

STAKEHOLDER ENGAGEMENT PLAN
SERBIA COVID-19 RESPONSE PROJECT (P173892)
April 29, 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.

The World Bank through the Fast Track COVID -19 Facility is supporting the Government of Serbia to respond to the outbreak and prevent and reduce contagion and loss of life.

As of April 23, 2020, 7276 cases have been registered in Serbia with 139 COVID-19 associated deaths and 1063 recoveries. A total of 38 cities are impacted by the virus spread although vast majority of the cases are in Belgrade. Given the fluidity of the situation this document does not seek to provide additional data on the outbreak and quantifications of the impacts but seeks to present an inclusive, flexible yet meaningful and comprehensive stakeholder engagement strategy.

The COVID-19 epidemic is in an early phase in Serbia and the authorities have taken primary rigorous measures to contain the spread of the virus in the country satisfied that the work on both short and long-term fronts needs to proceed hand in hand. Prioritization is made to ensure consistency, continued and mutually contributing effects of actions on each front.

On March 15, 2020 the President of Serbia, Madam Prime Minister and Madam President of the National Assembly declared a state of emergency. The declaration was followed by a disclosure in the Official Gazette of the Republic of Serbia¹ and public announcement through a televised address by the President.

In response to the emerging epidemic a number of non-pharmaceutical interventions (NPI) were enforced, nationwide, aimed in suppression of the virus in the communities. These NPI consisted, progressively, of but are not limited to: (i) closure of all pre-schools, primary schools, high schools and universities (15th March); (ii) forced quarantine for all those above 65 years of age (15th March); (iii) curfew from 20:00 pm to 5 am (18th March) extended from 17:00pm to 5:00 am (22nd March); (iv) closure of public parks, gyms, restaurants and bars and shopping malls (21st March), (v) closure of all national borders for passenger transport (20th March) and shut down of the international airport (19th March); (vi) inner city public transport not operating (except for a few special lines in the morning and afternoon for those that have to go work and cannot work from home), intercity bus and rail transport has been halted (15th March), (vii) a mandatory 15 days or 28 days self-quarantine for those entering Serbia depending on the country of origin (15th March), (viii) weekend curfew from 3pm to 5 am and closure of all markets was enforced (28th March) etc.²

¹ Decision accessible at <https://www.paragraf.rs/propisi/odluka-o-proglasenju-vanrednog-stanja.html>, last accessed on March 30, 2020

² Details and updates of NPI measures can be retrieved from <http://www.pravno-informacioni-sistem.rs/ftp/covid19>

Before the stringent NPI measures had been put in place, the Government had already initiated a public communication strategy and a national coordination strategy from the highest levels.

A COVID-19 Infection Disease Crisis Response Team has been established by the Government. It is co-chaired by the Prime Minister, Minister of Health, Director of the Health Insurance Fund, Provincial secretary of Health. Members of this body are directors of relevant institutes and clinics, as well as representatives of other relevant bodies. A separate Crisis Response Team combating harmful consequences of COVID-19 to the economy has been established as well. The Team is co-chaired by the President of the Republic of Serbia, Minister of Finance, President of the Serbian Chamber of Commerce and Governor of the National Bank of Serbia. Each City and Municipality has established Emergency Situations Response Teams to enforce NPI at local level.

All primary care centers and hospitals are expected to manage potential cases while persons experiencing mild symptoms will be referred to the ad-hoc referral centers in Belgrade, Novi Sad, Nis etc. Severe cases of COVID-19 will be referred to the hospitals and Clinical Centers 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 the Republic of Serbia. 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.

The Serbia COVID-19 Response Project aims to respond to the threat posed by COVID-19 and to strengthen the national system to respond to the country pandemic.

The Serbia COVID-19 Response Project comprises the following components:

The project will have two (2) components: (1) Emergency COVID-19 Response (with 4 sub-components) and (2) Implementation Management, Monitoring and Evaluation.

Component 1: Emergency COVID-19 Response

This component will provide immediate support to Serbia to prevent COVID-19 from arriving and limiting local transmission through containment strategies. It will support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It will enable Serbia to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:

Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting. This sub-component will help (i) strengthen disease surveillance systems, national reference and public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Additional support will be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information.

Subcomponent 1.2: Social Distancing Measures. An effective measure to prevent contracting a respiratory virus such as COVID-19 is to limit, as possible, contact with the public. Financing will be made available to develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations, support coordination among sectoral ministries and agencies, and support the ministries of health on the caring of health and other personnel involved in pandemic control activities. Additional preventive actions will be supported that will complement social distancing such as personal hygiene promotion, including promoting handwashing, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic. Specific interventions for vulnerable communities will be supported, including Roma populations, residents of women's shelters, prisoners.

Subcomponent 1.3: Health System Strengthening. Assistance will be provided to the health care system for preparedness planning to provide optimal medical care, maintain essential community services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity will be achieved through financing plans for establishment and refurbishment of specialized units in selected hospitals, treatment guidelines, clinical training of health workers and hospital infection control guidelines. Also, strategies will be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up by home health care personnel.

As COVID-19 would place a substantial burden on inpatient and outpatient health care services, support will be provided to rehabilitate and equip selected primary health care facilities and hospitals for the delivery of critical medical services and to cope with increased demand of services posed by the outbreak, develop further intra-hospital infection control measures, including necessary improvements in blood transfusion services to ensure the availability of safe blood products. This will include support for intensive care facilities within hospitals with medical equipment and training of health teams. There will be support to strengthen medical waste management and disposal systems, mobilize additional health personnel, training of health personnel, provision of medical supplies, diagnostic reagents, including kits, other operational expenses such as those related to mobilization of health teams and salaries, hazard/indemnity pay consistent with the Government's applicable policies. Additionally, support will be provided to improve access to information and scientific knowledge using appropriate tools, including the review and synthesis of scientific information for distribution to the public health community and populations. This component would also support building capacities for applied and clinical research, including ethical aspects.

Subcomponent 1.4: Communication Preparedness. Activities will include developing and testing messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak, and further enhancing infrastructures to disseminate information from national to state and local levels and between the public and private sectors. Communication activities will support cost effective and sustainable methods such as marketing of "handwashing" through various communication channels via mass media, counseling, schools, workplace, and integrated into specific interventions as well as ongoing outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport. Support will be provided for information and communication activities to increase the attention and commitment of government, private sector and civil society to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address it. In addition, support will be provided for: (i) the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on COVID-19; (ii) general preventive measures such as "dos" and "don'ts" for the general public; (iii) information and guidelines for health care providers; (iv) training modules (web-based, printed, and video); (v) presentations, slide sets, videos, and documentaries; and (vi) symposia on surveillance, treatment and prophylaxis.

Component 2: Implementation Management and Monitoring and Evaluation

Project Management. Existing Project Coordination Unit (PCU) of the Ministry of Health for the ongoing Second Serbia Health Project will be responsible for the coordination of Project activities, as well as fiduciary tasks of procurement and financial management. The PCU will be strengthened by the recruitment of additional staff/consultants as required. To this end, the Project will cover the costs associated with Project coordination.

Monitoring and Evaluation (M&E). This component will support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research and joint-learning across and within countries. This sub-component will support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

The Serbia COVID-19 Response 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 agencies 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.

The overall objective of this Stakeholder Engagement Plan (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 ('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/liason 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 status³, 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 (those confirmed or suspected awaiting testing results);
- Families and relatives of COVID-19 infected people
- COVID-19 infected people in hospitals;
- Families and relatives of COVID-19 infected people in hospitals,
- People under COVID-19 home quarantine;
- Families and relatives of people under COVID-19 quarantine;
- People in quarantine/isolation centers,
- Families and relatives of people in quarantine/isolation centers (both in country and at borders),
- COVID -19 recovered people and in-home care,
- Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories
- 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;
- Non COVID-19 patients waiting for routine and non-routine treatment/medical interventions,
- Public and private health workers at all levels particularly those on the frontline;
- Medical waste collection and disposal workers;
- General waste collection and disposal workers;
- Workers of large public places, including public markets, supermarkets, pharmacies etc.;
- Business entities and individual entrepreneurs supporting supplying of key goods and services for prevention of and response to COVID 19
- Airline and border control staff especially those deployed to search suspected cases and quarantine them,

³ 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.

- Businesses, small business holders, employers and media for which workshops on COVID-19 surveillance, treatment and prophylaxis for wider community will be organized.

2.3. Other interested parties

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

- Public at large i.e. Serbia's general population interested in understanding the Governments prevention and response to COVID 19.
- Infection Disease Crisis Response Team
- State-level institutions
- The Government of the Republic of Serbia and line Ministries
- The Dr. Milan Batut Institute for Public Health;
- Health facilities countrywide;
- Educational facilities (primary, secondary and universities);
- Labor inspectorates (responsible for labor and OHS issues);
- Funeral service organizations and their staff;
- Utility (water and waste) management companies;
- Transport workers (e.g. taxi and public transport drivers);
- Traditional media and journalists;
- Civil society groups and NGOs that pursue environmental and socio-economic interests and may become partners of the project;
- Diplomatic missions,
- IFIs (e.g. EBRD, EIB ...)
- National and international health organizations (WHO etc.);

2.4. Disadvantaged / vulnerable individuals or groups

Of particular importance is to understand whether adverse project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, or they are likely to be excluded/unable to access Project benefits. Such groups may often not have a voice to express their concerns or understand the impacts of a project. This SEP shall 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 to ensure a full understanding of project activities and benefits and participation in the mainstream consultation process. 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:

- People at COVID-19 risks (elderly 65+, people living with AIDS/HIV, people with chronic medical conditions, such as lung disease, diabetes and heart disease, travelers, inhabitants of border communities, etc.);
- Retired elderly and people with disabilities and chronic diseases in home lockdown;
- People with no health insurance;
- Single parent headed households, male and female;
- Economically marginalized and disadvantaged groups,
- Communities in remote and inaccessible areas,

- All of the categories above residing in geographically challenging areas,
- Migrant workers accommodated in worker camps,
- Roma population in general and as waste pickers,
- Residents of long and short-term shelter/ care facilities
- Correctional facilities and prison residents.

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 State of Emergency and the 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. 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 which is expected to take place within 1 month after the project Effective date.

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

WB's ESS10 and the relevant national policy or strategy for health communication & WHO's "COVID-19 Strategic Preparedness and Response Plan - Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the project's stakeholder engagement. In particular, Pillar 2 on Risk Communication and Community Engagement outlines the following approach:

"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, rumours 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, is essential to establish authority and trust."

Different engagement methods are proposed, however until NPIs become more flexible or entirely lifted the Project will adapt virtual communication and consultation methods taking into account social distancing requirements. Hence, alternative ways will be adopted in accordance with the local laws, policies and new social norms in effect to mitigate the virus transmission.

The alternative approaches to be practiced for stakeholder engagement will include:

- (i) small groups consultations if smaller meetings are permitted, or making reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype etc.); where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- (ii) official Government's COVID-19 website, ViberApp groups etc.

- (iii) diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, ViberApp groups, project weblinks/websites etc.);
- (iv) employing traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.
- (v) Chose venues carefully based on hygiene and sanitation standards that can be achieved during the meetings;
- (vi) Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- (vii) Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- (viii) Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.

Further down the implementation, and as the situation with the disease changes accustomed traditional methods shall be gradually deployed, respecting restrictions and governmental decisions in force at the time. These shall have the following format:

- (i) Formal Meetings,
- (ii) Focus Group Meetings/ Discussions;
- (iii) One-on-one interviews; and
- (iv) Site visits.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within month 1 after the Effective date, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted
- Anticipated Issues and Interests
- Stages of Involvement
- Methods of Involvement
- Proposed Communications Methods
- Information Disclosure
- Responsible authority/institution

The updated SEP shall identify the needs of the stakeholders and different engagement methods for each group and shall provide a more detailed matrix of notification means as relevant. A tentative matrix is provided in Annex 1 of this SEP. 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, digital platform and social media, websites) to accommodate the need for social distancing.

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 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.

The project will thereby have to adapt to different requirements. While nationwide 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.

The Government of Serbia, the MoH and the Dr. Milan Batut Institute for Public Health has already undertaken a set of activities regarding information disclosure and engaging with stakeholders:

- A public website www.covid19.rs, administered by the Ministry of Health (MoH) and the Dr. Milan Batut Institute for Public Health, updated once a day, show cumulative infections since February 27th. The site also provides an Algorithm/ Standard Operating Procedure for treatment of suspected COVID-19 infection in local transmission phase. Every day, at 3PM, covid19.rs website is updated with the latest information regarding the total number of COVID-19 confirmed cases, number of tested people within last 24 hours (including the number of positive and negative test results), the total number of persons who met the criteria required for the testing and were tested since the beginning of the epidemic, and total number of the patients deceased. There are online platforms for questions on how to protect ourselves from the corona virus, most frequent Q&A, and an online application for self-assessment of the symptoms (test).
- Viber group COVID info,
- WHO Viber group,
- Call center for all information on COVID 19 – 19819;
- Ministry of Health dedicated COVID- 19 number – 064/894-5235;
- Elderly support dedicated toll-free number – 19920;
- All public health institutes have their telephone numbers listed on their websites.
- All municipalities in Serbia have COVID related phone numbers listed on their websites.
- With the support of the local emergency headquarters, all local governments have set up call centers that operate 24 hours in order to provide support for citizens related to COVID-19 infection. In addition, local governments have posted recommendations for the general prevention of COVID-19 infection on their websites.
- Call centers have been set up in all municipalities and local communities in which volunteers answer the calls from over 65-year-old citizens who are under a total ban on movement and to whom medications, basic food and hygiene products need to be delivered.
- In addition, national hotlines have been opened to provide psychosocial support to all citizens in need, in order to reduce anxiety, stigmatization and depression rates in conditions of social isolation, related to the COVID-19.
- Phone numbers for psychosocial assistance to citizens with experts providing advisory services and support to people in isolation and quarantine, families of infected persons, health care

workers and associates, on ways of combating stress and anxiety, helping to maintain mental health in epidemic and state of emergency. *Three lines* operate:

- General 0800 309 309 (toll free number),
- For young people and parents of children under 18 - Institute of Mental Health: 063 7298260;
- For persons over 18 years - 063 -175 1150.

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

A preliminary strategy for information disclosure is presented in table 1 below:

Table 1: Information disclosure strategy

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Responsibilities
Preparation of Project and relevant Components and social distancing strategy	<i>Adults, adolescents, At-risk groups, Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Prevention tips, E&S principles and obligations, documents, Consultation process/SEP, Project documents- ESMF, ESCP, GRM procedure, update on project development</i>	<i>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</i>	MOH PCU
Implementation of public awareness campaigns	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and SBCC strategy</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>	MOH PCU
Dos and Don'ts	<i>Information & educational materials</i>	<i>Social media platforms on a</i>	<i>Internet users, youth</i>	MOH PCU

		<i>regular (daily/weekly) basis</i>		
Quarantine measures, travel bans	<i>Highlights in news and e-news</i>	<i>TV/radio/social media</i>	<i>Travelers</i>	<i>Airport and border staff, police</i>
Site selection for local isolation units and quarantine facilities	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/ civil society organizations, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>	<i>MOH PCU</i>
WHO COVID-19 information Treatment protocols and practices	<i>Guidance documents and protocols</i> <i>Written instruction</i> <i>Information system with enhanced epidemiological survey and linking of HES at primary level</i>	<i>Print-outs and e-materials, trainings (monthly or as needed)</i> <i>Web application for access to information by healthcare professionals</i>	<i>Medical staff at all levels</i>	<i>MOH PCU with Health institutions managers</i>
<i>During preparation of ESMF, ESMP, update SEP, GRM procedure</i>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal authorities; civil society organizations,</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>In line with needs and techniques and methods allowed at the time of engagement timing</i>	<i>MOH PCU</i>

3.4. Stakeholder engagement plan

As mentioned above, stakeholder engagement will be carried out for (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints, (ii) awareness-raising activities to sensitize communities on risks of COVID-19.

(i) Stakeholder consultations throughout the Project cycle

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	<ul style="list-style-type: none"> Need of the project planned activities E&S principles, Environment and social risk and impact management/ESMF Grievance Redress mechanisms (GRM) Health and safety impacts 	<ul style="list-style-type: none"> Phone, email, letters One-on-one meetings FGDs Outreach activities Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> Government officials from relevant line agencies at local level Health institutions Health workers and experts 	Environment and Social Specialist PCU
	<ul style="list-style-type: none"> Need of the project planned activities Environment and social risk and impact management/ESMF Grievance Redress mechanisms (GRM) 	<ul style="list-style-type: none"> Outreach activities that are culturally appropriate Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> Affected individuals and their families Local communities Vulnerable groups 	Environment and Social Specialist PCU
Implementation	<ul style="list-style-type: none"> Project scope and ongoing activities ESMF and other instruments SEP GRM Health and safety Environmental concerns 	<ul style="list-style-type: none"> Training and workshops Disclosure of information through Brochures, flyers, website, etc. Information desks at municipalities offices and health facilities Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> Government officials from relevant line agencies at local level Health institutions Health workers and experts 	Environment and Social Specialist PCU
	<ul style="list-style-type: none"> Project scope and ongoing activities 	<ul style="list-style-type: none"> Public meetings in affected municipalities/villages 	<ul style="list-style-type: none"> Affected individuals and their families 	Environment and Social Specialist

	<ul style="list-style-type: none"> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Brochures, posters</i> • <i>Information desks in local government offices and health facilities.</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i> 	<ul style="list-style-type: none"> • <i>Local communities</i> • <i>Vulnerable groups</i> 	PCU
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(iii) Public awareness on COVID 19

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

Step	Actions to be taken
1	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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

3.5 Proposed strategy to incorporate the views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. Some of the strategies that will be adopted to effectively engage and communicate with vulnerable groups will include:

- Women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, safety for any in-person community engagement activities, and ensure that targeted messaging reaches elderly women.

- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Migrant workers: provide information about the residency, insurance, visas etc. through their employers and the Ministry of Labor, Employment, Veteran and Social affairs. Make sure workers in camps receive the COVID-19 prevention awareness raising information in line with WHO guidelines and national protocols in place.
- Roma population: have a higher infection risk due to their living environment which is crowded and often lacks amenities like running water and waste disposal, thereby compromising hygiene. Their common engagement in activities in the green economy such as collection of secondary raw materials (waste picking) also may expose them to the infection risks. This will be mitigated by providing active outreach and targeted information sessions for these groups on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection including access to PPE; increase emphasis on hand hygiene and respiratory etiquette, and promotion of enhanced hygiene. Ensure the engagement is guided by the Roma mediation specialist from the PCU, and that contact and engagement strategies are planned together with empowered group leaders. Ensure that children within the community receive age friendly information especially on personal hygiene and handwashing importance. Use picturesque didactic brochures to present the risk of infection and Do's & Don'ts
- Residents of Long and short-term shelter/ care facilities: Make sure that COVID infection prevention and control trainings are provided to all employees. Provide information sessions for residents on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection; Increase emphasis on hand hygiene and respiratory etiquette, Post reminders, posters, flyers around the facility, targeting employees, residents, and visitors to regularly wash hands (if disinfection stations are not available or in addition to them. Issue instructions to visits, group activities, meal distributions,
- Correctional and prison residents: Make sure that COVID infection prevention and control trainings are provided to all employees. Engage with prison administration for targeted messages and provide information sessions for residents on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection; Increase emphasis on hand hygiene and respiratory etiquette, Post reminders, posters, flyers around the facility, targeting employees, residents, and visitors to regularly wash hands (if disinfection stations are not available or in addition to them. Issue instructions on visits, group activities, meal distributions in the COVID era that protect inmates and visitors, workers alike.

3. Future of 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.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The PCU housed by the Ministry of Health, established under the World Bank assisted Second Serbia Health Project (SSHP) will be in charge of stakeholder engagement activities, project implementation and grievance administration.

The budget for the communication strategy and SEP is included in component 2 and is approximated at 350,000 EUR.

4.2. Management functions and responsibilities

The Implementation of the Project is assigned to the Ministry of Health through the Project Coordination Unit (PCU). The PCU is already staffed with a financial, management, procurement, grant, environmental, citizen engagement and Roma mediation specialist and a technical staff responsible for social protection and health yet additional staff will be brought aboard. The PCU currently has one part-time environmental specialist (working 2-5 days per month) mainly overseeing refurbishment works on radiotherapy facilities. Although there is institutional experience in implementing WB supported Projects, the SSHP was categorized as category 'C' (relevant to the environment and social OPs). The performance of the E&S was rated by the World Bank systematically between Moderately Satisfactory and Satisfactory since 2017. The social performance was supervised largely in the area of Roma outreach and mediation and the environment performance has been based mainly on the supervision of safeguards associated with the civil works for radiotherapy centers.

The PCU capacity will therefore be expanded to take into account the substantial risk profile of the project, and expanded scope of the ESF. As per the Environmental and Social Commitment Plan (ESCP), MoH will ensure that one additional environmental specialist and one social specialist are appointed for the COVID 19 emergency operation, and that the citizen engagement and Roma mediation specialist are trained to implement the SEP. It is also expected that the enhanced oversight from the World Bank E&S Team will be required and further capacity assessment and rate of progress of implementation will identify where training and further capacity building will be needed.

The PCU will support relevant technical units in the Ministry, and directly implement certain technical activities, including procurement of medical supplies, equipment, communication and monitoring. Some other activities, such as trainings may be outsourced to third parties through contractual agreements acceptable to the WB. The PCU will report directly to the Minister of Health.

PCU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The nature of the project requires a partnership and coordination mechanisms between national, regional and local institutional stakeholders to implement behavior change communication activities. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

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 projects;
- 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 to the extent possible.

5.1. Description of GRM

The Grievance Mechanism set up for the ongoing WB supported Second Serbia Health Project, will serve as a platform to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. It will also serve as a feedback tool on project activities, negative and positive alike. The GRM system is in place and the submission avenues and procedures are adequately advertised. To date the PCU reported that no complaints have been received.

Even though risk stemming from Gender Based Violence (GBV) associated with Project activities and in Serbia is assessed as low, the GRM shall be strengthened with procedures to handle allegations of GBV/Sexual Exploitation and Abuse and Sexual Harassment violation risks.

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 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, and at primary health care centers and centers for social work to reach people at large as well as ensure targeted populations can access the information. As a part of the outreach campaigns, MoH will make sure that the relevant staff are fully trained and has relevant information and expertise to provide phone consultations and receive feedback. The project will utilize the existing system (hotline, online, written and phone complaints channels) to ensure all project-related information is disseminated and complaints and responses are disaggregated and reported.

Initially, GRM would be operated manually, however, development of an IT based system is proposed to manage the entire GRM. Quarterly reports in the form of a summary of complaints, types, actions taken and progress made in terms of resolving pending issues will be submitted for the review to the Head of PCU. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of the 2nd tier appeal process and ultimately of their right to legal recourse.

5.2 Receiving Grievances

The GRM includes the following steps:

- **STEP 1:** Submission of grievances: either orally, in writing via suggestion/complaint box, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, Viber, Facebook etc.), email, website, at community levels in all Primary Medical Care Institutions these include all hospitals, hospitals where cases are treated and quarantine centres. The GRM will also allow anonymous grievances to be raised and addressed. The updated SEP shall include details of nationwide Grievance entry points and focal points while the existing avenues are available and provided below.
- **STEP 2:** Recording of grievance, classifying the grievances based on the typology of complaints and the complainants in order to provide more efficient response, and providing the initial response immediately if possible. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and also the nature of the complaint (e.g. disruptions in the vicinity of quarantine facilities and isolation units, inability to

access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc).

- **STEP 3:** Investigating the grievance and communication of the response within 10 days. The validity of the query, feedback or complaint will be assessed by the PCU GRM team comprising PCU and staff assigned by the Ministry of Health. Details will be determined in the updated SEP.
- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. Before any closure of complaints/grievances, the PCU GRM team shall:
 - Confirm that the required GRM actions have been enforced, that the complaint/grievance handling or dispute resolution process has been followed and that a fair decision has been made;
 - Organize meeting(s) within 10 days of being contacted by the concerned parties to discuss how to resolve the issue, if not previously conducted;
 - Recommend the final decision on the mitigation measure to the complainant/aggrieved party;
 - Implement the agreed mitigation measure;
 - Update the Grievance Report Form and have it signed by the complainant/aggrieved party;
 - Sign the Grievance Report Form and log the updated information of the grievance into the Grievance Registry; and
 - Send copies of relevant documents (e.g. completed Grievance Report Form, mitigation measure, minutes of the meetings, if appropriate) to the concerned parties.

The updated SEP shall have details on each Grievance entry point, grievance administration processes, timelines, investigation activities, the 2nd tier appeal process for unresolved grievances before referring to legal recourse and closure conditions.

Until such details are disclosed Stakeholders are encouraged to send all grievances, concerns and queries to the following addresses:

Biljana Kozlovic
Project Coordination Unit, Grievance Mechanism:
Second Serbia Health Project/Covid Response Project

Address:

Nemanjina Street 22–26, Belgrade, Serbia

Email: biljana.kozlovic@zdravlje.gov.rs

Tel: +381 63 433850

Further details on Grievance admission channels and points shall be publicized in the updated version of the SEP. Any query or complaint related to project activities (e.g. supply of PPE to workers, access to tests and test results), can be submitted and shall constitute a valid claim to be deliberated and responded on as per the specified GRM procedure.

5.3 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.
- Adopt software solutions to scale up the two-way interaction and feedback, by using survey platforms, preferable using one dashboard to make it easy to measure and understand the feedback (any platform in use and central governmental or Ministry of Health level, or alternatively /in addition (as required) SurveyMonkey or alternative online platform can be applied), in order to meet citizens' expectations for change created by their engagement, use their input to facilitate improved development outcomes;
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include: number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media.

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 1 month after the project Effective date.

Annex 1: Summary of Stakeholder Needs and Preferred Notification Means

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
Affected Parties				
COVID-19 infected people (confirmed or suspected)	Wide range of people that are affected by COVID-19	Local languages, English	SMS messaging, radio, phone, Viber dedicated platform	Medical examination and treatment in hospitals, new measures with infected family member(s)
Families and 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)
COVID-19 infected people in hospitals	Wide range of people that are affected by COVID-19	Local languages, English	SMS messaging, radio, phone, Viber dedicated platform	Medical examination and treatment in hospitals, restricted access to the notification means
Families and relatives of COVID -19 infected people in hospitals	Frightened family members	Local languages, English	Social media group postings, TV/radio, phone calls, e-mails	N/A
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
Non COVID-19 patient	Concerns due to longer waiting periods for medical treatment	Local languages, English	Social media, group posting, phone calls, e-mails	Health deterioration prevention

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
School pupils and students affected by school closure	Pupils and students unable to attend regular school	Local languages	Ministry of Education and Universities 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 living 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
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

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
Veterinary staff of public and private 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 Inspectorate 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
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
Businesses, employers and media	Large and diverse staff	Local languages	Alert notices at the MoH and PHI websites	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
			Online workshops and symposia	medical aid trainings for their staff; and information about COVID-19 surveillance, treatment and prophylaxis
Other interested parties				
State-level institutions	Relevant institutions	Local languages	Official channels of communication	Coordination, information dissemination and engagement at national level
Emergency Teams, MoH, Ministry of Education, Science and Technological development Ministry of Labor, Employment Veteran and Social affairs	Implementing agency and coordinating unit for COVID-19 emergency rapid response at RS level	Local languages	Letters, meetings, e-mails, VCs	Financing for immediate emergency response needs
Public Health Institute “Dr. Milan Batut” (PHI)	Responsible authority for public health	Local languages	Official channels of communication	Coordination, information dissemination and engagement
Health facilities	Hospitals and other health centers	Local languages	Letters, meetings, e-mails, VCs	Trainings and information
Educational facilities	Responsible for delivery of online education material during school closure	Local languages	Letters, meetings, e-mails, VCs	Trainings and information
Ministry of Environmental Protection (responsible for environment, waste management specific)	Guidance on waste management	Local languages	Letters, meetings, e-mails, VCs	Planning adequate waste management practices

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
Labor inspectorates	Responsible for enforcing labor and OHS law	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, PHI and MoH webpage with COVID-19 information	Reliable information sources, timely updates on real current situation with COVID-19 in the country, online

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
				information on how to filter false information and fake news
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, MoH website	Updated and reliable information on the current situation to reduce dissemination of false rumors
Vulnerable and disadvantage groups				
Retired elderly and people with disabilities and chronic diseases in home lockdown	Aged people of 65+, unable to work, physically and mentally disabled people staying at home	Local languages	Social workers, chosen doctors	Needs-based in-home family doctor consultations and treatment
People with no health insurance	Unemployed without social security or otherwise uninsured	Local languages	Health institutions Media, social media, official COVID-19 website	/
Single parent headed households, male and female	Challenges in child care if exposed to virus risks	Local languages	Traditional media, SMS messaging, information boards, social media, MoH website	Childcare needs short and long-term
Economically marginalized and disadvantaged groups	Difficulties in access to healthcare and low economic strength	Local languages	Social media platforms and groups, PHI and MoH webpage with COVID-19 information,	Potential additional assistance in reaching health centers

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
			Letters and village/town meetings	
Roma population including children	Exposed to elevated risk from unsanitary living conditions, waste picking activities as a livelihood stream,	Local and Roma	Face to face meetings, communication through empowered group representatives	Respect traditional living environment and potential for interpreters on site
Residents of Long- and short-term shelter centers	Exposure to a larger group and potential of mass spread if imported	Local	Provide information sessions for residents on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection; Increase emphasis on hand hygiene and respiratory etiquette	
Migrant workers	Isolation due to lockdown, potential lack of insurance	Local and languages as recognized relevant	Face to face meetings, social media, media, Awareness trainings on prevention strategies	provide information about the residency, insurance, visas etc through the Employer. Make sure workers in camps receive the COVID-19 prevention awareness raising information in line with WHO guidelines and national protocols in place

Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs
Correctional facilities and prison residents	<p>Limited access to information</p> <p>Potential mass infection from imported sources</p>	Local and other as identified as relevant	Provide information sessions for residents on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection; Increase emphasis on hand hygiene and respiratory etiquette	/

STAKEHOLDER ENGAGEMENT PLAN
SERBIA COVID-19 RESPONSE PROJECT (P173892)
April 29, 2020