

CARE International in Timor-Leste

Timor-Leste Covid-19 and Health Systems Strengthening Support Project (P175401)

LABOR MANAGEMENT PROCEDURES

May 2021

Disclaimer:

This Project LMP is a draft document, which is subject to further consultation with relevant stakeholders during project implementation.

1. OVERVIEW OF LABOR USE ON THE PROJECT

Timor-Leste (TL) Covid-19 and Health System Strengthening Support Project (or hereafter the Project) will be lead and coordinated by CARE International (CARE). As such, it will be responsible for overall project coordination and management, project preparation and implementation. The project activities will focus on:

1. With the Government, supporting *suco* disaster management committees to ensure they are prepared in the event of a COVID-19 outbreak. This includes identifying risks, training to support preparing contingency and mitigation plans, access to small grants fund to enable preparedness and ready to respond following participation in simulation exercises.
2. Strengthening targeted communities' water access, by working with existing or re-establishing Water Management Groups (GMFs) to access a small maintenance fund to ensure key facilities (i.e health posts) have sufficient water for on-going handwashing.
3. Strengthening community knowledge, awareness and practice for health, hygiene and nutrition through behaviour change communications. This includes training, interactive and engaging messaging in the nationally distributed *Lafaek* magazine, and other mass media communications that could include radio and community events.

CARE has been working in Timor-Leste since 1994. CARE current programs work in rural and remote areas. CARE's long-term program strategy focuses on four priority areas: Education, sexual reproductive and maternal health, women's economic empowerment and women's voice. CARE in Timor-Leste is the lead for the Australian Humanitarian Partnership (AHP) Consortium and other four Australian NGOs, is working on a partnership approach in coordination with Government of TL (GoTL) in various department at national, municipality, and village level. This includes supporting the Government's COVID-19 reponse in targeted areas.

This Labor Management Procedure (LMP) is prepared to facilitate planning and implementation of the project. The procedure identifies the main labor requirements and risks associated with the project, and to determine any resources necessary to address project labor issues. The LMP is a living document that will be updated throughout project implementation. The LMP is developed based on internal labor procedures applicable to the project. This procedure will set out the way in which project workers will be managed, in accordance with the requirements of national law and the WB Environmental and Social Standard 2 (ESS2) on Labor and Working Conditions. The procedures will address the way in which this ESS2 will apply to different categories of project workers including direct workers and community workers.

For the purpose of project implementation, the Project will involve three types of workers:

1. CARE proposes 27 full time staff to directly work on the project, all staff will be employed under a CARE contract.
2. CARE proposes to engage consultants (2) under CARE's contract for the mid-term and end of project evaluation.
3. CARE will engage Government officials, local health workers and community leaders in project activities. There will be no salary but reimbursement for travel and meals, as per CARE and Government procedures.

One position, project lead, is proposed to be on an international contract. All other staff are proposed to be employed on national contracts. As per CARE policies, all staff are above the age of 18. Female candidates are strongly encouraged to apply for all CARE positions.

All CARE positions (direct workers) will be based in Timor-Leste. All positions will have a job description that outline the core skills required as well as roles and responsibilities. Anticipated positions include:

Position	Role	Skills	Location	When employed	Length of engagement
Project Coordinator	<p>The role is accountable for the implementation of the project and its activities. The role is responsible for establishing and managing processes for oversight and implementation.</p> <p>The role will have overall oversight for safeguarding:</p> <ul style="list-style-type: none"> • implementation of SEP, • implementation of LMP, • implementation of procedure for safe disposal of used PPE and health consumables, • implementation of capacity building effort for proper handling, collection and disposal of used PPE and health consumables to the DMCs (component 1) and as part of community outreach activities (component 2), • monitor the engagement and social inclusion, 	<ul style="list-style-type: none"> • Leadership • Financial management • Reporting • Compliance and risk management • Capacity building • Interpersonal and communication skills • Representation skills • Skills in WASH, nutrition or behaviour change, communication or disaster preparedness 	Dili, with travel to municipalities	Project commencement	Throughout duration of project

Position	Role	Skills	Location	When employed	Length of engagement
	<ul style="list-style-type: none"> • stakeholder involvement, • ensure the project has grievance redress mechanism applicable, • ensuring Covid19 procedure for COVID-19 prevention and control is followed during project implementation, • ensure effective engagement strategy considering the project locations have community who speaks different languages; • ensure community workers also understand on the provisions relevant to the environmental and social management risks and impacts. • Monitoring, evaluation, and reporting 				
Monitoring, Evaluation and Learning Specialist	The MEL Specialist will play a lead role in the design and implementation of a comprehensive monitoring and evaluation plan by developing appropriate indicators, implementing systems to safeguard the collection and management of program data, and recommending	<ul style="list-style-type: none"> • Previous demonstrated experience managing and implementing monitoring, evaluation and learning systems • Qualitative and quantitative skills 	Dili, with travel to municipalities	Project commencement	20 months, extension pending budget availability

Position	Role	Skills	Location	When employed	Length of engagement
	<p>changes to annual work plans or data collection techniques as needed. The role plays a key role in reporting.</p> <p>The position plays a supporting role to Project Coordinator for safeguarding and ensuring that the COVID-19 prevention measures are communicated to all participants.</p>	<ul style="list-style-type: none"> • Interpersonal and communication skills 			
WASH Specialist	<p>The Specialist supports the development, preparation, management, implementation, monitoring and evaluation of the WASH components.</p> <p>The position plays a supporting role to Project Coordinator for safeguarding and ensuring that the COVID-19 prevention measures are communicated to all participants.</p> <p>The role plays a technical role in project reporting.</p>	<ul style="list-style-type: none"> • Professional experience in the WASH sector, in Timor-Leste • Technical experience in rural water supply maintenance and working with rural community water management systems • Previous experience engaging in and influencing Timor-Leste WASH forum • Local WASH networks and ability to develop strong partnerships with National and Municipal Water Authorities 	Dili, with travel to municipalities	Project commencement	Throughout project

Position	Role	Skills	Location	When employed	Length of engagement
Senior Project Officer Gender	The role with Project Coordinator, will be responsible for leading all gender related activities and training	<ul style="list-style-type: none"> • Previous experience working on gender projects • Knowledge of good practice gender approaches and practices • Delivering training 	Dili, with travel to municipalities	Project commencement	Throughout project
Senior Monitoring and Evaluation Officer	<p>Support field officers to collect data</p> <ul style="list-style-type: none"> • With MEL Specialist, designing and implementing MEL activities • Project Monitoring • The position plays a supporting role for coordinating preparation on consultation activities and ensuring that the COVID-19 prevention measures are communicated to all participants. • The position supports with project reporting with a focus on data and quality assurance. 	<ul style="list-style-type: none"> • Experience in qualitative and quantitative data collection • Ability to analyse monitoring data • Ability to transfer knowledge to staff 	Dili, with travel to municipalities	Project commencement	Throughout project
Senior Finance and Admin Officer	Assisting project staff with finance related processes such as preparing finance forms, coding, supporting documents, follow up on payments, socialize finance policies and procedures.	<ul style="list-style-type: none"> • Experience in accounting and finance • Experience on donor financial reports • Good knowledge and experience in excel, accounting systems and database programs 	Dili, with travel to municipalities	Project commencement	Throughout project

Position	Role	Skills	Location	When employed	Length of engagement
WASH Officer (4)	<p>Coordinate activities to support WASH activities, liaise with Municipal Water and Sanitation staff and provide technical support to field and project staff</p> <p>The position plays a supporting role for coordinating preparation on consultation activities and delivering COVID-19 prevention measures to participants.</p>	<ul style="list-style-type: none"> • Understanding of rural water supply maintenance and experience working with rural community water management systems • Mentoring skills • Coordination and planning skills • Ability to deliver trainings 	Municipal based	Recruitment after project assessment	After project assessment to project end
Project Officer (3)	<ul style="list-style-type: none"> • Responsible for the day-to-day planning, implementation and reporting of the project activities. • Work closely with community members. • Responsible for monitoring, data collection, providing training, facilitation • Ensuring COVID-19 procedure for COVID-19 prevention and control is followed during project implementation • ensure community workers also understand on the provisions relevant to the environmental and social management risks and impacts 	<ul style="list-style-type: none"> • Experience in nutrition, WASH, behaviour change, disaster preparedness, desirable • Excellent understanding of participatory approaches • Ability to promote collaboration with Government, key stakeholders 	Municipal based	Project commencement	Throughout project
Field Officer (12)	<ul style="list-style-type: none"> • Work closely with community members, GMFs, SDMCs 	<ul style="list-style-type: none"> • Proven understanding of participatory methodologies for 	Municipal based	Recruitment after project assessment	Throughout project

Position	Role	Skills	Location	When employed	Length of engagement
	<ul style="list-style-type: none"> Supporting communities to develop water safety and disaster management plans Facilitating training and activities Ensuring COVID-19 procedure for COVID-19 prevention and control is followed during project implementation ensure community workers also understand on the provisions relevant to the environmental and social management risks and impacts 	<ul style="list-style-type: none"> community mobilization. Proven experience in community mobilization. Proven experience in providing training and good facilitation skills. 			
Driver (2)	Responsible for the safe transportation of CARE staff and visitors, maintenance and record keeping for CARE vehicles	<ul style="list-style-type: none"> Driving experience, preferably with an INGO Valid Timor-Leste driving license Knowledge of basic repairs and mechanics 	Municipal based	Project commencement	Throughout project

CARE proposes to hire external consultants for both the mid and end term evaluation, contract based. CARE has procurement procedures that must be followed in hiring consultants. Consultants are hired for a specific task within a pre-determined timeframe according to a term of reference and a contract. All contracts must include standard clauses such as fraud and corruption, child protection, anti-terrorism, welfare evangelism and partisan policies. All consultants in country receive a safety and security briefing.

CARE proposes to engage local partner organizations to support in project delivery. Partnership selection will follow CARE’s partnership procedures. No migrant workers are anticipated to work on the project.

CARE will engage community workers such as Government officials, local health workers and community leaders in project activities. Key roles and responsibilities will include facilitating key training and information sessions, mobilizing community members, engagement in community groups such as GMFs and SDMCs.

CARE will follow WHO Timor-Leste and Timor-Leste Ministry of Health guidelines and protocols throughout the project implementation.

2. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

Given the project is social development focused in the health and nutrition sector, no major risks are envisaged.

There are no labour risks associated with the conduct of hazardous work, such as working at heights or in confined spaces, use of heavy machinery, or use of hazardous materials. No hazardous work, working at heights, in confined spaces, use of heavy machinery or use of hazardous materials will be conducted under project activities. Any office maintenance will follow CARE's safety and security protocols.

There are no likely incidents of child labor or forced labor, with reference to the sector or locality. The only contracted workers are two consultants and no associated child labor, any consultants or partners must abide by CARE's child protection and prevention of sexual exploitation and abuse procedures. All CARE and partner staff must be over the age of 18. All CARE partner and consultant contracts include clauses regarding child protection and prevention of sexual exploitation and abuse.

There is no intention for the presence of migrants or seasonal workers.

There are no risks of labor influx or gender-based violence (GBV). The project activities do not involve any civil works thus there will be no influx of labor. The project will socialize GBV referral networks within project activities and all CARE staff receive gender training that includes a component on GBV.

Possible accidents or emergencies, with reference to the sector or locality. CARE's Safety and Security Management Plan entails Standard Operating Procedures that include: travel and movement, vehicle safety and security, facilities safety and security, incident reporting and analysis, health and wellbeing, critical incident and contingency planning and hibernation, relocation and evacuation.

General understanding and implementation of occupational health and safety requirements. CARE has invested in, and will continue to promote, a culture of safety and security with its ultimate goal *'to create and sustain an environment of safety and security for CARE operations'*. CARE ensures that staff members:

- Are provided with documented safety and security policies and procedures
- Have access to appropriate safety and security resources
- Are training in safety and security skills appropriate to their role (i.e. first aid)
- Are properly briefed on safety and security policies and procedures and provided with updates as necessary
- Are aware of the consequences of non-compliance with safety an security policies and procedures

There are some labor risks associated with Occupational Health and Safety (OHS) risks particularly related to the COVID-19 pandemic. Potential risk includes exposure of direct workers/CARE staff and community workers to SARS-CoV-2 in performing their duties. The project will be working with suco disaster management committees and water management groups to support their preparedness and readiness for a potential COVID-19 or other health pandemic. While there is currently no reported COVID-19 community transmission in Timor-Leste, CARE will continue to follow WHO and MoH Timor-Leste advice and Government of Timor-Leste requirements regarding travel, masks and social distancing. Visits to health facilities will follow the direction from local health authorities and community leaders. CARE has developed a COVID-19 contingency plan and safety and security protocols for COVID-19 that are updated as required. The Project has budgeted for the provision of PPE for the project delivery.

3. BRIEF OVERVIEW OF LABOR LEGISLATION AND WORLD BANK REQUIREMENTS

a. National labor Legislation

CARE International in Timor-Leste has a human resource policy and procedures manual for national employees. The manual provides guidance that is compliant to the Timor-Leste Labor Law (4/2012). Provisions are equal or higher than those specified in the law.

Labor and working conditions shall be in compliance with Government of Timor-Leste Labor Law No. 4 of 2012. The labor law addresses the basic requirements on labor relations applicable to individual and collective labor relations. Of specific requirement are Article 6 on Principles of Equality, Articles 19, 20, and 21 on mutual duties and responsibilities of employees and workers, Article 34 on Occupational Health, Hygiene and Security, Article 35 on General Obligations of the employer to ensure dignified conditions for occupational health, hygiene and security, Article 68 on Minimum Age for Work Admission, Article 69 on the definition of light work, and Section 3, Article 71 on Workers with Disabilities. These labor requirements are reflected in the CARE human resource policy and procedure/manuals.

CARE International in Timor-Leste is guided by its Safety and Security Management Plan. The Plan includes a safety and security risk matrix and risk rankings and Standard Operating Procedures. CARE's Human Resource Policy is compliant with the Timor-Leste labour law. CARE International has child protection and prevention of sexual exploitation, harassment and abuse policies and procedures that all CARE offices must comply with. CARE has accountability mechanisms, whereby staff have avenues to raise grievances.

b. The World Bank Environmental and Social Standard (ESS2: Labor and Working Conditions).

The World Bank's stipulations related to labor are outlined in its ESS2. Implementing agency promotes sound worker management relationships and provides safe and healthy working conditions. Key objectives of the ESS2 are to:

- Promote safety and health at work;
- Promote the fair treatment, non-discrimination and equal opportunity of project workers;
- Secure protection of project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and community workers;

- Prevent the use of all forms of forced labor and child labor;
- Support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law; and
- Provide project workers with accessible means to raise workplace concerns.

ESS2 applies to project workers including fulltime, part-time, temporary, seasonal workers. 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 the existing public sector employment agreement or arrangement, unless there has been an effective legal transfer of their employment or engagement to the project. ESS2 will not apply to government civil servants.

Project workers will be provided with information and documentation that is clear and understandable regarding their terms and conditions of employment. The information and documentation will set out their rights under national labor law and ESS requirements (which will include collective agreements), including their rights related to hours of work, wages, overtime, compensation and benefits. This information will be provided at the beginning of the working relationship and when material changes occur.

Comparison of World Bank Requirements in ESS2 with Timor-Leste legal framework above shows that major requirements in ESS2 have been addressed in the Timor-Leste legal framework. However, Timor-Leste legal framework does not regulate the requirements for voluntary workers, which is included in this project. CARE will develop a standard operating procedure (SOP) as part of the project operation manual (POM) specifically designed for voluntary workers prior to implementing activities in the field

4. RESPONSIBLE STAFF

CARE International (CARE) will be the lead the project implementation agency. Staff employed under the project are engaged by CARE, all staff have a CARE contract. Roles and responsibilities for occupational health and safety are specified in CARE’s Safety and Security Management Plan. Environment and Social focal point(s) at CARE and at field levels to oversee the environment and social risk management of the project will be assigned. The Project Coordinator will have overall responsibility for environmental and social safeguards, including ensuring prevention protocols are communicated to project participants.

CARE is responsible for training of workers. All CARE staff must undergo mandatory training, this includes gender and diversity, anti-fraud and corruption, child protection and prevention of sexual exploitation and abuse. Adequate training for community workers will also be provided as part of the project design that include expectations community members can expect from CARE staff, reporting mechanism and project overview and objectives.

For addressing worker grievances. CARE has a Tell Us policy. The purpose of the policy is to:

- Assist CARE to detect and address wrongdoing and protect employees who report (anonymous or not) actual or suspected wrongdoing.

- Assist to provide employees with a supportive work environment in which they feel able to raise issues of legitimate concern to them or CARE. The Human Resource manual also outlines CARE's grievance mechanism.

In addition, CARE has grievance and dispute resolution procedures outlined in the Human Resource manual.

5. POLICIES AND PROCEDURES

CARE's Human Resource manual provides guidance that is compliant with the Timor-Leste labor law with provisions that are equal or higher than those specified in the law. Key policies and procedures are as follows (a summary of the 123 page CARE HR manual):

a. **Recruitment, selection and appointment:** This section outlines the general terms and conditions of employment at CARE. If conflict arises with the Timor-Leste labor law, CARE will abide by those laws. In most cases, CARE's terms and conditions provide better protection and benefits for employees than the minimum requirements stated in the Timor-Leste labor law. CARE is an equal opportunity employer and CARE's recruitment processes reflect our commitment to this process. The best candidate is selected based on their ability to perform the position. No discrimination will be tolerated that is based on: gender, ethnicity, religious backgrounds, people with a disability, age or other factor not related to the person's ability to perform the job.

b. **Terms and conditions of employment:** CARE has a duty to act towards its employees in good faith. TO enable this, a comprehensive and clear package of employment policies and procedures have been developed. CARE's HR Manual contains a detailed description and application of the HR policies that are to be consistently applied to all employees. Employees are required to familiarize themselves with all the HR policies, and in particular: confidentiality and privacy, working hours, position classification framework, leave.

c. **Salaries and benefits:** CARE has a salary scale based on current market rates for position classifications. Salaries for each position are determined based on the job qualifications an external salary surveys. The salary scale is reviewed every three years and adjusted as necessary. CARE adheres to the rules and regulations of the Government of Timor-Leste in respect to taxation. CARE follows tax law by withholding income tax from the monthly salary of employees and making this payment to the tax department.

d. **Employee code of conduct and standards of behaviors:** CARE expects all employees including consultants, volunteers and interns to adhere to certain standards of conduct in the workplace, in managing people and in our humanitarian, development and emergency work. The purpose of the Employee Code of Conduct policy is to provide advice on the standards of behavior that are required for all employees, volunteers/interns and consultants. It provides guidance, promotes ethical behaviour and sets expectations of employees, volunteers/interns and consultants, across all locations.

e. **Anti-fraud and corruption:** CARE maintains a zero-tolerance attitude and approach towards fraud and corruption. CARE adopts a risk management approach to the prevention, detection and investigation of suspected fraudulent activity that is incorporated into business processes, management practices, internal controls and related practices, as specified in CARE's financial procedures.

f. **Protection from sexual harassment, exploitation and abuse (PHSEA):** CARE's commitment to the welfare of vulnerable populations from sexual harassment, exploitation and abuse is documented in the CARE International Protection from Sexual Harassment, Exploitation and Abuse policy and Employee Code of Conduct. Sexual harassment, exploitation and abuse is unacceptable to CARE and the organization is committed to abiding, upholding and promoting appropriate risk-based standards at all times. CARE provides training and guidance for employees to meet these standards.

g. **Forced labor:** CARE is prohibited to engage in forced labor in the project, which includes the practice of the following:

- bonded /indentured labor (working against an impossible debt);
- excessive limitations of freedom of movement;
- excessive notice periods;
- retaining the worker's identity or other government-issued documents or personal belonging;
- imposition of recruitment or employment fees payable at the commencement of employment;
- loss or delay of wages that impede the workers' right to end employment within their legal rights;
- substantial or inappropriate fine;
- physical punishment;
- use of security or other personnel to force or extract work from project workers, or other restrictions that compel a project worker to work in a non-voluntary basis.

h. **Occupational Health and Safety:** CARE are committed to:

- Complying with applicable laws and regulations related to occupational health and safety;
- Maintaining healthy and safe working conditions as required by legislation and requirements of ESS2.
- CARE's Safety and Security Management Plan outlines safety guidance and protocol for staff, consultants, volunteers, interns and visitors.

6. AGE OF EMPLOYMENT

CARE's commitment to the welfare of children and their protection from abuse and exploitation is documented in the CITL Child Protection Policy and Employee Code of Conduct. Child abuse and exploitation is unacceptable CARE and the organization is committed to abiding, upholding and promoting appropriate risk-based Child Protection standards at all times.

CARE provides training and guidance for employee to meet these standards. All CARE employees, consultants, volunteers, interns, partners and visitors are required to sign the CARE Employee Code of Conduct for the Protection of the Child to confirm that they uphold its standards. CARE appoints focal

points who guide and assist implementation and compliance of the CARE Child Protection policy and procedures.

Any breach of the CITL Child Protection Policy and/or Employee Code of Conduct will result in disciplinary action which may include dismissal, in accordance with CARE's disciplinary procedures and may also result in criminal prosecution.

It is mandatory for any allegation, belief or suspicion of sexual or physical abuse (past or present) by a CARE employee, volunteers, interns, contractors, donors, and partners towards children, to be reported immediately to designated executive personnel within twenty-four (24) hours. Investigation processes will follow those specified in the HR policies and procedures manual.

TERMS AND CONDITIONS

CARE in Timor-Leste has a salary scale based on current market rates for position classifications. Salaries for each position are determined based on the job qualifications and external salary surveys.

Full-time CARE employees work five days a week, from Monday until Friday with a total of 37.5 hours per week. The core working hours are from 8:30 to 17:00, with a one hour break for lunch. Working hours may vary due to the specific demands of the position and will be authorized by the line manager.

Terms and conditions for employment are included in contracts.

7. GRIEVANCE MECHANISM

CARE strives to provide an environment that manages difficult issues and provides mechanism for employees to bring work related issues or concerns to the attention of management with the assurance that the matter will be given serious attention. CARE's HR policy and procedures manual details CARE's grievance and dispute resolution procedures.

Step 1: Discuss Complaint with Direct Line Manager

Employee who have a grievance, should raise the matter with his/her direct line manager immediately either verbally or in writing. If the matter itself concerns the staff member's line manager, then the grievance should be taken to his/her superior;

- The line manager should then respond within two (2) working days; and
- The response will give a full written explanation of the line manager's decision and who to appeal to if still aggrieved.

Step 2: Submit Complaint letter to HR and the next Line Manager

In most instances the line manager's decision would be final and the matter closed. However, in some circumstances the staff member may remain aggrieved and can appeal against the decision of the line manager concerned;

- The employee appeal, to HR and the next line manager, must be made within ten (10) working days of the receipt of the Step 1 response in writing;
- The next line manager and HR will review the employee appeal and attempt to resolve the grievance. A formal response and full explanation of how to solve the grievance will be given in writing within seven (7) days; and
- Where the 'next in line' manager at this stage is the CD, then the grievance should immediately progress from step 1 to step 3.

Step 3: Submit Complaint letter to the Country Director

After step 2, if the employee remains aggrieved, he/she can appeal to the CD;

- This appeal must be made in writing enclosing a copy of the original appeal in the previous steps to the CD within ten (10) working days of receipt of the step 2 response.; and
- The CD will arrange and hear the appeal from all relevant people and respond formally with a full explanation within twenty (20) working days.

Time scales have been fixed to ensure that grievances are dealt with quickly, however these may be extended if it is agreed upon by both parties. The employee may have a support person accompany them to the meetings. The employee can withdraw his/her complaint at any time. While the dispute resolution process is being conducted work is to continue normally subject to any reasonable concerns about health and safety. The employee must not unreasonably fail to comply with a direction by CITL to perform work whether at the same or another workplace that is safe and appropriate for the employee to perform.

CARE staff are orientated on CARE's policies and have accessibility to the HR manual. CARE's HR team are available to provide support and more detailed advice to employees and line managers as required.

8. COMMUNITY WORKERS

The project may include the use of community workers in a number of different circumstances, such as engagement in GMFs, SDMCs and project activities and trainings, either in a facilitation capacity or as participants. Given the nature and objectives of such activities, the application of all requirements of the LMP may not be appropriate. In all such circumstances, CARE will require measures to be implemented to ascertain whether such labor is or will be provided on a voluntary basis as an outcome of individual or community agreement.

The time allocated by the community workers will be limited so as not to interfere with their livelihood activities. CARE will oversee the community workers to ensure that OHS standards are applied. Community workers will be provided on a voluntary basis. There will be no salary but reimbursement for travel and meals, as per CARE and Government procedures. Relevant provisions for child labor under the LMP prevail.

CARE provides the support cost for participants to ensure they can access the event location and able to recover the cost during away from their residence such as per diem, accommodation, transportation cost and meals. The World Bank project will follow CARE’s standardized participant support costs, to ensure a consistent and transparent approach across CARE’s portfolio of projects, and avoid disallowed costs and compliance with donor rules and regulations.

CARE International in Timor-Leste standard of participant support costs in project events

Glossary

Word	Explanation
Accommodation cost	The cost to cover the expenses for staying in the place which not their normal residence
CITL events	Activities related to CITL projects such as meetings, trainings, workshops, joint monitoring, project launch, inauguration
Community member/ Non-government participant	The person who is residing in one community. S/he could be appointed by the community to take an informal structure role such as local leader (suco council members), school personnel who are not civil servants (contracted or volunteer positions). Other example is local NGOs, community union, volunteer, parents.
Facilitator fee	The payment made to the person who has provided facilitation services at a CITL event
Government vehicle	The vehicles (car, motorbike, truck) that are owned by the government and to be used for official government travel
Government official staff	The public servant is hired and employed by the government and is in the formal government structure for example national and municipality official staff, school director and administrator for the public school and other public institutions
Journalist	A person who writes, photographs or films for newspapers, magazines, or news websites or prepares news to be broadcasted
Media	The communication outlets or tools used to store and deliver information or data. The term refers to components of the mass media communications industry, such as print media, publishing, the news media, photography, cinema, broadcasting (radio and television), and advertising
Participants	The person who attend the event and participate in the project activities

Participant Support cost	Allowance to be given to the participant to attend in the CITL event in order to recover their cost away from their residence
Per Diem cost	The cost for the meal and incidental costs incurred during travel out of the normal duty station
Personal vehicle	The vehicles (car, motorbike, truck) that are owned by an individual where the cost incurred is covered by the owner
Public transportation	A shared vehicle that is accessible by the public at a cost, such as microlet, angguna, taxi, ojek
Transportation cost	The cost to cover the expenses to reach the event location and return back to the normal residence

Costs

The per Diem and Accommodation rate for the government staff is according RDTL DEKRETU-LEI N.º 20/2010 1 Dezembru REJIME SUPLEMENTU REMUNERATÓRIU SIRA IHA ADMINISTRASAUN PÚBLIKA - This applies for public servants up to Director General

Category	Cost Name	Proposed Approach
Government Officials travel to Suco/Aldeia/Admin Post within Municipality	Facilitator Fee	N/A
	Per Diem	Per Diem and Accommodation follow RDTL Policy (article 11) 1. Overnight (Per Diem and Accommodation): \$100 (Minister)/\$80 (Deputy Minister or Secretary) /\$60 (Director General/ Director)/\$40 (below director) 2. Day trip (regardless of duration) only for per Diem : \$50 (Minister)/\$40 (Deputy Minister or Secretary)/\$30 (Director General/ Director)/\$20 (below director)
	Accommodation	Inclusive with per diem
	Transportation cost	1. If travelling in CARE vehicle- no payment 2. If travelling in Government vehicle - no fuel payment by CARE 3. When government staff incur transport costs, CARE will pay actual cost (determined based on discussion between CARE and community authorities or pre-approved project distance costing list)
	Facilitator Fee	N/A

Government Officials travel to Suco/Aldeia/Admin Post outside their Municipality	Per Diem	Per Diem and Accommodation follow RDTL Policy (article 11) 3. Overnight (Per Diem and Accommodation): \$100 (Minister)/\$80 (Deputy Minister or Secretary) /\$60 (Director General/ Director)/\$40 (below director) 4. Day trip (regardless of duration) only for per Diem : \$50 (Minister)/\$40 (Deputy Minister or Secretary)/\$30 (Director General/ Director)/\$20 (below director)
	Accommodation	Accommodation is inclusive with the Per Diem rate above
	Transportation cost	1. If travelling in CARE vehicle- no payment 2. If travelling in Government vehicle - no fuel payment by CARE 3. When government staff incur transport costs, CARE will pay actual cost
Community members/non-government participant travel from aldeia/suco/admin post/municipality	Facilitator Fee	N/A
	Per Diem	Where applicable, CARE provides meals to community participants (i.e. snacks and lunch). Project can determine whether per diem amounts up to \$5 per day are applicable (i.e. early or late events) in addition to provided meals
	Accommodation	If participants stay overnight at their families house, up to \$5 can be provided for hosting fee. If a hotel stay is required CARE directly organizes and pays guest house (actual price)
	Transportation cost	When community participants incur transport costs, CARE will pay actual cost (determined based on discussion between CARE and community authorities or pre-approved project distance costing list)
Arrangement of lunch/snacks for any participants if they attend any events organized by CARE	Meals (Lunch and snacks)	1. Aldeai, suco, post admin level. Maximum \$3.5 (2x snacks, 1 lunch). 2. Municipality level. Maximum \$8 (2x snacks, 1 lunch) 3. National level. \$8 for events held at CARE compound. External event, depending on project needs (i.e. type of attendees, location, size, budget availability) 4. If only one snack is required, \$1 per participant

Grievance mechanism for community workers.

The project will have a Community Feedback Accountability mechanism that will be developed as part of the project inception. The Feedback Mechanism will provide options for community members, including community workers to raise a question, concern or feedback to the project. This could include via telephone, suggestion box or in person.

The Feedback Accountability Mechanism will be socialized to community members from the beginning of the Project, this will include the roles and expectations they can expect from CARE staff. Banners will be displayed at project locations socializing the feedback options.

9. COVID-19 PROTOCOL FOR LABOR

Protocols of COVID-19 prevention in public settings according to WHO and MoH standards will be disseminated to all project staff, project participants and community volunteers. In the case of community transmission, CRE will follow the GoTL protocol, as advised under the State of Emergency.

In visiting health facilities, project participants, community volunteers and Project Staff will have to follow the protocol in health facilities. .

In working on the Project, all staff and consultants are required to follow the WHO and MoH Standard Protocols as per the situation in Timor-Leste. These can include:

- Regularly and thoroughly washing hands with soap and water.
- Avoid going to public spaces, if presenting symptoms.
- Make sure that they and the people around them follow good respiratory hygiene. This means covering their mouth and nose with their bent elbow or tissue when they cough or sneeze.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If they need to leave your house, they should wear a mask to avoid infecting others.
- If you they have a fever, cough and difficulty breathing, they should seek medical attention by calling by telephone in advance if possible and follow the directions of the local health authority.
- Keep up to date on the latest information from trusted sources, such as WHO or the local and national health authorities.
- Follow Government regulations as per social distancing and public mask wearing.
- CARE staff and consultants are required to follow WHO and MoH standard protocol to prevent the spread of COVID-19 in the office. This includes: Make sure workplaces are clean and hygienic, and wipe and disinfectant regularly surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards);
- Promote regular and thorough hand-washing:
 - o Provide hand washing stations (with soap and water) in the workplace
 - o Display information promoting hand-washing
 - o Combine this with other communication measures such as offering guidance from Safety and Security, briefings at meetings and information to promote hand-washing
- Promote good respiratory hygiene in the workplace

- • Display posters promoting respiratory hygiene and other communication measures such as offering guidance from Safety and Security, briefing at meetings and sharing information
 - Ensure that face masks and / or paper tissues are available at workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them
- Follow national advice regarding travel. Seek Country Director permission for any international travel.
 - Brief all people in the office that if COVID-19 starts spreading in their community, anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home. They should also stay home (or work from home) if they have had to take simple medications, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection.

In the event of detected community transmission in Timor-Leste, staff and consultants should consider the following aligned with WHO and MoH protocol:

- Before travelling
 - Project staff have the latest information of where COVID-19 is spreading
 - Based on the latest information, assess the benefits and risks related to upcoming travel plans.
 - Avoid sending team members who may be at higher risk of serious illness (e.g. older employees and those with medical conditions such as diabetes, heart and lung disease) to areas where COVID-19 is spreading
 - Make sure all persons travelling to locations reporting COVID-19 are briefed by a qualified professional (e.g. staff health services, health care provider or local public health partner)
 - Provide team members who are about to travel with small bottles (under 100 CL) of alcohol based hand rub. This can facilitate regular hand-washing.
- While travelling
 - Encourage team members to wash their hands regularly and stay at least one meter away from people who are coughing or sneezing
 - Ensure team members know what to do and who to contact if they feel ill while traveling.
 - Ensure that team members comply with instructions from local authorities where they are traveling. If, for example, they are told by local authorities not to go somewhere they should comply with this. All team members should comply with any local restrictions on travel, movement or large gatherings.
- When returning from travelling
 - Team members who have returned from an area where COVID-19 is spreading should monitor themselves for symptoms for 14 days and take their temperature twice a day. •
 - If they develop even a mild cough or low grade fever (i.e. a temperature of 37.3o C or more) they should stay at home and self-isolate. This means avoiding close contact (one meter or nearer) with other people, including family members. They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.

In addition, a COVID-19 infection prevention and control plan is summarized below:

Adjusting consultation approaches based on GoTL health advice and provisions under the State of Emergency, may include:

- Decreasing the size of work teams and limiting the number of consultation participants at any one time
- Utilising online/ telephone where available
- Provision of PEE to prevent COVID-19, using masks at minimum
- Continuing with safety and security training, including adding self-hygiene and COVID-19 related trainings as appropriate.
- In the event of community transmission, assess the extent to which consultation and field work schedule needs to be adjusted (or stopped) to reflect prudent work practices, potential exposure of both project workers and community to public health risks.

General hygiene should be communicated and monitored, to include:

- Training project workers, facilitators and community stakeholders on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing); and what to do if other people have symptoms.
- Placing posters and signs in Project locations, with images and text in local language.
- Ensuring handwashing facilities are supplied with soap and running water, especially at central entry/exits, toilets and food distribution.

Regular cleaning and waste disposal: Conduct regular cleaning of CARE offices and provide project workers deployed to the Field with adequate PPE. Disposable PPE should be collected safely in designated containers or bags and disposed of following relevant requirements (e.g. national, WHO)¹. In the case COVID-19 is reported in project locations, extensive cleaning should take place where any project consultation or activities have taken place, prior to any further project activities at the same venue.

Identify accessible local medical facilities: Preparation for this includes:

- Obtaining information on resources and capacity of local medical services and selecting which medical facilities to be referred to for specific level of illness.
- Discuss with specific medical facilities, to agree what should be done in the event of ill project workers and people involved in consultations needing to be referred, and method of transport for sick workers.
- Establishing an agreed protocol for communications with local emergency/medical services.
- Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved.
- If testing for COVID-19 is available, project workers with COVID-19 symptoms should be tested on site. If a test is not available at site, the worker should be transported to the local health facilities to be tested (if available).

¹ for further information see WHO interim guidance on water, sanitation and waste management for COVID-19

- An emergency response procedure should also be prepared for when a project worker ill with COVID-19 dies in coordination with relevant local authorities, including any reporting or other requirements under national law.

Communication and contact with the community should be carefully managed:

The following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members through forms of communication other than face-to-face; posters, pamphlets, radio, text message, electronic meetings. The means used should take into account the ability of different members of the community to access them. Existing grievance redress mechanism should be utilized to manage feedbacks and grievances from the communities.
- The community should be made aware of all measures being implemented to limit contact between project workers and amongst community members themselves, procedure for social distancing measures, the training being given to project workers and the procedure that will be followed by the project if a worker or consultation participant becomes sick.
- If project workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both by national and international agencies (e.g. WHO).

10. ADDRESSING SOCIAL STIGMA RELATED TO COVID-19

Besides protocols to prevent the spread in public settings and in the office, protocol to prevent social stigma associated with COVID-19 is also important to follow. This protocol on social stigma will be disseminated to all project workers and other relevant stakeholders such as project participants. The current COVID-19 outbreak has provoked social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus. How they communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fueling fear and stigma.

An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively. CARE staff and consultants should follow the tips below to address and avoid compounding, social stigma:

1. Words matter: certain words (i.e suspect case, isolation) and language may have a negative meaning for people and fuel stigmatizing attitudes. This can drive people away from getting screened, tested and quarantined. We will use a 'people-first' language that respects and empowers people in all communication channels, including the media. Words used in media are especially important, because these will shape the popular language and communication on the new coronavirus (COVID19). For example, do not refer people with disease as COVID-19 cases or victims and do not talk about people transmitting, infecting, or spreading COVID-19. Instead, use "people who have or are being treated for Covid-19" and talk about people acquiring or contracting
2. When appropriate, all team members and consultants will take part to drive stigma away, such as spreading the facts. Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. In

response, prioritize the collection, consolidation and dissemination of accurate country- and community-specific information about affected areas, individual and group vulnerability to COVID19, treatment options and where to access health care and information. Use simple language and avoid clinical terms. The Project team can also contribute through:

- o Correct misconceptions, at the same time as acknowledging that people's feelings and subsequent behavior are very real, even if the underlying assumption is false.
- o Promote the importance of prevention, lifesaving actions, early screening and treatment. o Share sympathetic narratives, or stories that humanize the experiences and struggles of individuals or groups affected by the new coronavirus (COVID-19)
- o Communicate support and encouragement for those who are on the frontlines of response to this outbreak (health care workers, volunteers, community leaders etc.).
- o Share facts and accurate information about the disease.
- o Challenge myths and stereotypes.
- o Choose words carefully