

Bosnia & Herzegovina Emergency COVID-19 Project Stakeholder Engagement Plan (SEP)

April 2020

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 3, 2020, the outbreak has resulted in 972,303 confirmed cases and 50,321 deaths in 199 countries and territories.

As of April 3, 2020, 574 COVID-19 cases have been confirmed in Bosnia and Herzegovina (BiH) with 17 COVID-19 associated deaths. Most cases are in Republika Sprska (RS), with the greatest concentration of cases is in Banja Luka, although most people affected have mild symptoms. In the Federation of BiH (FBiH), there are currently less than 100 cases, with clusters in Bihac, Mostar and Sarajevo. Around 35,000 people are under public health surveillance in FBiH and around 17, 000 in RS.

Late January 2020, RS initiated an action plan to respond to the pandemic. A Coordination Body for Planning, Implementation and Monitoring activities related to the outbreak was established in early March 2020. There is a ban on public gatherings; schools and most shops have been closed with the exception of markets and pharmacies. All primary care centers and hospitals are expected to manage potential cases. University Clinical Centre in Banja Luka is the designated referral centre for severe cases of COVID-19, and its capacity has been expanded through the purchase of twenty new mechanical ventilators. Mobile health care facilities were set up at borders and points of entry. Hospitals were required to set up separate areas for treating potential cases, and routine, non-urgent procedures were cancelled until further notice. The health insurance fund has made testing and treatment of COVID-19 free to all residents of RS until the end of April. The authorities are also arranging for essential food items to be distributed to elderly and vulnerable residents, through its network of centers for social work.

In FBiH, the Institute of Public Health of FBiH issued a COVID-19 preparedness and response plan in February 2020. The plan comprises active case finding (in health care institutions, the community and ports of entry), clinical guidelines for case isolation, treatment and contact tracing, and procedures for regular and transparent communication with the public. A crisis centre has been created at the Federal Ministry of Health and within each Cantonal Ministry of Health. The Federation's three Clinical Centers (Mostar, Tuzla and Sarajevo) and all hospitals with department of infectious diseases (Sarajevo, Tuzla, Mostar, Zenica, Travnik, Bihac) have been designated to treat COVID-19 patients. Some adaptation/expansion of clinical facilities has taken place, including equipping the Clinical Centre in Sarajevo with 200 additional beds and one additional laboratory, and expansion of treatment facilities at Mostar Clinical Centre. Routine surgical and diagnostic procedures have been cancelled, such that health care services are restricted to emergencies, chemotherapy and other obligatory interventions. Retired physicians have been mobilized, and some clinical staff are being reassigned from their usual duties to assist in the emergency COVID-19 response. The Institute for Health and Food Safety (IHFS) in Zenica, and the University of Zenica modelled the expected incidence of COVID-19 and the need for hospital beds in FBiH based upon international experience thus far.

The **Bosnia & Herzegovina Emergency COVID-19 Project** aims to prevent, detect, and respond to the threat posed by the COVID-19 pandemic in Bosnia and Herzegovina.

The project will have three components: (1) Responding to the COVID-19 Pandemic in Republika Srpska, (2) Responding to the COVID-19 Pandemic in the Federation of BiH, and (3) Project Management.

Component 1: Responding to the COVID-19 Pandemic in Republika Srpska. This component will provide immediate support to Republika Srpska to treat existing cases of COVID-19, limit further local transmission, and address socioeconomic impacts of the pandemic on affected households through social assistance and protection. Activities are limited to those that require immediate and urgent implementation and to be implemented under two sub-components: (1.1) health care delivery and health system strengthening and (1.2) social protection and assistance for vulnerable households and individuals.

Component 2: Responding to the COVID-19 Pandemic in the Federation of Bosnia and Herzegovina. This component will provide immediate support to the Federation of BiH to treat existing cases of COVID-19, limit further local transmission, and address socioeconomic impacts of the pandemic on affected households through social assistance and protection. Activities are limited to those that require immediate and urgent implementation and to be implemented under two sub-components: (2.1) health care delivery and health system strengthening and (2.2) social protection and assistance.

Component 3. Project Management. This component will support project implementation in each entity, providing overall administration of the project (including procurement and financial management), as well as regular monitoring and reporting of implementation (including the required fiduciary assessments). Existing structures will be used as far as possible. If necessary, these will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, safeguards, communication and outreach, procurement, and financial management. Monitoring of social assistance will include spot checks of cash assistance and social care beneficiaries (at home and in specialized institutions), and support for improvements to existing administrative systems if necessary. Sub-component 3.1. is related to RS, and sub-component 3.2 is related to FBiH. This component will support the operations of a unit/department responsible for project implementation with adequate personnel to provide overall administration of the project (including procurement and financial management) and undertake regular monitoring and reporting of project implementation (including the required fiduciary assessments). The component activities will include a formal evaluation of project impacts (using both qualitative and quantitative methods); capacity building through training in participatory M&E at all administrative levels, joint-learning across and within entities, evaluation workshops, and development of an action plan for M&E and replication of successful models; and capacity building activities at the regional level..

The Bosnia & Herzegovina Emergency COVID-19 Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agency should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

In Republika Srpska, the RS Ministry of Health and Social Welfare (MoHSW) will be the implementing agency for the project, through its Planning, Analysis, Financing and Project Implementation Department (PAFPID). In FBiH, project implementation will be carried out by the Federal Ministry of Health (FMoH) and the Federal Ministry of Labor and Social Policy (FMoLSP). FMoH will host the overall coordinating PIU, with a Project Implementation Team (PIT) in FMoLSP.

The *overall objective of this SEP* is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder Identification and Analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- (ii) may have an interest in the Project (‘other interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders’ needs is the key principle underlying the

selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2 Affected Parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID-19 infected people;
- People under COVID-19 quarantine;
- Relatives of COVID-19 infected people;
- Relatives of people under COVID-19 quarantine;
- School pupils and students affected by school closure;
- Neighboring communities to laboratories, quarantine centers, and screening posts;
- Workers at construction sites of laboratories, mobile health care facilities, quarantine centers and screening posts;
- People at COVID-19 risks (elderly 65+, people leaving with AIDS/HIV, people with chronic medical conditions, such as lung disease, diabetes and heart disease, travelers, inhabitants of border communities, etc.);
- Patients/people with medical needs;
- Public health workers;
- Veterinary staff of public veterinary institutions;
- Medical waste collection and disposal workers;
- Workers of large public places, including public markets, supermarkets etc.;
- Social workers engaged in providing social assistance either at centers for social work or through home visits;
- Airline and border control staff;
- Businesses, employers and media for which workshops on COVID-19 surveillance, treatment and prophylaxis for wider community will be organized.

¹ Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

2.3. Other Interested Parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- State-level institutions (Council of Ministers of BiH and its Coordination Body for Protection and Rescue from Natural or Other Incidents in BiH; Ministry of Security of BiH);
- RS-level institutions:
 - Ministry of Health and Social Welfare (MoHSW) – through the Planning, Analysis, Financing and Project Implementation Department (PAFPID) responsible for components 1.1, 1.2 and 3.1
 - RS Emergency Headquarters
 - Ministry of Education and Culture
 - Ministry of Labor and Protection of Veterans and Disabled Persons
 - Ministry of Agriculture, Forestry and Water Management
 - RS Public Health Institute (RS PHI);
- FBiH-level institutions:
 - Federal Ministry of Health (FMOH) – PIU for overall coordination and for implementation of components 2.1. and 3.2.
 - Federal Ministry of Labor and Social Policy (FMO LSP) – PIT for implementation of component 2.2.
 - Steering Committee for coordination between the PIU and PIT (Federal Ministry of Finance, FMOH and FMO LSP)
 - Federal Civil Protection Headquarters
 - Federal Ministry of Education and Science
 - Federal Ministry of Agriculture, Water Management and Forestry
 - FBiH Public Health Institute (FBiH PHI);
- Canton-level institutions in FBiH (cantonal ministries of health, education/culture and public health institutes);
- Health facilities in both entities;
- Educational facilities in both entities;
- Inspection authorities in both entities (in particular, responsible for labor and OHS, and health issues);
- Funeral service organizations and their staff;
- Traditional media and journalists;
- Civil society groups and NGOs that pursue environmental and socio-economic interests and may become partners of the project;
- Implementing agencies for the WB-funded projects working in the border regions (PID RS PIU/FBH PIU, DFPP RS PIU/FBH PIU, FRMSP FBH PMT);
- Other national and international health organizations (IFRC, UNCT, UNFPA, WHO);
- Other donor organizations (UNICEF, IOM, EU);
- Businesses with international links; and
- Public at large.

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder

engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals, particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person’s origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Retired elderly and people with disabilities;
- People with no health insurance;
- Existing social assistance beneficiaries under the social protection laws in RS and FBiH, including unemployed persons, low-income families, disabled persons, elderly people.
- Potential new beneficiaries of social assistance who may become socially vulnerable and need assistance due to the adverse economic impacts of COVID-19 - informal workers, dependents of seasonal workers/workers that would usually earn money abroad, etc.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with recently-announced government restrictions on gatherings of people) has limited the project’s ability to develop a complete SEP before this project is approved by the World Bank. Therefore, no dedicated consultations beyond public authorities and national health experts, as well as international health organizations representatives, have been conducted so far. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval.

The Table below summaries the methods used to consult with key informants.

Table 1. Summary of Stakeholder Consultations During Project Preparation

Project stage	Topic of consultation	Methods used	Timetable: Location and dates	Target stakeholders	Responsibilities
Preparation	Project design	VC meetings/calls	On need basis, donor and public institutions’ offices	Development donor, international health organizations, implementing	WB team, MoHSW/ FMoH/ FMoLSP Leadership

				agencies in both entities, entity level ministries of finance, agriculture, and public health institutes	
	Sectoral and Institutional Context	Interviews Discussions	On need basis, public institutions' offices	Implementing agencies, entity level ministries of finance, agriculture, and public health institutes	WB Health team
	Project implementation arrangements	Discussions	On need basis, public institutions' offices	Implementing agencies, entity level ministries of finance, agriculture, and public health institutes	MoHSW/ FMOH/ FMO LSP Leadership
	Community outreach approaches in RS	Discussions with primary health care centers (Dom Zdravlja)	Dom Zdravlja Banja Luka, etc.	Primary healthcare staff	MoHSW
	Healthcare/medical provisions needs-assessment in RS	Site visit report	March 2020	Management and staff of hospitals in RS	WHO Consultant
	COVID-19 incidence projections	In-house modelling	March 2020	Management and staff of hospitals in FBH	IHFS/Health Center Zenica/University of Zenica

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

Table 2 summarizes the different needs of the stakeholders and different engagement methods for each group. The strategy for stakeholder engagement takes into consideration the limitation posed by the COVID-19 crisis and relies more extensively on online and distant tools (TV, radio, phone, websites) to accommodate the need for social distancing.

Table 2. Summary of Stakeholder Needs and Preferred Notification Means

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Affected Parties				
COVID-19 infected people	Wide range of people that are affected by COVID-19	Local languages, English	SMS messaging, radio, phone	Medical examination and treatment in hospitals, ad-hoc financial support to low-income households with infected family member(s)

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
People under COVID-19 quarantine	Diverse range of people isolated from the community, different nationalities	Local languages, English	Personal instructions on virus transmission methods, phone calls, e-mails	Favorable conditions to stay in quarantine facilities
Relatives of COVID-19 infected people	Frustrated family members and unaware care-givers	Local languages, English	Social media group postings, TV/radio, phone calls, e-mails	Special instructions from health workers, hand hygiene and Personal Protective Equipment (PPE)
Relatives of people under COVID-19 quarantine	Frightened family members and concerned surrounding people	Local languages, English	Social media group postings, TV/radio, phone calls, e-mails	Information and educational materials
School pupils and students affected by school closure	Pupils and students unable to attend regular school	Local languages	RS Ministry of Education and Culture and Federal Ministry of Education and Science (and cantonal ministries in FBiH) channels of communication, TV/radio, social media group postings	Information on online schooling
Neighboring communities to laboratories, quarantine centers, and screening posts	Concerned residents of local communities and employees of local enterprises/ line organizations	Local languages	Information boards of Local Councils and primary health care centers, TV/radio, social media group postings	Awareness raising, waste management precautions, hand hygiene and PPE
Workers at construction sites of laboratories, quarantine centers, mobile healthcare facilities and screening posts	Workers engaged in renovation and rehabilitation of health facilities	Local languages	OHS training, information boards of local councils, health centers, TV/radio, social media group postings	Waste management precautions, hand hygiene and PPE, OHS measures
People at COVID-19 risks	Discouraged elderly 65+; suspecting people leaving with AIDS/HIV; people with chronic medical conditions, such as diabetes and heart disease; travelers, inhabitants of border communities	Local languages, English	Information boards of local councils and primary healthcare centers, TV/radio, social media group postings	Behavior instructions for people with chronic diseases, ad-hoc supportive treatment for HIV/AIDS positive people, instructions on extra personal health safety, awareness raising campaigns, hand hygiene and PPE
Patients/people with medical needs	E.g. people waiting for routine procedures, not being able to see a	Local languages	Primary healthcare centers	Information on availability of medical services

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
	doctor when a new problem arises, etc.			
Public and private health workers	Unprepared managers, doctors, nurses, pharmacists, lab assistants, cleaners	Local languages	Trainings, print outs	Occupational health and biosafety measures, PPE, hands-on training programs, infection control and risk management planning
Veterinary staff of public veterinary institutions	Workers at veterinary institutions dealing with COVID-19 cases	Local languages	Trainings, print outs	Occupational health and biosafety measures, PPE, hands-on training programs, infection control and risk management planning
Medical waste collection and disposal workers	Doctors, medical nurses, cleaners, workers that operate health care waste treatment facilities, waste removal & transfer workers, veterinary workers RS Ministry of Physical Planning, Ecology and Construction, and Federal Ministry of Environment and Tourism Republic and Federal Inspectorates and inspectors relevant to waste management Public utility companies	Local languages	Written instructions, trainings	OHS measures, training on health and safety and practical aspects of health care waste management including waste prevention, separate collection, handling and disposal, PPE, waste management plans, safe waste transfer vehicles for rural health facilities
Workers of large public places, like public markets, supermarkets	Managers, salesmen, marketing specialists, workers, cashiers, security officers	Local languages	Written instructions, social media platforms, TV/radio	OHS measures, hand hygiene and PPE, extra safety measures, like social distancing
Social workers engaged in providing social assistance either at centers for social work or through home visits	Staff of centers for social work engaging directly with vulnerable groups	Local languages	Written instructions, trainings	OHS measures, hand hygiene and PPE, extra safety measures, such as social distancing
Airline and border control staff	At risk employees working at the front lines with large amount of people	Local languages	Written instructions, trainings	Emergency risk management skills, improved working conditions, hand hygiene and PPE

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Businesses, employers and media	Large and diverse staff	Local languages	Alert notices at the websites of MoHSW, FMOH, FMOlSP, RS PHI and FBiH PHI Online workshops and symposia	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff; and information about COVID-19 surveillance, treatment and prophylaxis
Other interested parties				
State-level institutions	Relevant institutions at BiH level (Council of Ministers of BiH and its Coordination Body for Protection and Rescue from Natural or Other Incidents in BiH; Ministry of Security of BiH)	Local languages	Official channels of communication	Coordination, information dissemination and engagement at BiH level
RS-level institutions (MoHSW, RS Emergency Headquarters, Ministry of Education and Culture, Ministry of Labor and Protection of Veterans and Disabled Persons, Ministry of Agriculture, Forestry and Water Management, RS PHI, RS Inspectorate)	Implementing agency (MoHSW) and other institutions involved in COVID-19 emergency rapid response at RS level	Local languages	Letters, meetings, e-mails, VCs, official channels of communication	Financing for immediate emergency response needs, coordination, information dissemination and engagement
FBiH-level institutions (FMOH, FMOlSP, Steering Committee, Federal Civil Protection Headquarters, Federal Ministry of Education and Science, Federal Ministry of Agriculture, Water Management and Forestry, FBiH PHI, Federal Department for Inspection Affairs) Canton-level institutions in FBiH (cantonal ministries of health,	Implementing agencies (FMOH and FMOlSP) and other institutions involved in COVID-19 emergency rapid response at FBiH and cantonal level	Local languages	Letters, meetings, e-mails, VCs, official channels of communication	Financing for immediate emergency response needs, coordination, information dissemination and engagement

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
education/culture and public health institutes)				
Health facilities in both entities	Hospitals and other health centers	Local languages	Letters, meetings, e-mails, VCs	Trainings and information
Educational facilities in both entities	Responsible for delivery of online education material during school closure	Local languages	Letters, meetings, e-mails, VCs	Trainings and information
RS Ministry of Physical Planning, Ecology and Construction and Federal Ministry of Environment and Tourism with inspectorates (responsible for environment, waste management specific)	Guidance on waste management	Local languages	Letters, meetings, e-mails, VCs	Planning adequate waste management practices
Labor inspectorates in both entities	Responsible for enforcing labor and OHS laws	Local languages	Letters, meetings, e-mails, VCs	Resources to contribute to emergency rapid response
Funeral service organizations and their staff	Organizations dealing with a sudden increase in the number of deceased persons and their staff exposed to risks of handling infected bodies	Local languages	Written instructions, trainings	OHS measures, hand hygiene and PPE, extra safety measures
Traditional media and journalists	Entity level and local newspapers, TV and radio channels	Local languages	E-mails, social media platforms, websites, training	Training and communication to improve knowledge and techniques to arrange for media coverage of COVID-19 related emergency response procedures
Civil society groups and NGOs that pursue environmental and socio-economic interests and may become partners of the project	Non-for-profit organizations on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project	Local languages	E-mails, social media platforms, websites	Donor funding to contribute to emergency response procedures
Social media platforms	Users of Facebook, Instagram etc., active internet users	Local languages, English	Social media platforms and groups, RS PHI, FBiH PHI, MoHSW, FMOH and FMO LSP webpages	Reliable information sources, timely updates on real current situation with COVID-19 in the country, online information on

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
			with COVID-19 information	how to filter false information and fake news
Implementing agencies for the WB-funded projects working in the border regions and health improvement sector	-Irrigation Development Project RS & FBH PIUs -Drina Floods Protection Project RS & FBH PIUs -Federation Road Sector Modernization Project PIU	Local languages, English	Letters, meetings, e-mails, VCs, participation in multisectoral task force or coordination meetings	Timely awareness and invitation for participation, joint action plan with their emergency response contributions
Other national and international health organizations and donor organizations	UNICEF, IFRC, UNCT, IOM, UNFPA, WHO, EU etc.	English	Letters, meetings, e-mails, VCs, list serves	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donor-funded investments
Businesses with international links and public at large	Businesses and citizens	Local languages, English	Traditional media, SMS messaging, information boards, social media, MoHSW/ FMOH/ FMO LSP websites	Updated and reliable information on the current situation to reduce dissemination of false rumors
Vulnerable and disadvantage groups				
Retired elderly and people with disabilities	Aged people of 65+, unable to work, physically and mentally disabled people staying at home	Local languages	Social workers, family doctors	1) In-kind social care for elderly and other disabled/immobile people, including basic care packages and in-home services 2) Needs-based in-home family doctor consultations and treatment
People with no health insurance	Persons who do not have free access to health care services	Local languages	Family doctors	Access to free healthcare services in RS and FBH public health institutions for all until the end of April 2020, regardless of insurance status.
Existing social assistance beneficiaries	Unemployed, low-income families, disabled persons, elderly	Local languages	Information on offered temporary social assistance packages provided as printed materials through the Centers for Social Work and local councils, TV/radio/newspapers, social media group postings	Emergency cash assistance on a needs basis, possibility of submitting virtual/phone applications and in-home application assistance for immobile groups

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, child care, daytime meetings)
Potential new social assistance beneficiaries	Persons who may become socially vulnerable and need assistance due to the COVID-19 circumstances – informal workers, dependents of seasonal workers/workers that would usually earn money abroad, etc.	Local languages	Information on offered temporary social assistance packages through centers for social work, printed materials through the Centers for Social Work and local councils, TV/radio/newspapers, social media group postings	Emergency cash assistance scheme to weather the impacts of COVID-19 for the most vulnerable, possibility of submitting virtual/phone applications and in-home application assistance for immobile groups

3.3. Proposed strategy for information disclosure

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities (such as primary health care centers, centers for social work and local councils), is essential to establish authority and trust.

In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This will include an outreach program for the public and media on the occurrence, movement and spread of infection with the new SARS-CoV-2 coronavirus, and prevention measures through activities such as workshops and symposia for businesses/media, creating a mobile application for dissemination of information, etc. In addition, information will be disseminated through information boards of local councils and primary health care centers, as well as through TV and radio. Some of these activities are already ongoing.

The project will thereby have to adapt to different requirements. While entity-wide awareness campaigns will be established, specific communication around borders and international airports, as well as quarantine centers and laboratories will have to be timed according to need and be adjusted to the specific local circumstances.

A set of activities for engaging with citizens on the COVID-19 crisis have already been undertaken in both entities.

In RS, these activities include:

- Development of a Public Health Emergency Communication Plan

- Appointment of a Public Communication Team in RS, consisting of 42 members
- Establishment of two MoHSW hotline numbers for communication with citizens (051/339-443 and 051/339-484)
- Communication with citizens and the media through MoHSW's Facebook page (<http://tiny.cc/2b8tlz>).

In addition, the RS Emergency Team has established an operational taskforce for information dissemination and communication. Contact details for inquiries by citizens and businesses are:

Telephone numbers: 051/360-010, 051/360-011, 051/360-012, 051/360-013 and 051/360-014)

E-mail: sot-corona19@vladars.net

A toll-free hotline has also been established by the RS PHI (0800 50 555) for citizens wishing to inquire about COVID-19 infection concerns and treatment locations.

The Psychologists Association of Republika Srpska has been offering free psychological help to persons under self-isolation or quarantine (080 050 305).

In FBiH, these activities include:

- Development of an Emergency Response Plan including a risk communication plan
- Appointment of an Emergency Team by FMoH, and communication with citizens and the media through its Facebook page (<https://www.facebook.com/Krizni-sto%C5%BEer%C5%A1tab-Federalnog-ministarstva-zdravstva-101954778106891/>)
- Establishment of a Civil Protection Operational Center hotline number (121)
- Development of a dedicated COVID-19 geoportal (www.covid-19.ba) by the FBiH Government.

The FBiH PHI has been disseminating COVID-19 related information through a dedicated section on its website (www.zzjzfbih.ba) and has introduced hotline numbers (033 564 615 / 564 616 / 564 618 / 564 619) and an email address (covid-19@zzjzfbih.ba) for citizens wishing to inquire about COVID-19 infection concerns and treatment locations. The FBiH PHI Psychological Counselling Center has also established a hotline offering free psychological help to persons under self-isolation or quarantine (033 564 611).

The ESMF and SEP prepared during the project preparation will be disclosed and updated regularly, including after virtual consultations.

The Implementing Agencies will follow the below steps to arrange for nation-wide risk communication and community engagement activities:

Figure 1. Strategic Steps on Nation-wide Risk Communication and Community Engagement Activities

Step	Actions to be taken
1	<input type="checkbox"/> Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	<input type="checkbox"/> Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	<input type="checkbox"/> Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	<input type="checkbox"/> Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	<input type="checkbox"/> Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	<input type="checkbox"/> Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	<input type="checkbox"/> Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	<input type="checkbox"/> Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	<input type="checkbox"/> Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	<input type="checkbox"/> Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	<input type="checkbox"/> Document lessons learned to inform future preparedness and response activities

The project includes considerable resources to implement the above actions under Component 1 and 2. The table below briefly describes what kind of information will be disclosed, in what formats, and the types of methods that will be used to communicate this information at four levels to target the wide range of stakeholder groups and the timetables.

Table 3. Information Disclosure Proposed Methods during Implementation Stage

Information to be disclosed	Methods proposed	Timelines/ Locations	Target stakeholders	Percentage reached	Responsibilities
Prevention tips	Information & educational materials	TV/radio/social media on a regular (daily/weekly) basis Bulletin boards of local councils and primary health care centers Mobile application to access information	Adults, adolescents, children At-risk groups	80% of population	MoHSW PAFPID, FMOH PIU, RS PHI, FBiH PHI
Dos and Don'ts	Information & educational materials	Social media platforms on a regular	Internet users, youth	20% of population	MoHSW PAFPID, FMOH PIU, RS PHI, FBiH PHI

Information to be disclosed	Methods proposed	Timelines/ Locations	Target stakeholders	Percentage reached	Responsibilities
		(daily/weekly) basis			
Quarantine measures, travel bans	E-news	TV/radio/social media	Travelers	N/A	Airport and border staff
WHO COVID-19 information Treatment protocols and practices	Guidance documents and protocols Written instruction Information system with enhanced epidemiological survey and linking of HES at primary level	Print-outs and e-materials, trainings (monthly or as needed) Web application for access to information by healthcare professionals	Medical staff at all levels	100%	Health institutions managers
Information on eligibility for social assistance Emergency contact numbers	Direct contacts	Bulletin boards of local council offices and local health centers Printed materials on the temporary assistance program to be available through the Centers for Social Work and local council offices Website of MoHSW, FMO LSP and entity PHIs TV/radio/social media Phone calls/emails	Existing or potential beneficiaries of social care (vulnerable groups as defined in the RS Law on Social Protection and FBiH Law on Basics of Social Protection)	N/A	Social Department of MoHSW and FMO LSP Staff of centers for social work Family doctors
COVID-19 concerns and inquiries	Hotlines and other communication channels for the public	At all times – full list of contacts provided under section 5.1. of this SEP	Public at large	N/A	Hotline operators

3.4. Stakeholder engagement plan

The following methods will be used during the project implementation to consult with key stakeholder groups, considering the needs of the final beneficiaries, and in particular vulnerable groups. Proposed methods vary according to target audience.

Table 4. Stakeholder Consultation Methods Proposed during Implementation Stage

Target stakeholders	Topic of consultation	Method	Timeframes (months of implementation)	Responsibilities
Medical staff and health institution managers	Activities regarding: <ul style="list-style-type: none"> - health system strengthening (trainings, risk assessments, procurement of tests, etc.) and - case detection, confirmation and reporting; contact tracing 	Discussions and communication through VC, emails, letters, phone Trainings and written instructions	1 st month	MoHSW PAFPID and FMoH PIU
Public at large	Occurrence, movement and spread of infection with the new SARS-CoV-2 coronavirus, and prevention measures	Mobile application to access information and provide feedback	2nd month	MoHSW PAFPID and FMoH PIU, entity PHIs
Businesses, employers, media	COVID-19 surveillance, treatment and prophylaxis for wider community	Workshops and symposia	2nd month	MoHSW PAFPID and FMoH PIU
Vulnerable groups	Emergency cash assistance, social care packages	Direct contacts through centers for social work, virtual applications and in-home application assistance	3rd month	MoHSW PAFPID and FMoH PIU, centers for social work, primary health care centers
Vulnerable groups (specifically groups targeted by the cash assistance program)	Social assistance targeting	Beneficiary survey	6 th -9 th month	MoHSW PAFPID and FMoH PIU
Education specialists, teachers and pupils/students	Online education during school closure	Contacts through Ministry of Education and Culture	4th month	MoHSW PAFPID and FMoH PIU

The details will be prepared as part of the project-specific Communication Plan within one month of effectiveness and consequently this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project.

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

In RS, the Planning, Analysis, Financing and Project Implementation Department (PAFPID) under the MoHSW will be responsible for stakeholder engagement activities. In FBiH, the PIU in FMOH and the PIT in FMOlSP will be responsible for stakeholder engagement activities. The SEP activities in both entities will be funded under *Component 3 – Project management*.

4.2. Management functions and responsibilities

In **Republika Srpska**, MoHSW will be the implementing agency for the project. The Assistant Minister for Health (leading the department for project planning, analysis, financing and implementation) will coordinate the project activities and ensure coordination across various health and social assistance institutions. Project implementation will be carried out by the PAFPID in the MoHSW, led by the Assistant Minister for Planning, Analysis, Financing and Project Implementation. In addition to PAFPID, MoHSW (and other government departments, if need be) will provide all other necessary staff on procurement, financial management, safeguards, monitoring and evaluation, and communication. PAFPID will support relevant technical units in the Ministry, and directly implement certain technical activities, including procurement of medical supplies, equipment, communication and monitoring, facility expansion/adaptation for activities under Component 1.1 as well as selected activities under Component 1.2. For Component 1.2, PAFPID will work with Centers for Social Work and relevant care institutions for the implementation of cash transfers and monitoring visits. Some other activities, such as trainings may be outsourced to third parties through contractual agreements acceptable to the WB. PAFPID will also be responsible for preparing a consolidated annual workplan and a consolidated activity and financial report for the project components. PAFPID will gather and analyze all relevant monitoring data (for both sub-components on health and social protection) and report these to Minister for Health and Social Welfare and to the WB. A Project Operational Manual (POM) clearly describing the roles, responsibilities, and processes will be developed by the MOHSW before the Effectiveness Date. The supervision arrangements are outlined in the Global MPA and will be followed in this project.

In **FBiH**, project implementation will be carried out by FMOH and FMOlSP. A PIU will be created in FMOH for implementation of component 2.1, comprising a Project Coordinator, Financial Management Specialist, Procurement Specialist. In addition to the PIU, FMOH (and other government departments, if need be) will provide all other necessary staff on procurement, financial management, safeguards, monitoring and evaluation, and communication. The PIU will establish partnerships with the FBiH Institute for Public Health, Federal Civil Protection Headquarters, Federal Ministry of Agriculture, Forestry and Water and Federal Inspection Administration to support project implementation and monitoring. The PIU will also establish project support groups at canton level (including cantonal MoH and public health institutes). The FMOlSP Special Projects Unit will act as the PIT in charge of the implementation of the social assistance and social care component. The Unit is headed by a senior civil servant and includes procurement, financial management and monitoring and evaluation staff. It will also include communication and safeguards staff. The PIT will support relevant technical units in the Ministry, and directly implement certain technical activities, goods identified for basic care packages, communication and monitoring under Component 2.2. The PIT will work with Centers for Social Work and relevant care institutions for the implementation of cash transfers and delivery of social care services and packages. Some other activities, such as trainings may be outsourced to third parties through contractual agreements acceptable to the WB. The PIU will also be responsible for preparing a consolidated annual workplan and a consolidated activity and FMOH Project Unit. A Steering Committee, comprising the Assistant Ministers from the FMOH, FMOlSP and Federal Ministry of Finance, will be created to ensure

coordination between the PIU and PIT. The PIU and PIT will submit an implementation status report to the Steering Committee and to WBG every three months.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of project activities;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

5.1. Description of GRM

The MoHSW PAFPID and FMOH PIU/PIT will use the existing institutional Grievance Redress Mechanisms (GRM) to address all citizen complaints and requests, and adapt them to the COVID-19 circumstances. The system and requirements (including staffing) for the grievance redress chain of action – from registration, sorting and processing, and acknowledgement and follow-up, to verification and action, and finally feedback – are incorporated embodied in this GRM. In emergency situation, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and information boards of local councils, primary health care centers and centers for social work to reach people at large and targeted populations. As a part of the outreach campaigns, the MoHSW PAFPID and FMOH PIU/PIT within entity ministries will make sure that the relevant staff (including staff of centers social care) are fully trained and has relevant information and expertise to provide phone consultations and receive feedback. The project will utilize this system (hotline, online, written and phone complaints channels) to ensure all project-related information is disseminated and complaints and responses are disaggregated and reported.

According to the entity-level laws on freedom of access to information, public authorities are required to provide requested information to citizens and legal entities within a period of 15 days. Any citizen, business or NGO can get information regarding COVID-19 prevention measures, testing possibilities and treatment referrals, temporary social support and cash assistance, as well as file a complaint through the below described channels.

All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up. Anonymous grievances will be allowed and will be addressed through the GRM.

Channels for accessing COVID-19 information and submitting grievances in RS

1. MoHSW hotline numbers (051/339-443 and 051/339-484)
2. RS Emergency Team hotline numbers (051/360-010, 051/360-011, 051/360-012, 051/360-013 and 051/360-014)
3. RS Emergency Team e-mail address (e-mail: sot-corona19@vladars.net)
4. RS PHI hotline (0800 50 555)
5. RS Psychologists Association hotline for free psychological help (080 050 305)
6. MoHSW website
7. (<https://www.vladars.net/sr-SP-Cyrl/Vlada/Ministarstva/MZSZ/Pages/default.aspx>)
8. RS PHI website with dedicated COVID-19 updates (www.phi.rs.ba)
9. Verbal or written grievance received during working meetings/personal appointments
10. Incoming correspondence via courier to MoHSW
11. Incoming correspondence by e-mail: ministarstvo-zdravlja@mzsz.vladars.net
12. Centers for social work at municipal/city level for information and grievances regarding emergency assistance to vulnerable groups – both directly in person/phone/email of respective centers and a virtual application for those who are unable to visit the centers.

Channels for accessing COVID-19 information and submitting grievances in FBiH

1. Civil Protection Operational Center hotline number (121)
2. FBiH Government dedicated COVID-19 geoportal (www.covid-19.ba)
3. FBiH PHI hotline for COVID-19 (033 564 615 / 564 616 / 564 618 / 564 619) and dedicated email: covid-19@zzjzfbih.ba
4. FBiH PHI website with dedicated COVID-19 updates (www.zzjzfbih.ba)
5. FMOH website (www.fmoh.gov.ba/)
6. FMO LSP website (www.fmrsp.gov.ba)
7. FBiH PHI Psychological Counselling Center (033 564 611)
8. FBiH Red Cross psychological counselling hotline (060 343 0745, 062 040 653)
9. Verbal or written grievance received during working meetings/personal appointments
10. Incoming correspondence via courier to FMOH and FMO LSP
11. Centers for social work at municipal/city level for information and grievances regarding emergency assistance to vulnerable groups – both directly in person/phone/email of respective centers and a virtual application for those who are unable to visit the centers.

5.2 Receiving Grievances

When receiving a grievance, the following points are determined:

- Type of grievance;
- Category of the grievance;
- Persons responsible for review and execution of the grievance;
- Deadline for grievance resolving;
- Agreed actions.

After the type of action is determined, the hotline operator or staff at center for social work registers details regarding the actions in the incoming correspondence journal. The complainant will receive a

notification by phone on the following:

- Full name of the executor (head of the department) to whom the grievance was forwarded;
- Redressal will be made within a maximum of 15 working days;
- The deadline and actions are determined in accordance with the MoHSW/FMoH/FMoLSP instructions for handling grievances.

Notification. Notification will be registered in the outgoing correspondence logbook. The MoHSW/FMoH/FMoLSP Grievance Focal Point (GFP) specialist will assist the applicant at all stages of his grievance and ensure that his grievance is properly handled.

In case the affected person is not satisfied with the decision resulting from the consideration of grievance, s/he has the right to appeal. Appeal claim is considered by the special MoHSW/ FMoH/FMoLSP Grievance Review Committee (GRC) headed by a senior official. The GRC will be represented by the heads of departments, who will conduct hearings of appeals. After review of the appeal, if the citizen / beneficiary is unsatisfied with the solution, he/she has the right to appeal the decision in a judicial procedure or use the World Bank Grievance Redress System stated below.

5.3 Monitoring and Reporting on Grievances

The MoHSW/FMoH/FMoLSP Grievance Focal Point will be responsible for:

- Collecting and analyzing qualitative data from GFPs (hotline operators, social workers, staff, etc.) on the number, substance and status of complaints and uploading them into the single project database;
- Monitoring outstanding issues and proposing measures to resolve them;
- Preparing quarterly reports on GRM mechanisms to be shared with the WB.

Quarterly reports to be submitted to the WB shall include Section related to GRM which provides updated information on the following:

- Status of GRM implementation (procedures, training, public awareness campaigns, budgeting etc.);
- Qualitative data on number of received grievances (applications, suggestions, complaints, requests, positive feedback), highlighting those grievances related to the involuntary resettlement and number of resolved grievances, if any;
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
- Level of satisfaction by the measures (response) taken;
- Any correction measures taken.

MoSWH/FMoLSP will develop step-by-step guidelines and training for centers for social work on consistent communication about the temporary social support and cash assistance programs, including procedures for management and recording of requests/grievances received either in writing or by phone about the social assistance program. The guidelines will include a grievance log template and instructions on quarterly grievance reporting to the MoSHW/FMoLSP. The FMoLSP PIT will ensure that centers for social work report to the PIU on a monthly basis on grievances received and processed, in a simple format to be sent to the PIU's email address.

5.4 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

6. Monitoring and Reporting

6.1. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders;
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

Further details will be outlined in the updated SEP, to be prepared within 1 month of effectiveness, based on the details of the Communication Plan.