



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	P171144	
Project Name	Bangladesh Urban Health, Nutrition and Population Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/4/2020	9/30/2020
Borrower(s)	Implementing Agency(ies)		
Economic Relations Division	The Ministry of Local Government, Rural Development and Cooperatives, The Ministry of Health and Family Welfare		

Proposed Development Objective(s)

To (i) improve delivery of primary health, nutrition and population (HNP) and environmental health services for selected urban populations, and (ii) develop and strengthen government capacities and systems for delivery of these services.

Financing (in USD Million)	Amount
Total Project Cost	300.00

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]

To achieve its objectives, the project will reflect the following strategic orientations:

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- a. Develop platforms and institutions. As reflected by its two-pronged objective, the overall project strategy would be to support improvements in primary-level HNP and environmental health services in selected urban areas in a way that establishes the basis for potential increased and sustained government support to these services in urban centers across the country in the medium term. In other words, the project would support strategies and implementation mechanisms that would be most likely to continue to be funded, managed and expanded by the government, with the ambition of helping catalyze the necessary large and sustained government support needed to sustainably improve urban HNP and environmental health services.
- b. Build on existing systems and capacities in a pragmatic and flexible way. In achieving this within a reasonable timeframe, the project must be pragmatic and flexible, working with the existing legislative framework, systems and capacities. This would entail providing support to existing government HNP and environmental health services in selected urban areas, whether currently managed by the Ministry of Health and Family Welfare (MoHFW) or urban local governments, developing partnership arrangements for close collaboration between the MoHFW, the Ministry of Local Government, Rural Development and Cooperatives (MoLGRDC) and urban local governments to improve existing HNP services, and supporting expansion of services through this collaboration. The project would be flexible in supporting different approaches in different contexts.
- c. Support new strategies to address service delivery constraints. In improving and expanding urban HNP services, the project would also test the scalability and sustainability of new and innovative strategies to address constraints that affect existing government health services. The project should not contribute to simple replication of existing constraints to government HNP service delivery. The project would work to improve service availability, quality and accountability, by testing strategies in the areas of service management, quality, public-private partnerships, health financing, and citizen engagement. Again, in line with the strategic orientation above, such strategies are those that clearly hold the possibility of being taken to scale by government in the medium term.

The project will target selected areas of the City Corporations of Dhaka South, Dhaka North and Chattogram, each of which present differing contexts (notably the relative HNP service delivery capacities of the MoHFW and City Corporations), requiring flexibility in strategies and implementation mechanisms. Within each City Corporation, areas targeted for project support will be determined by a mix of factors, including poverty levels, access to existing HNP services, presence of potential platforms for service improvements, and coordinated targeting with existing and planned World Bank-financed projects for urban development (Dhaka City Neighborhood Upgrading Project, P165477) and sanitation (Dhaka Sanitation Improvement Project, P161432).

The project will encompass two components as follows:

Component 1. Improve urban primary HNP services: This will support improved delivery of primary HNP services in targeted urban areas through investments in existing platforms, expansion of services, and innovation. The project will support improved delivery of the MoHFW's Essential Services Package, including not only the maternal and child health and infectious disease services that are currently provided by MoHFW services nationally, but also expanded services for diagnosis, referral and management of non-communicable diseases. Nutrition counselling and growth monitoring services delivered through the health system will be developed, along with community outreach and behavior change communication.



Component 2. Improve urban environmental health services. This component will support development and implementation of a comprehensive strategy for management of infectious disease outbreaks in urban areas, notably requiring mechanisms for close collaboration between the City Corporations, the MoHFW and the MoLGRDC. Possible areas of interventions will be vector (mosquito) management to deal with disease outbreaks, disease surveillance systems, outbreak response capacities, and diagnosis and treatment services. Some of these functions would be implemented by urban local governments (for example, vector management), some by MoHFW (for example, outbreak response), and some by both, depending on the context (for example, diagnosis and treatment services, disease surveillance). Another environmental health function that will be supported by the project is behavior change communication to promote hygiene (targeted to areas will include those supported by the World Bank-financed Dhaka Sanitation Improvement Project, P161432). The project will also support improvement in medical waste management (requiring close collaboration between MoHFW and the City Corporations). A public-private partnership strategy will be pursued for contracting-out medical waste management to the private/non-government sector.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
The project will target the areas of the City Corporations of Dhaka South, Dhaka North and Chattogram, each of which presents differing contexts (notably the relative HNP service delivery capacities of the MoHFW and City Corporations), requiring flexibility in strategies and implementation mechanisms. The project will support improved delivery of primary HNP services and environmental health services in targeted urban areas through investments in existing platforms. The project will also support contracting of private sector providers of diagnostic services to improve availability and quality. Nutrition counselling and growth monitoring services delivered through the health system will be developed, along with community outreach and behavior change communication. In Dhaka, most potential platforms are managed by the MoHFW, although there are some hospitals managed by the Dhaka South City Corporation while EPI Centers are jointly managed by the MoHFW and the two City Corporations. In Chattogram, both the MoHFW and the Chattogram City Corporation manage a number of hospitals and primary health care facilities that are potential platforms for service delivery improvements supported by the project. Development and expansion of primary health care services will include the use of ICT to improve reporting, monitoring and disease surveillance. The project will support to develop mechanism for management of infectious disease outbreaks in urban areas. Possible areas of interventions will be vector (mosquito) management to deal with disease outbreaks, disease surveillance systems, outbreak response capacities, and diagnosis and treatment services.

The key social risks involve outreach to and engagement of stakeholders in a challenging context who encompass a diverse background. A significant percentage of the beneficiaries will be from urban poor most of who live in congested slums and do not have access to low cost healthcare. The project will respond to their inclusion through an appropriate outreach strategy involving NGOs and public-private partnership and as well as a well-elaborated stakeholder engagement plan. The key environmental impact is the generation of medical, solid and liquid wastes from health services, if not properly managed. However, the project will support improvement in medical waste management (requiring close collaboration between MoHFW and the City Corporations). A public-private partnership strategy will be pursued for contracting out medical waste management to the private/NGO sector.

The detailed baseline scenario and status of medical waste management in these clinics and facilities are unknown at the moment. Also the exact locations and various physical activities related to minor repair works at urban health center are yet to be known and impacts cannot be assessed at this preparation stage. Therefore, an Environmental



and Social Management Framework (ESMF) will be developed before appraisal to control the medical waste to be implemented at hospital/health facilities premises and improve environmental performance.

D. 2. Borrower’s Institutional Capacity

Implementation of the proposed project will be the responsibility of the MoLGRDC, MoHFW and the City Corporations through its existing structures. The MoHFW is a long time Bank client since 1980s and is currently implementing the Health Sector Support Program (HSSP) for improving health service delivery, particularly in the Chattogram and Sylhet Divisions. The MoHFW is quite familiar with Bank safeguard policies and has a reasonable track record of implementing safeguard policies in Bank-financed projects. The MoLGRDC has also dealt with safeguards issues adequately in the past in World Bank financed projects and are currently implementing urban development (Dhaka City Neighborhood Upgrading Project, P165477) and sanitation (Dhaka Sanitation Improvement Project, P161432). The MoLGRDC will be exposed to ESF for the first time; and while the MoHFW is preparing Health and Gender Support Project for Cox’s Bazar district (P171648) project under ESF, their knowledge and capacity to deal with it is limited as of yet.

There will be a need for training, deployment of adequate staff and resources from the government, and continued capacity building assistance from the Bank side on ESF. To mitigate the risks, the MoHFW and the MoLGRDC will be adequately resourced with personnel and expertise. The capacities of the implementing agencies (MoHFW, MoLGRDC and the City Corporations) will be assessed as part of the E&S capacity assessment under the ESMF. The 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 all implementing agencies to be supported under the project as well as to ensure the overall environmental and social risk management at the implementation stage.

A strong coordination between MoHFW and MLGRDC as well as with several private health service providers might be maintained for mitigating any environmental and social impacts and risks.

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)

Substantial

Environmental Risk Rating

Substantial

The project will mainly provide HNP services and health services in selected areas of the City Corporations of Dhaka South, Dhaka North and Chattogram. The proposed project is not envisaged to involve any major civil works, such as new construction or significant rehabilitation of existing buildings in the three targeted cities. It will however, involve minor repairs and will be done by the government agencies in accordance with national and local laws and procedures. The key environmental risk and impact is the generation of medical, solid and liquid wastes from health services and, minor construction related impacts from infrastructure rehabilitation. The healthcare workers, patients, waste handlers, waste-pickers and general population may be exposed to health risks from medical, solid and liquid waste. An ESMF will be prepared and will include baseline status of health services and medical waste management,

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anticipated impacts and mitigation measures. The ESMF will identify the needs for enhanced capacity building for the healthcare workers (training and awareness raising) of health facilities and City Corporations and development and implementation of waste management plans and systems in all tiers of health facilities at the three targeted cities. The project will require the development and implementation of a Medical Waste Management Plan (MWMP) and a Solid and Liquid Waste Management Plan (SLWMP), which will be included in the proposed ESMF. The specific timeframe and details of the plans to be required for the project as well as trainings, awareness raising, and capacity development of health care workers and waste handlers for the project will be included and recorded in the ESCP.

Based on available information, the medical waste management and practices in the country is below the expected standards. The government with the help of non-governmental organizations (NGOs) is trying to solve the problem but cannot cope with the growing demands. The project will support improvement in medical waste management, which will need close collaboration between the MoHFW and the relevant City Corporations by engaging contractor/NGO .

Given that the proposed project activities will potentially increase generation of medical, solid and liquid wastes in health care facilities and the existing insufficient waste management practices, the Environmental risk is rated Substantial. However, this risk classification will be reviewed on a regular basis and changed (if necessary). Any change to the classification will be disclosed on the Bank's website.

Social Risk Rating

Moderate

The project will bring social benefit by providing better medical and environmental health services to urban poor in selected urban areas. The major social risks of the project relate to inclusion of all stakeholders who come from diverse backgrounds and social strata. Further, social impacts may also include management of labor and potential risk related to gender-based violence (GBV). However, the expected impacts are predictable, site specific and likely to have minimal adverse impacts which are mitigable with the capacity strengthened to address the issues within the Implementing Agencies. The mitigation measures will be ensured through implementation of appropriate environmental code of practice and environmental management plan, social management plans and Labor Management Procedure. Given the project description at this stage, and based on the experience of the ongoing health project, and the nature of social impacts of the 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

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 is relevant because of environmental and social risks from increased generation of medical wastes and general solid and liquid wastes from the rehabilitated health facilities. There will also be construction-related risks and impacts from the renovation works of existing health facilities. As specific sites within the three targeted cities are not known by project appraisal stage, an ESMF is prepared and disclosed prior to appraisal. The ESMF will cover an overall ES assessment of health services, and the medical waste management and practices of 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 similar nature of existing



project. The ESMF will provide guidelines for screening of sub-projects for environmental and social risks. The ESMF will also recommend on the capacity and institutional requirements. During implementation, site-specific ESIA's , ESMPs and Medical Waste Management Plan(MWMP) may be required, e.g. for repair 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 Stakeholder Engagement Plan) and any other issues identified via the ESIA and the stakeholder consultations. Terms of reference 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 government will prepare ESMF, ESMP, SEP, and the ESCP. The ESCP will include timeline for preparing required documents such as Medical Waste Management Plan (MWMP), 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

This ESS is relevant. The stakeholders of the project will encompass a broad range of actors: besides the implementing agencies, it'll include local government stakeholders (e.g. ward councillors), civil society, NGOs, media, local/neighbourhood associations/clubs, youth groups/associations, medical doctors' association, private health institutions, pharmacists' association, etc. Stakeholder engagement, consultation and communication, including grievance redress and disclosure of information will be required throughout the project life. The government will prepare a Stakeholder Engagement Plan (SEP), and the draft of which will be disclosed during preparation allowing enough time for review and feedback from interested parties and project affected people. 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 of three cities.

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. The GRM must be accessible to all stakeholders, especially poor and vulnerable people. Specific GRMs relevant to ESS2 will be set up.

B.2. Specific Risks and Impacts

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

ESS2 Labor and Working Conditions

This ESS is relevant. Project Implementation Units may need to hire people working on project preparation and implementation, and these people are direct workers as defined by this ESS. The project will include minor repair and renovation work in a number of health facilities. Labor requirements are expected to be low in size mostly supplied by local labor from the community who will be Contracted Workers (as per ESS2 definition). Required construction materials for very limited repair and refurbishment work will be sourced from legal business entities with permits. No Community workers will be required for the project construction. A project-specific LMP will be prepared before project appraisal which will cover issues with all types of workers. 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). The salient points will be addressed in the ESMF and appropriate requirements will be incorporated in Management of Contractors documents. A separate GRM will be developed.

ESS3 Resource Efficiency and Pollution Prevention and Management

This ESS is relevant. The project is likely to generate medical, solid and liquid wastes. These may affect the health care givers, local people and the environment. The ESMF will provide the recommendations to effectively and efficiently manage the medical and liquid waste. The implementing agencies will ensure the execution of the waste management plans throughout the project implementation period. The implementing agencies will also ensure sustainable design for minor renovating of health infrastructure. Liquid waste will be required to be treated before discharging in to any stream or natural water bodies.

ESS4 Community Health and Safety

This ESS is relevant. Given the planned provision of HNP and environmental services, the communities of the three cities may be exposed to health and safety hazards if these wastes are not properly managed and treated. Also, small repair activities may expose communities to minor noise, air pollution and potential GBV risks. Measures will be prepared, adopted, and implemented (Community Health and Safety measures) to assess and manage specific risks and impacts to the community arising from project activities, including, inter alia, behavior of project workers, response to emergency situations etc, and include these measures in the ESMF. Further, a Grievance Redress Mechanism (GRM) will also be enacted to address issues with grievances by any stakeholders. The World Bank’s EHS guidelines will also be followed in the preparation of the ESMF and all relevant plans.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This ESS is not currently relevant. The project will not require any land acquisition. However, as the project may involve minor repairing and/or refurbishment of existing structures, site-specific screening will be carried out before such works and in case adverse impacts on squatters and encroachers are found, relevant resettlement instruments will be prepared and followed.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This ESS is not currently relevant. The Project activities will not affect biodiversity and living natural resources.



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

The ESS is not relevant because there are no ethnic minority communities present in or have collective attachment to the participating urban areas of Dhaka South, Dhaka North and Chattogram.

ESS8 Cultural Heritage

This ESS is not currently relevant. Work will be confined within existing facilities; hence, it is highly unlikely that there will be project impacts on cultural heritage. A chance find procedure will be included in works contracts and in the bidding document requiring contractors to stop construction if any issue with cultural heritage is encountered during implementation of the planned work and to notify and closely coordinate with relevant mandated country authority for salvaging and restoration of such cultural heritage.

ESS9 Financial Intermediaries

None

B.3 Other Relevant Project Risks

The planned project activities are not anticipated to have long-term or indirect negative social or environmental impacts. The project is expected to enhance access to health services and increase social cohesion at the family and community level. Project investments may strengthen sound environmental and social practices around health facilities. Adequate awareness raising exercises and training will be implemented based on the assessed risks.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

None

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

Actions to be completed prior to Bank Board Approval:

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- ESMF (Will include generic Medical Waste Management Plan, Solid and Liquid Waste Management Plan and ESMP for the rehab works) : March 15, 2020
- SEP : March 15, 2020.
- ESCP : March 30, 2020
- LMP- March 15, 2020

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

The following aspects will be a part of the ESCP:

- (i) The type and timing of the environment and social instruments preparation will be agreed with the implementing agencies.
- (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 their project documents.
- (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

06-Apr-2020

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Economic Relations Division

Implementing Agency(ies)

Implementing Agency: The Ministry of Local Government, Rural Development and Cooperatives

Implementing Agency: The Ministry of Health and Family Welfare

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Patrick M. Mullen, Iffat Mahmud
Practice Manager (ENR/Social)	David Seth Warren Recommended on 03-Dec-2019 at 14:46:45 EST
Safeguards Advisor ESSA	Agi Kiss (SAESSA) Cleared on 15-Dec-2019 at 21:37:17 EST