

Labor Management Procedures

Jordan COVID-19 Emergency
Response Project (P173972)

Ministry of Health (MoH)

March 2021

Introduction

These Labor Management Procedures (LMP) are applicable to the Jordan COVID-19 Emergency Response Project in Jordan. These procedures set out the way in which project workers will be managed in accordance with the requirements of national labor laws and the World Bank's Environmental and Social Standard 2 on Labor and Working Conditions (ESS2).

The Project supports the GOJ's National Preparedness and Response Plan for COVID 19 through providing critical support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing, risk assessment and clinical care management. The project is financing the procurement of medical and non-medical supplies, medicines, vaccines, equipment¹, consultancy services and implementation costs for capacity building as needed for COVID-19 preparedness and response activities consistent with the National Preparedness and Response Plan. The MOH is the implementing agency in charge of the overall implementation and fiduciary responsibilities for the project.

The International Coordination and Project Management Unit (ICPMU) at the MOH is the unit responsible for project management and coordination. The ICPMU is headed by a Director and reports directly to the Minister of Health for guidance and approval. Specifically, the ICPMU plans, implements, and monitors project implementation progress together with relevant technical directorates within the MOH, such as Biomedical Engineering, Communicable Disease, Financial Services, Laboratory, and Purchase and Supplies Directorates.

The purpose of the LMP is to address the way in which the ESS2 provisions will apply to different categories of project workers, identify the main labor requirements and risks associated with the project, including maintaining a safe working environment for workers throughout the COVID-19 pandemic.

1. OVERVIEW OF LABOR USE ON THE PROJECT

The implementation of the project involves three main workers categories: Direct workers; Contracted workers and Primary supply workers. While the total number of project workers is not precisely known, it is estimated to be around 1700 people.

The categorization and characteristics of Project Workers are summarized in Table 1 and described below.

¹ Supplies in line with WHO's list of disease commodities or any updates will be procured. There are no medicines for COVID-19 yet. Only when WHO approves any medicines and vaccines as applicable and effective, they will be procured. The finance can support: procurement of Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance, personal protective equipment, ventilators, pulse oximeters, laryngoscopes, oxygen generators and other medical equipment and supplies for case management. Minor civil works and retrofitting of isolation rooms in facilities and treatment centers are available.

Direct Workers:

Direct workers are those workers with a contractual relationship with the borrower, who are engaged in project activities. Direct workers of the project are those who are working in the ICPMU, as well as the workers engaged in MOH facilities, carrying out core activities such as providing health care, as well as waste management services and food catering.

Most of the direct workers under the project will be civil servants. As per the World Bank's ESS2 (Para 8), where government civil servants 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, unless there has been an effective legal transfer of their employment or engagement to the project. The LMP does not apply to such government civil servants, except for the provisions of Child labor minimum age (Section 7) and Occupational Health and Safety (Section 4).

The sub-categories and characteristics of direct workers are outlined as follows:

a. ICPMU

Number of ICPMU Workers:

The ICPMU is headed by a Director and 4 part-time consultants: FM, procurement, environmental and social specialists recruited under individual contracts with specific definition of tasks and responsibilities. Terms and conditions of PMU staff, including their rights related to hours of work, wages, overtime, compensation and benefits, are governed by the Jordanian Labor Law and the relevant provisions of ESS2.

The MOH will assign staff, who are also civil servants from its relevant directorates, such as the Financial Services and Purchase and Supplies Directorates to handle procurement, and financial management aspects of the project. It is envisioned that the ICPMU will also identify 3 to 4 "Project Coordinators", who will be civil servants and will be assigned from MoH departments (Building and Maintenance Dept., Decentralization Dept., and others to be identified later on). The role of these Coordinators would be to coordinate with other staff in the field and oversee the implementation of the different activities under the project (such as coordinating and overseeing the supply of medical equipment to the ICU unit at Al Bashir Hospital).

Characteristics of PMU Workers: The direct workers will be Jordanian Nationals, who are professional workers and would be a mix of males and females and none under the age of 18. The estimated number of direct workers in the ICPMU would be around 8 to 10 workers of various disciplines. The ICPMU encourages the appointment of women.

Timing of Labor Requirements: The ICPMU is in the process of recruiting all of the key staff members. Direct Project workers are eligible to work for fixed contract period not to exceed the project lifetime.

b. Health Care Workers:

Number of Health Care Workers: The Health Care Workers under the project will be exclusively civil servants and will be carrying out a range of activities such as assessing, contact tracing, testing, treatment of COVID-19 patients, etc. their estimated numbers are as follows:

- General: it is expected that up to 750 will participate in capacity development activities to be funded by the project and related to COVID-19 response
- Quarantine: is being covered by the army and number of workers is not known at this moment
- Contact Tracing: currently 350 medical staff in addition to 150 non-medical workers involved in contact tracing teams of suspect COVID-19 infected people
- Laboratories: 40 people (this number is included with the Contact Tracing teams)
- Treatment facilities/isolation (Prince Hamzah Hospital): 650 people (medical and non-medical);

Characteristics of Health Care Workers: The Health Care Workers will be civil servants and Jordanian Nationals, who are professional workers and would be a mix of males and females and none under the age of 18. Their estimated numbers are shown above. It is estimated that around 22.6%² of Health Care Workers are women. These workers will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement

Timing of Labor Requirements: The Health Care Workers, including medical and non- medical workers are already involved in responding to the COVID-19 pandemic, within the different public health care institutions.

c. Waste Management Workers:

Number of Waste Management Workers: The Waste Management Workers under this project will be mainly those already working in the different Jordanian public health care institutions, mainly hospitals. Their estimated number is around 50 workers (in Prince Hamzah and Al Bashir hospitals). They are mainly tasked with the collection, storage and transport of non- medical as well as medical and hazardous waste (including the waste related to COVID-19 operations).

Characteristics of waste management workers: These workers are civil servants and Jordanian Nationals, and none under the age of 18. These workers will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement

Timing of Labor Requirements: the existing Waste Management Workers in the main two public hospitals of Prince Hamzah and Al Bashir hospitals will be working throughout the duration of the project.

d. Food Catering Workers:

² Source: World Bank Gender Data Portal (Female to Male Labor Force Participation Rate for 2019)

Number of Project Workers: The food catering for medical, non-medical, and COVID-19 patients is partly done in house (Prince Hamzah Hospital) and partly out-sourced to a private company (Al Bashir Hospital). The Food Catering Workers in Prince Hamzah are directly recruited by the hospital and their number is estimated to be around 85 workers (these workers are considered civil servants).

Characteristics of Project Workers: The Food Catering Workers are Jordanian nationals (it is difficult to know if any of the third-party companies of food catering recruit non- Jordanians or migrant workers). These workers might include women and none is being hired under the age of 18.

Timing of Labor Requirements: Food Catering Workers are workers already working in the different institutions of public health care (Prince Hamzah and Al Bashir hospitals).

Contracted Workers:

a. Construction Workers:

Number of Construction Workers: The proposed Project might finance “*minor civil works within existing structures and retrofitting of quarantine, isolation and treatment rooms in selected facilities*”. These minor civil works would be implemented by local contractors who will be responsible for recruiting their own workers (typically small work crews of 1-10 workers) for the execution of these small works. These workers may be hired on a casual or temporary basis. Although it is not possible to determine with certainty the size of the labor force that might be used by the contractors, for planning purposes it is estimated to be 30 workers. The labor terms and conditions, including their rights related to hours of work, wages, overtime, compensation and benefits, are governed by the Jordanian Labor Law and this LMP.

Characteristics of Construction Workers: the labor force in the construction sector in Jordan is comprised of Jordanians and non- Jordanians (includes refugees and economic migrants). The majority of registered non-Jordanian workers (migrants and refugees) in Jordan are from Egypt, Bangladesh and Syria (ILO, 2018). Syrian refugees mainly live in urban areas; 80% of Syrian refugees live outside of refugee camps, and thus would already be present in project areas (i.e. no labor influx). Contracted construction workers who are migrants or refugees would predominantly be male, unskilled or semi-skilled, and are likely to be working casually, and informally. Overall numbers are difficult to estimate but are expected to be low, as the scale of contracted civil works is low. The number of women working in this sector is extremely low. Considering that recruitment of workers under the age of 18 is prohibited under the project, the ICPMU will include this requirement in the related bidding documents.

Timing of Labor Requirements: Small civil works may occur at any stage in the project.

b. Workers of Service Providers:

Number of Service Provider Workers: The project activities include the provision of training activities. Training might cover a range of topics and might involve the procurement of service providers to perform these activities. Nevertheless, the number of consultants and potentially their collaborators (staff and sub-consultants) is not determined for the moment. However, it is expected that all consultants will be recruited from the local market and thus, their labor terms and conditions, including their rights related to hours of work, wages, overtime, compensation and benefits, will be governed by the Jordanian Labor Law and the relevant provisions of ESS2.

Characteristics of Service Provider Workers: The ICPMU is not able to determine from now if any of the consultants who will be hired under the project would bring any workers or sub-consultants. However, as the consultants themselves will be locally recruited, it is expected that any of their workers or sub-consultants would also be Jordanian nationals. It is also not possible to know from now if any of these would include any women or any non-Jordanian or migrant workers. In all cases, none of these workers or sub-consultants would be hired under the age of 18.

Timing of Labor Requirements: It is expected that the consultants who will be delivering the training and capacity development activities will be hired at a later date in the project, but not exactly known at what stage.

c. Contracted Food and Waste Management Workers:

Number of Contracted Food and Waste Management Workers: Some individual facilities outsource food and waste management services to private sector. For example at Al Bashir hospital, around 150 workers are engaged in food catering.

Characteristics of Project Workers: These workers may include Jordanians or non-Jordanians, female and male. No workers below the age of 18 are hired.

Timing: Food and waste management workers will be used throughout project implementation.

Primary Supply Workers

The project will also involve primary supply workers. Additional information and the limited risks are outlined in Section 12.

Table 1 - Classification of Workers for the Jordan COVID-19 Emergency Response Project

Type of Workers	Description of Activities	Estimated Number	Characteristics	Timing
<i>Direct Workers</i>				
Direct workers of the ICPMU	Project Management and technical tasks at MOH offices	8-10	<ul style="list-style-type: none"> • Fixed term employees and civil servants • Full time or part-time • Jordanian Nationals • Skilled workers, professionals in various disciplines • Mix of male and females • 	At commencement of the project.
Health Care Workers	Includes medical and non-medical workers carrying out a range of activities such as assessing, contact tracing, testing, treatment of COVID-19 patients. Working in hospitals, laboratories, treatment facilities, as contract tracers, etc.	Around 1700	<ul style="list-style-type: none"> • Civil servants with established civil service employment contracts • Jordanians • Skilled and semi-skilled • 22.6% female 	The Health Care Workers, including medical and non- medical workers are already involved in responding to the COVID-19 pandemic, within the different public health care institutions.
Waste Management workers	Providing waste management services including dealing with hazardous medical waste. They will be working in MoH health care institutions, mainly hospitals.	50	<ul style="list-style-type: none"> • Semi-skilled or unskilled • Fixed term or casual (temporary) • Jordanian and non-Jordanian • Predominantly male 	At any time during the project

Type of Workers	Description of Activities	Estimated Number	Characteristics	Timing
Contracted Workers				
Contracted Construction Workers	Minor civil works to construct emergency departments at hospitals or any other departments as needed.	30	<ul style="list-style-type: none"> • Semi-skilled or unskilled • Fixed term or casual (temporary) • Jordanian and non-Jordanian • Predominantly male 	At any time during the project
Contracted Service Provider Workers	Deliver training in hospitals, MoH and its Directorates facilities, and virtual sessions as needed the COVID-19 situations persists. Provide technical expertise	Not Known	<ul style="list-style-type: none"> • Fixed term employees • Skilled workers • Jordanian • Mix of females and males 	Not Known
Contracted Food Catering and Waste Management Workers	Food catering services for medical, non-medical, and COVID-19 patients.	200	<ul style="list-style-type: none"> • Semi-skilled or unskilled • Fixed term or casual (temporary) • Jordanian and non-Jordanian Predominantly male	At any time during the project
Primary Supply Workers				
Workers of medical suppliers	Office work involving procurement of medical supplies from international suppliers/manufacturers	Unknown	<ul style="list-style-type: none"> • Refer to Section 12 	Throughout project implementation

2. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

a. Project activities:

The Project aims to support the MoH in its efforts to immediately respond to and mitigate the risks associated with the COVID-19 outbreak in Jordan. It will also help develop Jordan's preparedness capacity to mitigate risks from comparable health and climate-related hazards.

The Project has two components:

- Component 1 aims to prevent and limit the spread of COVID-19 in Jordan. This will be achieved through providing critical support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing, risk assessment and clinical care management. Activities aim to strengthen: i) Case detection, confirmation, contact tracing, recording and reporting, ii) Overall healthcare services and clinical capacity to respond to COVID-19, iii) Risk communication and community engagement, and iv) Multisectoral coordination and response.
- Component 2 will finance human resources and running costs for the ICPMU at MoH, including: (i) staffing, (ii) data collection, aggregation and periodic reporting on the Project's implementation progress; (iii) monitoring of the Project's key performance indicators and periodic evaluation; (iv) overall Project operating costs and financial and technical audit costs; and (v) monitoring and compliance with Environmental and Social Commitment Plan (ESCP).

The Jordanian National Preparedness and Response Plan (NPRP) of the MoH targets all residents in Jordan as eligible for benefits from COVID-19 preparedness and response activities. Thus, the expected project beneficiaries will be the entire population in Jordan, including Jordanians and non-Jordanians (including refugees), medical and emergency personnel, laboratory and testing facilities, and health agencies across the country. The total estimated population size was 10.6 million³ in January 2020, including approximately 745,000 UNHCR-registered refugees (2019)⁴.

The activities that different project workers will undertake, are summarized in Table 1.

b. Key Labor Risks:

All workers are affected by the general terms and conditions of employment (e.g. hours of work, overtime, benefits remuneration, termination of employment; disciplinary measures and grievance

³ Department of Statistics, the Government of Jordan. <http://dosweb.dos.gov.jo/>. Accessed on April 1, 2020.

⁴ United Nations High Commissioner for Refugees. Global Focus: Jordan. http://reporting.unhcr.org/node/2549#_ga=2.100976578.250622545.1585739204-946787006.1584524166. Accessed on April 1, 2020.

procedures). Although risks are considered low, Project workers may also be exposed to sexual harassment in an office environment.

Contracted construction workers involved in minor civil works, particularly temporary or casual, migrant or refugee workers are considered vulnerable, with heightened labor risks. These workers are also exposed to Occupational Health and Safety risks, although the nature and scale of the works is small, and accordingly the OHS risks are considered low to moderate

COVID-19 Related Risks:

The key risk for all project workers is infection with COVID-19 or other contagious illnesses which can lead to illness and death of workers. High risk environments include laboratories, hospitals and health care centers, isolation centers where project workers may be exposed to the virus. Project workers are also exposed at risk of psychological distress, fatigue and stigma due to the nature of their work.

For all those involved in the different project at health facilities and laboratories, labor risks include:

- Pathogen exposure, infection and associated illness and death;
- Untenable overtime leading to physical and psychological ailment;
- Psychological distress;
- Fatigue and occupational burnout;
- Stigma.

The key activities and pathways for COVID-19 exposure are as follows :

- Exposure and dealing with biological waste, chemical waste, and other hazardous by-products generated by the laboratories and relevant health facilities which will be used for COVID-19 diagnostic, testing and isolation of patients;
- Exposure to the patients who have COVID-19 at health care facilities
- Workers under the project become vectors for transmission of COVID-19 to other workers within the different project's sites, their families and to the near community;

3. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

Labor terms and conditions for this project are governed by the Jordanian Labor Law No. 8 of 1996 and its amendments thereafter. All references below are in respect to this law, unless otherwise noted. The summary of key terms and conditions below is non-exhaustive.

The Labor Law applies to all types of workers under the project. Depending on resource arrangements, some direct workers of the ICPMU, will be civil servants (i.e. civil servants governed by the Civil Servants Bureau Regulations versus consultants) as article 3 of the Labor law states:

Article(3): With due observance to the provisions of paragraph (c) of article (12) of this law, the provisions of this law shall apply to all Employees and Employers with the exception of: a) Civil Servants and Municipal Employees.

Under Article 12, (a through g) non-Jordanians must obtain a work permit, that has associated fees. The Ministry of Labor determines which sectors are open for non-Jordanians, including Syrian refugees, to obtain work permits.

Documentation of Terms and Conditions of Employment

Article 15 requires a contract of work to be prepared in Arabic and both the Employer and Employee shall retain copies. Note that as per Article 4 of the labor Law, a work contract or other agreement may establish better rights than those in the labor law. Terms and conditions of employment (e.g. hours of work, overtime, benefits remuneration, termination of employment; disciplinary measures and grievance procedures) should also be specified.

Casual work, Labor Law Article 2: is defined as work carried out to handle short-term contingent needs is considered casual work if it can be completed within three months.

c. Wages and deductions

As per Chapter 7 (Article 45) wages shall be fixed in the contract. The wage shall be paid within a maximum period of seven days from the date of its entitlement. Only those wage deductions permitted by law are allowed (Article 46, 47). Minimum wage is set by a Committee appointed by the Council of Ministers (Article 52). Minimum wage is fixed by tripartite Committee in Jordanian currency either generally or for a particular area or trade. Note that there are differential minimum wage rates for Jordanian and non-Jordanian workers. In mid-2017, according to Resolution of the Minimum Wage Committee No. 1688 for the year 2017, the statutory minimum wage was established at 220 Jordanian Dinars per month (equivalent to US\$ 299). For non-Jordanian workers, the minimum wage is established at 150 Dinars.

An employer who has paid a worker less than the minimum rate of remuneration shall be punishable by a fine of no less than twenty-five and no more than one hundred Dinars in respect of each offense and shall also be ordered to pay the worker the difference. The penalty shall be doubled every time the offense is repeated.

Remuneration is specified in the contract. In the absence of such provision, the worker shall be paid the remuneration that would be assessed for work of the same type, if such type of work exists. Otherwise, remuneration is assessed in accordance with common practice. In the absence of such practice, payable remuneration is assessed by court in accordance with the provisions of this Code, considering the case as a labor dispute over remuneration. Remuneration shall be paid within a period not exceeding seven days from the date on which it becomes payable. An employer may not make any deductions therefrom other than those authorized by this Code.

d. Working Hours:

The ordinary working hours shall be eight hours per day provided that the total working hours do not exceed forty-eight hours per week over a maximum of six days (Article 56). The legal working time is excluding meal breaks and rest periods. The seventh day is a paid weekly holiday. A worker may be employed, with his consent, in excess of normal working hours, provided that he is paid overtime at a minimum rate of 125% of his regular remuneration. If a worker works on his weekly rest day or on religious or official holidays, he shall be paid overtime at a minimum rate of 150% of his regular remuneration.

e. Overtime:

As per the Labor Law “The Employee may be required to work more than the ordinary working hours in specific cases (article 57). The Employee receives a wage against every hour of overtime a minimum of 125% of his ordinary wage (59a). Normally, workers should give consent to work beyond regular working hours. However, the employer can require workers to work overtime in order to conduct yearly inventory, finalize the budget, close accounts, prepare for a sales period, avoid loss of goods, or to receive, deliver, or transfer specific material”

More recently, the Council of Ministers issued on April 16, 2020 the following decisions and apply to the project workers:

- “stoppage of the approved 2020 salary increases of all Government’s civil servants, armed forces and security services officers and teachers, starting with the salary of April until December 31, 2020;
- stoppage of all incentives and overtime during lockdown and under the Defense Law, for all public sector civil servants with a gross salary of 1,300 JOD (salary after deductions should not be below than 1000 JOD);
- delegating the Ministry of Finance (MoF) to stop disbursing the bonuses and travel allowances for government representatives in the boards of directors of government- owned companies and the Government’s Contributions Management Company, and to keep these sums in their designated account;
- the suspension of the transportation allowances and the monthly travel allowances as stipulated in the Transportation and Travel Regulation No. 56 of 1981 for all employees working in Ministries and government’s departments or any council, authority, institution or public body affiliated with the government or in companies wholly owned by it, or for any from those authorities, with the exception of employees who were on duty while applying the Defense Law;
- the monthly fuel allowances for the vehicles of employees who utilise government vehicles shall be stopped, with the exception of employees who are on duty while applying the Defense Law;
- deduction of 50% from the due amounts of those recruited through all service contracts included in the official holiday notice while applying the Defense Law, in the event where they do not receive pension salaries and provided that the amount paid to them is not below than 320 JOD, and suspend paying this due amount in case they receive pension salaries;
- Carry on with the deduction and transferring pension’ contributions to the Ministry of Finance (MoF) and the social Security Corporation (SSC) of the full salary before the deductions stated in this decision;

- Suspension of appointments in all Ministries, government departments, public official institutions, public institutions, commissions, authorities, companies owned by the government, the Greater Amman Municipality (GAM), and the municipalities until December 31, 2020;
- The provisions of this Decision shall be implemented with effect from the salary of April 2020”.

All health workers who are civil servants will be applying all requirements or stipulations of all Defense Orders and the Council of Ministers’ decisions. However, the PMU members who will be recruited for the purpose of the project on fixed term contracts (direct workers) are not civil servants. These direct workers will not bear any salary deductions and will only be allowed to work from home if the case arises.

f. Leave and Rest Days

Leave and rest days as per Article 19-61. Hours of Work and Leaves are:

- The legal working time is forty-eight during a six-day week (excluding meal breaks and rest periods) with the exception being hotel, restaurant and cinema workers whom are limited to 54 hours per week. The seventh day is a paid weekly holiday. A worker may be employed, with his consent, in excess of normal working hours, provided that he is paid overtime at a minimum rate of 125% of his regular remuneration. If a worker works on his weekly rest day or on religious or official holidays, he shall be paid overtime at a minimum rate of 150% of his regular remuneration.
- Paid leave: Every worker is entitled to annual leave with full pay for a period of fourteen days for every year of employment. This leave is extended to twenty-one days where the worker has been in the employment of the same employer for five consecutive years. Official and religious holidays and weekly rest days shall not be counted as part of a worker's annual leave unless they fall in its course. There are also clauses for sick and Haj Pilgrim as well as close family member death as well as spouse relocation accompaniment leaves.

g. Termination and Disciplinary Action:

Article 48 restricts **disciplinary actions** that can be taken by the Employer. The Employer may terminate employment of employee without notice in certain cases outlined in Article 28 (e.g. if the employee violated organization’s internal rules including in work safety or safety of workers despite being twice warned). Details the severance payments owing are also included. Referring to ESS2, Para 12, the law appears to silent regarding the requirement to provide written notice of termination and details of severance payments in a timely manner.

Remedies in case of unjustified dismissal: A worker who intends to challenge the validity of his/her termination must file a submission before the competent court within sixty days of his dismissal. If the court finds the dismissal arbitrary and in violation of the provisions of this Code, the employer may be ordered to reinstate the worker or pay him damages, in addition to compensation in lieu of notice and all other entitlements stipulated by the Labor Code (sections 32 and 33), provided that the total amount awarded shall not be less than the worker's remuneration for three months and not more than his

remuneration for six months, and shall be calculated on the basis of the last remuneration he received. In case of worker's death, all his end of service entitlements stipulated by the Labor Code shall revert to worker's legal heirs, as if worker employment has been terminated by the employer.

h. Social Security Benefits and pension contributions:

The current laws governing social security are 2010 (social security), implemented in 2011, and 2014 (social security). Article (62 -64) of the Social Security Law define the social security contributions that are compulsory for the Employer. These contributions are required from all workers in private firms with at least one worker and most government and public-sector workers. The law covers Workplace injury insurance; old age, disability and death insurances, maternity insurance, unemployment insurance and health insurance, with different qualifying conditions depending on the type of insurance. For example, casual labor employed less than 16 days are not entitled to workplace injury insurance or unemployment insurance. Some studies indicate that the majority of Syrian refugees and migrant workers, even those with work permits, remain uncovered by social security (ref).

It is understood that under this Project and in case any of the workers would contract COVID-19, he/ she will be first required to quarantine at Hamzah Hospital (or at the Dead Sea in case of mild symptoms). His/her treatment will be free of charge as for any other individual in the country. However, and due to the recent unprecedented rapid spread of COVID-19 in the country, it has been decided that individuals with mild symptoms will be self-isolated at home. In this regard, the MoH has developed a "Self-Isolation at Home Protocol" and is available in Annex ٢.

In addition, the Council of Ministers' issued Decision #9223 dated April 16 that covered also all workers recruited through service contracts, which applies to direct workers of the PMU recruited under this Project. Clause #6 of the Decision states:

- "Deduction of 50% from the due amounts of those recruited through all service contracts, and who were included in the official holiday notice while applying the Defense Law, in the event where they do not receive pension salaries and provided that the amount paid to them is not below 320 JoD. Payment should be suspended in case they receive pension salaries"

i. Maternity leave, Labor Law articles 67, 70 Social Security Law article 44

Women workers are entitled to 10 weeks fully paid maternity leave, six weeks of which must occur after delivery. An enterprise employing 10 or more workers must allow women to take up to one year of unpaid leave post-delivery, so long as they do not work for another employer during that time.

Maternity leave may be paid by social insurance if the worker has been covered by social insurance for at least 9 months preceding the entitlement.

j. Breastfeeding breaks, labor law article 71

During the first year after giving birth, women workers may take up to one paid hour off per day to breastfeed their babies

k. Employer-provided child care, labor law article 72

An enterprise that employs 20 or more women must provide child care during work time for the children under four years of age, if there are 10 or more children in that age group

l. Weekly rest days, labor law article 60

Workers are entitled to at least one day of rest per week, which falls on Friday unless the nature of the work requires otherwise. With the employer's consent, workers may accumulate weekly rest days so long as they are used within the same month.

m. Limits on working hours for women, minister of labor decision in respect to activities and times during which it is prohibited to employ women, 2010

Under Jordanian law, women may not work between 10:00 pm and 06:00 am. Exceptions require a decision from the Minister of Labor. The rest period for women must be at least 10 hours between each working day.

n. Non-discrimination and Equal Opportunity

The labor law is not explicit regarding non-discrimination and equal opportunity. However, the Constitution of the Hashemite Kingdom of Jordan, Article 6 states that all Jordanians are equal before the law, and prohibits discrimination on grounds of race, language or religion. Jordan has ratified the two core ILO conventions addressing discrimination in respect of employment and occupation: 1) the Equal Remuneration Convention No. 100 of 1951 (C100) and 2) the Discrimination (Employment and Occupation) Convention No. 111 of 1958 (C111).

The Jordanian Labor Law does protect women from discrimination during pregnancy and while on maternity leave. Employers may not terminate women starting from the sixth month of pregnancy or during maternity leave. The labor law is not explicit regarding measures to prevent or address sexual harassment, intimidation or exploitation in the workplace. It is also vital to ensure wage alignment for Jordanians and Syrian workers in this Project, as well as pay equity for male and females. Refer to Section 9 Terms and Conditions for additional measures to address risks associated with non-discrimination and equal opportunity.

o. Hiring of disabled workers

A national strategy concerning disabled persons was adopted for the 2007-2015 period, encapsulated in the 2007 Act No. 31 regarding the Rights of Persons with Disabilities. As per this document, any company, public or private, employing between 25 and 50 workers, should employ at least one disabled person; should the number of employees exceed 50, the number of employed disabled persons should amount to at least 4% of workers, the nature of the work permitting.

The Civil Service Regulation has been amended in 1993. This new Regulation amends section 168 of Regulations No. 1 of 1988, concerning referral to the Council of Ministers in settling cases involving breach where by Article (13) of the labor law states: The Employer who employs fifty Employee or more and the nature of his work permits the employment of handicapped employees who were vocationally rehabilitated through programs, arrangements and handicapped vocational rehabilitation institutes approved by the Ministry or established by it in collaboration with the official or private institutions, should employ from amongst such Employees a minimum of 2% (two percent) of the total of his Employees and send to the Ministry a statement showing the jobs occupied by handicapped who were vocationally rehabilitated and the wage of each of them. As per the amended Art. 13 of the 2010 Jordanian Labor Code, it is required that any establishment employing 50 workers or more comply with Art. 4, Para.

C, of the Rights of Persons with Disabilities Act No. 31, Art. 13, which specifies the percentage of disabled persons to be employed, and to provide the Ministry of Labor with regular reports regarding the type of work performed, and the wages earned, by persons with disabilities.

COVID-19 CONSIDERATIONS

Government of Jordan (GoJ):

At the start of the outbreak of COVID-19 in Jordan the country declared the “emergency state” and the “Defense Law” was enacted as per the Constitution. As of today, a total of 14 “Defense Orders” have been issued to deal with the COVID-19 pandemic. The project and all workers will adhere to all effective defense orders throughout project implementation. The PMU is responsible for ensuring that all effective defense orders applicable to the project are complied with.

The PMU will keep all direct workers updated regarding any legislation that affects their daily work, using official circulars and emails. In urgent cases, PMU will send an SMS to its direct workers to inform them of governmental measurements that should be adhered to. PMU will also ensure that any contracted firms abide by these requirements.

Other workers under the project will be notified through communication by their own respective institutions (including MoH), by actions and activities included under the Risk communication Plan (RCP) of the Ministry of Health (MoH), through public media, official circulars of Prime Ministry, and official notification by the Head of the PMU if the situation requires.

4. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

National Legislation:

Public health protection is assured under the **Public Health Law (No. 54, 2002)**. According to this Law, issued by a Royal decree in 2002, the Ministry of Health is responsible for all health matters in the Kingdom, and in particular:

- Protecting health through providing preventive and curative services as well as monitoring responsibilities
- Organizing and supervising health services provided by the public and private sectors
- Providing health insurance for citizens within available resources
- Establishing educational and training health institutions managed by the MOH

Articles under Chapter 9 titled “Safety and Occupational Health” cover the obligations of the employer to provide a safe working environment for his workers, increased risks on the job and for the public, precautions and measures to be followed in the workplace, and protective and therapeutic medical care.

Articles under Chapter 10 (titled “Work Injuries and Occupational Diseases”) provide for issues related to work injuries and occupational diseases for those employees who are not covered under the provisions of the **Social Security Law of Jordan**.

Occupational safety and health (OSH) general provisions under the Labor law articles 78, 80, 85 to be administered by MOL’s labor inspectors.

In order to ensure the occupational safety and health of workers, the employer must:

- protect workers from work-related accidents and illnesses
- prior to employment, inform workers about work-related hazards and necessary precautions
- provide workers with necessary personal protective equipment (PPE), such as goggles, aprons, masks, gloves, and/or footwear
- guide workers in the use and maintenance of PPE, and
- Protect workers from fire hazards.
- Workers are not required to pay any costs for these measures.

First aid, 1997 decision on medical aid means and devices for workers

The employer must provide first aid supplies that are sufficient for the nature of work and the number of workers.

Welfare facilities, 1998 instructions for protection of workers and establishments from workplace hazards

The employer must provide a break room where workers can rest and eat.

Noise, 1998 instructions for protection of workers and establishments from workplace hazards

Employers are required to protect workers from exposure to noise. Exposure should not exceed certain defined limits of Noise Intensity in dB which has Allowed Exposure by Hours per Day based on the intensity in db. Workers who are exposed to noise above permitted levels must be provided with ear plugs and hearing protection devices.

Lighting 1998 instructions for protecting workers and establishments from workplace hazards

Employers must provide appropriate natural or artificial lighting as follows:

- Light should be evenly distributed
- Windows must be clean and unobstructed
- Workplace light levels should be at least 20 candles/square feet, and
- Glare should be avoided.

Heavy lifting 1998 instructions for protection of workers and establishments from workplace hazards

Heavy lifting should be done by machines whenever possible. Pre-set limits are stated differently for men and women as applied by the law.

Protection for Pregnant and Breastfeeding Women Minister of Labor Decision in Respect to Activities and Times During Which it is Prohibited to Employ Women, 2010

In Jordan, pregnant and breastfeeding women may not engage in:

- Work that requires exposure to fumes or smoke from any petroleum derivatives, or
- Work that requires exposure to ethylene in tinting, or Sulphur dioxide in artificial silk.

Personal Protective Equipment (PPE) Instructions for Protecting Workers and Enterprises from Workplace Hazards

- Workers must be provided with goggles to protect them from visible light rays, sparks, and ultra violet rays.
- Workers exposed to noise above allowable levels must be provided with ear plugs and protective hearing devices.
- Workers exposed to gases, dust, or fumes above approved limits must be provided with cotton or filtration masks that cover the mouth and nose.

Workers whose hands are exposed to risks must be provided with:

- Gloves lined with leather/cotton for protection from mechanical injuries
- Leather gloves lined with an intermediate layer of metal for protection from sharp surfaces, knives, or other cutting tools, and/or
- Plastic gloves for protection hazardous substances

Electrical Safety Regulation No 43 Of 1998 On Protection and Safety from Equipment, Industrial Machines and Job Sites

- Electric devices, machines, cables, wires, connections, or switches must comply with required specifications and be properly installed and maintained by competent technicians.
- Electrical machines, equipment, devices, cables and wires must be grounded and have insulated circuit breakers that are easily accessible in emergencies.
- Insulated flooring must be placed in front of and behind electrical distribution panels.
- Cables, wires, and electric connections must be tested regularly to prevent short-circuiting and avoid sudden hazards such as fire or electric shock
- The employer must protect workers from hazardous machinery and jobsites.
- Barriers must be placed around hazardous machines and equipment, including cutting machines, weaving machines, moving belts, gears, and chains.

Chemicals and Hazardous Substances Regulation No 43 Of 1998 On Protection and Safety from Equipment, Industrial Machines and Job Sites

The employer must take precautions and measures for the safety and protection from chemical hazards as follows:

- limit **hazardous chemical materials** such as gases, dust, liquids, or acids to the permitted levels and protect workers from exposure to these materials
- ensure that workplaces have good **ventilation** through the use of exhaust fans or an industrial ventilation system, in accordance with the health conditions determined by the Directorate of Safety, Vocational Health, and Environment of the Ministry of Labor
- provide **personal protection equipment** needed for work in the chemical industries including filtration masks, proper shoes, helmets, gloves, work uniforms, leather jackets, and goggles
- provide **appropriate warehouses to store finished and raw chemical** materials separately through a safe process
- designate locations separate from the workplaces for industrial processes and machinery that produce harmful fumes, dust, or gases; these locations must be equipped with the necessary protection to guarantee that such materials do not spread into the work environment, and
- label every chemical material with its common name, chemical composition, trade name, method of handling, storage process, hazards, hazard prevention, and any other necessary information.

Civil Defence Directorate: The Civil Defence Directorate deals mainly with emergencies, disasters and fire defence, and fighting measures. They conduct inspections of buildings, commercial, industrial and tourist facilities to ensure the adequacy and effectiveness of the fire-fighting supplies. For non-hazardous work enterprises this only either takes place once a year at the time of the renewal of the trade license of the enterprise or through spot checks.

Ministry of Labor: The Ministry of Labor inspectors are governed by the Regulation No. 56 of 1996, “The Regulation of Labor Inspectors”. All factories, plants, shops, establishments, enterprises, construction sites, workplaces, and other entities, including private dwellings, where work is performed by an employee of an employer, need to be registered with Ministry of Labor and all such registered enterprises entered in this register shall be liable for routine, follow-up and special inspection, as appropriate, by labor inspectors appointed under the Labor Law 1996. Article 15 states that labor inspection exists to protect the working conditions and working environment of workers, prevent the exploitation of workers and where possible improve the terms and conditions under which they work. Article 16 sets out the function of the labor inspector to: advise and inform employees and employers about their rights and obligations under the Labor Law 1996 and its regulations; to investigate and, when necessary, take action in accordance with the law; and to take all reasonable steps to ensure that the provisions of the Labor Law 1996 and its regulations are complied with.

COVID 19 CONSIDERATIONS

The health risks of the project’s workers (identified in Section 2: Identification of Labor risks) will be addressed through different measures and procedures including:

- Provide, as needed Personal Protective Equipment (PPE) to the direct workers of the PMU which would be necessary to perform certain tasks;
- Provide initiation training to direct workers under the PMU on possible risks of exposure to COVID-19 and possibility of contracting the illness;
- All direct workers will also be sensitized through other communication activities included within the Risk Communication Plan (RCP) of the MoH (which represents Pillar 2 of the National Preparedness and Response Plan). In addition, they will also be informed of any official decisions (published through letters or circulars) concerning COVID-19;
- Other workers under the project would have to follow and abide by their employer’s Occupational Health and Safety (OHS) measures, all Defense Orders, national OHS guidelines (issued by the Ministry of Labor- MoL and the Food and Drug Administration- FDA), etc.
- All workers should also adhere to the instructions of the entities they are visiting (MoH premises, hospitals, etc.);
- It is also expected that recruitment of Direct workers will follow the same recruitment protocols as for healthcare workers at MoH, to ensure that they are fit for work within the prevailing conditions. These could include the following
 - Provide needed PPE (masks, gloves, disinfectants, etc.) and applying social distancing requirements;
 - Suspected COVID-19 cases will be requested to conduct the PCR test. If the result is positive, the staff will self-isolate at home for 14 days in case he/she has symptoms, and for 10 days if no symptoms;
 - Apply the government decision in regards to working only with 30% of total capacity;

- All staff (health workers/civil servants and others) should have the Aman application on their smart phones.

The government has also implemented different measures in order to contain and control the spread of COVID-19 pandemic in Jordan. These included the issuance of several (14 so far) Defense Orders (DO) relating to different medical, economic and social aspects of the situation, the preparation of the “National Readiness and Response Plan” of the MoH to deal with the spread of COVID-19, and instructing all entities, public as private to conduct intensive cleaning and disinfecting procedures and on regular basis to minimize the spread of the virus. The later was issued as part of the government’s decisions to gradually open the closed economic facilities and sectors.

- Defense Orders (DO):

Here after a summary of the Defense Orders that are most relevant to the workers under this project:

Defense Order No. 6:

The Defense Order (DO) No. 6 was issued on April 8 and published in the Government’s Official Gazette. It came into effect as of its date of publication. “*Defense Order No. (6) for the year 2020, issued pursuant to the Defense Law No. (13) for the year 1992*” stipulates:

“As the main objective of the curfew is to protect the lives and health of Jordanians, and to do what is possible efforts to take the necessary measures to reduce the negative economic impacts on operators and companies. The private sector and its employees, and for the purpose of enabling the economy to recover after the crisis ends the current study, with a study of the possibility of gradual opening and operation of economic sectors in accordance with safety regulations public health and national priorities, I decide to issue the following Defense Order: -

First: A- All workers in private sector institutions and establishments or any other subject entity are entitled the Labor Law has their usual wages for the period from 3/18/2020 to 3/31/2020. That none of the workers in the sectors excluded from the cabinet’s decision deserve to be suspended additional wages for their work during that period, unless they are assigned additional work in accordance with the provisions of the article (59) of Labor Law No. (8) of 1996.

B- For the purposes of implementing paragraph (a) of this clause, paragraph (b) of Article (59) of the Law shall be suspended. Work No. (8) for the year 1996 regarding legal provisions related to work during holidays official only.

Second: A - Specify the sectors, institutions or establishments excluded from the private sector or from any party others that are subject to the labor law from the decision to suspend and that will be authorized to work after obtaining on approval of the Minister of Industry, Trade and Supply, the Minister of Labor and Health, and the Minister the specialist combined.

B - For the purposes of implementing paragraph (a) of this item, he delegates the ministers of labor, industry and trade supplies and health by defining the principles, procedures and conditions for obtaining approval under Instructions issued by them combined for this purpose.

Third: - To facilitate the mechanisms of work "remotely" in whole or in part and to enable the economic sectors in this condition of carrying out its economic activities and continuing production, I have decided the following:

A - For private sector establishments and establishments and any other entity subject to conducting its business "Remotely" in whole or in part.

B - The provisions of Articles (3), (5), (8), (10) and (12) of Flexible Work System No. 22 (for the year 2017), for the purposes of implementing paragraph (a) of this clause.

C - The Minister of Labor is authorized to take the necessary measures and measures to organize flexible work "remotely". According to instructions issued for this purpose.

Fourth: - As of 04/01/2020, the wages of workers in private sector institutions and establishments shall be fixed and in any other entity subject to the Labor Law as follows:

A - Workers who perform their work in the workplace deserve full wages, provided that it is permissible agreement on the free will of the worker to reduce his wages, provided that the amount does not exceed the reduction 30% of the usual worker's wages, and that this option is not used unless the discount is including the company's senior management salaries.

B - Workers who perform their business "remotely" in an enterprise are fully entitled and establishments authorized to work or those covered by the decision to disable or not authorized by working their full wages, just as workers "part-time" workers partly deserve the institutions and establishments authorized or those covered by the decision to disable and not authorized to work their wages are according to the actual working hours, and not less than the specified minimum hourly wages one, or according to the wages provided for in Paragraph (E) of this clause, whichever is higher.

C - The employees mentioned in paragraphs (A) and (B) of this clause are entitled to those who are assigned an additional work for an additional fee in accordance with the provisions of Paragraph (A) of Article (59) of Labor Law No.(8) for the year 1996 only.

D- For the purposes of implementing paragraphs (a) and (b) of this item, paragraph (b) of Article (59) shall be suspended. From the Labor Law No. (8) for the year 1996 regarding legal provisions related to work days public holidays only.

E - For the employer in the institutions and establishments authorized to work partially for workers not assigned to work or those covered by the decision to disable and not authorized to work, submit an application to the Minister of Labor to allow him to pay at least 50% of the value of the usual wage for these workers, provided that the workers receive less than the minimum wage.

F- The foundations and conditions according to which employers are allowed to pay a minimum of 50% shall be specified. Of the value of the original wage according to instructions issued by the Minister of Labor for this purpose.

H - The text of Article (50) of Labor Law No. (8) of 1996 shall be suspended for implementation purposes Paragraphs (e) and (f) of this item.

Fifth: - An employer who is unable to pay wages as mentioned in Item (Fourth) above in institutions and establishments of the private sector and any other body subject to the labor law and authorized to do so

to work, or one of those covered by the decision to disable and not authorized to work, submit an application to the committee joint formed by the Ministers of Industry, Trade, and Supply and Labor to stop work at his institution or establishment completely, and suspend all work contracts for all workers, and the employer must not take any action in this regard only after obtaining the approval of that committee, and to be attached by request, a list showing the names of workers, the nature and form of their contract, duration, working hours and amount his remuneration is according to what is registered with the General Organization for Social Security, and it results in issuance the decision to approve the suspension is as follows:

A- The employer whose work has been suspended altogether shall not be permitted to perform any work or anything activity during the suspension period.

B - That the contractual relationship between the employer and the worker does not break during the suspension period, and it is not necessary the employer paid the worker's wages during this period.

C- The period of suspension of work is not calculated from the period of the employment contract.

D - All financial and contractual obligations incurred by the employer remain valid during a period suspension, excluding workers 'wages.

E - The employer does not benefit in private sector institutions and establishments and any subject entity for labor law, it is permitted to operate from any economic protection programs for the sector special from the date of suspension.

F- The disposal ban will be placed on movable and other funds

F- A disposal ban will be placed on the movable and immovable property of the facility during the suspension period by a decision of the committee.

Sixth: - A- Subject to the provisions of Paragraph (E) of Clause V above, the employer is entitled to institutions and establishments of the private sector and any entity subject to the Labor Law and covered by a decision disruption and not authorized to operate, take advantage of economic protection programs in accordance conditions prescribed for each of them.

B- The government is working to grant incentives to employers who are committed to paying wages workers complete from the start of the defense law until the end of its implementation in addition to benefit from economic protection programs according to the conditions prescribed for each of them.

Seventh: - In light of its capabilities, the government seeks to provide the necessary support to secure life needs essential for Jordanian daily workers who are not involved in social security, provided their participation in social security according to a mechanism to be determined later.

Eighth: - A- The employer may not exert pressure on the worker to force him to resign or perform terminate his services or dismiss him from work, except in accordance with the provisions of paragraphs (c) and (d) of the article (21) And paragraphs (A, G, H, I) of Article (28) of Labor Law No. (8) for the year 1996.

B- For the purposes of implementing paragraph (a) of this item, article 23 and the provisions of the paragraphs shall be suspended (B, C, D, E, and F) of Article (28) of Labor Law No. (8) of 1996 and is delegated the Minister of Labor takes the necessary measures and measures to implement paragraph (e) thereof.

C- Every employer who has forced any of his employees to resign, terminate his services or perform to be dismissed from work in cases other than those stipulated in Paragraph (A) of this Clause and through the period from 3/18/2020 until the date of the issuance of Defense Order No. (6) for the year 2020 by returning them to work within a week of the date the matter was published in the Official Gazette.

Ninth: Every undertaking, agreement or document in which the worker assigns any of his rights or leads to the derogation from these rights since the date of 3/18/2020 is invalid and does not count as legally valid the business owner shall take the necessary measures to cancel it within a week from the date of the publication of this defense order in the official newspaper.

Tenth: A- The defense order and the instructions issued pursuant thereto shall be reviewed on a monthly basis or whenever required by the Authority, according to communications issued by the Prime Minister for this purpose.

B- The principles and conditions for the employer to benefit from each protection program are determined economic Department from the competent official authority, according to instructions issued for this purpose.

C- The Prime Minister issues the necessary communications and orders to implement the provisions of this defense order.

Eleven: A - Anyone who violates any of the procedures for obtaining the approval referred to in item (Second) of this defense order to close the violating facility for sixty days.

B - Anyone who violates any other provision of this defense order and the communications issued by him will be punished by the Prime Minister or the ministers responsible for his detention from three months to three years, and a fine of three thousand dinars.

C- The penalties stipulated in this defense order do not preclude the worker from the right to claim in his labor rights, in accordance with the provisions of Labor Law No. (8) of 1996.”

Defense Order No. (8)

Defense Order No. (8) was issued on 15 April 2020, and relates to protecting public health and limiting the spread of the coronavirus. It outlines a number of actions (summarized below) to be carried out by all Jordanians and foreign residents alike, currently present in the Kingdom. It also stipulates requirements for health facilities and hospitals. All project workers, and MOH facilities must adhere to these requirements :

- *all individuals must immediately notify the competent authorities if they are infected by the coronavirus. They must also inform the authorities if they have come into close contact with an individual who has contracted the virus, and disclose any infection they are aware of*
- *all individuals must adhere to the decisions, measures and procedures laid out by the competent authorities and the Epidemic Investigation Committee, including medical quarantine and home lockdown*

- *all individuals must respect the privacy of patients infected by the virus or those being suspected of having the virus, and refrain from sharing any private information relating to any COVID-19 patients, or take part in disseminating such information through social media or otherwise;*

Defense Order No. (8) imposes an obligation on all hospitals, medical centres and medical laboratories to disclose to the competent authorities the presence of any confirmed COVID-19 cases therein.

Failure to adhere to the provisions of Defense Order No. (8) may subject the person to imprisonment for a period up to three years, or a fine of JOD3,000 or both penalties.

Defense Order No. 11:

The Defense Order (DO) No. 11 was officially published in the Government's Official Gazette in mid-June and came into effect as of its date of publication. "*Defense Order No. (11) for the year 2020, issued pursuant to the Defense Law No. (13) for the year 1992*" stipulates:

"First: 1. Every person must adhere to the established spacing distances, and commit to wearing a mask and wearing gloves, before entering public places, including ministries, government departments, official and public institutions or places in which they provide direct services to the public, including companies, institutions, facilities, malls, shopping malls and stores. Commercial, medical clinics and health centers.

2. Health service providers and service providers in the places referred to in paragraph (1) of this clause, and their employees, and workers in delivery services are obligated to wear masks and wear gloves, and not to allow visitors to these sites to enter without wearing masks or gloves.

Second: 1. Anyone who violates the provisions of paragraph (1) of Clause (first) shall be punished with a fine of no less than (20) dinars and not exceeding than (50) dinars.

2. Whoever violates the provisions of Paragraph (2) of Clause (First) shall be penalized with a fine of no less than (100) dinars and not exceeding (200) dinars, and the place where the violation occurred will be closed for a period of (14) days.

3. The application of the punishment mentioned in this Clause does not preclude the application of any more severe punishment stipulated in any other legislation.

Third: No prosecution shall be pursued against any of the persons mentioned in the Clause (first) if he pays the minimum fine within a week from the date of the violation."

- MoH Occupational Health and Safety Protocols:

As part of the response to the spread of COVID-19 pandemic in Jordan, the Jordanian Ministry of Health (MoH) has also launched the "National COVID-19 Preparedness & Response Plan 2020". The plan was developed in close collaboration and with the technical support of the World Health Organization (WHO). The plan offers a framework to deal with the spread of the contagion as well as identifying the required interventions within the health sector and the related financial resources in order to respond efficiently and effectively to the spread of the contagion.

The plan has nine pillars:

- Pillar 1: Country Level Coordination Planning and Monitoring
- Pillar 2: Risk Communication and Community Engagement (RCCE)
- Pillar 3: Surveillance, Rapid Response Teams (RRTs), and Case Investigation
- Pillar 4: Points of Entry (POE)
- Pillar 5: National Laboratories
- Pillar 6: Infection Prevention and Control (IPC)
- Pillar 7: Case Management (CM)
- Pillar 8: Operation Support and Logistics
- Pillar 9: Essential Health Services during COVID-19 and
- Considerations at Refugee Camps

The plan also defined the beneficiaries of the interventions covered in the plan and included all population of Jordan, Jordanians as well as non- Jordanians residing in host communities and refugee camps. It also discussed the cost of the required medical interventions, implementing partners, and Monitoring and Evaluation (O&M) tasks.

The most relevant protocols for the project workers are contained within the following: These protocols are available in [Arabic/English] and represent best practice and follow international regulations. They include clear instructions and Health & Safety (H&S) measures to be followed and adhered to by the persons covering each aspect. These include:

- Pillar 3: Surveillance Protocol
- Pillar 4: Points of Entry (PoE)
- Pillar 5: National Laboratories
- Pillar 6: Infection Prevention and Control (IPC)
- Pillar 7: Case Management (CM)

See Annex 1 for Protocols related to Pillars 3-7

In addition, the MoH has also in place specific regulations for dealing and treating medical waste (Regulation #1/2001: Medical Waste Management), which becomes most relevant during this period of the COVID-19 epidemic. A copy in Arabic is attached to this LMP.

- **Ministry of Labor: Occupational Health and Safety (OHS)**

All workers in Jordan, whether employed by the public or private sector should also follow the instructions and guidelines regarding Occupational Health and Safety (OHS) issued and monitored by the Jordanian Ministry of Labor (MoL). The Ministry's OHS Directorate has issued several guides regarding health and safety at work and these are now being monitored more closely during the COVID-19 pandemic.

- **Civil Service Bureau: Returning to Work instructions:**

The Civil Service Bureau (CSB) prepared "General Guidelines for Governmental Institutions for the Preparation of a Roadmap to return to work after Coronavirus pandemic" for the employees of the public sector and was approved by the Council of Ministers. It includes three stages for the return of employees.

The First stage included the return of the employees who perform the tasks and services that are a priority for their department in addition to the supporting jobs for them. The Second stage included the gradual expansion at the internal or geographical level of the department, according to the priorities of the services of each department, the nature of its activities and the percentages determined by the concerned Minister. In the Third stage, all employees return 100 percent. Jordan has already accomplished the Third stage and all employees returned to their work.

The Guidelines provide clear guidance in how each institution should prepare its own customized Roadmap including most importantly Health and Safety (H&S) aspects in the work place.

The decision of returning to work excluded from the First and Second stages: employees residing in isolation areas, pregnant female employees or those going through a period of lactation, employees who went through surgeries or have immunodeficiency, employees living in isolation places where the COVID-19 has spread, employees whose residence is outside the governorate in which the department is located, and employees who have to provide child care were permitted to work remotely.

5. RESPONSIBLE STAFF

The Head of the ICPMU will be responsible for the following tasks according to applicable Jordanian laws and regulations and MoH's internal policies and guidelines:

- Engagement and management of Project workers – Head of ICPMU: The ICPMU at MoH will be responsible for the following:
 - Implement this Labor Management Procedure to its direct workers as well as other workers covered by this LMP. Ensure that all contracted workers and their employers adhere and comply with this labor management procedures, and occupational health and safety measures.
 - Monitor that the supplier (and Contractor) companies, training providers and beneficiaries are meeting obligations towards contracted and sub-contracted workers as included in the General Conditions of Contract of the World Bank Standard Bidding Documents, or National Bidding Documents, and in line with ESS2 and national labor law.
 - Monitor implementation provision of equipment by companies and training providers of this labor management procedures.
 - Monitor that occupational health and safety standards, for all direct and contracted workers are met at work places in line with the national occupational health and safety legislation and this LMP. As for COVID-19 considerations for health workers and civil servants, their public service entities (e.g. the MOH hospitals and laboratories) will be responsible for the monitoring of health and safety standards
 - Monitor training of the project workers.
 - Ensure that the grievance mechanism for project workers is functioning and monitor its Implementation.
- Engagement and management of consultants (and contractors/subcontractors):

Consultants and training providers will supervise their sub-consultants' implementation of labor managements procedures and occupational health and safety plans as follows:

- Maintain records of recruitment and employment process of contracted workers
- Communicate clearly job description and employment conditions to contracted workers
- Develop, and implement workers' grievance mechanism and address the grievance received from the contracted and sub-contracted workers.
- Have a system for regular review and reporting on labor, and occupational safety and health performance.
- Deliver regular induction (including social induction) and HSE training to employees.
- Ensure that all consultants and sub-consultants' (and contractors' and sub-contractors) workers understand and sign the Code of Conduct prior to the commencement of works. The Code of Conduct would include, but not limited to the following requirements:

- The performance of the work by the worker himself/ herself as per the signed contract;
- Follow and respect the employer's orders and instructions relating to the agreed work, provided that such orders do not violate the contract, law or morals, nor do they endanger the worker or his colleagues in the affirmation of the principle of executing contracts in good faith;
- To maintain work schedules and respect the special system concerning the proof of the presence of workers and their departure;
- The commitment to maintain the means of production and work tools and documents placed at his disposal and to preserve them, and to take all necessary measures to its protection and safety;
- Commitment to the good treatment of the employer and respect for the supervisors and colleagues and cooperation with them, where concerted efforts to perform the work to the fullest need and cooperation of workers together and respect each worker to his/ her superiors;
- Preserving the dignity of the work and carrying out the appropriate conduct, to avoid statements that affect honesty, integrity, dignity and respect;
- Maintain safety in the workplace and the safety of colleagues and abide by all relevant legal provisions;
- Respectful treatment and mutual respect for both sexes and workers with disabilities and their needs;
- Violence and harassment behaviors are prohibited in all its forms and against any person in the project.
- The Code of Conduct at the Work Place applies to the Consultant/Contractor, every sub-contractor, and all other Workers. The Consultant/Contractor will not tolerate violence or personal harassment and/or discrimination of any kind in project site. All consultants/Contractors must make every effort to prevent discrimination, harassment and/or violent behavior in the project site, and must

intervene immediately and report the incident in accordance with the approved Code of Conduct if they observe a problem, or if a problem is reported to them.

- The Consultant/Contractor shall also train certain individuals, including supervisors on the content of the Code of Conduct, in order for them to provide continuous trainings to Workers on violence and harassment in the World of Work, and the Grievance Redress Mechanism (GRM) available.
- Employees who report misconduct under the Code of Conduct or suspected violation must be protected from retaliation. This applies to both unofficial and official complaints. Employees that are found guilty of retaliation will be subject to disciplinary action that may also result in termination.

- Occupational Health and Safety (OHS):

- The Head of ICPMU will ensure that all direct workers adhere to OHS measures;
- Consultants, sub-consultants, contractors and sub-contractors, and suppliers will ensure that their workers (contracted and migrant workers) will abide by the issued and announced labor and OHS regulations while assuring a safe-working occupational and environments, and that these workers use safety gears during execution of renovation works when needed. All this would have to be monitored by the project.
- The supervision engineers of MoH will also be monitoring that all contracted workers are adhering to OHS procedures while working at any concerned health facility. ICPMU will establish regular progress reporting on all project-related works from MOH supervision engineers, including OHS. In addition, ICPMU will establish with Supervision Engineers that any serious incidents and accidents on any project-related works shall be reported to the ICPMU, who will then report to the World Bank.
- **MoH** and through its different Directorates will oversee labor and OHS performance. .

On October 26,2020 the President of the Audit Bureau announced the instructions for monitoring the commitment of employees of ministries, government departments, public official institutions and public institutions with the measures to prevent the outbreak of the Corona epidemic. According to the instructions, the Audit Bureau will monitor the public employees (civil servants) commitment including checking the temperature of the employees before entering the department and ensuring that a safety application is downloaded on their smart phones (Aman app), the employees' commitment to wearing the mask properly, the social distancing between the employees and the auditors, and the existence of a plan to rotate the employees At the minimum level, providing sterilization materials, and using alternative means for the fingerprint device to prove the employees physical attendance, and the employees' use of the sterilization device entrance, as well as adhering to the procedures prescribed by the competent authorities when using buses that transport the department's employees. These instructions were published in the Official Gazette.

- Overseeing training of Health Care Workers:

- **Health facilities staff:** mainly workers at hospitals and laboratories. Training activities will cover topics such as infection prevention and control and clinical case management for

COVID-19, and training health workers to better prepare them for other health threats, including climate-related risks.

- **Training Providers:** training activities will be outsourced to local experts, who will be responsible for training of health workers. This will also include assuring the provision of compliance with LMP and required safeguards policies.
 - **The ICPMU Director in coordination with the concerned Directorate** will oversee and report on performance of training providers and consultants (and contractors) on a monthly basis.
- Addressing worker grievances:
 - The Complaints' Section at MoH; will also be responsible for receiving and addressing workers' grievances under the project, and will follow the Ministry's specific policy and procedures related to handling health workers complaint (explained in Section 9: Grievance Mechanism).

COVID-19 CONSIDERATIONS

As outlined above, the ICPMU will be composed of several staff who will also be heavily supported by a number of MoH existing staff who will be assigned to work on the project. The Head of the ICPMU will be involved in all activities related to the project but the different staff will be responsible for different tasks as follows:

- The concerned directorates with the coordination of the PMU will be the COVID-19 focal point and the Supervision and the Reception Committees of works and goods at the MoH will be in charge of monitoring, supervising and reporting on the delivery of the procured works and goods; (Building and Maintenance Directorate , Biomedical Engineering Directorate, Procurement and Supply Directorate)
- The Medical Engineering and Purchases and Supplies Departments at MoH, in coordination with the Head of the ICPMU will be in charge of coordinating and reporting arrangements between suppliers and contractors;
- The Awareness and Media along with the Communicable Diseases Directorates of the MoH will be in charge raising awareness and training of workers in mitigating the spread of COVID-19. The environmental and social specialists who will be hired under the ICPMU will also be closely involved in these activities;
- Hospitals, Rapid Response Teams (RRTs), laboratories, etc. of MoH will be responsible for assessment, triaging and treatment of patients and /or workers infected with COVID-19;
- The Surveillance Section within the Communicable Diseases Directorate at MoH is also in charge of tracking cases amongst health workers. This Section is also in charge of issuing all official data about the COVID-19 pandemic.

6. Policies and Procedures

The Project will operate in compliance with the Jordanian Labor Law and this LMP. It will also follow the OHS guidelines issued by the Ministry of Labor (MoL). In addition and demonstrated previously in Section 4, the Government of Jordan and the MoH have employed several policies and procedures in regards to OHS related to the spread of COVID-19 spread. The MoH has also developed several protocols to protect its health workers of getting infected with the contagion as explained previously.

The MoH also dedicated one major hospital to treat COVID- 19 patients, Prince Hamzah public hospital and which is open to all population of the country, including all workers under the project and free of charge. in case of injuries and incidents occurred at work place. All workers including health workers would be treated at MoH hospitals and health centers. The Ministry also has several clinics for mental health problems within its medical centers, which will also be used to deal and handle any mental issues of workers under the project.

Additional measures related to Occupational Health and Safety risks for construction workers may also be identified in Environmental and Social Management Framework and subsequent Construction ESMPs for individual sites consistent with the World Bank General Environmental Health and Safety Guideline.

COVID-19 CONSIDERATIONS

The government of Jordan (GoJ) and MoH has issued and developed several policies and procedures to address hygiene and social distancing to control the spread of COVID-19. The project will abide these policies and procedures which include:

- Several Defense Orders (DOs) addressing different aspects of the COVID-19 to control the spread of the contagion;
- MoH protocols on Occupational Health and Safety (OHS) contained in the “COVID-19 National Preparedness & Response Plan 2020”
- MoL guidelines and instructions on OHS for the public and private sectors
- Civil Service Bureau (CSB) on “General Guidelines for Governmental Institutions for the Preparation of a Roadmap to return to work after Coronavirus pandemic” for the employees of the public sector.

Other measures included:

- The MoH and through its “COVID-19 National Preparedness & Response Plan 2020” provided specific protocols on different aspects of dealing with COVID-19 spread including the use and supply of adequate of medical PPE, including gowns, aprons, curtains; medical masks (N95); gloves (medical, and heavy duty for cleaners); eye protection (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment;
- The WHO received technical support from WHO technical experts to develop the content of the “COVID-19 National Preparedness & Response Plan 2020” which included recommendations on the specifics of COVID-19;
- The MoH (along with all other government institutions and private sector facilities) conducted 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
- Communicable Diseases Department has also provided a specific protocol for all cleaning staff dealing with hazardous medical waste;
- The MoH has also developed and implemented a “Risk Communication and Community Engagement Plan” to support regular communication, accessible updates and clear messaging to the public as well as health workers, regarding the spread of COVID-19 in nearby locations, the latest facts and statistics, and applicable procedures.

Health Care Facilities and Workers:

The Interim Guidance of March 2020 on *“Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health”* of the

World Health Organization (WHO), provided the measures that all projects supporting COVID-19 response should adhere to. Building on the recommendations of this Interim note, the project will adopt the following measures to ensure that necessary preventive and protective measures are taken to minimize occupational safety and health risks of health care workers:

- provide information, instruction, and training on occupational safety and health, through the MoH Communicable Diseases Directorate/ Infection Protection and Control Section (IPC) and will include;
- use, putting on, taking off and disposal of personal protective equipment (PPE);
- provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients, such that workers do not incur expenses for occupational safety and health requirements;
- familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public
- provide a blame-free environment in which health workers can report on incidents, such as exposures to blood or bodily fluids from the respiratory system, or cases of violence, and adopt measures for immediate follow up, including support to victims;
- advise health workers and others on self-assessment, symptom reporting, and staying home when ill; Including implementation of occupational safety and health management systems to identify hazards and assess;
- maintain appropriate working hours with breaks;
- consult with health workers on occupational safety and health aspects of their work, and notify the labor inspectorate of cases of occupational diseases;
- allow health workers to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health, and protect health workers exercising this right from any undue consequences;
- not require health workers to return to a work situation where there has been a serious danger to life or health until any necessary remedial action has been taken;
- honour the right to compensation, rehabilitation, and curative services for health workers infected with COVID-19 following exposure in the workplace – considered as an occupational disease arising from occupational exposure;
- provide access to mental health and counselling resources; and
- enable cooperation between management and health workers and their representatives.

MOH Offices and Directorates

The measures specified in Section 6 on Policies and Procedures outline different instructions that the workers have to comply with. In addition the measures stated, the MoH issues regular circulars to its staff and workers on the necessity of ensuring the required level of hygiene and stress the importance of social distancing among the workers in its facilities. The MoH has issued these circulars in result of the non-

compliance of staff and workers with the different instructions issued by the relevant and competent government agencies. More importantly, the Civil Service Bureau (CSB) “General Guidelines for Governmental Institutions for the Preparation of a Roadmap to return to work after Coronavirus pandemic” sets out clear instructions to ensure social distancing and the required level of hygiene inside governmental offices and facilities. The WHO guidance getting your workplace ready for COVID-19 is also in use.

Construction Workers

Considering the project may support minor civil works, the project will adopt the following procedures based on the World Bank’s Interim Note: *COVID-19 Considerations in Construction/Civil Works Projects*, specifically Section 5 (a) which discusses assessing the workforce characteristics, assessing the different aspects (their country of origin, the terms and conditions of their employment, etc.) . The contractor will:

- Assess the characteristics of the workforce, including those with underlying health issues or who may be otherwise at risk
 - Confirm workers are fit for work, to include temperature testing and refusing entry to sick workers
 - Consider ways to minimize entry/exit to site or the workplace, and limit contact between workers and the community/general public
 - Train workers on hygiene and other preventative measures, and implementing a communication strategy for regular updates on COVID-19 related issues and the status of affected workers
 - Assess risks to continuity of supplies of medicine, water, fuel, food and PPE, taking into account international, national and local supply chains
 - Consider adjustments to work practices, to reduce the number of workers and increase social distancing
 - Establish a procedure to follow if a worker becomes sick (following WHO guidelines)
 - Implement a communication strategy with the community, community leaders and local government in relation to COVID-19 issues on the site.
- **In case migrant workers are included within the Contractor’s labor force**, the following procedures could be taken:
- The Contractor should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations (e.g. 4 weeks on, 4 weeks off).
 - This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation. Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk.

7. AGE OF EMPLOYMENT

In accordance with ESS2 and the Jordanian labor law, due to the hazardous work situation, children under the age of 18 will not be allowed to work on the project. The use of forced labor or conscripted labor on the project is also prohibited

A copy of the prospective employee ID or passport is required during the recruitment process and prior signing the contract for all project workers including contract workers. In the circumstances where these documents are not available the Certificate of Birth will be used.

8. TERMS AND CONDITIONS

All project workers are required to have written contracts outlining the terms and conditions of their employment including their rights under national labor law related to hours of work, wages, overtime, compensation, and benefits. This information will be provided at the beginning of the working relationship and when any material changes to the terms and conditions of employment occur.

For workers who may have difficulties with understanding the documentation, an oral explanation of conditions and terms of employment will be provided to workers and terms and conditions of employment will be available at work sites.

The project commits to the payment of minimum wages to all workers as set by national law, including migrants and refugees., or a rate that is better, as specified in employment contracts

All project workers will be paid on a regular basis as required by the national labor law and any deductions are as per national law. Project workers will be kept informed of the conditions under which such deductions are made.

Project workers will be kept informed of any defense orders in relation to COVID-19 that affects the terms and conditions of their employment, including hours of work, overtime, location of work (i.e. remote work requirements) wages, overtime, compensation, benefits, sick leave and pay, and social security deductions.

There will be no discrimination with respect to any aspects of the employment relationship, such as recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment and ensure fair treatment of all employees

9. GRIEVANCE MECHANISM

The Jordanian Ministry of Health (MoH) has already a Grievance Redress Mechanism (GRM) in place and is being mainly handled by the Complaints Section. This Section was created in 2008 within the Internal Control and Auditing Directorate, and reports directly to the Minister of Health. The Complaints Section handles complaints and grievances which are normally received through different uptake channels:

- Complaints received through traditional channels (written complaints, by fax, complaints' box at the MoH);
- Complaints received through the Ministry's Hotline, managed by the National Communication Center (NCC); and
- Complaints received through the "At Your Service" (be-Khedmetkum بخدمتكم) platform of the Prime Ministry.

Complaints and Grievances of Health Workers:

The Complaints Section at MoH has a specific policy and procedures to handle its workers' complaints and grievances. These includes 1. Complaints of employees: and these complaints are handled by the different Sections at MoH including Administrative Control, Nursing Control (nurses' complaints), and Pharmacists' complaints 2. Medical staff complaints (doctors working in public as well as private sectors). In case of assault on medical personnel, their complaints are normally handled by the Legal Department, Human Resources (HR) and the Complaints' Section. According to the Policy:

1. the employee has the right to file a complaint, a grievance or an objection to his direct superior to resolve it;
2. The complaint, the grievance, or the objection is resolved by the work center of the employee within 30 days from the date of the submission of the complaint and a resolution should be communicated to the complainant.

This GRM is for all project workers, whether they are civil servants or not. A specific uptake channel (a dedicated email address) will be established to channel all complaints of workers under the project directly to the Project's Director. This comes to facilitate an expedited and timely handling of project's workers complaints which will then be transmitted to the Head of the Complaints' Section (GRM focal point for the ICPMU) for follow up and handling. The new uptake channel will be publicized among the project's workers through the ICPMU (ICPMU workers will be informed at the contract signing of the availability of this new GRM uptake channel).

- Objectives of the Worker GRM policy:

- Promote the principle of transparency, justice, accountability and equal opportunities with regard to employee rights.
- Opening channels of communication between the employees and the public on the one hand, and the various levels of administration on the other side, whenever it is required.
- Limiting errors, abuses and violations related to employees' rights, duties and obligations, work controls and professional conduct.
- Improving existing procedures in a way to prevent the recurrence of violations and mistakes which also contribute to combatting and preventing corruption.
- Monitoring of the performance of the administration unit in charge of monitoring the employee's work, which requires not to issue administrative decisions that are not based on a

sound legal basis, and instill the principle of the employee's acquired rights by informing him of his employment rights.

- Definitions:

- Director General: Director of the Directorate of Internal Control and Auditing.
- Director: Head of Complaints Section.
- Register: A register of suggestions and complaints.
- Registry Officer: a job title on the job description card.
- Committee: Personnel specialized in specific technical, administrative and financial issues.
- Service recipient: employees subject to the provisions of the Civil Service Bureau law.
- The Law: The civil service system in force and in effect.

- Assigned Responsibilities:

- Department employee (Registry Officer): registration and documentation.
- Director: study and recommendation.
- Committee: Issuing a report containing recommendations.
- General Director: Decision-making.

- The Escalation Committee:

This Committee is a central and permanent one and looks into cases of grievances related to financial or administrative penalties against workers at MoH. It functions as the last step before the worker would recourse to legal actions. It is composed of representatives of the internal control/administrative control, legal affairs, HR and the financial department. Other committees are formed depending on the nature and topic of the complaint or grievance with very specialized members.

- GRM Process and Procedures:

1. The employee submits a complaint or a grievance to the direct supervisor in the following cases:
 - The penal procedures that are issued against the employee as a result of an investigation of a violation by his administration or the departments related to the department in which the employee works;
 - Abuse from direct boss or colleagues at work;
 - Administrative decisions issued against him by his administration;
 - Exposure to any pressure, coercion, or unlawful request from any employee, whether he is a manager, a colleague, or a subordinate, to act illegally, or to take or refrain from taking a certain action that would violate the employee's duties related to integrity and confidentiality.
2. The employee must verify the validity of his grievance or his information and review the regulations and instructions issued in this regard before submitting the grievance.

3. He/she must follow the administrative hierarchy for submitting a complaint and take into account the following:
 - Discussing the issue verbally with the line manager;
 - Raise the grievance in writing if the matter is not settled verbally;
 - The grievance shall be submitted in writing to the department within a period not exceeding ten days from the date of the occurrence of the case or the issuance of the decision subject of the grievance attached to the grievance and complaint form, duly filled out.
4. The complaint or grievance must be resolved by the department in which the complainant works within thirty days from the date of receiving it.
5. The Directorate of Internal Control and Auditing may verify the subject matter of the complaint following that the period given for resolution has ended or he is submitting a grievance against his department.
6. The Directorate of Internal Control and Auditing may discuss and question the managers and directors under whom the employee works regarding his complaint or grievance.
7. The Directorate of Internal Control and Audit may cancel or amend the decision issued against the complainant/employee after the approval of the higher management in the Ministry.
8. The Directorate of Internal Control and Audit may refer the employee who files a malicious complaint against his boss or one of his colleagues to apply the appropriate penalty against him in accordance with the list of violations and penalties at work, including rejecting the complaint or the grievance.
9. The grievance is investigated or investigated by following transparent and documented procedures, and the appropriate decision regarding the grievance is made based on objective data and evidence and in accordance with the instructions stipulated in this regard, provided that these instructions include the mechanism for forming special committees to consider grievance requests, their tasks and powers, their working mechanisms, and the methods for examining grievances, verification or investigation and its authority to issue and implement the procedures emanating from these instructions.
10. The employee may file the complaint to entities outside the Ministry in the following cases:
 - If his grievance submitted to the Ministry has not been answered within thirty days from the date of its submission;
 - If the employee has reasons that make him believe that submitting a grievance or complaint request to the department would expose him to abuse or ill-treatment;

The Policy also includes the following:

1. No disciplinary punishment may be imposed against the employee except after formal written questioning or the formation of a neutral committee to investigate the employee. The committee may seek the help of witnesses and take into account the employee's knowledge of all stages of the investigation and requesting his opinion in order to present a defense fact.
2. A date must be set to review the grievance and issue a decision regarding it after reviewing all stages of imposing the penalty and the legal basis for its issuance.

- Gender- Based Violence (GBV):

Complaints related to sexual harassment (mainly for women) are very rarely reported. In case of GBV complaints, they will be handled by the following departments: Domestic Violence Section (located at the Mother and Child Health Directorate), the Human Rights Section (Legal Department), and the Family Protection Directorate of the Police. A committee will also be established with the relevant members to handle the complaint. GBV complaints were only submitted in writing until recently when direct and anonymous complaints were allowed to be submitted to the Minister's office, the Secretary General office, through the Ministry's hotline or through the "At Your Service" platform.

It is to be noted that there are no clear or written procedures in regards to handling GBV complaints. In addition, there is no proper sensitization or public awareness especially for women on how to defend their rights and to file a complaint. There is also very limited interaction between the Complaints Section and the departments stated above in charge of GBV. this would be an area to develop and strengthen further as an integrated part of the general GRM system at MoH.

As mentioned previously, the project will establish a specific and dedicated uptake channel (new email address) for any complaints emanating from all workers under the project. It is also suggested that this new uptake channel will also provide a secure platform for any worker to submit GBV related complaints. These complaints will be handled in total confidence in coordination with other departments at MoH as explained above (Domestic Violence Section/Mother and Child Health Directorate, the Human Rights Section/Legal Department, and the Family Protection Directorate of the Police).

- Anonymous complaints:

Anonymous complaints are also accepted, whether they are GBV related or concern other topics. They are also accepted and documented irrelevant of the uptake channels through which they were submitted.

-Resolution timeframe:

In 2019, the average time for resolving complaints was 48 hours. Nevertheless, some complaints could take weeks to be resolved, especially those related to health workers complaints. This is due to the need to form a committee to study the specific topic of the complaint.

The proposed project will make use of the existing GRM for workers as a formal process for receiving, evaluating and redressing program-related grievances from affected workers. It will also allow workers to quickly report labor issues as lack of PPE, lack of proper procedures on sites, unreasonable overtime, etc.

All workers under the project will be sensitized on how to lodge a grievance using the existing GRM described above. The initial training will be conducted by the Complaints Section once these workers are recruited. Further training could be organized later on within the envisaged training program under the project.

Labor disputes are usually resolved through mediation or arbitration, and during this time strikes are in general prohibited. The project will not restrict project workers from developing alternative mechanisms to express their grievances regarding working conditions and terms of employment. If a settlement cannot be reached through mediation, the Ministry of Health may refer the dispute to an industrial tribunal by the agreement of both parties. If only one party agrees, the Ministry of Labor refers the dispute to the cabinet and then to Parliament. Labor law prohibits employers from dismissing a worker during a labor dispute.

10.CONTRACTOR MANAGEMENT

The PMU works with the Special COVID-19 Committee (a Special Tendering Committee created to facilitate and expedite all procurement transactions related to COVID-19) on contractor management. There are no expected civil works under the project at this time. However should works under the project be undertaken in the future, the following describes contractor management methods that will be used.

The Project will make reasonable efforts, through due diligence and procurement processes, to ascertain that all types of contracted workers under the project will have written contracts. It will also make sure that none of the workers is under the age of 18 years. The Special Committee will oversee all procurement stages until contract signing.

The World Bank Procurement Regulations apply to the Project. The procurement plan and processes have already been determined. All contracts will use National Bidding Documents and will incorporate relevant aspects of this LMP (e.g. as special conditions of contract)

MoH will be responsible for monitoring and evaluation (M&E) activities. The MOH will monitor third parties and ensure oversight of compliance of all contracted, primary supply workers, and potentially any migrant workers.

In addition to procurement committees, the MoH has also a Building and Maintenance Directorate that oversees all construction and maintenance works in MoH. It also covers the monitoring and supervision function of all works carried out under all projects, , including application of non-compliance remedies where appropriate. The engineers of this Directorate perform supervision tasks of works under implementation and conduct site visits to ensure that works are being implemented according to contract specifications.

The PMU will include the following requirements related to contracted workers under the project in bidding documents related to contractors:

- All suppliers, contractors, and consultants shall comply with all GoJ and the MoH published policies and procedures related to the control of the spread of COVID-19;
- all contractors shall follow the measures and procedures stated in Section 6 “Policies and Procedures” in regards to Construction Workers of this LMP; Occupational Health and Safety, (OHS) at the Workplace: all suppliers and contractors shall provide a safe working environment by taking precautions and measures necessary to protect workers and to provide personal protection equipment and protection to workers from work hazards and occupational diseases, and to familiarize workers with the dangers of work and occupation, including those related to COVID-19 before their employment;
- All suppliers, contractors, and consultants shall provide their own workers with the required Personal Protection Equipment (PPE), and according to the work being implemented;
- All Suppliers, Contractors, and consultants shall ensure that their own workers comply with their internal Occupational Health & Safety (OHS) instructions; as well as those published by the Ministry of Labor (MoL), the Ministry of Public Works and Housing (MoPWH), and the Ministry of Health (MoH);
- All suppliers, contractors and consultants shall provide instructions on Health and Safety (OHS) as part of the induction process of new workers;
- All suppliers, contractors and consultants shall ensure that their own workers wear appropriate PPE at all times while performing their tasks related to the project;
- Instruct the personnel regarding any supplementary/ new regulations
- No juveniles under the age of 18 shall be recruited under any circumstances, this will be verified through confirming the ages of the workers prior to their employment, interviewing them and verifying the documents of the workers;
- All contractors shall be responsible for the safety and health of people, properties and communities who may be affected by the works;
- All contractors shall ensure its workers understand and adhere to the Code of Conduct specified in Section 5 of this LMP
- The contractors shall not perform any work outside normal agreed site working hours unless authority to do so has been obtained in writing from the MoH Engineer.

With regards to procurement of medical equipment under the Project (which is already underway), the Medical Engineering Directorate manages the supply and maintenance of medical equipment through its medical engineers. Furthermore, Reception Committees for works and goods are formed once the goods are delivered and the works are completed. The task of these Committees is to make sure that all works implemented and goods delivered are satisfying the technical specifications of the tender documents

Procurement of medical equipment will be done with known and registered local vendors. Considering the scope of the project, a specific orientation session on the fundamental principles of public procurement, specific contractual provisions, measures and procedures that will be put in place by

suppliers and contractors to manage and monitor relevant health and safety issues related to COVID-19 will be given to all participants before starting the work.

11.COMMUNITY WORKERS

Not applicable.

12.PRIMARY SUPPLY WORKERS

It is planned that all medical equipment to be procured under the project will be tendered locally. Local suppliers who are the local agents of international manufacturers of medical equipment will be invited to bid. These will include ventilators, oximeters, laryngoscopes, oxygen generators, PPE, disinfectants and other equipment and supplies for COVID-19 case management, as well as medicines. These private sector medical firms will be the primary suppliers of these equipment and their workers are considered Primary Supply Workers. The number of involved workers will not be possible to determine at this time. These workers will be procuring supplies of medical equipment procured internationally to the MoH medical facilities. They are not engaged in manufacturing and the risks of serious safety issues, child labor or forced labor, are considered low.

Should child labor/forced labor and/or serious safety incidents are identified in relation to primary supply workers under the project, the PMU 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 will, within reasonable period, shift the project's primary suppliers to suppliers that can demonstrate that they are meeting the relevant requirements."

Annex 1: Protocols

- **Pillar 3: Surveillance, Rapid Response Teams (RRTs), and Case Investigation**

Description. In a scenario of imported cases or local transmission, surveillance will focus on rapid detection of imported cases, comprehensive and rapid contact tracing, and case identification. In a scenario in which sustained community transmission has been detected, objectives will expand to include monitoring the geographical spread of the virus, transmission intensity, disease trends, characterization of virologic features, and the assessment of impacts on healthcare services. In some countries, surveillance priorities will differ at subnational levels. Robust COVID-19 surveillance data are essential to calibrate appropriate and proportionate public health measures.

ID	Intervention	Current status	Institutions
3.1	Disseminate COVID-19 case definition to health professionals*	Ongoing	MOH, WHO
3.2	Build the capacity and equip rapid-response teams (RRTs) to investigate COVID-19 cases and clusters, and to conduct contact tracing, including surged response	Ongoing	MOH, National counterparts, WHO, NGOs
3.3	Disseminate guidance on investigation protocols, collection of samples, management of cases and contacts to RRTs	Ongoing	MOH, WHO
3.4	Procure and distribute COVID-19 testing kits, and other commodities (see Pillar 8)	Ongoing	MOH, National counterparts, UNCT, NGOs, CSOs, other partners, private sector
3.5	Model and forecast the needs for testing kits and other commodities under different scenarios	Ongoing	MOH, UNCT, other partners
3.6	Ensure case-based reporting to WHO within 24 hours under IHR (2005)	Ongoing	MOH, WHO

3.7	Build the capacity to monitor and report COVID-19 trends and impacts to global platforms including anonymized clinical data, case fatality ratio, high-risk groups (pregnant women, immunocompromised) and children	Ongoing	MOH, WHO
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*Check box 4 for case definition

Pillar 4: Points of Entry (POE)

Description. Efforts and resources at points of entry (POEs) should focus on supporting surveillance and risk communication activities.

ID	Intervention	Current status	Institutions
4.1	Procure and distribute thermal scanners and other relevant equipment at POE (air, land, sea) (see Pillar 8)*	Ongoing	MOH, National counterparts, UNCT, NGOs, CSOs, other partners, private sector
4.2	Disseminate procedures (eg SOPs) and train MOH focal points at POE on case identification and reporting for transportation to dedicated health facilities for quarantine, isolation, and treatment	Ongoing	MOH, National counterparts, WHO
4.3	Equip and support isolation facilities to manage suspected cases at POE	Ongoing	MOH, National counterparts, UNCT
4.4	Build the capacity on mass gathering management at POE	Ongoing	MOH, National counterparts, WHO
4.5	Develop and distribute Information, Education, and Communication (IEC) to travellers at POE, including questionnaires	Ongoing	MOH, National counterparts, UNCT, NGOs, CSOs, other partners

*Check Annex C Procurement Plan for more details

- **Pillar 5: National Laboratories**

Description. It is critical to prepare laboratory capacity to manage large-scale testing for COVID-19, including links with WHO Reference Laboratories. In the event of widespread community transmission, surge plans should be activated to manage the increased volume of samples from suspected cases.

ID	Intervention	Current status	Institutions
5.1	Procure and distribute laboratory equipment and consumables (eg PCR reagents) for the Central Public Health Laboratory (CPHL) (see Pillar 8)*	Ongoing	MOH, National counterparts, UNCT, NGOs, CSOs, other partners, private sector
5.2	Model and forecast the needs for CPHL equipment and consumables under different scenarios	Ongoing	MOH, UNCT, other partners
5.3	Disseminate protocols for sample collection, management, and transportation as part of the disease outbreak investigation protocols	Ongoing	MOH, WHO
5.4	Build the capacity of CPHL on SARS-CoV-2 laboratory testing, laboratory biosafety related to SARS-CoV-2, and molecular assay to diagnose COVID-19.	Ongoing	MOH, WHO
5.5	Ensure that CPHL is linked to national epidemiological systems for timely data analysis and to WHO Reference Laboratories providing confirmatory testing	Ongoing	MOH, WHO
5.6	Designate and equip alternative laboratories for COVID-19 surged response, including exploring the role of the private sector and civil society	Ongoing	MOH, National counterparts, UNCT, NGOs, CSOs, other partners, private sector

*Check Annex C Procurement Plan for more details

- **Pillar 6: Infection Prevention and Control (IPC)**

Description. Infection Prevention and Control (IPC) practices in communities and health facilities should be enhanced to prepare for treatment of patients with COVID-19, and prevent transmission to health professionals, all patients/visitors and in the community.

ID	Intervention	Current status	Institutions
6.1	Procure and distribute Personal Protective Equipment (PPEs) for health professionals and facilities (see Pillar 8)*	Ongoing	MOH, National counterparts, UNCT, NGOs, CSOs, other partners, private sector
6.2	Model and forecast the need for PPEs under different scenarios	Ongoing	MOH, UNCT, other partners
6.3	Disseminate guidance on the rational use of PPEs for health facilities and communities	Ongoing	MOH, WHO
6.4	Build the capacity of health professionals on IPC measures, including in long-term care facilities	Ongoing	MOH, UNCT
6.5	Monitor health professionals exposed to confirmed cases of COVID-19	Ongoing	MOH, National EPI Committee
6.6	Engage retired staff with IPC capacity to assist implementation and monitoring of interventions	Ongoing	MOH, National counterparts, NGOs, CSOs, private sector
6.7	Monitor IPC and WASH implementation in health care facilities and public spaces	Ongoing	MOH, UNICEF
6.8	Review and update existing national IPC protocols	Ongoing	MOH, WHO
6.9	Update the assessment of IPC capacity at all levels of healthcare system	Ongoing	MOH, WHO

*Check Annex C Procurement Plan for more details

- **Pillar 7: Case Management (CM)**

Description. Healthcare facilities should prepare for large increases in the number of suspected cases of COVID-19. Staff should be familiar with the suspected COVID-19 case definition, and able to deliver the appropriate care pathway. Patients with, or at risk of, severe illness should be given priority over mild cases. A high volume of cases will put staff, facilities and supplies under pressure. Guidance should be made available on how to manage mild cases in self-isolation, when appropriate.

ID	Intervention	Current status	Institutions
7.1	Procure and distribute medical equipment and supplies for case management (see Pillar 8)*	Ongoing	MOH, National counterparts, UNCT, NGOs, CSOs, other partners, private sector
7.2	Model and forecast the needs for medical equipment and supplies for case management under different scenarios	Ongoing	MOH, UNCT, other partners
7.3	Map and monitor health system capacity to respond to COVID-19 outbreak under different scenarios (eg hospital beds, ICU beds)	Ongoing	MOH, National counterparts, UNCT, other partners, NGOs, private sector
7.4	Designate referral health facilities for case management and identify alternative facilities providing treatment for surged response, including exploring the role of the private sector and civil society	Ongoing	MOH, National counterparts, UNCT, other partners, NGOs, CSOs, private sector
7.5	Support establishment of alternative facilities for COVID-19 surged response	Ongoing	MOH, National counterparts, UNCT, other partners

7.6	Print and distribute case management protocols for COVID-19 (including pregnant women, children, immunocompromised) to the designated and alternative health facilities	Ongoing	MOH, WHO
7.7	Build the capacity of health professionals in the designated and alternative facilities on case management protocols (including pregnant women, children, immunocompromised) and triage system	Ongoing	MOH, National counterparts, UNCT, other partners, NGOs, CSOs, private sector
7.8	Provide guidance for self-care of patients with mild or moderate COVID-19 symptoms	Ongoing	MOH, WHO

*Check Annex C Procurement Plan for more details

Box 4.

Definition of suspected case (as per 3 April 2020)

- Any person suffering from high temperature (≥ 37.5 orally)
AND
- Any respiratory symptoms (eg sore throat, shortness of breath, cough, headache, general weakness)
AND
- One of the following
 - Travel history from affected countries during 14 days before the onset of symptoms
OR
 - Direct personal contact with COVID-19 laboratory confirmed case during 14 days of the onset of symptoms or with a person with travel history.

OR

- Any patient with symptoms of upper or lower respiratory infection

Definition of confirmed case (as per 3 April 2020)

- Any case with positive RT-PCR test irrespective of signs and symptoms

Definitions of suspected case and confirmed case

Annex 2: Self- Isolation at Home Protocol

تعليمات العزل المنزلي للمرضى المؤكد إصابتهم بفيروس كوفيد-١٩ العزل الصحي:

العزل الصحي هو فصل الشخص الذي تأكدت إصابته بكوفيد-١٩ عن الآخرين الحثاء ومنع انتقال العدوى.
الخطوات الواجب اتخاذها قبل اتخاذ قرار عزل المريض منزلياً:

- تقييم المريض من قبل الطبيب لمعرفة إمكانية تلقي الرعاية في المنزل .
- التأكد من بيئة المنزل بحيث يكون مناسباً للعزل
- العمل على متابعة المخالطين للمصاب داخل المنزل.
- توفر وسائل الوقاية الشخصية المناسبة لرعاية المصاب والحد من انتشار العدوى داخل المنزل.

الجهات المعنية:

العاملين الصحيين المسؤولين عن متابعة المرضى المعزولين من قبل فريق الطبي .

مقدمي الرعاية هم: الآباء والأزواج وأفراد الأسرة (على أن يتم إرشادهم إلى السبل المثلى) لما يلي - :

كيفية رعاية المرضى والتقليل من مخاطر العدوى (من إجراءات النظافة واستخدام معدات الوقاية الشخصية والتخلص منها) التعرف على العلامات التي تدل على أن حالة مريض الكوفيد-١٩ تزداد سوءاً وأنه يحتاج إلى إرساله إلى منشأة صحية - . التعرف على اليه التواصل الفاعل بين مقدمي الرعاية في المنزل والعاملين الصحيين المسؤولين عن متابعة المرضى المعزولين، وكذلك وصول المرضى إلى المستشفيات المعتمدة لغايات العزل.تقييم البيئة المنزلية

يجب تقييم ما إذا كان المنزل المعني مناسباً للعزل وتوفير الرعاية لمصاب كوفيد-١٩، بما في ذلك توفر جميع ما يحتاجون إليه للالتزام بالتوصيات المتعلقة بالعزل المنزلي. على سبيل المثال

- مستلزمات نظافة اليدي ومواد التنظيف والتطهير

- القدرة على فرض القيود والالتزام بها وعلى حركة الأشخاص حول المنزل أو منه- .

ضمان العزل الكافي للمصاب وتدابير الوقاية من العدوى في المنزل- .

العائلات التي لديها أطفال وتم عزلهم داخل الأسرة يجب أن يعلموا أن إصابتهم بالمرض محتمل، والاتفاق مسبقاً" على كيفية رعاية الأطفال في حالة مرض مقدمي الرعاية الأساسيين. ويجب أن يتم تحديد ذلك بالتشاور مع مقدمي الرعاية للطفل. إذا كان هؤلاء و غيرهم من الأشخاص المعرضين للخطر(كبار السن وذوي الإعاقات) موجودين في بيئة المنزل ولا يمكن فصلهم عن الأسرة فيجب الاتفاق مع مقدم الرعاية لتوفير مكان بديل لعزل المريض (العزل المؤسسي في منطقة العزل المخصصة لهذه الحالات)، بموافقة المريض، وموافقة مقدم الرعاية، وأفراد الأسرة.

إجراءات العزل المنزلي

●: إذا ظهرت نتيجة فحص(PCR) إيجابية لشخص ولا تظهر عليه أعراض المرضية فيتم عزل المريض منزلياً عشرة أيام وحجر أفراد العائلة لمدة عشرة أيام من تاريخ ظهور نتيجة الفحص، اما اذا كانت الأعراض خفيفة فيتم عزل المصاب ثلاثة عشر يوماً على الأقل على أن لا تكون لديه أعراض خلال الثلاثة أيام الأخيرة

- يتم إبلاغ مديريات الشؤون الصحية/ قسم رصد الأمراض في المحافظات من قبل مديرية الأمراض السارية بنتائج العينات الأيجابية يوميا لتتبع المخالطين في منازلهم. كل حسب محافظته
- يتم إبلاغ المصاب بالنتيجة الأيجابية للفحص من قبل الفريق الطبي (١١١) وتزويده بإرشادات العزل المنزلي اذا انطبقت عليه شروط العزل المنزلي
- تصنيف الحالات من قبل الفريق الطبي وتقييم المصاب لتحديد مكان العزل (عزل منزلي، عزل مؤسسي في مناطق العزل، عزل في المستشفيات المعتمدة) وتزويد مديرية الأمراض السارية بها يوميا لعمل الإحصائيات الوبائية عن المصابين
- في حال كان المنزل مناسباً وبفي بشروط العزل المنزلي يقوم المعنيين بالمتابعة والرصد النشط للمريض والمخالطين المباشرين له طوال فترة العزل ومدتها عشرة ايام من خالل الزيارات المنزلية (مديرية الشؤون الصحية المعنية، الجهات الأمنية) أو الاتصال الهاتفي (١١١) أو كليهما معا وبشكل دوري ومنتظم (كل يوم) للتأكد من استمرارية التقيد بإرشادات وشروط العزل المنزلي المبينة في النشرة وكذلك التأكد من عدم ظهور أية أعراض مرضية على الشخص أو أي من أفراد أسرته كارتفاع الحرارة أو السعال أو ضيق التنفس
- من خالل المتابعة إذا لاحظ الطبيب أو الشخص الموكل له بالمتابعة ان الشخص المعزول في المنزل غير متقيد بشروط العزل المنزلي فيقوم فوراً بإبلاغ خلية الأزمة (١٩٣) في المحافظة المعنية بذلك اتخاذ الجراءات القانونية والصحية الفورية اللازمة
- في حال وجد مقدم الرعاية أن ظروف المسكن والأسرة لا تناسب العزل المنزلي فعليه الاتصال برقم هاتف ١١١ والأبلاغ بذلك ليتم إخضاعه للعزل المؤسسي في مناطق العزل المخصصة لهذه الغاية
- يتم التنسيق لنقل الحالات المصابة من قبل فريق طبي (١١١) سواء التي لديها اعراض للمستشفيات المعتمدة أو الحالات التي سيتم نقلها للعزل المؤسسي في المناطق المخصصة لذلك مع خلية الأزمة في المحافظة المعنية (١٩٣)
- (التنسيق من قبل خلية الأزمة في المحافظة مع مديرية الدفاع المدني لنقل المصابين الى المناطق المخصصة للعزل
- التنسيق من قبل خلية الأزمة في المحافظة مع المستشفيات المعتمدة والمناطق المخصصة للعزل المستقبل المصابين
- في حال تطورت حالة المريض واستدعت العلاج في المستشفى فيتم تحويل المريض إلى المستشفيات المعتمدة للتقييم والعلاج وذلك من خلال الاتصال على رقم هاتف ١١١ و بالتنسيق مع خلية الأزمة في كل محافظة (١٩٣) لنقل المريض الى المستشفى
- خلال نقل الشخص إلى المستشفى يجب أن يوضع له كمامة وينقل من خلال سيارة إسعاف مع اتخاذ جميع احتياطات ضبط العدوى وفي حال الاضطراب إلى نقله بمركبة عادية فيجب أن تكون مركبة خاصة وليست مخصصة للنقل العام.
- إذا كانت العينة الأيجابية لشخص يسكن ضمن عمارة مؤلفة من شقق سكنية، فلا يتم حجر جميع سكان العمارة بل يكفي بحجر العائلة ضمن نطاق المنزل فقط
- الأشخاص القادمين من خارج البلد وحسب تعليمات وزارة الصحة يتم إجراء الفحص (PCR) في مطارات المملكة والمعابر الحدودية الأخرى والانتظار لحين ظهور النتيجة. وفي حال كانت نتيجة الفحص إيجابية ولا توجد على الشخص أعراض مرضية فيطبق عليه إجراءات العزل المنزلي حسب تصنيف حالته الصحية
- في اليوم العاشر من العزل المنزلي بالتنسيق مع مديرية الشؤون الصحية المعنية يتم فك العزل المنزلي عن المصاب اذا لم يكن يعاني من أعراض، اما اذا كانت الأعراض خفيفة فيتم فك العزل عن المصاب بعد ثلاثة عشر يوما على الأقل على ان لا تكون لديه أعراض خلا الثلاثة ايام الأخيرة دون إعادة فحص (PCR) لهم.
- يقوم فريق الطبي (١١١) بتزويد مديرية الأمراض السارية او مديرية الشؤون الصحية المعنية بتقرير يومي يتضمن اسماء المرضى وارقام هواتفهم ومكان السكن بالتفصيل، وتصنيف المرضى حسب مكان العزل (التغذية الراجعة)
- تقوم مديرية الأمراض السارية او مديرية الشؤون الصحية المعنية بعمل الاستقصاء الوبائي للحالات من اجل متابعة المخالطين من قبل فرق التقصي الوبائي بعد تزويدنا بالكشوفات و التقرير اليومي من فريق الطبي (١١١)

شروط العزل المنزلي للأشخاص المصابين

- التقيد بإجراءات ضبط العدوى والسلامة العامة وضمان الأمدادات الكافية لمعدات الحماية الشخصية المناسبة لكل من المرضى ومقدمي الرعاية الصحية
- المراقبة الدقيقة لأية علامات أو أعراض تدهور في حالتهم الصحية
- لا يسمح بالعزل المنزلي إلا بعد التقييم من الطبيب المعالج والتأكد أن المريض ال يعاني من أعراض وتنطبق عليه شروط العزل المنزلي بعد ثبوت إيجابية الفحص
- أن تكون درجة حرارة الشخص اقل من 37.5 درجة مئوية
- يجب أن يكون مكان إقامته مناسباً للعزل المنزلي
- ألا يعاني من امراض نقص المناعة (الأيدز، السرطان والعلاجات المثبطة للمناعة وما إلى ذلك)
- ألا يزيد عمره عن ٦٥ عامًا
- ألا يعاني من الأمراض المزمنة غير المسيطر عليها مثل ارتفاع ضغط الدم، السكري، أمراض القلب، أمراض الرئة، الكبد، الكلى المزمنة والأوعية الدموية
- أن يكون مقدم الرعاية الصحية متأكدًا لتقديم الرعاية على مدار الساعة طوال أيام الأسبوع خلا مدة العزل
- ان يلتزم المريض بمراقبة حالته الصحية وإبلاغ (١١١) عن أي تطورات بخصوص الأعراض المرضية.

متى تطلب العناية الطبية:

يجب على المريض او ذويه طلب العناية الطبية الفورية في حال ظهور أي من العلامات أو الأعراض التالية:

- ارتفاع درجة الحرارة أكثر من 37.5 درجة مئوية

- صعوبة التنفس

- ألم/ ضغط مستمر في الصدر

- ضعف أو تنميل في أي من الأطراف

- ظهور زرقة في الشفاه/ الوجه

- الارتباك العقلي

- تداخل الكلام / النوبات.

متطلبات العزل المنزلي:

- يتم وضع المصاب في غرفة مفردة جيدة التهوية (مثل النافذة المفتوحة)
- الحد من عدد القائمين على رعاية المصاب، وتعيين شخص واحد يتمتع بصحة جيدة بشكل مثالي دون وجود أمراض مزمنة أو أمراض نقص المناعة
- ألا يسمح بالزيارة حتى يتعافى المريض تمامًا من العلامات والأعراض وانتهاء فترة العزل المنزلي للمصاب او فترة الحجر للمخالطين

• عزله في غرفة مستقلة عن باقي افراد السرة والحفاظ على مسافة ال تقل عن متر ونصف المتر عن الشخص المريض واستخدام وسائل الوقاية الشخصية عند التعامل معه او مع متعلقاته الشخصية

• الحد من حركة المريض وتقليل المساحة المشتركة

• التأكد من أن المساحات المشتركة (مثل المطبخ والحمام (جيدة التهوية

نظافة الأيدي:

تعتبر الأيدي من الطرق الرئيسية والمباشرة لنقل العدوى ويعد الغسيل المتكرر للأيدي وأخذًا من أفضل الطرق لتجنب انتقال المرض وانتشاره

الحرص الدائم على غسيل اليدي بالماء والصابون لمدة تزيد عن ٤٠-٦٠ ثانية او استخدام معقم كحولي يحتوي على ٧٠ % من الكحول على الأقل لمدة (٢٠-٣٠ ثانية

- تطبيق آداب السعال والعطاس من قبل الجميع، وخاصة المصابين (تغطية الفم والأنف أثناء السعال أو العطس باستخدام المناديل أو الكوع والتخلص من المناديل فوراً بطريقة سليمة ثم غسل الأيدي).

ارتداء الكمامات:

يجب على مقدم الرعاية ارتداء كمامة طبية محكم الإغلاق لتغطية الفم والأنف أثناء وجوده في نفس الغرفة مع المريض والمحافظة على التباعد الاجتماعي في جميع الوقات

- يجب عدم لمس مقدمة الكمامة أو التعامل معها

- إذا أصبحت الكمامة مبللة أو متسخة بالإفرازات، فيجب استبدالها على الفور بكمامة نظيفة وجافة

- قم بإزالة الكمامة باستخدام تقنية مناسبة

- غسل اليدي بعد خلع الكمامة وتخلص منها بطريقة سليمة

- ألا تعيد استخدام الكمامة ذات الاستخدام الواحد وتخلص منها بعد استخدامها.

استخدام القفازات :

تجنب مالمسة سوائل الجسم بشكل مباشر، وخاصة إفرازات الفم أو الجهاز التنفسي والبراز. استخدام القفازات احادية الاستخدام والكمامة الطبية عند التعامل مع المريض والنفايات المتعلقة به

- غسل اليدين قبل وبعد إزالة القفازات والكمامة

- عدم استخدام الكمامة أو القفازات أكثر من مرة

أواني الطعام والشراب - :

-منع مشاركة أو تقاسم أواني الطعام والشراب المستعملة مع المصاب- .

يفضل استخدام ألواني ذات الاستعمال لمرة واحدة (Disposable) ويجب التخلص منها مباشرة

- لإعادة استخدام الواني عند الضرورة، يكفي استخدام المنظفات والماء الساخن لتنظيف أواني الطعام.

التعامل مع البياضات :

غسل الملابس والشرشف حسب الطريقة الروتينية

- ضع البياضات الملوثة في كيس الغسيل

- تنظيف الملابس وأغطية السرير وما إلى ذلك، والملابس الخاصة بالمصاب باستخدام الماء الساخن ومستحضرات التنظيف يعتبر كافياً لتطهيرها (يفضل درجة حرارة ٦٠-٩٠ م) ويجب استخدام قفازات شديدة التحمل عند تنظيفها وتجفيفها جيداً.

تنظيف الأسطح:

- تنظيف وتطهير الأسطح التي يتم لمسها بشكل متكرر يومياً، مثل طاولات السرير، وأطراف الأسرة، وغيرها من غرف النوم وأثاث المنزل. يجب استعمال مطهرات مثل الكلور بتركيز (10CC كلور لكل واحد لتر ماء).

-تنظيف وتطهير أسطح الحمام والمرحاض بعد كل استخدام. يجب استخدام الصابون أو المنظفات المنزلية العادية للتنظيف أولاً" وبعد ذلك يجب استخدام مطهر منزلي منتظم يحتوي على ٥,٠ ٪ هيبوكلوريت الصوديوم؛ يجب وضع القفازات والكمادات.

-يجب عدم مشاركة المناشف أو بياضات الأسرة.

نصائح وملاحظات:

- يفضل إبعاد الأطفال وكبار السن والأشخاص الذين لديهم أمراض مزمنة من المحيط الذي يتواجد فيه الشخص المعزول
- توفير مخزون كاف من وسائل الوقاية الشخصية ومواد التطهير لأفراد الأسرة مثل الصابون والمطهرات والقفازات والكمادات..... الخ
- بعد إنهاء مدة العزل وفي حال عدم ظهور أعراض مرضية على الشخص طيلة فترة العزل يعطى إقرار من قبل مدير الشؤون الصحية بأنه قد أنهى مدة العزل ويمكنه ممارسة حياته الطبيعية.