5 million Maldivian Rufiyaa, health and safety aspects regarding the project needs to be defined and training given to the labour force. It states that safety nets need to be installed and other precautionary measures taken such that the neighbouring households are not impacted as a result of the project. It also stipulates that Personal Protective Equipment (PPE) that is relevant to the work undertaken should be worn. In this regard, it states that safety helmets, safety shoes, safety goggles, welding mask and gloves need to be used, where required. The same article stipulates that, it is the responsibility of the employer to provide PPE to the employee. It also stipulates that steps need to be undertaken during excavation to ensure damage to nearby properties are avoided. It also stipulates that appropriate safety signs need to be installed in construction site. Article 06 stipulates that Emergency Response Plan (ERP) is required for projects that exceeds MVR 1.5 million. The provision requires the emergency response plan to be visible and to undertake drill for emergency response plan at least twice every year. Moreover, a complete first aid kit and a trained first aid person should always be available at the construction site for such projects. The contractor is also required to assign a site safety supervisor (article 7). Article 09 of the regulation stipulates that for projects above MVR 5 million third party insurance needs to be taken to cover for damages. The regulation also have provisions that highlights that all open pits should be covered or demarcated with fence, to have pedestrian detour if work is undertaken next to a road, If work is undertaken in height safety warning signs or warning flags or lights need to be installed at the site and all idle equipment's need to be switched off (article 10). The regulation also suggest that the construction boundary needs to be hoarded. As per the regulation, the minimum height of the hoarding should be 1800 millimeters (article 12).

If working above 03 meters it is stated that a guardrail should be there to prevent falling from height (article 14). Moreover, in article 16 it is stated that safety harness and belt need to be used when working at such heights. The regulation also has special provisions when working on roofs. Use of static line and inertia reel when working on roofs and ensuring that they are installed appropriately. Preassembling the materials required as much as possible prior to lifting to the roof, to minimize work undertaken on the roof. Scaffolding should be installed by a person who has special training and experience for installing scaffolding. The regulation also states that While installing safety net work should be undertaken using a mobile scaffolding or a tower scaffolding. All scaffolding used on site needs to be tested at least once a week (article 18). Specific provisions are also there regarding electricity supply. Keeping log records of any accidents that occur in site and reporting any such incident to police is also specified in the regulation (article 39). Articles 43 and 44 of the regulation specified non-compliance penalties.

c) Collective Bargaining and Dispute Resolution

Collective bargaining: The Employment Act 2008 is notably silent on the right to strike or the right to form trade unions and is lacking any provisions on collective bargaining. While these are constitutional rights, and Maldives remain party to the ILO Convention on Right to Organize and Collective Bargaining (No. 98), there is a lack of a specific legislative framework ensuring the right to organize and collectively bargain. Employees can however create clubs and associations, which are governed under the Associations

Act (1/2003). Such clubs and association are required under the law to be registered at the ministry with the relevant mandate.

Dispute Resolution: The Regulation on Resolving Disputes between Employers and Employees (2011/R-12), issued by Labour Relations Authority outlines principles for employees to comply with in exercising the right to strike and abstain from work. To strike, under the Regulation is defined as, to abstain from work by peaceful exercise of the employees' freedom of assembly and speech. Under the Regulation, before any decision is taken to conduct a strike due to a dispute between the employers, the employees are to carry out discussions with their respective employers. The Regulation provides for a three-tier process to be followed in carrying out such discussions. First step involves informal discussion between the parties failing which formal discussions are to be held at a sectional or departmental level. Second tier involves lodging the grievances to a Grievance Committee made up of the head of the respective organization, heads of the relevant departments, and parties representing the aggrieved employee(s). If the Grievance Committee fails to resolve the dispute, the matter is to be forwarded to the Labour Relations Authority. If either party is dissatisfied with the decision of the Authority, the matter can be submitted to the Employment Tribunal for adjudication.

Labour Relations Authority: Labour Relations Authority (LRA) formed under Article 77 of the Employment Act (2008) is mandated with implementing the necessary administrative measures to ensure compliance with the Act. The Authority also issues regulations governing employer/employee relationships. As such employees can lodge complaints to LRA, regarding an employer's action which they deem is in contravention of the law, and request to enforce compliance. LRA has the authority to enter in to and inspect workplaces and obtain documents through Employment Officials. Officials have the authority to order an employer to make changes, within a specified time, to the machinery or the manner in which an equipment is set up, to ensure health and safety of the employees as stipulated under law. An official can also order urgent steps to be taken in order to avert a danger where the risk of a danger to the employee's health and safety exists in the opinion of such official.

Labour Tribunal: If an employer is unhappy with the decision or order of LRA, they can appeal to Employment Tribunal. The Tribunal established under Article 85 of the Employment Act consists of 07 (seven) members appointed by the President. The members hold office for a tenure of 05 (five) years and should have the educational qualifications and experience to comprehend and resolve employment related issues. The Tribunal reviews and deliberates at the first instance on matters of employment. Decisions of the Tribunal are appealed at the High Court.

d) Migration Policies

The 2008 Maldives Constitution has an extensive chapter on the fundamental rights encompassing various internationally recognized labour rights. Some of the provisions include Article 17 stating the entitlement of rights and freedoms of all "without discrimination of any kind including race, national original, colour... or native land.", Article 37 which includes provisions for safe and enabling working conditions and pay for workers and Articles 30-32 which specify the rights of workers to participate in labour unions, protests, and peaceful assemblies. Additionally, migrants' access to health care is guaranteed via the Health Services Act (2015) and the Health Master Plan (2016-2025).

However, major provisions for migrant workers come from the Maldives Immigration Act (1/2007) which outlines the rules for entry, departure and deportation of foreign nationals. Additionally, the Employment Act which was signed into law in May 2008, gave legal precedence to the Regulation on Employment of Foreign Workers in the Maldives (2011/R-22), enacted in 2011 which governs the employment, dismissal and other relevant matters relating to foreign workers in the Maldives.

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Foreigners are required to obtain an employment approval as per applicable law, and deposit a security with the relevant government agency. This deposit is to be used by the government for costs incurred to remedy an employers' default of their responsibilities under relevant Regulation on Employment of Expatriates in Maldives (2011/R-22), or as payment for any unpaid fees related to work permit or work visa, or for travel expenses of the worker, where government decides to deport such worker. Article 62 of the Employment Act gives the minister with the relevant government mandate to issue regulations related to the employment of foreigners.

Under the Regulation on Employment of Expatriates in Maldives (2011/R-22), government issues a specific number of "Quotas" for companies, upon request in order to employ expatriates. No foreigner is allowed to work in the Maldives without a valid work permit and a work visa. Employers are required to treat their foreign employees in accordance with the Employment Act and other applicable law. They are responsible for paying any fees related to the work permit or visa accordingly and of returning the worker to their home country once the work permit expires, or if for any reason the government decides that the worker should leave the country. Employers are also required to, upon the death of a worker, to return the body to their family in their home country.

Another law governing migrant worker rights is the Anti-Human Trafficking Act enacted on December 2013 which makes trafficking in persons a criminal offense. Forced labour, and fraudulent recruitment, and debt bondage are considered forms of human trafficking under this act, which may result in imprisonment for up to 10 to 15 years. The Anti-Trafficking Act is considered a milestone in combating trafficking in the country, especially affording protection to the large number of migrant workers in the country from exploitation. The National Action Plan to Combat Trafficking in Persons for 2015-2019 has been finalized. The Parliament has, on 27 April 2015, approved Maldives accession to the Optional Protocol to prevent, suppress and punish trafficking in persons, especially women and children. This will undoubtedly boost the protection framework offered to migrant workers in the country.

e) International Labor Conventions

The Maldives is also committed to several international agreements and has ratified the Forced Labour Convention, the Abolition of Forced Labour Convention, the Abolition of Forced Labour Convention, the Freedom of Association and Protection to the Right to Organize Convention, the Right to Organize and Collective Bargaining Convention, the Equal Remuneration Convention, the Discrimination (Employment and Occupation) Convention, the Minimum Wage Convention and the Worst Forms of Child Labour Convention. However, the Maldives is yet to ratify the three largest international standards that apply to foreign migrant workers, which are the ILO Migration for Employment Convention, the ILO Migrant Workers (Supplementary Provisions) Convention and the UN International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

f) 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:

- Waste Management Act (Law No. 24/2022)
- Waste Management Regulation (No. 2013/R-58)
- National Health-Care Waste Management Policy (NHCWMP), 2016
- Public Health Protection Act, Law 7/2012
- WMR 2013: Standards Governing Waste Management

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.

5. 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 Employment Act (2/2008).
- All direct project staff employed for the purpose of the project will be above 18 years. Even though the employment act provides provision to employ minors between 16 to 18 years of age, with the consent of the parents, it is not envisioned that a minor will be required to be employed as a direct project worker.
- Maximum working hours for staff will not exceed the maximum limit set in the Employment Act, i.e. 48 hours a week.
- Equal training opportunity will be available to all staff working in the project without discrimination, based on gender or otherwise, as specified in the Employment Act. It is responsibility of the Project Director to ensure that such discrimination does not exist.
- All staff will be entitled to breaks from work of 30 (thirty) minutes after every 05 (five) hours during working hours as per the Employment Act. They will also be provided with the entitled leaves under the Employment Act, in addition to paid maternity and paternity leaves as per the social protection policy of the government. In this regard, 06 months maternity leave, 01-month paternity leave, first Hajj leave, circumcision leave for parents, etc., will be provided. This policy has been established and enforced in all government civil service offices and all government companies.
- All project staff will be provided with health insurance packages, equivalent to that given by other government companies and institutions working in similar capacities.
- Staff will be made aware of the avenues available at the Ministry for victims of sexual harassment. Staff will be able to lodge complaints to the Sexual Harassment Prevention Committee at the Ministry, established under Prevention of Sexual Harassment Act (16/2014).
- Staff will be provided a pension contribution and deductions will be made from their salaries for their contribution in accordance with the Pension Act 18/2016).
- 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 Maldives.
- 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: 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 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).

c) 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 Health and Safety Regulation for Construction Industry (2019/R-156) will be strictly adhered to.

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- 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 (if civil works are carried out during a pandemic or a state of emergency)
 - 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 (if civil works are carried out during a pandemic or a state of emergency)
 - 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.

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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.

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

If civil works are carried out during a pandemic or a state of emergency the contractors 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.

e) Supporting health facilities: All workers

Plans/procedures will be in place to address the following issues:

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- 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/or other communicable diseases.
- 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 and/or other communicable diseases 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

6. Grievance Mechanism

Besides the grievance mechanism for the overall project, a separate GRM will be established for the project workers. Workers will be able to lodge their complaints relating to their work environment or conditions such as a lack of PPE, lack of proper procedures or unreasonable overtime, etc. to the Worker's GRM for which the focal person is the Social Specialist from the PMU.

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

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- 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.

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, online, 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 person 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 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:

- Labor Relations Authority with complaints submitted through: <https://lra.gov.mv/submit-a-complaint-form/>
- Judiciary system of the Maldives which essentially is a legal system accessible to all aggrieved persons.

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.

7. 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, if civil works are carried out during a pandemic or a state of emergency. 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)

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- 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

8. 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 and/or other communicable diseases, there will be specialized staff for enhanced monitoring and supervision, to conduct training of workers in mitigating the spread of COVID-19 and/or other communicable diseases, and to treat patients and workers infected with COVID-19 and/or other communicable diseases.

Activity	Responsible staff/party
Engagement and management of project workers	Social and Environmental Specialist, Project Coordinator
Occupational health and safety (OHS)	HCFs, quarantine centers, isolation units; Social and Environmental Specialist, Project Coordinator
Monitoring, supervising, and reporting on health and safety issues relating to COVID-19 (COVID-19 focal point)	HCFs, Social Specialist, Environment Specialist, Monitoring and Evaluation Specialist
Engagement and management of contractors/subcontractors, including coordination and reporting arrangements between contractors	Procurement Specialist, Project Director, Project Coordinator
Training of workers, including raising awareness and training of workers in mitigating the spread of COVID-19	Social and Environmental Specialist, Project Coordinator, Relevant Agency/consultancy (e.g., UNICEF, Maldives Red Crescent)
Assessment, triaging and treatment of patients and/or workers infected with COVID-19	HCFs, quarantine centers, isolation units, PMU
Addressing worker grievances	Social and Environmental Specialist, PMU