



Government of the Peoples Republic of Bangladesh

Livestock and Dairy Development Project

(P161246)

CONTINGENT EMERGENCY RESPONSE COMPONENT

(CERC)

**Addendum To
Environmental and Social Management
Framework (ESMF)**

**Department of Livestock Services (DLS)
Ministry of Fisheries and Livestock (MoFL)**

MAY 2020

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Introduction

The COVID-19 pandemic presents Governments around the world with unprecedented challenges in development and service sectors. Addressing COVID-19 related issues in project operation starts with recognizing that this is not business as usual and that circumstances require a highly adaptive response mechanism to avoid, minimize and manage what may be a rapidly evolving situation. The Government of Bangladesh has also targeted commensurate response packages in various sectors impacted heavily by COVID-19. The Department of Livestock Services (DLS) under the Ministry of Livestock and Fisheries (MOFL) has planned to contribute in the sector efforts of the Government of Bangladesh and proposed to activate the Contingent Emergency Response Component (CERC) of the Livestock and Dairy Development Project (LDDP) with financing from the International Development Association of the World Bank Group. DLS has developed Emergency Action Plan (EAP) for implementation with CERC activations supporting the small holder farmers in livestock and dairy production. The EAP in response to COVID-19 pandemic has been designed to comply with the national legislative requirements and the World Bank policy on environmental and social requirements relevant to CERC.

This document is an Addendum to the Environmental and Social Management Framework (ESMF) including Small Ethnic Community Development Framework (SECDF), Resettlement Policy Framework (RPF) and Pest Management Plan (PMP), together referred to as ESMF for the Bangladesh Livestock and Dairy Development Project (LDDP) related to Sub-component C4, the Contingent Emergency Response Component (CERC). The project ESMF and this Addendum are intended to guide the environmental and social risk management associated with the activities under the emergency response component in response to the recent COVID-19 pandemic, and together form the CERC-ESMF which is part of the Emergency Operations Manual. The CERC allocation of US\$ 96.2 million under subcomponent C4 of the LDDP will finance eligible expenditures defined in the Emergency Action Plan (EAP) proposed by the Department of Livestock Services (DLS) based on eligible activities, in support of the Government's rapid emergency COVID-19 response efforts in livestock and dairy sector. The specific CERC activities to be financed are event and demand driven and provide short-term bridge financing exclusively for the immediate relief and recovery needs related to an eligible emergency.

This addendum is intended to provide guidance to project team in addressing key issues associated with COVID-19 and consolidates the advice and knowledge that has already been available over the past month. Team need to work to understand the activities being carried out and the risks that these activities may entail. This addendum will support in designing mitigation measures that are implementable in the context of the project. These measures will need to take into account capacity of the agencies, availability of supplies and the practical challenges of operations on-the-ground, including stakeholder engagement, supervision and monitoring. In many circumstances, communication itself may be challenging, where face-to-face meetings are restricted or prohibited, and where IT solutions are limited or unreliable.

This addendum emphasizes the importance of careful scenario planning, clear procedures and protocols, management systems, effective communication and coordination, and the need for high levels of responsiveness in a changing environment. It recommends assessing the project activities,

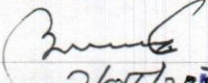
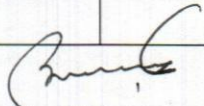

22/05/2020
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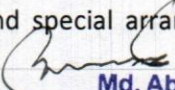
Table: List of Activities proposed under Emergency Action Plan under CERC

Nr	Activity	Description	Responsible	Support Institution	Total Cost MUS\$	World Bank Funding
A. Procurement of Goods						
1	Mass Media Communication	Awareness programs through printed media	PMU	DLS & Local Administration	0.035	100%
		Awareness programs through electronic media (develop & air)	PMU	DLS & Local Administration	0.235	100%
2	Health Safety Items	Surgical masks (50 pcs/box)	PMU	DLS & Local Administration	0.012	100%
		Surgical hand gloves (100 pcs/box)	PMU	DLS & Local Administration	0.009	100%
		Antiseptic disinfectant (1 ltr plastic bottle)	PMU	DLS & Local Administration	0.008	100%
		Bleaching powder	PMU	DLS & Local Administration	0.004	100%
3	Mobile Veterinary Clinics	Double cabin pick-up with canopy & customization	PMU	DLS & Local Administration	3.965	100%
4	Subsistence Feed Cost for Poultry	Feed ingredients for layer/broiler/sonali/duck (200,000 HH)	PMU	DLS & Local Administration	30.144	100%
5	Compensation Package Dairy Farmers	For lactating dairy cows only	PMU	DLS & Local Administration	57.647	100%
6	Cream Separator Machines	Stainless Steel 350-500 lph. Electric	PMU	DLS & Local Administration	0.920	100%
		Stainless Steel 150-200 lph. Electric	PMU	DLS & Local Administration	0.750	100%
		Stainless Steel 50-100 lph. Electric/Manual	PMU	DLS & Local Administration	0.300	100%
7	Freezers for Medicines and Vaccines	300-400 ltr freezers	PMU	DLS & Local Administration	0.265	100%
8	Preparation of EAP Implementation Field Manual	Through hiring international individual consultants (max 4 wks)	PMU	DLS & Local Administration	0.015	100%
Sub-total					94.310	
B. Emergency Operating Expenses						
9	Rental cost for Milk Van to manage supply chain	Daily rental cost for milk van for 45 days in 61 districts (10 vans/district)	PMU	DLS & Local Administration	1.615	100%


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Sl.No.	Subprojects / Activities	Potential E&S Risks or Impacts	E&S Risk Level
1	Media campaigns for community awareness on the TV Channels and Pint Media	None	Low
2	Procurement of health safety items: A package comprising face masks, hand gloves, apron, disinfectants, hand sanitizer, soap and detergent.	Water pollution from physical and chemical sanitary waste disposal	Moderate
3	Procurement and operation of Mobile Veterinary Clinics (MVCs): 61 MVCs will be procured and operated. Garage facilities will be organized in existing facilities available at district DLS offices.	Dust, noise, air and water pollution from hazardous wastes (oil and fuel) for operation of MVCs. H/S issues for drivers Risks of involuntary displacement for garage facilities	Moderate
4	Cash transfer for business continuation for poultry farmers. A total of 200,000 pre-identified poultry farmers will receive cash from the CERC.	Social inclusion, vulnerability and gender, GBV issues	Moderate
5	Cash transfer business continuation for dairy farmers with lactating cows. A total of 420,000 pre-identified dairy farmers will be benefited.	Social inclusion, vulnerability and gender, GBV issues	Moderate
6	Procurement and transfer of cream separator machines to 1500 farmers	Social inclusion, vulnerability and gender, GBV issues Health safety for operation	Moderate
7	Procurement of freezers for safe storing of medical supplies and vaccines	Health and safety issues, safe disposal of wastes	Moderate to substantial
8	Rental support for mobile vending of milk and eggs among the communities by community groups	Labor and community health and safety, social inclusion	Moderate to substantial

Activities and actions with **low** potential environmental and social risks require no further safeguards actions. Those with **moderate** potential risks will be managed using the general ESMF for LDDP and will require that an ESMP be developed, approved and implemented. The ESMP will also include measures for health and safety measures in response to COVID-19, and special arrangement for


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circumstances, will help the project put in place the best measures possible to address the situation. PMUs should refer to guidance issued by relevant authorities, both national and international (e.g. WHO). Addressing COVID-19 at a project site goes beyond occupational health and safety and is a broader project issue which will require the involvement of different members of a project management team.

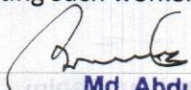
(a) Assessing Workforce Characteristics

- Breakdown of workers temporarily hired (i.e. workers from the community), and government officials. Where possible, there should be health check before employment, as workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk.
- Consideration should be given to ways in which to minimize movement in and out of site to avoid workers returning home to affected areas.
- Consideration should be given to requiring workers lodging in the local community to move to separate lodging facility (subject to availability) where they would be subject to the same restrictions.
- Workers from local communities, who return home daily will be more difficult to manage. They should be subject to health checks regularly and at some point, circumstances may make it necessary to require them to either use accommodation on site or not to come to work.

(b) Entry/Exit to the workplace and Checks on Commencement of Work

Entry/exit to the work site should be controlled and documented for all workers and officials. Possible measures may include:

- Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.
- Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID -19 specific considerations.
- Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry.
- Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues.
- Checking and recording temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site.
- Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods.
- During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days.


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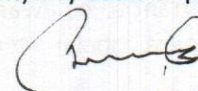
- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.
- Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives.
- Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated (for further information [see WHO interim guidance on water, sanitation and waste management for COVID-19](#)).
- All vehicles should be cleaned thoroughly with disinfectants after returning to the parking facilities.

Disposal of Personal Protective Equipment (PPE): If PPE is exposed to infectious materials during use (e.g., body fluids from an infected person) the PPE is considered contaminated and the wearer should remove it promptly, using proper removal procedures. It is essential that used PPE is stored securely within disposable rubbish bags. Based on the PPEs quality, the PPEs need to be burnt or washed or buried. Otherwise, these bags should be placed into another bag, tied securely, marked (with date) and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.

(e) Local Medical and Other Services

Given the limited scope of project medical services, the project may need to refer sick workers to local medical services. Preparation for this includes:

- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies).
- Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.
- Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.
- Clarifying the way in which an ill worker will be transported to the medical facility and checking availability of such transportation.
- 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.



importance of regular information and engagement with workers (e.g. through training, town halls, tool boxes) that emphasizes what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of work force peace of mind and business continuity. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.

- Training of workers should be conducted regularly, as discussed in the sections above, providing workers with a clear understanding of how they are expected to behave and carry out their work duties.
- Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work.
- Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted.
- Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and social distancing, and what to do if a worker displays symptoms.

Contingency Plan and Communications

DLS will develop a contingency plan following the WHO guidelines and the World Bank requirements for each district to put in place procedures in the event of COVID-19 reaching the area or already there. The contingency plan will be developed in consultation with national and local healthcare facilities, to ensure that arrangements are in place for the effective containment, care and treatment of workers who have contracted COVID-19. The contingency plan will also consider the response at the events of infections among the workforce, community transmission is taking place and when it is likely that access to and from a target area will be restricted to avoid spread of COVID-19.

The contingency plan will be lucid to GBV risks screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The contingent incidents will be duly registered with the GRM with observations of anonymity protocol. The EAP will have contingency budget for any possible referral services available in the beneficiary areas.

DLS will ensure effective communications to reduce the risk of stigma or discrimination, and to ensure that individual's roles and responsibilities are clear. The preparation measures and contingency plans should be communicated widely. Workers, sub-contractors, suppliers, adjacent communities, nearby projects/workforces, and local healthcare authorities will be made aware of the preparations that have been made. When communicating to the workforce, their roles and responsibilities will be outlined clearly, and the importance for their colleagues, the local communities and their families that the workers follow the plans will be stressed. Workers will be reassured that there will be no retaliation or discrimination if they self-isolate as a result of feeling ill, and with respect to the compensation arrangements that are in place under CERC. Further guidance on preventing social stigma as a result of COVID-19 is available at

<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>.



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Livestock and Dairy Development Project (LDOP) Page 11
Department of Livestock Services (DLS)

ANNEX -1

Protect yourself and others from infectious diseases including novel coronavirus (Covid-19) outbreak

■ PRACTICE HAND HYGIENE (Wash your hands frequently)
 Both hands Both sides at least up to wrist Fingertips
 Wash with soap and water (40-60 seconds) Clean with alcohol based hand sanitizer (20-30 seconds)

■ PRACTICE RESPIRATORY HYGIENE
 When coughing and sneezing, cover mouth and nose with flexed elbow or tissue
 Avoid close contact with a person who has cough or sneezed

■ AVOID TOUCHING EYES, NOSE AND MOUTH WITH UNWASHED HANDS

■ MAINTAIN SOCIAL DISTANCING
 Minimum of 1 meter distance between people to prevent transmission of virus

■ POLITELY AVOID SHAKING HANDS OR HUGGING PEOPLE

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নতুন করোনা ভাইরাস (সিওভিআইডি-১৯)-সহ অন্যান্য সংক্রমণ থেকে নিজেকে এবং অপরকে রক্ষা করুন

■ ঘন ঘন হাতে পরিষ্কার করুন উষ্ণ জল কঠিন পর্দা হাতের তলদেশ ধোও হাতের পদপত্র
 হাতের ও পর্দা দিয়ে হাতের পৃষ্ঠ ধোও পরিষ্কার করুন (৪০-৬০ সেকেন্ড)
 হাতের পদপত্র ব্যবহার করুন পরিষ্কার করে হাতের পর্দা দিয়ে হাতের পৃষ্ঠ পরিষ্কার করুন (২০-৩০ সেকেন্ড)

■ সঠিক-ভঙ্গি পরিষ্কার ঘেঁষে তুলুন
 ঠিকি বা কাঁচি সোজা করে হাতের তলদেশ ধোও এবং ঠিকি বা কাঁচি সোজা করে হাতের তলদেশ ধোও

■ অপরিস্কার হাত দিয়ে চোখ, নাক ও মুখ স্পর্শ করা থেকে বিরত থাকুন

■ আত্মরক্ষা ব্যক্তি থেকে নিয়মিত দূরত্ব রাখুন
 ঠিকি, কাঁচি বা তুলে আঁচলে হাত দিয়ে হাতের তলদেশ ১ মিটার দূরত্ব বজায় রাখুন

■ পরিষ্কৃত বা অপরিস্কৃত ব্যক্তির সাথে হাত মেলেতে বা আঁচলান করা থেকে বিরত থাকুন

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নোভেল করোনা ভাইরাস (২০১৯-nCoV) প্রতিরোধে করণীয়

করোনা এক ধরনের সংক্রমক ভাইরাস। ভাইরাসটি শ্বাস/শক্তি হারানোর কারণে হঠাৎ করে উদ্ভূত হয়েছিল। এটি ২০১৯-২০২০ সালের মধ্যে ২০১৯-nCoV (সর্ব ও সর্ব সংক্রমিত করোনা ভাইরাস) এর সংক্রমণ ঘটেছিল। অসুস্থ হলে এটি লক্ষণ হতে পারে এবং হঠাৎ করে ১৪ দিনের মধ্যে হঠাৎ করে (১০০% কয়েকটি/১০% সেকেন্ডের মধ্যে) লক্ষণ, জ্বর, শ্বাস, কঠিন ও শ্বাসকষ্টের মতো লক্ষণ হতে পারে। ২০১৯-nCoV ভাইরাস সংক্রমণের সন্ধান হতে পারে। সেখানে অসুস্থ হলে হঠাৎ করে লক্ষণ হতে পারে।

প্রতিরোধে করণীয়-
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**কিভাবে চক্ষ্য-
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প্রতিরোধের উপায়
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কঠিন ও শ্বাসকষ্টের মতো লক্ষণ হলে হঠাৎ করে লক্ষণ হতে পারে। সেখানে অসুস্থ হলে হঠাৎ করে লক্ষণ হতে পারে।

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ANNEX -2

WHO Guidance

Advice for the public

WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Technical guidance

[Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#), issued on 19 March 2020

[Coronavirus disease \(COVID-19\) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), issued on 18 March 2020

[Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#), issued on 16 March 2020

[Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#), issued on 19 March 2020

[Operational considerations for case management of COVID-19 in health facility and community](#), issued on 19 March 2020

[Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#), issued on 27 February 2020

[Getting your workplace ready for COVID-19](#), issued on 19 March 2020

[Water, sanitation, hygiene and waste management for COVID-19](#), issued on 19 March 2020

[Safe management of wastes from health-care activities](#) issued in 2014

[Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(COVID-19\) outbreak](#), issued on March 19, 2020

ILO GUIDANCE

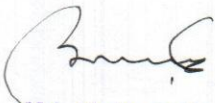
[ILO Standards and COVID-19 FAQ](#), issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

MFI GUIDANCE

[IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework](#)

[KfW DEG COVID-19 Guidance for employers](#), issued on 31 March 2020

[CDC Group COVID-19 Guidance for Employers](#), issued on 23 March 2020


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