

Resilience, Entrepreneurship and Livelihood Improvement Project (P175820)

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Gender & SEA/SH/GBV Action Plan

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A. INTRODUCTION

The Resilience, Entrepreneurship and Livelihood Improvement Project (RELI) aims to improve livelihoods of the poor and extreme poor, enhance their resilience and support rural entrepreneurship in 3,200 villages in 20 districts throughout Bangladesh. The project builds on the Nuton Jibon Livelihood Improvement Project (NJLIP, P149605), which showed great success in reaching the poor and poorest and tailors livelihood opportunities in order to respond to the following urgent needs: (i) Respond to the impact of the crises on the livelihood of vulnerable rural households and support recovery and resilience building; (ii) Help rural households graduate out of poverty through income-generating activities (IGA); (iii) Support NJLIP's current beneficiaries who had graduated from poverty pre-crisis but have fallen back into poverty because of the crisis; and (iv) Support rural entrepreneurship for sustained post-COVID-19-crisis economic recovery.

The project aims to strengthen climate resilience and adaptation by raising awareness for climate change and risks among project beneficiaries, and by promoting resilience building and adaptation strategies as an integral part in the planned project activities (e.g., through capacity building, climate-resilient infrastructure and climate-smart agriculture practices in IGAs and livelihood improvement activities, diversification toward non-farm economic activities where agriculture is not viable). Overall, 90 percent of project beneficiaries are expected to be women.

Project Development Objectives

Improve livelihoods of the poor and extreme poor, enhance their resilience and support rural entrepreneurship in project areas

Project Components

The project will have four components:

- i. Component A: Community Institutions and Livelihood Development
 - Subcomponent A.1: Development and Strengthening of Community Institutions
 - Subcomponent A.2: Financing of Community Plans
 - Subcomponent A.3: Health and Nutrition Support
- ii. Component B: Business Development and Institutional Strengthening
 - Subcomponent B.1: Development and Strengthening of Second-tier Institutions
 - Subcomponent B.2: Commercial Agriculture and Rural Entrepreneurship
 - Subcomponent B.3: Employment Generation Support
- iii. Component C: Project Management, Monitoring and Learning
- iv. Component D: Contingent Emergency Response Component (CERC)

B. GENDER ACTION PLAN

Country Context

Female labor participation in rural areas remains markedly lower at 36 percent than men's 82 percent labor force participation.¹ Analysis of women's earning sources shows that 63 percent of employed women work in agriculture, which is also a sector where women earn the least. Gender disparity is apparent in the types of earnings sources that women rely on. Women work mostly at or near home and in unpaid work. 69 percent of working rural women work inside their homes, while almost all men work outside their homes.² It is estimated that rural female agricultural workers constitute the largest share of Bangladesh's unpaid employment.³ Another study highlighted the gender gap within agricultural employment, where 50 percent women reported engaging in livestock and 22 percent in unpaid farm activities, whereas only 4 percent of men report working in livestock and only 4 percent are unpaid. Furthermore, women's entrepreneurial activity in Bangladesh is low, particularly in rural areas.⁴ Out of the 500 MSMEs surveyed in the Business Pulse Survey, only 19 percent were women-owned.⁵ Among women, female-headed households face additional challenges and tend to have lower income levels.⁶ Additionally, among NJLIP beneficiaries, 15 percent of the self-employed women lead agri-based enterprises. Given the large representation of women in agriculture and the gender gaps, prioritizing higher income activities for women is important for rural income growth as well as women's economic empowerment.

The sharp differences between men and women's earning sources in terms of income generation activities and rural entrepreneurship have further widened due to the pandemic. The increase in women's care responsibilities has affected their ability to take on paid work.⁷ Women are also likely to be at a greater risk of increasing indebtedness since many microfinance borrowers are women.⁸

Institutional Context

The project is implemented by Social Development Foundation (SDF), an autonomous organization under the Ministry of Finance. SDF has long experiences of implementing Bank-supported projects

¹ World Bank (2020). *Bangladesh Rural Income Diagnostic*.

² Solotaroff, Jennifer L.; Kotikula, Aphichoke; Lonnberg, Tara; Ali, Snigdha; Pande, Rohini P.; Jahan, Ferdous. 2019. *Voices to Choices: Bangladesh's Journey in Women's Economic Empowerment*. International Development in Focus. Washington, DC: World Bank

³ *Ibid.*

⁴ Aktar, M., Abdullah, A., Jantan, A., & Hossan, D. (2020). Factors Influencing Entrepreneurial Success Among the Rural Women Entrepreneurs In Bangladesh. *International Journal of Business and Economy*, 2(3), 42-58

⁵ Kader, Ananya W. & Pattanayak, Maoranjan. 2020. *Business Pulse Survey: Impact of COVID-19 on MSMEs in Bangladesh*

⁶ SDF Management Information System (MIS).

⁷ Surveys in late March 2020 in Dhaka and Chittagong found that the percent of males and females who stopped working were approximately equal, at 23 and 24 percent, respectively; however, of those who stopped working, women were more likely to leave the labor force; 80 percent of men versus 66 percent of women were seeking work. World Bank (2020). *Losing Livelihoods: The Labor Market Impacts of COVID-19 in Bangladesh*

⁸ World Bank (2020) *Protecting the most vulnerable during and in the aftermath of COVID-19 Pandemic*

from SIPP-I, SIPP-II and NJLIP although the RELI project is the first under the Bank's ESF. It currently has a dedicated E&S Unit in the organogram and staff assigned on E&S risk management both in the Head Office with nominated focal points in field level offices as well. However, to comply with the Bank's new Environmental and Social Framework (ESF), SDF will retrofit for addressing gender needs of the project. SDF intends to institutionalize the overall implementation of gender action plans.

Project Context

One of the main project objectives of the RELI is to support and enhance economic self-reliance of extreme poor and marginalized communities through interventions such as community mobilization, institution building at community level, awareness raising and creating market access and entrepreneurship. This will enable beneficiary households (including youths and returning migrants, producers, rural entrepreneurs, as well as recipients of one-time cash transfer to former NJLIP project beneficiaries) to contribute to economic activities more effectively.

RELI aims to have over 744,000 direct beneficiaries, of which 90 percent will be women. It is expected that women beneficiaries will support their households and communities, thus extending indirect project benefits to poor and extreme poor boys and men in their communities. The project aims to close the gaps in rural agricultural employment as well as rural entrepreneurship through activities associated with the Revolving Fund in **Component A** and rural entrepreneurship development in **Component B**. The project will integrate motivational outreach activities and engage men and boys to address social norms around women working and leading enterprises. The loans from Poverty Alleviation Fund (PAF) and activities in **Sub-component B.2** will contribute to address challenges around access to finance, capacity and linkages to markets.

In any case, the majority of the beneficiaries will be women, a generally disadvantaged section of population in the traditional Bangladeshi society. The project's Small Ethnic and Vulnerable Community Development Framework (SEVCDF) includes robust provisions for inclusion of all the disadvantaged and marginalized communities including women from the indigenous peoples in all project activities so that everyone gets equal benefits from these. The cash transfer and mobilization activities under the project may lead to greater exposure of sexual exploitation and abuse (SEA) and sexual harassment (SH) related risks given the societal characteristics of contemporary Bangladesh.

The Gender Actions Plans

The Gender Action Plan ensures that gender equality is considered in project preparation and implementation in accordance to the Country Partnership Framework and to strengthen the rural employment, income generation and rural entrepreneurship for women including other vulnerable groups. The Gender Action Plan also ensures compliance with the World Bank's support of the Sustainable Development Goals and 2015-23 World Bank Group Gender Strategy. It aims to move the Bank's development work beyond gender mainstreaming to reduce gender gaps in the agriculture

sector and rural entrepreneurship. The overall objective of the Gender Action Plan is to identify entry points to increase women's participation in livelihood and entrepreneurship activities through the project by addressing underlying barriers to access to employment. The entry points will be both at policy and program levels.

There are key challenges that limit women's ability to develop and scale livelihood and entrepreneurship activities that include: (i) Social and cultural barriers to take up economic enterprise beyond individual level livelihoods; (ii) Poor access to capital and financing options; (iii) Lack of knowledge and access to productive resources and technology; (iv) Limited skills and access to skills training; (v) Poor knowledge and access to markets; (vi) Poor knowledge and access to professional networks and associations; and (vii) Mobility constraints.⁹ In addition, for rural women entrepreneurs a number of issues hamper their business and keep them from maximizing economic benefit. For instance, work opportunities as vendors, purchasers, or middlemen are greatly restricted for women due to limitations placed on their mobility.¹⁰ Women entrepreneurs in rural areas furthermore lack the physical space to sell goods or services as well as supportive market infrastructure. Some 34 percent of women entrepreneurs report that a major impediment to SME development in Bangladesh is people's perceived discomfort with women doing business.¹¹

⁹ World Bank (2020). *Bangladesh Rural Income Diagnostic*. Poor access to financing options is further hindered by women's low asset ownership. Among rural women, 13 percent solely or jointly own agricultural land and 7 percent own nonagricultural land, compared to 70 percent and 86 percent of rural men, respectively. IZA Institute of Labor Economics, Germany.

¹⁰ Asadullah, M. Niaz, & Wahhaj, Zaki. 2016. Missing from the Market: Purdah Norm and Women's Paid Work Participation in Bangladesh.

¹¹ Makino, Yuka; Brahmam, Maya; Vargas, Juan Carlos; Yoon, Sulhee. 2019. Economic Empowerment of Women through Resilient Agriculture Supply Chains: A Geospatial and Temporal Analysis in Southwestern Bangladesh. World Bank, Washington, DC

Table 1: Gender Action Plans

Objective	Actions	Responsibilities	Timeline
Policy Level Actions			
Community and Institutional Capacity Building	<ul style="list-style-type: none"> • Create TOR for Gender Assessment and guarantee qualitative issues are included. Rapid qualitative and quantitative assessment to be done on the following to see degree of empowerment- compared to baseline (if any): leadership of women, income generation, entrepreneurship including climate-smart agri-business opportunities female headed household ethnic minorities <ul style="list-style-type: none"> - Include dialogue with non-government stakeholders such as NGO's to better determine how women's rights and interests can be protected and promoted in the cash transfer process, and female's participation in the rural labor force - Use Gender assessment findings to design activities in the action plan and to revise this GBV/GAP as necessary as this is a living document 	<p>SDF, Gender/GBV Specialist with assistance from WB</p> <p>Hired consultant/consultant firm by SDF</p> <p>SDF, Gender/GBV Specialist with assistance from WB</p>	<p>Within 2 months of project signing</p> <p>6-9 months of effectiveness.</p> <p>After assessment completion</p>
	<ul style="list-style-type: none"> • Mainstreaming Gender within SDF and community institutions <ul style="list-style-type: none"> - Set up guidelines to ensure women's participation in all the different levels of institutions and groups - Place women in decision making positions in the local institutions such as Gram Samiti and Gram 	<p>SDF, Gender/GBV specialist with assistance from WB</p>	<p>Within one year of the project signing</p>

	<p>Parishad and all community activities. Integrate provisions in COM that promote women's voice in planning and decision-making</p> <ul style="list-style-type: none"> - Set procedures to promote women through gender-sensitive selection criteria in the project activities (rural entrepreneurship, income generation, trainings for youth and migrants, stipends for students) • Awareness building and training <ul style="list-style-type: none"> - Training on gender norms and GBV with SDF and community institutions to support gender mainstreaming in all their activities. - Integrate a module on gender in the various training and capacity building activities aimed at strengthening community groups and cluster-level institutions 		Implementation throughout the project
Technical Specialist recruitment	<ul style="list-style-type: none"> • Retrofit the function of Gender and GBV 	SDF	Within 3 months from Project effectiveness.
Targeted communication for female beneficiaries to inform about project activities and processes	<ul style="list-style-type: none"> • Prepare information materials on opportunities related to cash transfer. <ul style="list-style-type: none"> - Information shall easy to read and accessible (bulletin boards, flyers, word of mouth, radio, billboards, etc.). - Disseminate them widely • Develop targeted communication and community campaigning for female applicants covering norms around occupational choice and mobility in order to change perception and break stereotypes. • Embed communications targeted at female applicants/beneficiaries within the overall project's 	SDF, Gender/GBV specialist with assistance from WB	<p>Implementation through entire project duration.</p> <p>Early intervention in the project cycle.</p>

	<p>communication strategy. Use different forms of media and language as needed to reach women.</p> <ul style="list-style-type: none"> • Special extensive outreach campaign through community mobilizations for vulnerable women who may be difficult to reach. • Targeted communication to reduce drop-out among women who are likely to do so due to increased household responsibilities due to Covid-19. 		
<p>Information Dissemination and Awareness raising on GBV and available services</p>	<ul style="list-style-type: none"> • Develop an awareness raising campaign as part of subcomponent A.3 on GBV/SEA/SH including child marriage, polygamy among all stakeholders. The Campaign should include behavior change communication and engage families and community leaders. • Raise awareness on SEA/SH risks associated with project activities • Inform communities on available GBV services and reporting mechanisms 	<p>SDF, Gender/GBV specialist</p> <p>Hired an NGO to carry the awareness campaign</p>	<p>Implementation throughout the project</p>
<p>Ensure women's safe participation in project activities</p>	<p>Cash transfer related activities:</p> <ul style="list-style-type: none"> • Regular engagement with stakeholders working closely with female and vulnerable communities (list of project Stakeholders is attached under annex-1) to determine appropriate selection and transfer methods. • Registration/Documentation: Vulnerability of women rather than formal mechanisms such as use of IDs, documentations to be used as eligibility criteria for cash transfer program. • Consultations with women's groups/organizations: Involvement of women's organizations in the process of cash transfer can help determine the best and safest 	<p>SDF, Gender/GBV specialist with assistance from WB</p>	<p>Implementation throughout the project</p>

	<p>way to deliver and transfer cash to women in need to address unintended consequences of cash transfers.</p> <ul style="list-style-type: none"> • Assess access to mobile services and transfer through mobile phones. <p>Livelihood, income generation, skills and community infrastructure, related activities:</p> <ul style="list-style-type: none"> • Design activities and choose livelihood strategies (referring to stakeholder consultations and findings from gender assessment) in a way that is cognizant of constraints faced by women (time, hours, distance, nature of work, etc.). • Design measures and procedures to ensure that community infrastructure identified also reflects the needs and priorities of women • Ensure women can have access to internet/mobiles so that they have adequate information and access to systems to participate effectively in project activities • Devise and implement strategies to establish linkages with potential employers and business owners. • Ensure technical and financial assistance for female entrepreneurship and producer groups under component B.2 and B.3 particularly in climate-smart agri-business. • Provide targeted trainings for women in creating effective business plans so that they are successful in accessing grants through CARE FUND under component B.2 • Enhance female participation in skill development training for young women and returning female migrants/immigrants, under component B.3. 	<p>SDF, Local service Providers with assistance from Gender/GBV specialist and WB</p>	
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	<p>Promote participation in areas outside those stereotyped as “appropriate” for women.</p> <ul style="list-style-type: none"> • Ensure female students have equal opportunity to receive stipends 		
Sensitization on inclusivity (intersectionality)	<ul style="list-style-type: none"> • Sensitize project actors through training and dialogue to target not only women but those more disadvantaged such as widowed, those with disabilities, single mother, female headed households, small and ethnic community etc. Sensitization training is especially needed for particular project actors such as <ul style="list-style-type: none"> • members of gram shamiti and gram parishad, especially those who are involved in selecting beneficiaries. • those responsible for fund disbursement • Facilitate participation of disadvantaged women in project activities which have consultative element during implementation (e.g. project implementation committees) 	SDF, Gender/GBV specialist with assistance from WB	Implementation throughout the project
Increase women’s access to market and professional network	<ul style="list-style-type: none"> • Provide women beneficiaries with adequate IT infrastructure so that they have access to (computers in community offices), particularly for access to e-commerce (subcomponent B.2): <ul style="list-style-type: none"> • networks and places to sell/display their products online and have access to markets. • internet/mobiles so that they have adequate information and access to systems to participate effectively in markets and professional networks, more pertinent in Covid-19 situation 	SDF, Gender/GBV specialist with assistance from WB	Within two year of projects

<p>Ensure project design and management to give due consideration to gender issues</p>	<ul style="list-style-type: none"> ● Ensure baseline data is sex-disaggregated; ● Setup the project M&E system in a way that fosters monitoring of gender impacts; Ensure awareness raising in the communities, about the GRM set up by the project which will allow women to raise grievances. ● Ensure the implementation team has expertise to analyze gender issues and ensure supervision missions have the relevant gender focus. ● Introduce a feedback mechanism and integrate do-no-harm approach to avoid any unintended consequences (i.e. reinforce inequality, exacerbate) of cash transfer. 	<p>SDF, Gender/GBV specialist with assistance from WB</p>	<p>Implementation through entire project duration</p>
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C. SEA/SH/GBV ACTION PLANS

GBV/SEA/SH Risks Assessment in the Project Areas

The project activities include community-led construction activities and no major civil works. Thus, civil work related risks of GBV/Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) will be minor/low. However, many of the project activities, such as cash transfer, carry inherent risks of SEA/SH given the traditional patriarchal values and societal characteristics of contemporary Bangladesh. A SEA/SH screening, carried out based on the Bank's recently developed based on Social Protection and Jobs (SPJ) Good Practice (currently under discussion), finds a 'substantial' risk rating.

The project anticipates no labor influx. The proposed constructions will include community infrastructure works such as tube-wells, culverts, earthen road constructions/repairs, community latrines/urinals, drains, water tanks, office buildings for community institutions at district, cluster and village levels, water distillation/desalination plants, etc. All construction activities will be carried out by the communities through the Gram Samity (Village Organization) or District/Cluster level community associations with local labor.

Sexual exploitation and abuse and sexual harassment remains a common form of violence in many countries that can cause enduring psychological harm. Safety nets and cash transfers are important to improve women's agency and access to resources but the related interventions can also provide an important entry point for preventing GBV such as intimate partner violence (IPV), sexual exploitation and some forms of violence against adolescent girls (such as early marriage). The project coverage districts will be scattered geographically with a wide range of districts, upazillas' and villages and includes diverse stakeholders in rural and agrarian settings, monitoring SEA/SH/GBV will be challenging. Also, a considerable percentage of beneficiaries are expected to come from indigenous communities and from other marginalized and disadvantaged groups, which can potentially increase the risks.

The project aims to provide cash to the poor and vulnerable women and loans for operating income generating activities and small-scale infrastructure. Multiple actors from community members or local authorities such as gram samiti (GS) and gram parishad (GP) of each union will be responsible for selection of beneficiaries. The project also plans to organize meetings by the GP and GS with potential beneficiaries once in every three months. Similarly, RELI groups will meet selected beneficiaries on a weekly basis to share issues pertaining to their livelihood. Thus, mechanisms for the transfer of benefits (cash, grant, and stipends) and regular/periodic interactions with project actors may also create opportunities for project actors to sexually exploit or abuse project beneficiaries.

The lockdowns in the aftermath of COVID-19 may further exacerbate exploitative and abusive behavior of the project actors. Lockdown and additional economic stresses have increased the risks of gender-based violence and medium-term risk of child-marriage. The survey of 17,203 women conducted by Manusher Jonno Foundation (MJF) partners confirmed the increased number of VAW cases. The April 2020 survey confirmed that 4,249 (25%) women and 456 children were subjected to domestic violence in 27 districts of Bangladesh during the lockdown. Among them, 1,672 (10%) women and 424 children had experienced violence for the first time, 848 (5%) women were assaulted physically, 2,008 (12%) mentally, 85 (0.5%) sexually and 1,308 (8%) financially by their husbands.¹² BRAC documented a nearly 70 percent increase in reported incidents of violence against women and girls in March and April 2020 compared to the same time last year.¹³ This is a major concern as Bangladesh already has a high prevalence of GBV with over 70 percent of married women reporting intimate partner violence in their lifetime.¹⁴ Reducing the economic stresses within households and restoring women's income generating capacity and livelihoods, always important, has become critical. Therefore, the COVID-19 implications should be considered while developing and implementing the SEA/SH/GBV Action Plan outlined in the next section.

The project sites are mostly located in rural and agrarian settings. In general, there are qualified GBV service providers working close to the project sites in the urban and peri-urban areas but not always in the rural areas. However, there are qualified service providers working in the nearby communities or districts. Government initiatives such as one stop crisis center, nationwide hotlines under the Multi-sectoral program by the Ministry of Women's and Children Affairs exist and operate regionally, but not in all the project sites. They focus will thus be on a range of services such as immediate service, psychosocial counseling, legal support, transport facilities including the referral service. A preliminary list of service providers available in different geographical locations in Bangladesh is attached (see Annex-XX). Service providers that continue to provide services to the victims remotely during the COVID 19 situation are also included in the list. In addition, a list of existing national legal and institutional mechanisms for girls and children's safety is incorporated under annex 2 for information.

Police is the main organization that links GBV survivors to other services. They operate a nation-wide helpline (999) dedicated for all types of complaints including GBV cases. Besides, there are model police stations situated in the different districts. Model thana is designed to improve police-community engagement and create an environment that facilitates equitable access to justice particularly to women, girls and vulnerable groups. These model thana can be of use to respond to any potential project induced GBV/ SEA/SH cases during and after the project implementation stage. In addition to the model thana, police stations in the respective project sites have dedicated help desks for women and children and which can potentially be one of the key actors to address potential GBV/ SEA/SH

¹² Star Online Report (2020). Violence Against Women, Children: Incidents shot up in May. *The Daily Star* (11 June 2020);

¹³<https://www.hrw.org/report/2020/10/29/i-sleep-my-own-deathbed/violence-against-women-and-girls-bangladesh-barriers>

¹⁴ Bangladesh Bureau of Statistics 2015.

cases. This desk is managed mostly by the women officers who are trained to handle cases of GBV (included them as well in the mapping).

Institutional Capacity

SDF intends to institutionalize the overall implementation of GBV/SEA/SH action plan, the Technical Specialist will receive necessary training and other capacity building support for addressing project induced SEA/SH/GBV risks. The objective is to build in-house GBV/SEA-SH risk management institutional capacity that will stay with SDF beyond the scope of RELI project.

SDF has a project specific three-tier Grievance Redress Mechanism (GRM) with focal persons at the head office and in regional and district/field offices. However, the GRM is not responsive to GBV including SEA/SH related concerns as per the Bank's standard. SDF has a code of conduct manual for community operations but it'll require better dissemination and as well as orientation for the related actors. In addition, GBV/SEA/SH is not mentioned specifically in their organizational Operation Manual. Thus, SDF including the project actors involved in selection of beneficiaries and supervision consultants requires capacity building training/orientation on the overall GBV risk mitigation measures of the project as per the Bank's Good Practice Note (GPN). The current GRM will also need to be strengthened to comply with the labor and GBV prevention and mitigation requirements. The SDF team will require the adequate skills and knowledge in potential SEA/SH risks management to effectively carry out their roles.

SEA/SH Risk Mitigation Plan

In response to the anticipated risks, the project's SEA/SH Action Plan takes a comprehensive approach to include both prevention and mitigation measures and identifies the relevant stakeholders, possible service providers and their capacity, along with a GBV-responsive grievance redressal mechanism. Prevention interventions include awareness campaigns, enhancing safety, and capacity building through training among others. Mitigation measures include: (i) Review and update the COM to have SEA/SH prevention and mitigation measures (ii) ensuring Codes of Conduct are in place at the community level; (iii) mapping service providers; recruiting service provider; (iv) setting up SEA/SH GRM; (v) appointing a focal point experienced in handling GBV cases; and (vi) ensuring that policies against SEA/SH are instituted in project funded institutions, including training on SEA/SH in transfer of benefits. SDF will have a dedicated GBV/Gender Specialist in the Head Office with SEA/SH focal points at regional and district/field level offices, which, along with regular monitoring of SEA/SH risks and implementation of the action plan, are stipulated as additional key measures.

A survivor-centric approach is followed - all through this Plan: victim/survivors' care, ensuring confidentiality of the cases and providing access to different referral mechanisms that connect to the GM are considered as key aspects of this plan. The approach aims to create a supportive environment in which the survivor's rights are respected and the person is treated with dignity and respect. This SEA/SH/GBV mitigation plan will also take preventive approach by taking a number of significant

standard interventions in line with safety and security of the female beneficiaries. The physical and emotional safety of the female beneficiaries, and the survivors and her family will be a priority of this plan. The annex-3 provides a detailed discussion on survivor centric approach and GBV guiding principles for World Bank¹⁵.

The PIU will adapt the existing project GRM, which will be strengthened to address GBV/SEA/SH cases based on the World Bank guiding Model 1 with a slight modification. Under this model, SEA/SH allegations can be reported, just like any other project-related grievance, using a regular project-level GM channel (see Annex-4, for a proposed GM channel). Through this mechanism, the PIU will be tasked with developing case reporting and response protocol, providing capacity building training on GRM, and promptly addressing GBV/SEA/SH allegations by ensuring referral pathways to local GBV service providers for survivors. GBV/Gender focal persons will receive in-depth gender and GBV training on how to receive and handle SEA/SH cases, including GBV complaints. The Social Safeguards Specialist, supervision consultants, COM and PIU staff will also be included in these trainings which will allow them to determine follow up modalities.

The GRM focal person(s) of the PIU will be given responsibility to make the link between survivors and local service providers and special emphasis will be given to those who are active remotely in COVID situation.

¹⁵ Grievance Mechanisms Good Practice Note for Sexual Exploitation and Abuse and Sexual Harassment in World Bank-financed Projects, April 2020

SEA/SH Risk Mitigation Plan :

Risk Mitigation and Response Measures			
Objective	Activities	Responsibility	Timeframe
I. Preliminary activities: Integration of GBV into project documents			
Clearly reflect SEA/SH risks and requirements in the safeguard instruments and expectations in COM	Formulate and adopt GBV informed COM. Provide orientation on COM updates	SDF	Prior to floating of bids
Evaluate the IA, and community actors' ability to prevent and mitigate SEA/SH risks	Rapid Quality assessment of SDF's existing policies (including human resource manual, community operational manual) and grievance reporting mechanisms and identify gaps in GBV prevention, response and safeguarding measures. The action plan will be revised based on the above mentioned- assessment Evaluate other stakeholders, and community groups' (such as gram samiti (GS) and gram parishad (GP) of each unions) ability to meet project's SEA/SH prevention and response requirements prior to finalizing the contract.	SDF/GBV specialist with support from World Bank	Within 6 months of effectiveness
Recruit GBV/Gender Specialist	Retrofit the function of Gender and GBV	SDF	Within 3 months from Project effectiveness.
II. Addressing GBV-related risk in project: Training and sensitization			
Training/orientation on risks of SEA/SH in SDF including local authorities	Hired an NGO to develop content and conduct targeted training and orientation session and to organize: <ul style="list-style-type: none"> - Training/orientation sessions to sensitize SDF on the importance of addressing GBV/SEA/SH risks on the project and the mechanisms that will be implemented. - Training/orientation session to sensitize other key stakeholders on the importance of addressing GBV/SEA/SH risks. The training will be targeted at local level stakeholders identified in SEP (please refer to Annex 1) 	SDF and GBV/Gender Specialist.	Can be carried out the first two years of the project implementation

Consultation with project-affected communities on the risks of GBV/SEA/SH	<p>Consultations with the project-affected local communities such as grant holders from rural setting:</p> <ul style="list-style-type: none"> • inform them properly about the potential SEA/SH risks and project activities to address SEA/SH related issues • inform about safety concerns • Inform them about GBV specific GRM mechanism to raise grievances • solicit input and feedback re: entry points and reporting channels for grant holders 	SDF/Gender and Social Development Specialist	Start from the project's effectiveness and runs all through the project's duration
III. Establish and strengthen an effective GRM			
Establish and strengthen SDF's existing mechanisms that can respond to GBV/SEA/SH	Mapping of GBV service providers or available GBV related service provision during the COVID 19 like emergency is done (Annex-5). Taking it as a starting point, prepare a short list of one or two service providers in specific project implementation sites based on a quick quality assessment. Identification of service providers will take place based on consultation and due diligence.	SDF with support from World Bank on need-basis	Within 4-6 months of project effectiveness
	Establish linkages with identified service providers to provide referral and support services to survivors as per the Grievance Redressal Mechanism guidance on SEA/SH (possible suggested model 1 with modification). The selected service provider will also provide training to GRM operator or coordinator on how to run the GRM responsive to GBV.	SDF and Gender/GBV specialist Hired service provider	Within 4-6 months of project effectiveness
	Identify GBV/SEA/SH focal person from existing project based GRCs in each local institution (gram samiti (GS) and gram parishad (GP) of each union) to monitor GBV activities, including confidential reporting mechanism; develop ToR and selection for focal person. The GBV/SEA/SH focal person will serve as a key channel for reporting incidents as well as informing communities.	SDF, but discussed and agreed upon with the Task Team.	Within 4-6 months of project effectiveness
	Organize consultations with local representatives, grant receivers and administrative staff to get feedback on the reporting channels for grievances and suitable GRM model 2	SDF and Gender/GBV specialist	Within 4-6 months of project effectiveness

	in line with guidance on grievance mechanism. GBV specialists can facilitate the consultation.		
	Based on recommendations from consultations, create confidential intake channels (e.g. hotline, focal points etc.) to deal with reporting of GBV cases.	SDF Gender/GBV specialist	and Within 4-6 months of project effectiveness
	Based on consultations and recommendations, set up a separate GBV GRM hotline and develop a referral process flowchart to handle GBV/SEA/SH cases including the guidance on confidential reporting channels, response protocol, reporting of allegation procedures, referral pathways and response framework.	SDF Gender/GBV specialist	and Within 4-6 months of project effectiveness
	In-depth training for GBV/SEA/SH focal person as well as other personnel engaged in operating GBV GRM i.e., survivor-centered handling of cases, proper documentation for complaint registration and management; and confidential reporting with safe, ethical documenting of SEA/SH cases, first-aid psychosocial counseling	SDF Gender/GBV specialist Hired service provider	and Within 4-6 months of project effectiveness
	Inform the target audiences about the GRM	SDF Gender/GBV specialist	and When GBV arrangements are finished for the GRM
IV. Code of Conduct (CoC)			
CoC updated, signed and understood	Revise the existing code of conduct in SDF's HR manual to explicitly include SEA/SH. Also, include in COM Ensure signing of CoC or its equivalent by the diverse project actors <ul style="list-style-type: none"> - CoCs for PIU, on-site staff - CoC equivalent for members of Gram Samitis, Gram Parishads, producer groups etc. Carry out orientations on the revised HR manual and COM	SDF GBV/Gender specialist	and Within 6 months of project effectiveness. Implementation throughout project cycle
V. GBV Prevention			

Create environment for grant holders' specially women's safety and well-being	Ensure adequate measures when male supervisors and female beneficiaries work together, as well as supervision measure when women will be working alongside men, or by organizing schemes on which women can work separately.	SDF and GBV/Gender specialist	All through the project's duration
Implement appropriate project related civil works to reduce SEA/SH risks	Have separate, safe and easily accessible facilities (e.g. separate latrines) for women and men working on the site. Visibly display signs around the project site (if applicable) that signal to workers and the community that the project site is an area where GBV is prohibited	Contractor, SDF	Before mobilization on the site
VI. M&E			
7.1. Undertake regular M&E of progress on SEA/SH activities.	Integrate SEA/SH measures into project monitoring framework Conduct M&E field visits. Review quarterly the action plan and progress to strengthen oversight and provide guidance to IA's staff and management. Provide quarterly report and performance reviews	GBV/Gender specialist, SDF, Consultant, contractors	All through the project's duration
VII. GBV in COVID-19			
Ensure reporting channels are available and provide access to services remotely or in-person taking COVID safety into consideration	Ensure GBV GRM hotlines are appropriately staffed to respond to any potential/expected cases. Inform target beneficiaries on available reporting channels and services Place community leaders, who keep track of women in their community to ensure safety and well-being. Facilitate community "help centers" (shops and community leader's house) where women who do not have access to a phone at home can discreetly report GBV instances to shopkeepers who will report to the national hotline.	SDF and GBV/Gender specialist	In line with roll of project activities.

D. BUDGET FOR GENDER & SEA/SH PLANS

Activities	USD	BDT	Comments
Mainstreaming gender within the institutions	Included in PIU budget		
Promote women in the rural entrepreneurs			
Enhance female participation in skill development training			
Gender/GBV Specialist			
Policy dialogues/consultations			
Awareness Training & Communication materials and communication campaigns - Hired an NGO to carry out the awareness campaign			
Policy Dialogues & consultation			
Gender Assessment/document update & review -operational manual, HR policy,	50,000	4,250,000	
Gender & GBV Training & Orientation • 2 yr contract with NGO (orientation GBV, develop awareness campaign, training modules, how to operate, SOP/referral pathway)	200,000	17,000,000	
GBV GRM	50,000	4,250,000	
Service provision: psycho-social counselling for GBV related cases, referral services for GBV cases, etc.	50,000	4,250,000	
Total GBV + Gender Budget	3,50,000	29,750,000	

E. ANNEXES

Annex 1: Summary of RELI Project (SDF) Stakeholders

Stakeholder Group	Stakeholder
Project-Affected Parties	<p>The term project-affected parties include those likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including local communities.</p> <ul style="list-style-type: none"> ● Villages, households, communities and Business entities directly affected by Project construction and operation, if any. Also, individuals residing in the Upazilla, Unions and Wards within which the Project is located. They include: <ul style="list-style-type: none"> ○ Project beneficiaries ○ Vulnerable groups including small ethnic communities, the elderly, the disabled persons, pregnant women, single mothers etc. residing in the area; ○ Small businesses, farmers' groups to be identified during the consultation activities by SDF.
	<ul style="list-style-type: none"> ● Indirectly Affected Populations are the individuals and organizations located within the Indirect Area of Influence. <ul style="list-style-type: none"> ● Those areas located within 1 km of any project and other ancillary project facilities ● Individuals residing in the Upazilla, Unions and Wards within which the Project is located. ● Gram Samity and concerned Zillas, Upazilas, and union councils (Union Parishads).
Interested Parties	<ul style="list-style-type: none"> ● Ministry of Local Government, Rural Development and Co-operatives (MoLRD&C), responsible for the development and supporting local government bodies outlining the mode of facilitation, SDF's responsibilities and support after phasing out, as well as local government institutions' mode of engagement and collaboration, types of cooperation expected from three-tiered local government institutions to carry on development efforts.
	<p>District and Upazilla Administration and Offices to include:</p> <ul style="list-style-type: none"> ● Deputy Commissioner's Office ● Civil Surgeon's Office ● District Agriculture Officer (DAE) ● District Social Welfare Officer ● District Youth Welfare Officer ● Upazilla Nirbahi Officer (UNO)

	<ul style="list-style-type: none"> ● Office In-Charge, Police in the Upazilla and district ● Department of Cooperatives at district and Upazila level ● Department of Women Affairs at district and Upazila level <p>Elected Officials and Local Politicians to include:</p> <ul style="list-style-type: none"> ● Zilla Parishad Chairperson and Members ● Upazilla Parishad Chairperson and Members ● Union Parishad Chairperson and Members ● District and Upazila level political leaders (different parties) <p>Media and Mass Communication to include:</p> <p>National</p> <ul style="list-style-type: none"> ● Newspapers (daily and weekly) ● Dhaka-based TV stations ● Dhaka-based radio stations <p>Local</p> <ul style="list-style-type: none"> ● Social media: Facebook, websites, YouTube ● Local FM Radio Channel, if available <p>Businesses and Associated Groups to include:</p> <ul style="list-style-type: none"> ● District and Upazilla Truck/Bus/Van Owners President and Members ● Bazar Management Committee President and Members ● Traders' Associations and their members ● Bankers / Money Lenders in the area ● Micro-finance Organizations ● Private technical training institutions ● Civil society groups and NGOs on the national and local levels that pursue environmental and socio-economic interests and may become partners. ● Community-based groups and NGOs working on Labor, or Gender issues including GBV and Human Rights in the locality. ● Business owners and providers of services, goods and materials that would be involved in the project's wider supply chain and transportation business. ● Residents of the other rural settlements within the project area of influence that can benefit from employment and training opportunities stemming from the project, when planned. ● IT and ITeS service providers; ● Training Service Providers who would be involved in the capacity building of the SDF officers and staffs, local workforce etc. when planned;
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	<ul style="list-style-type: none"> ● Mass media and associated interested groups including District and local Press Club, local, regional and national print and broadcasting media, digital/web-based entities, and their associations. ● International and National Non-Governmental Organizations (NGO) <p>Other interest groups include: These groups are different because of their gender, ethnicity, religion and socioeconomic marginalization; and they are focus on specific issues such as women’s rights, GBV, youths, IT supporters, capacity building institutions</p> <ul style="list-style-type: none"> ● Small ethnic community Groups/ Organizations ● Disabled Peoples Groups/ Organizations ● Women’s Rights Organizations
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Annex 2: Legal and Institutional Environment for Safety of Women and Girls

Bangladesh is party to international human rights instruments including Universal Declaration of Human Rights (UDHR) in 1948, the International Covenant on Economic, Social and Cultural Rights, 1966, the International Covenant on Civil and Political Rights, 1966, the Second Optional Protocol to the International Covenant on Civil and Political Rights, 1989, and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), 1979. By ratifying these conventions, the Government of Bangladesh has committed to guaranteeing equality to both men and women in all spheres of their lives, which entails ensuring that they are not subject to sexual harassment.

The government has enacted a number of laws and policies to protect women from such violence. The policies, laws and acts are:

- The Criminal Procedure Code, 1889
- The Penal Code 1860
- The Evidence Act, 1972
- Child Marriage Restraint Act 1929
- Citizenship Act 1951 (Amended 2009)
- Muslim Family Laws Ordinance 1961
- Dowry Prohibition Act 1980
- Immigration Ordinance 1982
- Family Court Ordinance 1985
- Women and Children Repression Prevention Act 2000 (2003)

- ❑ Acid Crime Prevention Act,2002
- ❑ Acid Control Act 2002
- ❑ The Bangladesh Labour Act 2006
- ❑ Domestic Violence (Prevention & Protection) Act 2010
- ❑ Human Trafficking Deterrence and Suppression Act, 2012
- ❑ The Pornography Control Act, 2012
- ❑ The Hindu Marriage Registration Act 2012
- ❑ the National Women’s Development Policy 2011

A nation-wide Multi-Sectoral Program¹⁶ on Violence against Women is being implemented by the Ministry of Women and Children Affairs, Government of Bangladesh, with the funding support from Government of Denmark. The project is being carried out in collaboration with the Ministry of Law, Justice and Parliamentary Affairs, Ministry of Information, Ministry of Social Welfare, Ministry of Home Affairs, Ministry of Health and Family Welfare, Ministry of Education, Ministry of Religious Affairs, Ministry of Youth and Sports and Ministry of Local Government, Rural Development and Cooperative. A National Centre on Gender Based Violence has been established at the Department of Women Affairs Building of the Ministry of Women and Children Affairs (MOWCA).

One of the significant components of the program is the OCC (One Stop Crisis Centre) in the Medical College Hospitals (MCHs). The OCCs provides health care, police assistance, DNA test, social services, legal assistance, psychological counseling and shelter service etc. Training module for combating VAW developed for OCC staffs, teacher, students, health assistant, family planning officers and other professions. The lists of the OCCs operating regionally around the project sites are included in the list of service providers.

In addition, there are few nationwide hotlines maintained by the Ministry of Women and Children Affairs dedicated for reporting and seeking remedies for GVB cases including SEA/SH (list of those hotlines are included in the mapping of service providers). There is also a ‘model thana’ program run by the Ministry of Home, under which each of the thana has a ‘help desk’ dedicated for both women and minors for seeking help including GBV.

The Government of Bangladesh has taken positive steps towards the empowerment of women, including through the National Women’s Development Policy (NWDP), 2011 that seeks to reduce violence; eliminate discrimination; increase access to education, health and employment; and address the special needs of older women, women with disabilities and women from indigenous and marginalized communities.

¹⁶Website of Multi Sectoral Project; www.mspvaw.gov.bd

Annex 3: Survivor-Centered Approach and the GBV Guiding Principles World Bank, May 2020

What is a survivor-centered approach? A survivor-centered approach aims to create a supportive environment in which each survivor's rights are respected and in which the person is treated with dignity and respect. It has 5 Principles that should be enacted throughout the entire interaction with a survivor and at every phase of support. They are highlighted here, during different points of the grievance process to show how they are operationalized in a project context.

Access to quality, holistic services

Summary: At a minimum, a referral pathway and procedure should be developed and connected to the GM, so that survivors can receive immediate, life-saving care in the event of an incident.

- GM's must focus and prioritize referral to services.
- Reinforce healing messages such as: it's not your fault, I am sorry you have experienced this; and we are here to help.
- Refer to menu of services to explain what's available, free of charge, and who is available to go over the pros/cons of each (do not counsel—this should be done by professional service providers).
- Tangible and clear information is provided, according to her preference, and support is offered to access available services (while maintaining confidentiality).

NOTE: The minimum package of services according to international standards includes health, psychosocial, legal/security, safehouse/shelters, and livelihoods. This is not always possible in the contexts where we work. If services do not exist, or service providers are not present, projects should aim to support at least one service (preferably health and/or psychosocial) so that survivors have somewhere to turn.

Confidentiality and informed consent

Summary: Sharing of incident details should be anonymous and only done with the informed consent of a survivor. Only survivors have the right to choose to whom their story should be told.

- Inform the survivor that her case will only be shared with her informed consent and her information will be anonymized.
- Documenting and sharing of information should be done according to ethical and safety guidelines- see WHO guidelines.¹⁷
- A survivor has the right to change her mind at any time, determine how her story is shared and to whom it is told.

Note: Once informed consent has been obtained, a case can be officially recorded through the ESIRT process. Only basic (essential) information such as whether she has been referred to services is needed at this point, and all information should be anonymized. See FAQ's for more information about children and mandatory reporting.

Non discrimination

Summary: All survivors should receive referrals to services regardless of the identity of the alleged perpetrator or whether the alleged perpetrator is associated with a Bank project or not.

- All survivors who report are entitled to equal and fair treatment regardless of age, gender, race, religion, nationality, ethnicity, sexual orientation, or any other characteristic.

¹⁷ https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

- A survivor should be referred and provided services whether the incident was project-related or not. However, accountability measures (such as firing a worker), can only be taken after verifying a worker is associated with a project.
- World Bank projects (and staff) do not prosecute or investigate from a legal/justice perspective. If a survivor wishes to pursue this support, she must report to the local police or relevant agency.

Note: While we have an ethical responsibility to help everyone, we must also be clear that there are limits to our expertise, role, and ability to support survivors.

Safety

Summary: The physical and emotional safety and the survivor and her family should always be priority.

- It is important for grievance committees to have GBV Specialists included and written criteria for how they will verify or determine whether a worker is related to the project (i.e. protocols and SOP's that detail accountability measures). See SEA/SH GM guidance.
- The safety of the survivor should ALWAYS be considered the most important priority (i.e. quick and decisive action; safety planning support from service providers; confidential referrals; ongoing and careful communication).
- Registration and documentation of cases should be done according to international safety and ethical standards (i.e. anonymized data, strict information sharing protocols, etc).
- The outcome of decisions made by the review or grievance committee, including follow-up and actions taken, should be communicated back to survivors in a timely manner.

Note: During every stage of the GM process, we must ask, what is the best interest of the survivor and her safety.

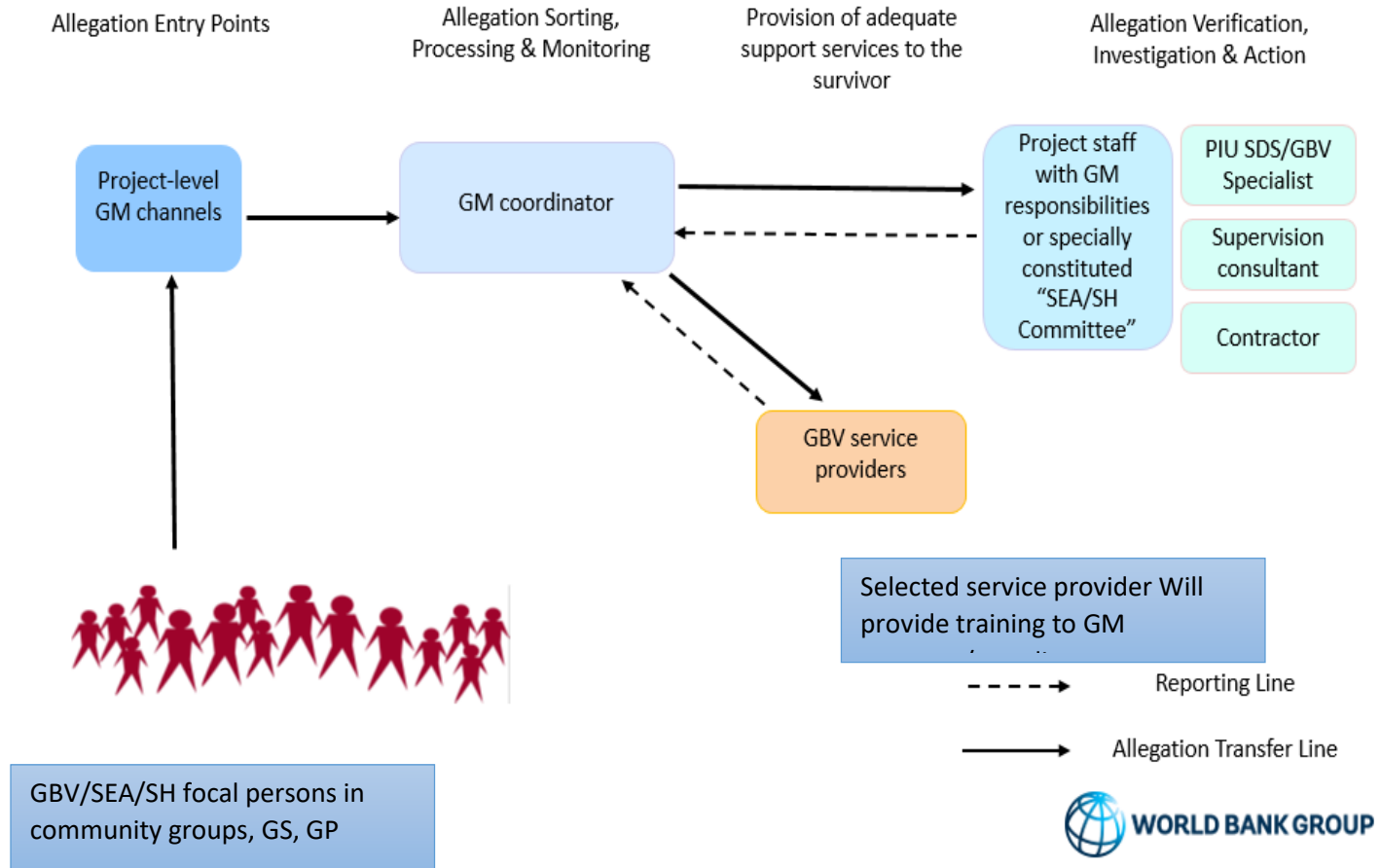
Respect

Summary: The survivor is free to make his/her own decisions about what is best from him/her, and should receive clear, complete, and transparent information to guide her actions.

- World Bank staff and clients have a responsibility to keep survivors at the center of every response. There is no one way to heal or recover from assault or abuse. Putting the survivor at the center, letting her decide her future, and underscoring her dignity, right, and power is the best way of supporting and empowering her.
- A survivor should be informed and contacted about the resolution of the case and any decision made. This should be done with care, so as not to put her in further harm.
- Initially the survivor may state that she wants to pursue her case but changes her mind. She then says she doesn't want to pursue her case further. This decision should be respected.
- Tell the survivor that she is welcome to reach out should she need assistance in the future.

Note: There may be times where a survivor decides she doesn't want to report, disappears, decides not to pursue her case, or asks not be contacted. Her choice must be respected, and we must trust that she knows what is best for her, her family, and safety (even if she initially says one thing, then changes her mind— consent can change).

Annex- 4 Proposed GM Model 1 with an existing intermediary for SEA/SH allegations



Annex 5: GBV service providers functioning in Bangladesh during COVID-19¹⁸

<p>a. Helplines</p> <ul style="list-style-type: none"> ● National Helpline Centre for Violence against Women and Children: 10921; ● Legal Aid Helpline: 16430 ● Marie Stopes Bangladesh: 08000222333; ● Acid Survivors Foundation (ASF): +8801713010461; ● Bangladesh Legal Aid and Services Trust (BLAST): +8801715-220 220; ● Ain o Salish Kendra (ASK): +8801724415677; ● Rights Jessore: +8801977182023; 	<p>b. Immediate rescue information</p> <ul style="list-style-type: none"> ● OCC (Medical): 109 ● OCC(Judicial) <ul style="list-style-type: none"> a. Faridpur: +8801711248085; b. Sylhet: +8801716128370; c. Barishal: +8801715635866; d. Rajshahi: +8801718620310; e. Chittagong: +8801819941106; f. Bagerhat: +8801911100177;
<p>c. Psycho-social counseling</p> <ul style="list-style-type: none"> ● Marie Stopes Bangladesh: 02-58152538; ● Acid Survivors Foundation (ASF): +8801713010461; ● Ministry of Women and Children Affairs (focused on COVID-19 Psychosocial Counselling): <ul style="list-style-type: none"> ● National: <ul style="list-style-type: none"> 12.00-3.00:+8801715297944, 3:00-6.00: +8801727209070 6.00-9.00:+8801914317856 	<p>Regional</p> <p>9.00-12.00:</p> <ul style="list-style-type: none"> ● Dhaka, Dhaka Medical College Hospital (DMCH): +8801780839944, ● Barishal, Sher e Bangla Medical College and Hospital (SBMCH): +8801913566477, ● Chattogram, Chattogram Medical College and Hospital (CMCH): +8801676095159, ● Rangpur, Rangpur Medical College and Hospital (RpMCH): +8801777337089 <p>12.00-3.00:</p> <ul style="list-style-type: none"> ● Rangpur, Rangpur Medical College and Hospital (RpMCH): +8801919137331, ● Khulna, Khulna Medical College and Hospital (KMCH): +8801723545731 <p>3.00-6.00:</p>

¹⁸ This GBV service providers list is constantly being updated, in context of COVID-19. There is also a World Bank internal database that all maps GBV service providers by region and type of services in Bangladesh, so team can approach WB when needed.

	<ul style="list-style-type: none"> ● Rajshahi, Medical College and Hospital (RMCH): +8801515621317, ● Dhaka, Dhaka Medical College and Hospital (DMCH): +8801675620992, ● Cox’s Bazar Medical College and Hospital(CoxMCH): +8801847461880 <p>6.00-9.00:</p> <ul style="list-style-type: none"> ● Sylhet, Sylhet Osmani Medical College and Hospital (SOMCH): +8801766356094, ● Chattogram, Chattogram Medical College and Hospital (CMCH):+8801761362020, ● Faridpur, Faridpur Medical College and Hospital (FMCH): +8801673719894; ● Aparajita Jessore: +8801761222222-4
<p>d. Shelters</p> <ul style="list-style-type: none"> ● Judicial OCC ● Faridpur: +8801711248085; Sylhet: +8801716128370; Barishal: +8801715635866; Rajshahi: +8801718620310; Chittagong: +8801819941106; Bagerhat: +8801911100177; ● Dhaka Ahsania Mission (shelter with transport) (880-2) 58155869, 9127943, 9123402, 9123420; 	<p>e. Legal Counseling</p> <ul style="list-style-type: none"> ● Bangladesh Legal Aid and Services Trust (BLAST): +8801715-220 220; ● Ain o Salish Kendra (ASK): +8801714-025069; ● Organization for Women's Development in Bangladesh (OWDEB) – Chittagong (Providing service to Ward 4,5,6 now): +8801711 – 171060 ● Aparajita Jessore: +8801761222222-4