



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

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**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Bangladesh	SOUTH ASIA	P169342	
Project Name	BD Rural Water, Sanitation and Hygiene for Human Capital Development Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Water	Investment Project Financing	5/31/2020	8/20/2020
Borrower(s)	Implementing Agency(ies)		
People's Republic of Bangladesh	Department of Public Health Engineering (DPHE), Palli Karma-Sahayak Foundation (PKSF)		

Proposed Development Objective(s)

To support the Government of Bangladesh in improving human capital development through increasing access to 'safely-managed' water supply, sanitation, and hygiene (WASH) services in areas identified for health and nutrition convergence.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>350.00</b>

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

A. Sectoral and Institutional Context

1. In 2017, about 97 percent of the rural population had access at least to 'basic' water supply. This achievement was largely due to the expansion of tube wells in rural areas, with close to 95 percent of rural people using them. However, 41% of all improved water points is contaminated with E. Coli at the source and 13% of are contaminated with arsenic, on-premise piped water in rural areas is 3 percent in 2017. The community led total



sanitation (CLTS) approach enabled a vast majority of the rural population to end open defecation and use sanitation facilities. As a result, access to 'improved' sanitation increased dramatically from 30 percent to 65 percent in rural areas from 2000 to 2017. Around half of the population either access poor quality or share latrines with other households, only 32% of the rural population have access to a safely managed sanitation service. Although 86 percent of the rural population has access to a designated handwashing facility, only 26 percentage points have access to facilities that have soap and water, only 14 percent of all persons washed both hands with soap after defecation or before eating. However, 86 percent of rural healthcare facilities have access to an improved water source, only 42 percent are located and available on the premises, only 12 percent have designated toilets for women.

2. Water, sanitation, and hygiene (WASH) plays a critical role in human capital development. It is well known that poor WASH leads to childhood malnutrition and poor health through waterborne diseases. It may in turn reduce productivity, and the associated costs of healthcare place an added stress on the individual and their households. The poorest, and especially poor women and girls feel the greatest burdens of inadequate WASH because of its synergies with other life deprivations such as little income, poor access to health services, food insecurity, and low levels of education. However, evidence has shown that successful WASH interventions generally improve overall health and reduce stunting in children under-5 years of age. This occurs through multiple pathways that include: (i) fewer episodes of diarrheal disease; (ii) improved gut health; (iii) reductions in protozoa and helminth infection; and (iv) reductions in anemia.

3. Resolving institutional challenges in the WASH sector is a key priority for improving WASH in the country. The Ministry of Local Government, Rural Development, and Cooperatives (MoLGRD&C) plays a central role in WASH service provision in rural areas. Officially, the Local Government (Union Parishad) Act of 2009 delegated the responsibility for provision of WASH services in rural areas to Union Parishads (UPs), and the MoLGRD&C is only responsible for sector planning and strategy, policy, and standards development. However, the transfer of responsibility has been limited. In practice, the Department of Public Health Engineering (DPHE) under the MoLGRD&C still designs, finances, and installs water supply infrastructure, handing it over to the communities or the private sector for operation and maintenance. As for the sanitation facilities, households are responsible for building, owning, and operating them on their premises. While Union Parishads are in charge of ensuring compliance, their monitoring mechanisms and accountability are weak. In addition to the need of clarifying unclear and overlapping functions between the MoLGRD&C and Union Parishads.

4. An update the country's WASH policy framework is also urgently needed. The government's commitment to SDG 6 has not been reflected in policy documents yet. For example, while the government's WASH policies, namely the National Pro-poor strategy for Water and Sanitation of 2005, the Sector Development Plan (SDP) 2011-2025, and the National Strategy for Water Supply and Sanitation of 2014, are relatively well defined and provide holistic strategic guidance to the sector both for urban and rural areas, they require updating to consistently apply the 'safely-managed' service standard as the norm, which is mandated under SDG 6 and recommended for maximizing human capital outcomes.

5. The WB's Bangladesh WASH Poverty Diagnostics (BWPD) offers six priority areas of action to improve WASH in the country: (1) improving the quality of water services; (2) reducing shared sanitation, fecal contamination of the environment, and poor hygiene practices; (3) bringing services to the poor and other 'left-behind' populations, including those who are in the bottom 40 percent of the wealth distribution or in remote and hard-to-reach villages; (4) implementing WASH beyond the household to include community establishments such as healthcare facilities and other public places; (5) addressing binding institutional constraints and challenges (described in part above); and (6) harnessing complimentary effects of WASH to improve human development.



6. The Rural WASH for HCD Project is a first step in the World Bank’s support designed to help the government achieve better human development outcomes through WASH interventions and uses a convergence approach. The proposed project closely follows all six BWDP priorities above, focusing on clarifying institutional arrangements, building capacity for implementation and supervision, introducing or reforming critical policies, investing in WASH infrastructures that meet the ‘safely-managed’ service standard including in remote areas and public places, and taking the convergence approach, where the WB’s projects on health, income support for child nutrition, and WASH would be coordinated in a way to achieve maximum human capital development benefits.

7. The convergence approach seeks to leverage the WASH, health and nutrition human capital interventions. The project will converge with the two on-going WB projects: (i) the Bangladesh Health Sector Support Project (HSSP, P160846, US\$500 million, July 2017 - December 2022), which seeks to strengthen the health, nutrition and population (HNP) sector's core management systems and delivery of essential HNP services; and (ii) the Bangladesh Income Support Program for the Poorest Project (ISPPP, P146520, US\$300 million, March 2015 - June 2020), which seeks to provide income support to the poorest mothers in selected Upazilas while increasing the mothers’ use of child nutrition and cognitive development services and enhancing local level government capacity to deliver safety nets.

**B. Relevance to Higher Level Objectives**

8. This project supports all three focus areas in the World Bank Country Partnership Framework (CPF) for FY16-FY20. First, the project will primarily contribute to Social Inclusion (Focus Area 2) by targeting assistance to the most vulnerable in the rural area to better access ‘safely-managed’ WASH services, which would positively impact nutrition, health, and education outcomes. Second, the project will address some of the key constraints to the Growth and Competitiveness agenda (Focus Area 1) by strengthening the market delivery of WASH, mobilizing private capital to finance WASH services, and creating jobs. Third, the project is addressing the Climate and Environment Management agenda (Focus Area 3) through improving sanitation facilities and fecal sludge management, thereby reducing contamination of surface and ground water and mitigating public health impacts.

9. The proposed project is consistent with the World Bank’s strategic goals of ending extreme poverty and promoting shared prosperity. The project contributes to the two interlinked goals by focusing on providing the most vulnerable people with access to WASH services, which would lead to less exposure to waterborne diseases such as diarrhea. The most vulnerable people will be identified in the villages where there are on-going Bank operations and a nexus of poverty, malnutrition (e.g. stunting), and poor WASH infrastructure (see paragraph 20 for more details).

10. The project is well-aligned with the Human Capital Project, a global effort to accelerate more and better investments in people for greater equity and economic growth. Early healthcare and education can prepare children to succeed and prosper as adults in a rapidly changing world, and in order to do so, improved WASH services are essential. For example, increasing evidence suggests that WASH interventions may positively affect children under 5 years of age by reducing stunting, developing fewer episodes of diarrheal disease, improving gut health, and decreasing anemia. In order to maximize human capital development impact, the project will converge with two other World Bank projects.

11. The project promotes maximizing finance for development (MFD) by engaging MFIs and the private sector. The WB will provide capacity building and financing support to a wholesale MFI, which will leverage retail MFIs to offer WASH loans to households and local entrepreneurs. This approach has proven successful in a recent GPOBA pilot project. Furthermore, to ensure quality and sustainability of the proposed pilot piped water schemes, the private sector would be sought to operate and maintain such systems. The project will also support establishment of a WASH revolving fund and leverage capital from the MFIs to provide private sector loans.

**C. PROJECT DESCRIPTION**

Public Disclosure



Project Development Objective (PDO)

12. The project's PDO is to support the Government of Bangladesh in improving human capital development through increasing access to 'safely-managed' water supply, sanitation, and hygiene (WASH) services in areas identified for health and nutrition convergence.

13. The PDO will be measured against the following PDO-level indicators:

- (a) the number of people provided with access to 'safely-managed' water services (men and women);
- (b) the number of people provided with access to 'safely-managed' sanitation services (men and women);
- (c) the number of people trained in WASH quality standards compliance (local governments and entrepreneurs); and
- (d) the number of national or local policies (e.g. SDG WASH policy, pro-poor strategy, groundwater strategy) updated or introduced.

D. Project Costs, Financing, and Components

14. The project will be supported through Investment Project Financing (IPF) on IDA terms. The total cost of the proposed project is estimated at US\$350 million, co-financing and counterpart funding are being sought.

15. The project components have been developed in coordination with on-going WB projects on nutrition and health. To achieve the project objective, the project will finance the following five components:

- Component 1: Investments in water supply. This component will support community water points (predominantly deep tube wells) in remote areas, mini piped water schemes serving single or multiple villages, household loans for water supply improvements through MFIs, and commercial loans and technical assistance to local entrepreneurs through MFIs.
- Component 2: Investments in sanitation. Support will focus on providing 'safely-managed' latrines in households and public places, piloting innovative technologies, and raising awareness through behavioral change communication (BCC) campaign. MFIs will offer loans to households, and loans and technical assistance to local entrepreneurs. The poorest households will receive grants to build sanitation facilities.
- Component 3: Sector policy and capacity strengthening. This component will support the strengthening the sector's policy and regulatory framework including building capacity for service delivery.
- Component 4: Project implementation and management. This component will support key project management activities enabling DPHE and PKSF to coordinate and implement the proposed project.
- Component 5: Contingent emergency response (CERC). A provisional zero amount component is included, which will allow for rapid reallocation of loan proceeds from other project components during an emergency.

16. The convergence approach is central to project design. The convergence approach among the three projects involves a geographical overlap of project locations, use of common delivery platforms including beneficiary targeting, coordinated communication strategy, and leveraging each other's results indicators .

E. Project Beneficiaries

28. The project beneficiaries include members of households, the public, national and local governments, and the private sector. It is estimated that 5 million people living in some of the lowest income areas in rural Bangladesh with high stunting rates will have better access to 'safely-managed' WASH facilities in their home, public spaces, and/or health facilities through this project. This may especially benefit children, women, the vulnerable groups, since they are most susceptible to health consequences of non-access and subsequent deprivation of life-long economic and educational opportunities. The project will also provide capacity building to national and local governments to implement policies to be revised or introduced through this project. In addition, the private sector will benefit from the project through increased financing and market creating activities.



29. To maximize human capital output, the project beneficiaries are identified through the convergence approach, as mentioned earlier. The Bank’s on-going health and income support projects are being implemented in four divisions, Mymensingh, Rangpur, Chittagong, and Sylhet, which consist of 139 Upazilas in 36 districts. Within these, 45 Upazilas in 18 districts are chosen to implement the proposed project based on levels of water availability and quality, WASH coverage, and quality of MFI services. The on-going projects will be leveraged to help identify households with children under five and the poorest households in project locations, so that the target beneficiaries could be established with relative ease.

#### **D. Environmental and Social Overview**

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]  
The interventions of the project will be implemented in the rural areas of four divisions: Dhaka, Rangpur, Chattogram, and Sylhet. Around 40 sub-districts will be identified from these divisions to implement the proposed project based on levels of stunting and poverty. However, the sites have not been identified yet. The project will not carry-out any activities in Chittagong Hill Tracts and Cox’s Bazar. Some locations are likely to be remote. The salient characteristics of the area relevant to ES requirement will be included after the identification of the specific subproject and the location. The project will avoid environmentally sensitive areas, e.g. forested and natural habitat areas. The water supply scheme will be serving single or multiple villages to provide safe drinking water, that will have on average 150-200 domestic connections, such as an interior house connection, a yard connection for a household, or a connection shared between 3-5 households. Given the project localities, the implementing agencies will carry out an assessment if special arrangements and coordination is required in the field, different than that of urban areas. The water supply schemes in the project areas are likely to use groundwater sources. Shallow aquifers will be avoided in order to reduce the risk of coliform. The project will also finance rural households’ sanitation facilities as well as invest in design and construction of sanitation and appropriate hygiene facilities for rural institutions including health centers, market-places, and bus stations. Absence of proper sanitation services cause severe environmental pollution, affecting both public health and the local economies. It should however be noted that about 97 percent of the rural population have access to an improved water source, most of them within a 30-minute collection time. This achievement was largely due to the expansion of tube wells in rural areas, with close to 95 percent of rural people using them. The community led total sanitation (CLTS) approach enabled a vast majority of the rural population to end open defecation and use sanitation facilities. As a result, access to improved sanitation increased dramatically from 70 percent to 91 percent in rural areas from 2006 to 2014. Considering the prevailing situation, the project aims at providing further access to WASH facilities, training and financial support to achieve a higher standards of WASH discipline. It will also have important implications for women’s safety and security. Households will be motivated to construct toilets adjacent to their houses / bedrooms, rather than the legacy of ‘out house’ latrine construction. Lack of sanitation facilities in schools’ results in low levels of attendance among girls, perpetuating cycles of gender inequality and poverty. Girls who have reached puberty and female school staff who are menstruating need gender-specific sanitation facilities. The project will introduce low cost sanitary napkin in rural areas through private sector involvement. For environmental and social due diligence, both DPHE and PKSf will adopt a framework approach, since the exact locations and various physical activities related to water supply, sanitation are yet to be known and impacts cannot be assessed at this preparation stage.

#### **D. 2. Borrower’s Institutional Capacity**



The main implementing agencies are Department of Public Health & Engineering (DPHE) and Palli Karma Sahayak Foundation (PKSF). These agencies have dealt with safeguards issues adequately in the past in World Bank financed projects and are currently implementing similar nature of Bangladesh Municipal Water Supply and Sanitation Project (BMWSSP) and Sustainable Enterprises Project(SEP) respectively. Both projects are classified as category “B”. However, the ESF will be new for both of them. The capacities of the entities (DPHE, PKSF and MFIs) will be assessed as part of the E&S capacity assessment of the ESMF (specific site identification is not expected by project appraisal). Substantial coordination with several micro-finance institutions might be maintained for mitigating any environmental and social impacts and risks. There will be a need for training, deployment of adequate staffing and resources from the client side, and sustained assistance from the Bank side. To mitigate the risks, the DPHE and PKSF will be adequately resourced with personnel and expertise on clearly-defined TORs and with considerable autonomy. ESMF will propose the recruitment of required resources for this proposed project, who will assist the development of a long-term E&S capacity building program for both agencies to be supported under the project as well as to ensure the overall Environmental and social risk management at the implementation stage.

MFIs, which will on-lend money to sub-borrowers to finance construction and O&M of water and sanitation facilities, will need to be assessed for E&S capacity as part of setting up MFIs Environmental and Social Management Systems (ESMSs). MFIs and private sector will need to be covered by the capacity building program to develop capacity.

The capacity to execute the Environment and Social Management Plan (ESMP) as well as institutional requirements including various management plans and guideline will be documented in the Environmental and Social Commitment Plan (ESCP).

## II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

### A. Environmental and Social Risk Classification (ESRC)

Moderate

#### Environmental Risk Rating

Moderate

The proposed project will provide sanitation and drinking water supply. The project will avoid environmentally sensitive areas, e.g. forests and natural habitats. Key environmental issues the contamination of water and discharge of sludge and untreated sewage would be managed if properly designed. Also, the construction related impacts on air, noise and water would be mitigated. There will be on-site sanitation where sewage will be contained at the point of generation. All toilets constructed will be environmentally friendly twin pit, which are designed to have two pits to collect the waste, one single pit at a time before it fills up after which the other pit is used, giving more time for the waste in the idle pit to decompose. Septic tanks, two pit toilets do not require sewer/transportation etc. However, septage in septic tank will be transported at frequent intervals. Septage will be transported by septage hauler and no discharge or leakage will be allowed during transportation. When properly managed, septage can be disposed in suitable agricultural field since it contains nutrients that can reduce reliance on chemical fertilizer for agriculture. According to EPA guide, a good septage management recognizes potential benefits. There might have few off-site sanitations been proposed, which require transportation, disposal and treatment. However, the proposed sanitation activity controls open defecation, which is of significant importance.

The water supply activity is a basic human need and access to safe drinking water and is an essential for improvement of health . The treatment of water might be a concern; however the risk relates to chemical usage (e.g. for disinfection) of water supply scheme which will be mitigated by following the appropriate design and protocol.



There might be risks of lowering the groundwater table due to operation of project constructed deep tube wells. However, DPHE has already prepared a groundwater mapping, and the location of the deep tube wells will be identified accordingly to ensure low risk of subsidence. Poorly maintained water sources could be breeding grounds for mosquitoes or poor disposal of sludge could result in contamination of water sources. The water quality for all water facilities need to be monitored at regular interval. Caretakers will be appointed for each water point and will be trained for operation and maintenance, with a special focus on safe disposal of waste water. Further details will be provided in the appraisal stage ESRS after carrying out the detail assessment. Also, the project will keep provision for the necessary training and awareness on sanitation technology and management .

Both PKSF and DPHE are very capable and proven experience for managing rural sanitation and water supply program. Recently similar nature of Municipality Sanitation and Water Supply project (Cat-B) was signed with DPHE. The project’s aim of supplying safe drinking water and twin-pit latrines, deterring the present practice of open defecation. Training of local sweepers for safe management of fecal sludge and above all a community outreach/ training/ awareness building effort will significantly improve the present status of fecal waste hazards. Further, the project would not generate any additional fecal waste due to intervention rather provide a mechanism to bring down its present health hazard risk. Without project, the current practice is unhygienic and random disposal of fecal waste leads to pollution of natural resources and affects human health.

Considering the overall risk and impacts related to the proposed project activities, the long-term experience and capabilities of the implementing units and subsequent measures, the Environmental risk is rated Moderate. However, this risk classification will be reviewed on a regular basis and be changed (if necessary). Any change to the classification will be disclosed on the Bank’s website.

**Social Risk Rating**

Moderate

The project has several implications from the social side – gender (design, safety, impact on women’s health), inclusion (addressing the needs of indigenous, marginalized and vulnerable communities, culturally sensitized design, easing access to information and finance, assistance with repair and maintenance), land use (common/private property, optimizing access through strategic location, resettlement impacts if any), community health and safety, type of labor used and associated impacts, amongst others. The ESMF will fully address all these areas to propose adequate mitigation measures and recommend modalities to maximize project benefits for the target population by aligning the project design with the socio-cultural and context specific needs of communities.

The project interventions are small-scale and community based in nature which are not expected to have any significant or unmitigable social impacts. The project is expected to bring about better social outcomes through improved access to basic sanitation facilities, leading to better health and hygiene. Especially for women - menstrual hygiene, privacy, security, access and comfort will be greatly improved. No significant adverse impacts are anticipated.

The expected impacts are predictable, site specific, have minimal adverse impacts, easily mitigable and capacity will be strengthened to address the issues within the Implementing Agencies. The expected social impacts can be mitigated through implementation of appropriate environmental code of practice and environmental management plan, social management plans. Given the project description at this stage, and based on the experience of the ongoing “Bangladesh Municipal Water Supply and Sanitation Project”, the social risk for the proposed project is rated as Moderate.

**B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered**

Public Disclosure





## B.1. General Assessment

### ESS1 Assessment and Management of Environmental and Social Risks and Impacts

#### **Overview of the relevance of the Standard for the Project:**

ESS1 will apply and will clarify the client’s responsibilities in identifying and managing the environmental and social risks for the project. The Project will allow 15 to 20 households collect water from a water point and establishment of a large number of rural piped water schemes and hygienic sanitation facilities. As specific sites are not expected to be known by project appraisal stage, an ESMF is required prior to appraisal. The ESMF will cover an overall ES assessment at the project area, ES assessment procedure, the generic ESMP based on the anticipated impacts with subsequent mitigation measures due to the relevant activities to be supported under the project and the lessons learnt from the similar nature of existing project. The ESMF will provide guidelines for screening of sub-projects for environmental and social risks. ESMF will also recommend on the capacity and institutional requirements. During implementation, site-specific ESAs and Environmental and Social Management Plans (ESMPs) may be required, e.g. for construction works; these will be prepared and implemented prior to the commencement of the specific work in accordance with the ESMF. The site-specific ESMPs will be prepared to mitigate the ES risk and impacts and to address the issues of inclusion, social vulnerability of certain groups, gender and GBV, consultation and communication strategy (elaborated in the SEP) and any other issues identified via the ESIA and the stakeholder consultations. ToRs for ESIA will be provided in the ESMF. As part of the ESMF preparation, consultations with key stakeholders, including vulnerable and disadvantaged communities, will be carried to identify and their concerns and requirements, which will be included in the design of the facilities to strengthen greater support to these population sections. This will also help address potential issues related to Universal Access to project facilities.

In addressing applicable ESS, in consultation with the Task Team, the borrower will prepare ESMF, ESMP, ESAs, SEP, etc. The borrower will also prepare an environmental and social commitment plan (ESCP) which includes timeline for preparing required documents such as Labor Management Procedures (LMP), Project Grievance Redress Mechanism (GRM) etc. The ESCP will specify various actions to be carried out during implementation. Due diligence will be completed during preparation to assess all potential impacts and risks through consultations with stakeholders and appropriate assessments.

#### **Areas where “Use of Borrower Framework” is being considered:**

The use of Borrower Framework will not be considered for this project. The project will meet both the requirements of the Government of Bangladesh and the relevant World Bank ESSs.

### ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder engagement, consultation and communication, including grievance redress and disclosure of information will be required throughout the project life. The client (MLGRDC, DPHE and PKSf) will prepare a Stakeholder Engagement Plan (SEP), and early draft of which will be disclosed during preparation allowing enough time for review and feedback from interested parties. The final version of the SEP will be disclosed prior to appraisal but will remain a living document. It will be cognizant that the stakeholders will be both national and local (participants in the network building efforts). The beneficiaries will be both at community level (water points) and at the individual level (private toilets, piped water supply and door to door connections).

Through the primary screening, the principal stakeholders are the communities where construction activities will occur. In some sites and communities, particular attention to occupational and community health and safety issues,



potential social and environmental impacts on surrounding communities would be required. Also, important identified stakeholders are the client entities – Local Government Division, local Partner Organizations of PKSF as well as the contractors. The main beneficiaries of the project are the poor in rural and urban areas, but there is stratification within this category in terms of targeting project interventions. More stakeholders will probably be identified as a detailed mapping is undertaken.

Grievance Redress Mechanisms (GRM) will be set up to address complaints in a timely manner and following due process. The GRM will be cognizant of and follow required levels of discretion, and cultural appropriateness, especially when dealing with cases of sexual harassment and GBV. There may be complaints on hiring, wage differentials between male and female workers, etc. The GRM must be accessible to all stakeholders, especially poor and vulnerable people. Specific GRMs relevant to ESS2 and ESS5 will be set up.

If required, Meaningful consultations tailored to Indigenous Peoples will be conducted as per ESS7

## **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

### **ESS2 Labor and Working Conditions**

The project will involve the physical works related to water supply and sanitation facilities. These will only be in rural areas. These works will pose safety issues for laborers. Furthermore, issues such as child labor in the supply chain, forced labor, gender discrimination, GBV, occupational health and safety will be addressed in the Environmental and Social Management Framework (ESMF). The nature of the civil work is manageable through usage of localized labor, as has been done during the pilot stage. The prospective bidders will receive three days training (covering all above topics) prior to starting the civil works. Given the activities of sanitation and water schemes under the project, the number of workers is expected to be low in size mostly supplied by local labor from the community who will be Contracted Workers (as per ESS2 definition). Based on the planned project activities, it is envisaged that no primary supplier of goods and construction materials will be engaged in the project. Required construction materials for very limited civil works will be sourced from legal business entities with permits.

Labor Management Procedures (LMP) will be prepared by the Borrower as part of the ESMF or as a stand-alone document, to cover all requirements of ESS2. This plan will also include the assessment and required mitigation measure to ensure health and safety of the workers (Occupational Safety and Health or OHS measures) of the relevant stakeholders that may be exposed to health and other associated risks. The latter will cover ESF requirements pertinent to direct, contracted, community workers. Therefore, to ensure health and safety of the project workers during construction and operation phases of the project the contractor will need to prepare and implement their OHSP following the WBG EHS Guidelines.

DPHE and local government staff who are civil servants, PKSF staff who are government employees, contracted workers such as PIU staff, consultants (various), localized private firms hired by the project for carrying out construction works, community health workers (for the BCC campaign), local (private) entrepreneurs who will be trained to make and sell sanitary napkins and products, and are expected to be covered under the LMP. The salient points will be addressed in the ESMF and appropriate requirements will be incorporated in the ESCP as required and in Management of Contractors documents. A separate GRM will be provided for direct and contracted workers.



### **ESS3 Resource Efficiency and Pollution Prevention and Management**

The project will support construction of water supply and sanitation facilities which will be more energy and water efficient. As mentioned above, the location of deep tube-wells will follow the groundwater mapping done by DPHE (this covers groundwater status as well as water scarce areas where demand for safe water is high). In order to ensure efficient designs of the water supply schemes, water demand studies will be undertaken. Potential impacts on groundwater resources will be monitored, and mitigation measures implemented if required. The agencies will ensure the execution of the ESMP so that water supply network would not be contaminated, untreated sewage will not be discharged and sludge will be managed. The IA will also ensure sustainable design for the activities under the project.

GHG emissions from the project will be assessed though the significant emissions are not expected from the project activities. ESMF will identify and propose measures to mitigate the relevant risks & Impacts (especially sludge management). Poor O&M could create community and public health issues. Therefore, sub-projects will be screened for identify potential risks of creating stagnant water from poor O&M that could serve as breeding ground for mosquitoes and spread of vector born diseases. Based on the screening result, the subsequent mitigation measures also be suggested and implemented. The potential exclusion risk of persons with disabilities will be assessed both from the aspects of infrastructure design as well as education/awareness services, cultural context, as per the concept of universal access.

### **ESS4 Community Health and Safety**

The ESMF will carry out an overall screen for any potential health and safety risks to the project affected people due to construction activities, increased traffic, disruption to access to ecosystem services, and its associated risks including GBV, spread of infectious diseases, exposure to hazardous material or equipment, etc. and subsequent measures will be prepared, adopted, and implemented (Community Health and Safety measures). However, labor influx is not expected this type of minor construction activities, local labor will be used. WBG EHS guidelines will also be followed in the preparation of the ESMF and all labor related plans.

### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

No Land Acquisition will be required for this project. The mini piped-water schemes and the community water points and toilets will all be established on land that either belongs to the local government or is volunteered by the community themselves. All previous projects working on similar rural water schemes have successfully used this model. The project will work on provision of common water points at the community level. Assessment of land ownership type, community engagement to disseminate information, establish a feedback loop, assess community willingness, participatory site selection and design will be conducted. Detailed assessment will also be done on existence of squatters, livelihood and grazing activities, and issues related to hindering access to neighboring villages and settlements. It is unlikely (based on the experience of previous projects) that physical displacement will occur, but there is high likelihood of temporary disturbances and impacts on businesses, access to and from homes (especially with regards to piped water and individual connections). After the proposed sites are identified and based on screening (and detailed ESIA if warranted), a Resettlement Action Plan (RAP) or an abbreviated version of the latter, if/as required, will be prepared. The site-specific ESMPs will address issues of inclusion, social vulnerability of



certain groups, gender and GBV, consultation and communication strategy (elaborated in the SEP) and any other issues identified via the ESIA and the stakeholder consultations

### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

Infrastructure works in rural areas can impact native flora and fauna. Mitigation hierarchy and precautionary approach will be considered during the design and implementation of project, to ensure minimal risks and impacts to flora and fauna. Planning and construction in such areas should be done during the project implementation such carefully that the activities under the project would not affect forest or any biodiversity prone area. The screening process should identify any potential sensitive sites in or near proposed intervention sites. In such situations, site-specific ESIA will identify potential impacts and propose an appropriate ESMP

### **ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**

Relevant. At this stage it is not known if the project will work in areas where concentrations of IPs live. The project will not carry-out any activities in the IP prone Chittagong Hill Tracts and Cox's Bazar. However, the physical infrastructures might be built in areas where indigenous people live. The project will work with communities from marginalized areas and backgrounds where inclusion, participation in project design and implementation, cultural context, awareness raising and support (especially for maintenance services) will be issues to be considered. If ethnic minorities are screened and assessed to exhibit the characteristics defined under ESS7, Small Ethnic Minorities and Vulnerable People Plans may be developed based on stakeholder consultations and assessment of baseline scenario and considering the proportionality of risks in this regard. If the risks are not significant, ESS7 guidance can be included in relevant ESMPs. It is unlikely that the circumstances requiring obtaining FPIC will prevail for this project, but the stakeholder engagement, coupled with field level assessments of identified sites will be used to determine this.

### **ESS8 Cultural Heritage**

As the project intervention sites are still unknown; The ESMF will conduct an overall assessment and anticipate the potential risks and impacts of the proposed activities of the project on cultural heritage. Every effort will be taken to make sure that the physical works are not located near any heritage sites. A chance finds procedure will be included in works contracts and in the bidding document requiring contractors to stop construction if cultural heritage is encountered during any work and to notify and closely coordinate with relevant mandated country authority for the salvaging and restoration of such cultural heritage.

### **ESS9 Financial Intermediaries**

Micro-finance Institutions will be engaged through PKSF, who will be responsible to introduce water and sanitation loans for on-lending. The local Partner Organizations (POs) of PKSF will provide sanitation loans to households in project areas, further support for demand creation and market promotion. MFIs and private sector financiers will develop their own Environmental and Social Management Systems (ESMSs) and PKSF will check compliance of sub-borrowers as per ESF requirements. Thus, PKSF will be responsible for oversight of participating MFIs and private sector parties and ensure that they prepare appropriate ESMS to monitor identify, assess, manage and monitor any



environmental and social risks emanating from the activities of the MFIs. Requisite training will be done with PKSF to orient them towards the preparation and use of the ESMS.

**B.3 Other Relevant Project Risks**

The project incorporates several physical works in the WASH sector. There may be risks associated with construction and waste management related activities. Adequate awareness raising exercises and training will be implemented based on the assessed risks. At this stage no reputational risks are identified for this project.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

The project will support mainly renovation/ upgradation existing water facilities using ground water as a source.

**OP 7.60 Projects in Disputed Areas** No

The project will avoid environmentally sensitive areas, e.g. forested and natural habitat areas.

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?** No

**Financing Partners**

There is no other Financing Patterners

**B. Proposed Measures, Actions and Timing (Borrower’s commitments)**

**Actions to be completed prior to Bank Board Approval:**

- ESMF (date) :February 15, 2020
- RPF (date) : February 15, 2020
- IPPF? (Date) (if required) : March 15, 2020
- SEP : March 15, 2020 .
- ESCP : March 15, 2020
- LMP : March 15, 2020

**Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):**

ESIA/ESMP for construction work (based on screening of sub-projects) after sites have been identified. Training and capacity building on the ESF in general, with a tailored focus on ESSs most relevant to the project, gender and GBV screening and associated measures, will be carried out at regular intervals (including refreshers). A training program schedule will be developed in consultation with the client.

- (i) The type and timing of the Environment and social instruments preparation will be agreed with the borrowers.

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- (ii) The engagement and timeline of E&S specialists (both environment and social) in the PMUs will be addressed.
- (iii) Training of PMU staff on E&S issues and risk management for capacity building
- (iv) The cost of environmental and social management including consultation costs will be agreed. The borrower will confirm that the cost is being reflected in the Development Project Proforma (DPP).
- (v) The monitoring plan, including the scope and timing of report submission and disclosure will be mentioned in the ESCP.

**C. Timing**

**Tentative target date for preparing the Appraisal Stage ESRS**

31-Mar-2020

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: People's Republic of Bangladesh

**Implementing Agency(ies)**

Implementing Agency: Department of Public Health Engineering (DPHE)

Implementing Agency: Palli Karma-Sahayak Foundation (PKSF)

**V. FOR MORE INFORMATION CONTACT**



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**VI. APPROVAL**

Task Team Leader(s):	Aneeka Rahman, Deo-Marcel Niyungeko, Rokeya Ahmed
Practice Manager (ENR/Social)	David Seth Warren Recommended on 27-Nov-2019 at 09:37:39 EST
Safeguards Advisor ESSA	Agi Kiss (SAESSA) Cleared on 02-Feb-2020 at 14:03:13 EST