Serbia Noncommunicable Diseases Prevention and Control Project (P180619)

Stakeholder Engagement Plan (SEP)

Final document

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ABBREVIATIONS

CFD	Central Feedback Desk
CNCD	Chronic Non-communicable Disease
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
EU	European Union
GP	General Practitioners
GM	Grievance Mechanism
HCF	Health Care Facilities
ICT	Intelligent Communication Technologies
IPHS	Institute of Public Health of Serbia
LCO	Local Community Office
LGAD	Local Grievance Admission Desk
MoF	Ministry of Finance
MoH	Ministry of Health
NCDs	Noncommunicable Diseases
NCDPC	Noncommunicable Diseases Prevention and Control Project
PAD	Project Appraisal Document
PCU	Project Coordination Unit
PHC	Primary Health Care
PHCC	Primary Health Care Center
PID	Project Information Document
PHCF	Primary Health Care Facility
PPE	Personal Protective Equipment
IQIP	Integrated Quality Improvement Plan
RS	Republic of Serbia
SANU	Serbian Academy of Science and Art
SECRP	Serbia Emergency COVID-19 Response Project
SEP	Stakeholder Engagement Plan
SSHP	Second Serbia Health Project
ToR	Terms of Reference
WB	World Bank
WBG	World Bank Group
WB GRS	WB's Grievance Redress Service
WHO	World Health Organization

1. Introduction/Project Description

The Project seeks to tackle the major risk factors of NCDs and improve prevention, early detection, and effective management of chronic diseases. This will require interventions to: (i) improve competence and accountability of health care providers; (ii) increase access to and availability of health services; and (iii) strengthen the quality of clinical services and public health measures to improve the population's awareness. Digital solutions will be enablers of such transformation and will be integrated in all components of the Project to facilitate effective delivery of intended outcomes.

Component 1: Improving Provider's Competence and Accountability. This component supports improvement in the competence of general practitioners in the prevention and management of NCDs, strengthening the capacity of PHC facilities to provide patient management by joint teams of GPs and outpatient specialists, the establishment of telemedicine services and further digitalization and integration of medical records, the establishment of palliative care capacities for patients with NCDs, and implementation of payment models for outpatient, inpatient, and palliative care that improve accountability of health care providers for results.

Subcomponent 1.1. Strengthening PHC and palliative care capabilities for NCDs. This subcomponent finances the further development and implementation of the GP/family doctor concept, increasing the scope of services provided at the primary level through the developing of new nomenclature of services and establishing specialist outpatient services in PHC institutions, with a focus on rural areas, joint management of patients with chronic conditions by integrated teams of GPs and outpatient specialists, training of GP/family doctors for better screening, early detection, prevention and management of NCDs, and training of health professionals in prehospital emergency service. This subcomponent finances telemedicine and digitalization of medical record keeping and reporting in health facilities. It also supports the organization of palliative care at patient homes provided by PHC mobile teams, establishing inpatient palliative care in former COVID-19 hospitals, and training of health professionals in palliative care.

Subcomponent 1.2. Improving health financing for better accountability. This subcomponent supports further development and implementation of provider payment models aimed at improving the accountability of health service providers for better prevention, diagnosis and management of NCDs. This includes: (i) further developing the capitation payment model with a stronger emphasis on pay-for-performance; (ii) rolling out an activity-based payment model for outpatient specialists to incentivize priority NCDs services; (iii) expanding the output-based and performance-based payment for hospitals; and (vi) developing a payment model for palliative care.

Strengthening the capacity of the PHC facilities and GPs will require further development of digital systems and services. The development will build on existing systems being used in most of the PHC facilities (Dom Zdravlja's). Administrative procedures and processes will be optimized, and current digital systems and services will be adapted to a new framework through the process of software solution certification. Digital services provided by a Digital Health Platform will allow the integration of existing solutions with the central patient registry and further development of services.

Establishment of new models of joint GP and specialist patient management will use telemedicine

solutions for improvement of service delivery processes. The Project will support the pilot embedding telemedicine solutions into service delivery protocols in communication between physicians and patients. It will be accompanied by the pilot "doctor-to-doctor" communication platform to allow tele-consultations between specialists and GPs.

Component 2: Increasing Availability of Services. This component supports upgrading health care infrastructure to improve availability of diagnostic and treatment services, with focus on expanding access to healthcare services for people living in rural areas. The component finances equipment, infrastructure improvements and mobile vehicles. It supports reforms in terms of rationalization of the health facilities network proposed by the Masterplan developed under Second Serbia Health Project. It also finances the strengthening of the health system IT infrastructure, and data analytics for policymaking.

Subcomponent 2.1. Strengthening the health institutions infrastructure. At the PHC level, this subcomponent finances medical and laboratory equipment and facilities improvements in rural areas, mobile vehicles for on-site checkups, equipment for day hospitals. The subcomponent finances procurement of MRIs for secondary and tertiary care facilities and two linear accelerators (LINAC) for radiotherapy (RT) centers to replace the depreciated ones. This subcomponent also supports a pilot project to transform former COVID-19 hospitals into inpatient facilities for the provision of palliative care. Following the evaluation of the pilot project, this could be rolled out nationwide.

Subcomponent 2.2. Strengthening the IT infrastructure. The Project will strengthen the IT infrastructure by improving the legal and technical aspects of the digital health-enabling environment. Assessment of the digital health landscape in Serbia will inform the design of an improved regulatory, standardization and technical environment that will tackle the fragmentation of digital services and healthcare data. The Project will support the adaptation of the digital legal framework and set up of platform-based services to allow: (i) adaptation of existing digital health systems to the new legal framework and optimized and paperless service delivery; (ii) more effective data exchange and orchestration of services, thus reducing fragmentation of digital health services; and (iii) strategic health data management to encourage the use of data for policy and decision making. Changes in the legal framework and digital services supported by this subcomponent will address the needs of both public and private sector providers looking at the healthcare sector holistically. Specifically, the Project will support a number of critical needs, outlined below.

- Implementation of a central Logistics Management Information System (LMIS) for informed management of assets and supplies. Project objectives related to the improvement of infrastructure and strengthening the PHC require a more strategic and integrated approach to asset and supply management.
- Improvement of digital health enabling environment, with clear delineation of activities to be supported by the Project. The Ministry of Health's (MoH) Sector for Digitalization is currently leading the process of comprehensive assessment and design of the infostructure[1] improvement

[1] An infostructure is the layout of information in a manner such that it can be navigated -- it's what's created any time an amount of information is organized in a useful manner (e.g. table of contents is an infostructure, as is a bibliography, or the World Wide Web is an infostructure, etc.)

within the time horizon of 4-5 years (in cooperation with stakeholders). The Project will be instrumental in implementation of some of these activities that are supporting the achievement of Project objectives. Therefore, as part of the Project preparation, the MoH team will do a rapid assessment and quick overall planning process to inform the Project design on specific activities to be supported.

Component 3: Strengthening Quality of Public Health and Clinical Services. This component supports development of the national programs for the prevention and control of NCDs, implementation of the national Health Care Quality Improvement Plan, good practice guidelines and clinical pathways for NCDs, and improving quality of primary prevention of NCDs through targeted behavior change campaigns.

Subcomponent 3.1. Improving quality of NCD prevention. This subcomponent finances targeted behavior change campaigns for healthy lifestyle promotion and prevention of main risk factors of NCDs as smoking, obesity, hypertension, raising awareness of early diagnostic of NCDs to increase the coverage of population with preventive and screening examinations and importance of vaccination against the human papilloma virus in prevention of malignant diseases.

Subcomponent 3.2. Strengthening quality improvement system. This subcomponent supports development of the national cancer control program (as a continuation of the National Cancer Control Program for 2020-2022), development of the national program for prevention and control of diabetes, development of the national Health Care Quality Improvement Plan and support to its implementation at the level of health facilities, development of national good clinical practice guidelines and electronic clinical pathways for NCDs and their integration in electronic medical records of health facilities, and training for health professionals in using of national good clinical practice guidelines, electronic clinical pathways and quality improvement programs.

This subcomponent will provide further support to the Quality Indicators Software System (QISS) in the Institute of Public Health. The system introduces fundamentally new ways of health data analytics. In addition to calculation of standardized indicators, the availability of rich sets of raw anonymized data will allow dynamic, flexible reporting and smart analytics for many other purposes such as health systems performance, clinical decision making, policy making, etc. not only for the IPH but other data consumers in healthcare system. The system is of modern data analytics architecture that allows further evolution of connecting to health or non-health systems (such as, for example, social protection registries). However, to harness its full potential, the system shall be fully integrated with core digital health systems and services that manage primary health data. That process is ongoing and will take some time. It needs to be supported in terms of building the capacity to manage data extraction, but also improving capabilities to use of data for further improvement of quality at the level of facility, district and country.

Development of good practice guidelines and clinical pathways for NCDs will potentially need adaptation of PHC and hospital information systems. Previous experience in introducing new clinical protocols showed that effectiveness improves with protocols embedded into the electronic medical records and other electronic systems. Adaptation of systems was done through the software certification and compliance system. Similar method for the support to new guidelines and pathways can be used again.

Subcomponent 3.3. Improving quality and safety of anti-cancer drug treatment. This subcomponent will introduce the practice of centralized preparation of cytotoxic therapy based on the Good Pharmacy Practice Guideline. This will be an important change compared to the previous (current) preparation of anti-cancer drug therapy and represent a transition from volumetric (measuring the volume of the drug, by syringe) to gravimetric mode of operation (measuring the mass of the drug), supported by new application software system (workflow software system). The entire process of preparing the drugs will take place in special isolators using computer scale for accurate calculation of drug doses according to the weight, mass and height of the patient for whom the drug is being prepared, thus almost completely excluding the possibility of errors. The Project will support necessary equipment, software for gravimetric measurement, standard operation procedure, and training in selected tertiary hospitals that are providing chemotherapy. Bearing in mind that this system does not exist in Serbia, the introduction of the new method of anti-cancer drug preparation would significantly improve the quality of care for oncology patients.

Component 4: Project Management, Monitoring, and Evaluation. This component will support overall project administration, including project management, fiduciary functions, environmental and social compliance, and regular monitoring of and reporting on implementation.

Component 5: Contingency Emergency Response – CERC (no funds allocated). The objective of this component is to improve the Government's response capacity in the event of an emergency. The component would support a rapid response to a request for urgent assistance in respect of an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact in the health sector associated with natural or man-made crises or disasters. In such a case, funds would be reallocated from other components into this one to finance goods and consulting services. It should be noted that this component cannot be used to finance salaries, nor any expenditures that could trigger any of the World Bank's Environmental and Social Standards (ESS).

The Project Information Document has been prepared by the WB and it is accessible through the following link:https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099041223212012491/p18061902641dd010b6a30eb8ed51a6d7f

The NCDPC Project is being prepared under the World Bank’s Environment and Social Framework (ESF). Per Environmental and Social Standard ESS10 on Stakeholder 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, or intimidation.

2. National Legislation Requirements regarding Stakeholder engagement and World Bank's Environmental and Social Standard on Stakeholder Engagement (ESS10)

2.1. National Legislation Requirements Regarding Stakeholder engagement

The commitments and requirements of the Republic of Serbia to citizen engagement are not residing under a single self-standing law or regulation. However, the recognition of the importance of citizen engagement is infused in the legal system and recognized by mandatory procedures provided under individual laws. Serbia having acquired the EU candidate country for membership status, is taking effort to reach environmental standards in line with the EU acquis which extends to issues of stakeholder and citizen engagement as well.

Key laws governing the stakeholder and citizen engagement activities include, but are not limited to:

The Constitution of the Republic of Serbia (2006) proclaims the rule of law and social justice, principles of civil democracy, human and minority rights and freedoms, and commitment to European principles and values. The Constitution guarantees the right to timely and comprehensive information on the state of the environment and guarantees the protection of physical and mental health, which implies also proper information related to that issue.

The Law on Free Access to Information of Public Interest (2004) states that governmental agencies, social associations and officials are required to provide each person with the possibility of receiving and becoming acquainted with documents of public interest, except in cases anticipated by law shall govern the rights of access to information of public importance held by public authorities, with a view to exercising and protecting the public interest to know and attaining a free democratic order and an open society. By virtue of this Law access to information shall be granted to all stakeholders, including every natural person or legal entity upon written request unless otherwise regulated by the Law. Within 15 days of receipt of a request at the latest, the authority shall inform the applicant whether the requested information is held, and grant him/her access to the document containing the requested information or issue or send to the applicant a copy of the document, as the case may be.

Law on Public Information and Media (2014) stipulates that public information is free and is not subject to censorship, that the public has the right and the interest to be informed on issues of public interest, that monopoly in the media is not allowed, that information on the media is public.

The Law on Environmental Impact Assessment (2004 as amended in 2009) provides a categorization of industries and projects and identifies types of environmental assessment required against respective categories of industries or projects and provides procedures for disclosure, presentation and consultation requirements, and sets these as mandatory with a disclosure minimum of 20 days.

The Republic of Serbia ratified **the Aarhus Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters** and it

links environmental and human rights and is based on the belief that it is a basic right of present and future generations to live in an environment adequate to health and wellbeing. The Convention is focused on achieving this through the implementation of three pillars: rights of access to information, access to decision-making, and access to justice.

The Law on Health Care (2019) ensures ad secures the right of citizens to receive information of importance for the preservation and improvement of health and the acquisition of healthy lifestyle habits, to information on the causes, occurrences, spread, methods of preventing and suppressing diseases and injuries of greater public health importance, as well as information on the factors of the living and working environment, which may affect health. The right to be informed extends also to events of epidemic outbreaks, major disasters, and accidents**.**

In general, there is a broad compliance with the requirements of ESS10 but certain gaps exist when it comes to active outreach and continuous engagement strategies.

2.2. World Bank's Environmental and Social Standard on Stakeholder Engagement (ESS10)

The World Bank's ESS 10, "Stakeholder Engagement and Information Disclosure", recognizes "the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice". Specifically, the ESS10 requires the following:

- "Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.
- Borrowers will engage in meaningful consultations with all stakeholders. Borrowers will 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 process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
- The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received, and a brief explanation of how the feedback was taken into account, or the reasons why it was not.

Prior to adoption of the ESF and ESS10, in 2014, the World Bank Group (WBG) developed a Strategic Framework for Mainstreaming Citizen Engagement in WBG Operations to systematically mainstream citizen engagement in WBG-supported operations. The Strategic Framework defines citizen engagement as the two-way interaction between citizens and governments or the private sector within the scope of WBG interventions. This approach gives citizens a stake in decision-making in order to improve intermediate and final development outcomes. Effective, inclusive and genuine citizen engagement through disclosure of project-related information, consultation and effective feedback is required.

Five principles will help guide and streamline citizen engagement under this Project:

1) Engagement will be results-focused,
2) Engagement will start at the onset and continue throughout the project cycle including operation,
3) Solicit opinions, suggestions feedback to strengthen country systems,
4) Engage in the specific context of the topic, and
5) Allow for gradual inclusion following the phases of the Project.

2.3. Objective/Description of SEP

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 stakeholders is essential to the success of the project in order to ensure smooth collaboration between project staff and citizens and to minimize and mitigate environmental and social risks related to the proposed project activities and ensure successful achievement of the Project development objectives. The SEP also includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project activities or any activities related to the project.

3. Stakeholder identification, analysis and principles of engagement

3.1 Methodology and Approach

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

- *Awareness raising and behavioral change:* Success of a number of activities under the project require extensive communication campaigns and education efforts in order to raise awareness in a broadest group of stakeholders on prevention of non-communicable diseases and how behavioral changes are directly positively contributing to reduction of their wide-spread impacts. This is particularly important with pre-school and

schoolchildren as their habits are still being adopted. This principle is far reaching and will go beyond the life of this Project, as it also is the most demanding activity and requires targeted approach and sensitized campaigns and adapted information.

- *Approach to Awareness raising and behavioral change:* Effective promotion of health behavior change, tailored to different age groups, in coordination with the Institute for Public Health of Serbia (IPHS). Specifically, the following risk factors will be addressed: tobacco use, the harmful use of alcohol, physical inactivity, overweight/obesity, unhealthy diet, raised blood pressure and raised cholesterol. The campaigns to encourage healthy lifestyles and risk factor awareness will be conducted during the whole year, but the focus on different risk factors will reflect the national and international public health awareness days in order to harmonize campaign with regular promotion activities of regional IPHs and PHCCs. Media campaigns (TV, radio and papers) promoting healthy lifestyles will be backed up by organized events in local communities, as well as by using social media as a prevention and health promotion tool. Similarly, the media campaigns relating to screening programs will reflect national and international cancer-fighting and cancer awareness days, in order to strengthen regular IPH activities. Therefore, campaign targeting cervical cancer screening will be intensified during January, campaign for colorectal cancer screening in February, campaign for breast cancer screening in March of each year. During subsequent calendar quarters, each campaign will be intensified during one month in the same sequence. It is expected that campaigns conducted in a such way will boost the number of citizens taking part in screening programmes in a holistic and sustainable manner. The same modality will apply for campaigns to strengthen health education and health literacy.
- *Openness and life-cycle approach:* Disclosure, information sharing, and 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.
- *Approach:* Information will continuously and systematically be provided to all stakeholder groups, The activities will be designed continuously from onset of the Project, timely and widely available in a manner as described in details in Table 3 Stakeholder Engagement Plan.
- *Informed participation and feedback:* Information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholder feedback, and for analyzing and addressing comments and concerns.
- *Approach to a two-way communication*: The Project is aware and appreciates that the stakeholders and needs are both diverse and complex. Complexity is the driving force that has led the Project to adopt the Engagement Level Matrix provided in Table 1. In designing the Matrix distinctions have been made to allow transmitting information (unidirectional) consultation (bi-directional, but the consulted party frames the issue) active participation: based on a partnership in which citizens, stakeholders, experts and/or

politicians actively engage in (policy) debate. All parties involved can frame the issue to a greater or lesser extent. In addition, the Grievance mechanism tailored to the needs of the Project will play an important uptake mechanism for receiving feedback.

- *Citizen engagement:* In practical terms this means that the Project is: (i) Citizen-oriented and has funds allocated for the development of tools to engage with citizens and enhance the quality of health services through survey tools i.e. user satisfaction surveys and professional satisfaction surveys, (ii) Committed to a two-way citizen engagement, (iii) Committed to adequately respond and reply to questions and concerns, taking into account citizens' views, resolving the issues raised, and (iv) Committed to reporting back to citizens on results and beneficiary feedback indicator(s).
- *Approach: Citizen engagement is one of the core activities of the Project and embedded in the Engagement Level Matrix provided in Table 1.*
- *Inclusiveness and sensitivity:* Stakeholders are identified in a way to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is guaranteed to all stakeholders while tailored approaches are adopted. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups that may be at risk of being left out of project benefits, particularly ICT illiterate (persons with language barriers, poverty-stricken persons, people living in sub-standard areas, single parents, the elderly, persons with disabilities, families with a household member requiring third person care, displaced persons, and persons residing in remote rural area).
- *Digital inclusion:* Digital inclusion ensures better and more efficient communication and access to project benefits by the use of the internet and online tools. To ensure equitable access the Project will assess and strengthen the following interdependent pillars of digital inclusion— access, skills, motivation, and trust.

  Approach: The two above principles will use a new patient-centric medical care and information delivered in the comfort of the patient's home. Of particular importance is the use of mobile teams for training and practical assistance in all proposed forms of activity, especially for non-urban (suburban and rural) settlements, particularly those in hilly and mountainous areas. The approach is guided by the baseline of digital literacy, which indicate that 73% of the universe of adult citizens (15+) uses the internet, while 49% is digitally literate with 72% of households own a computer[2]. These statistics have experienced most probably significant changes with the use of smartphones. In the effort of the Project to apply the principle of digital inclusion the Project will use the 1127 Local Community offices (LCO - mesne kancelarije) to engage with their focal points and ensure the Project shares information inclusively and at the same timework on addressing the digital barriers. A combination of skill enhancement through basic literacy

[2] Survey of the Ministry of Trade, Tourism and Telecommunication (2018)

workshops, to direct hands-on training by downloading application, bookmarking the digital space were information to the project pertinent to the specific group /individual will be shared to distribution of brochures, leaflets. This will be coupled with a basic training on protection of personal data and privacy to be received by persons acting as focal points in the local community offices.

3.2. Affected parties and other interested parties

The broadest definition of Stakeholders in the context of this Project implies that almost the entire population of the Republic of Serbia will in a form benefit from the Project. For this reason, the affected parties and other interested parties in the context of the project are blended. Based on the approach the stakeholders are grouped relevant to activities under each component, which is how they are presented in Table 2.

In addition, all stakeholder based on his or her digital inclusion fall under one of the following category:

i. Persons digitally integrated or that might be easily digitally integrated – this includes persons with developed digital skills, live in areas with broadband coverage, are able to afford internet connections (both home and/or through smartphones) and who believe use of digital tools improves their quality of life and are interested in their use,
ii. Persons who fall under category i) above, but are not interested in using digital tools and modes of communication (i.e. elderly, retired people), and
iii. Persons falling under category i) and ii)) digitally literate but are lacking information on availability of e-health services.
iv. Digitally excluded - ICT literate people but with poor or no broadband connection, ICT illiterate, people in substandard housing and economic conditions (slum's quarters in urban areas, low-standard urban areas).
v. Persons under categories (i) to (iv) who are either willing to learn and be digitally included or those who would prefer to use the accustomed mode of using services

A distinct but important group of Stakeholders is represented in institutional stakeholders, NGOs and CSOs who will be either directly participating in delivering the activities to stakeholder engagement, behavioral change or benefitting from the project. These are listed in Table 3.

3.3 Vulnerable and disadvantage 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 an opportunity to express their concerns or understand the impacts of a project. This SEP ensures identification of disadvantaged or vulnerable individuals and groups, relevant to the project and that their particular sensitivities, concerns and barriers to project information are assessed. Tailored engagement will ensure they fully understand project activities and benefits and participate in

consultation processes. 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.

The specific details of all groups and individuals vulnerable to impacts from the project are not entirely known. The drivers of vulnerability will be in details assessed and identified during development of the specific activities and components. However, based on the initial screening some of the identified groups may include:

- Retired, elderly with below average income and without immediate or extended family support,
- People with disabilities;
- People with chronical disease;
- Single parent households;
- Parent(s) with children suffering from Diabetes or cancer;
- People in remote technologically and economically deprived areas;
- Households below poverty line
- Nonintegrated Roma people
- Nonintegrated Minorities
- Women living in extreme patriarchal environment
- People digitally excluded or at risk from digital exclusion as defined under category iv) in previous chapter,
- Homeless people.

The project carries a moderate risk as the level of access or skills in use of digital technologies are unknown at this stage of the Project. In addition, it should be underlined that certain aspects of envisaged communication will be between medical staff solely e.g. telemedicine, etc. End beneficiaries including vulnerable groups will be provided with information that such models of communication are being introduced to facilitate more efficient health care service. The Project will rely on existing outreach mechanisms in particular the Roma health mediators. There are 85 Roma health mediators working in 60 out of 167 Municipalities. The Project has targeted activities of providing additional training for these health mediators, who are mostly Roma women engaged by MoH to work in the field with the aim of linking the Roma Community to the health service and educating them about health care.

3.4 Detailed Stakeholder mapping and engagement level

The above categorization is supplemented with the level of engagement assigned to a specific category of stakeholders. The levels of engagement are based on their level of influence cross-referenced with their interest. This will determine the type, frequency and empowerment during engagement and outreach efforts. The table below explains the principles of the 5 Levels of engagement the Project has adopted.

Table 1: Engagement level matrix

LEVEL	DESCRIPTION	
COMMUNICATION (LEVEL 1)	Stakeholders receive information, and may be present during meetings but have no role in contributing.	*e.g. "Here's what we are doing"*
CONSULTATION (LEVEL 2)	Stakeholders provide their views, thoughts, feedback, opinions or experiences but without a commitment to act on them.	*e.g. "What do you think about what we are doing?"*
COLLABORATION (LEVEL 3)	Stakeholders are engaged to influence project activities (e.g. commenting, advising, ranking, voting, prioritizing, highlighting pitfalls, etc.). Stakeholders provide information that directly influences the project activities but without direct control and impact over decisions.	*e.g. "Please get involved in what we are doing"*
COPRODUCTION (LEVEL 4)	Stakeholders are equal members and participate in all steps of the development process. Stakeholders work together in various roles throughout development and implementation of the Project.	*e.g. "Let's do it together"*
INCLUSION WITH ASSISTANCE (LEVEL 5)	Vulnerable persons with features of multiple deprivation which requires adapted and tailored approach in meeting their basic day-to day needs	e.g. Tell us how we could best engage with you and hear you

Table 2 below provides a detailed stakeholder mapping, the nature of their interest and the required level of engagement.

Table 2 Stakeholder Map

Stakeholders	Nature of interest	Level of engagement
COMPONENT 1: Improving Provider's Competence and Accountability		
Users of primary health care (PHC)	Improved access to primary health care and structural changes in the number and structure of general practitioners in relation to the actual health needs of the population at a specific geographic location (territorial units - village, settlement, municipal/ city, district, regional, and national level)	Communication (level 1) Consultation (level 2) Collaboration (level 3) Inclusion With Assistance (level 5) for vulnerable groups
Users of primary health care (PHC)	Reduced unnecessary referral of patients to specialist examinations in hospitals and duplication of diagnostic procedures and reduced waiting lists and time for specialist examinations in hospitals including Tertiary health care facilities. Reduced practices "out-of-pocket payments". Introduction of a common approach to specialist-consultative services, i.e. through the integration of PHC institutions with hospitals. Specialist doctors provide services in PHC institutions.	Communication (level 1) Consultation (level 2) Collaboration (level 3) Inclusion With Assistance (level 5) for vulnerable groups
Users of primary health care (PHC)	Information on the pilot embedding telemedicine solutions into service delivery protocols in communication between physicians and patients. It will be accompanied with the pilot "doctor-to-doctor" communication platform to allow tele-consultations between specialists and GPs. Reassurance of users that no digital skills, literacy or equipment is required for them and this is a doctor-to doctor activity	Communication (level 1) Consultation (level 2 Collaboration (level 3) Inclusion With Assistance (level 5) for

		vulnerable groups
General Practitioners	Continued medical education programs/training of the general practice department doctors in terms of chronic non-communicable disease (CNCD) management. Improvement of skills in the field of ultrasound diagnostics, provision of emergency medical services, and approach and care for victims of violence.	Coproduction (level 4)
General practitioners and Specialist doctors	Development of higher financial incentives for teams of selected doctors and doctors of other specialties based on the new financing principles but also for medical staff opting to work in rural areas	Coproduction (level 4)
Primary Health care patients in Rural Areas	Improved access to healthcare services	Consultation (level 2) Inclusion With Assistance (level 5) for vulnerable groups
Selected HCF	Interest in receiving support in establishing palliative care capacities and benefitting from capacity building and training for the administration of palliative care	Collaboration (level 3)
Doctors, nurses, and technicians in selected PHC	Access to education and training programs for the provision of palliative care including home-based palliative care services	Collaboration (level 3)
Patients in need of palliative care for NCDs	The humane approach and specific care in the terminal phases of their lives	Communication (level 1) Inclusion With Assistance (level 5) for vulnerable groups
Selected HCF with freed-up resources that can be redirected to non-palliative patients	Allocation of medical staff and physical space within the HCF to non-palliative patients	Collaboration (level 3)

Family and relatives of patients who are in need of palliative care	Access to services of home and PHC-based palliative care for family members in need of palliative care. Support and strengthen the response capacity of the family in responding to day-to-day difficulties in caring for their family member(s).	Consultation (level 2) Inclusion With Assistance (Level 5) for vulnerable groups
General population	Interest in general data protection and protection of privileged health information during optimization of record keeping	Communication (level 1) Collaboration (level 3)
Medical Students	Improving the planning and education of general practitioners in accordance with confirmed and accepted international family medicine standards	Communication (level 1) Consultation (level 2)
High school students potentially interested in medical studies	Extended knowledge of the importance of the medical profession and its social and human role	Communication (level 1)
Selected Primary Health Care Facilities (Administrative staff, nurses, and GP)	Benefit from Consultant's services and use of Software and Hardware, and training in Optimization of medical record keeping and reporting. Benefits from the reduced strain of daily examinations in vivo through establishment, promotion, and roll-out of Telemedicine i.e. provision of remote health care services. Training in optimum use of telemedicine software solutions for best outcomes in patients' treatment.	Collaboration (level 3)
Potential providers of mobile palliative teams for home palliative care	Interest in conditions for financial incentives for providers of this form of health services	Communication (level 1)
Primary Health Care Facilities in general	Establishment of a global budget for the financing and new payment model for PHC centers based on the number of registered patients for teams of selected doctors employed in the institution. Development of a much stronger hospital payment for performance, but also the optimization of hospital facilities according to the patient	Collaboration (level 3)

	needs. The increase in the hospital management's autonomy and the abolition of the line limit for salaries are necessary for the establishment of a system of rewarding hospital staff i.e. the variable part of the salary depending on work performance	
MoH and General Population	Greater accountability and competence of hospital administrations.	Communication (level 1)
COMPONENT 2: Increasing Availability of Services		
Doctors, nurses and technicians	Information about incentive plans/opportunities for doctors, nurses, and technicians to work in remote areas.	Collaboration (level 3)
Citizens in rural areas	Interested in the plan for investment in health clinic facilities, medical equipment and necessary infrastructure. Access to information on palliative care at patient homes provided by PHC mobile teams	Consultation (level 2) Inclusion With Assistance (Level 5) for vulnerable groups Collaboration (level 3)
Citizens in general	Improved access to specialists discipline, internal medicine, ophthalmology, neurology, and clinical psychology by integrating PHC centers with hospitals	Communication (level 1) Collaboration (level 3) Inclusion With Assistance (Level 5) for vulnerable groups
PHC	Interest in creating energy-efficient and environmentally friendly healthcare facilities	Collaboration (level 3)
Daily-Hospitals	Removal of bottlenecks in diagnostics because of deficit and obsolescence of endoscopic equipment and equipment for minimally invasive surgical diagnostics and treatment	Collaboration (level 3)

Parents of Children with Diabetes	Extended capacity for rehabilitation and treatment of children with diabetes in the Bukovička Banja Specialized Hospital	Consultation (level 2) Collaboration (level 3) Inclusion With Assistance (Level 5) for vulnerable groups
Citizens in general	Improved access to medicine through the development of a new digital system allows citizens to find a location where a specific drug/medicine can be acquired by using the application. Interest in training on how to use and access The *Pathway of a Medicine* software application for android phones	Communication (level 1)
All HCF in Country	Improved assets management	Collaboration (level 3)
Employees in the healthcare system	Protection of privacy of data during establishment of software solution that would contain a suitable database, a portal for personnel monitoring, which will provide all the necessary information about employees in real time for the needs of timely planning. Information on who would have access to these data and how data will be shared	Coproduction (level 4)
Stakeholders outside the health system such as the Customs Administration, the Ministry of Internal Affairs	Prevention of illegal distribution of drugs produced in the Republic of Serbia, their smuggling outside the borders of the country, and prevent the development of the black market of drugs	Coproduction (level 4)
COMPONENT 3: Strengthening Quality of Public Health and Clinical Services		
The general population of different age groups	Behavioral change, raising health awareness, i.e., Targeted behavior change campaigns for healthy lifestyle promotion and prevention of main risk factors of NCDs as smoking, obesity, hypertension, raising awareness of early diagnostic of NCDs to increase the coverage of population with preventive and screening examinations and importance of vaccination against the human papilloma virus in prevention of malignant diseases.	Communication (level 1) Collaboration (level 3) Inclusion With Assistance (Level 5) For

	Understanding the relationship between health risks associated with certain behaviors and how the risks can be reduced by adopting changed habits and lifestyle.	Vulnerable Groups
Children attending preschool, primary, and secondary schools	Health education, health awareness, i.e., general knowledge about health, healthcare, preventive measures and diseases.	Communication (level 1)
Education facilities	Interest in taking part in education programs, and setting good examples of behavioral changes through complementary activities introduced in the curriculum and the premises (such as health education as part of the physical education, or disabling access to "fast" food and other types of food and products commonly accepted as unhealthy).	Collaboration (level 3)
Citizens in general and those at risk from cancer	Prevention and early detection of cancer, application of modern surgical and radiation therapy treatment, and the treatment with innovative pharmaceutical drugs, while preserving the quality of life during disease treatment and after treatment completion.	Communication (level 1) Inclusion With Assistance (Level 5) for vulnerable groups
Citizens in general and those at risk from Diabetes Type 2	Prevention and Early Detection of Type 2 Diabetes and improved early detection, monitoring, treatment, and prevention of diabetes complications. Reduction of the incidence of complications of diabetes and increase the number rate of patients detected in the early stages of the disease, achieve ensure a better quality of life for diabetic patients and decrease in mortality.	Communication (level 1) Inclusion With Assistance (Level 5) for vulnerable groups
Medical experts, academia, medical associations, the Academy of Medical Sciences of the Serbian Medical Association, Serbian Academy of Science and Art (SANU)	Knowledge and understanding of planned development of Good Clinical Practice guidelines and clinical protocols in the categorization of scientific research through the *Ordinance on the procedure, method of evaluation, and quantitative expression of scientific research results of researchers*.	Collaboration (level 3)

Users of health services in general	Participation in satisfaction surveys and providing feedback to quality improvement at the level of each health facility.	Coproduction (level 4) Inclusion With Assistance (Level 5) for vulnerable groups
Health facilities in general	Integrated Quality Improvement Plan (IQIP) to be developed for each HCF	Coproduction (level 4)
Hospitals with own pharmacies and pharmacy staff	Inclusion to the system for the centralized preparation of cytotoxic therapy in hospital pharmacies. Accessing modern standards and guidelines in providing pharmaceutical healthcare in the area of centralized preparation of cytotoxic therapy. Training and capacity building for pharmacy staff in preparation of cytotoxic therapy.	Coproduction (level 4)
Users of health services in general	Improved attitudes, perceptions, and values that staffs share within an organization related to patient safety	Consultation (level 2) Inclusion With Assistance (level 5) for vulnerable groups

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement done during project preparation

This Project mainly aims to implement the solutions of the Health Care Institutions Network Optimization Plan - the Master Plan, adopted by the RS Government in 2021, which is intended to optimize the work of specialist health care services through the process of integrating PHC centers with hospitals (thus making up health centers as a single entity). In 2019, the MoH conducted a nationwide public opinion surveys for development of the Masterplan.

The ESF instruments are disclosed on the website of the Ministry of Health https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php Feedback received during consultations are taken into account by adjusting the instruments accordingly. A summary of the main recommendations received and integrated into the Stakeholder Engagement Plan is provided is Annex 1.

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

The PCU adopted different engagement methods covering different stakeholder needs, interest and engagement capabilities as stated below. The below descriptive definition of each method serves as the key principle whenever application of such method is referenced in the Stakeholder Engagement Plan (chapter 4.3). Each of the method will be adapted to allow inclusion of vulnerable persons and marginalized groups through application of the Inclusion With Assistance (Level 5) for vulnerable groups. This may involve using sign language, invitations and brochures in Roma language and targeted outreach activities complementing each of the below method and principle outlined in chapter 3.1.

Project Launch meeting: The Project will commence with this meeting in the form of a hybrid-meeting format with a combination of public face-to-face meeting, with provided options to engage via a selected meeting platform (Webex, Microsoft Teams, Zoom, Google Meet, and Skype etc.). The meeting is held in Belgrade, at the premises of PCU (Dom zdravlja Savski venac, Pasterova 1). The planning will include targeted outreach to disadvantaged groups and ensure overall and digital inclusion is respected and with the deployment of Inclusion with Assistance (Level 5) for vulnerable groups. This Project launch meeting will repeat in a different less formal format to ensure greater geographic coverage and also inclusion of clustered groups of vulnerable and disadvantaged persons through direct communication and outreach activities to the identified associations that represent the interest of these vulnerable groups it's expected that the information will be far-reaching.

Media communication: Targeted messages will be released through various electronic and printed media, TV, social media such as Twitter, Facebook, and Instagram as official accounts of the PCU (administered by the PCU with concurrence of MoH). This will be and important outreach, disclosure, dissemination of information and communication tool. The messages will use commonly understandable language, with translations and/or targeted messages in languages of ethnic minorities, sign language, avoiding complicated medical terms unless this is of relevance for the message.

Printed communication materials: This includes printed and web-based items. The PCU will develop a variety of communication materials such as brochures, flyers, posters, infographics, factsheets, etc. for different components and activities thereunder. Printed materials will be delivered to PHC facilities for further distribution and will include version in languages of ethnic minorities The Project ESF documents are available online throughout the Project life and printed copies available for the Project Launch meeting.

Grievance mechanism (GM): Details on the GM are presented in chapter 6. Printed communication materials will be created to provide information on accessing the grievance redress channels and procedures. A GM guidebook/manual will also be developed and suggestion boxes installed in each PHC. In order to capture and track grievances received under the project, a dedicated GM Management Information System/database is planned. The PCU`s website includes clear information on how feedback, questions, comments, concerns and grievances can be submitted by any stakeholder and will include the possibility to submit grievances electronically. It will also provide information on the way the GM committee works, in terms of both process and timeline.

Information Desks in HFC: Information Desks in HCFs will provide information on stakeholder engagement activities, project activities, equipment installation updates, minor retrofitting/refurbishment updates, and contact details of the PCU. The PCU will set up or adapt existing information desks or information points alike, in the premises of HCFs where they can meet and share information about the project. Printed communication material will be available at these information desks.

Information Desks in Local Municipal offices – Mesne zajednice: Information Desks will provide information on stakeholder engagement activities, project activities, equipment installation updates, minor retrofitting/refurbishment updates, and contact details of the PCU. The PCU will set up or adapt existing information desks or information points alike, where they can meet and share information about the project. Printed communication material will be available at these information desks.

Citizens/Stakeholder perception survey and feedback: The design of a number of components under the Project will require inputs from stakeholders, citizens and final beneficiaries to identify the needs, barriers faced so far and key challenges that need to be addressed. To enable inclusive and responsive project design the perception survey will collect views, suggestions, positive and negative feedback to be used and cross-referenced with feedback received from the Patient Advisor as a neutral body for complaints about the healthcare system at the level of each Local Self-Government Unit.

Evaluation of engagement: Six months after the Launch meeting and each component thereafter the PCU will conduct sample-based stakeholder satisfaction surveys to collect feedback on: (i) engagement process and the quality and effectiveness of methods (ii) level of inclusiveness in the engagement process, (iii) quality of communication and dialogue with the internal stakeholders (PCU, GM etc.), and (iv) perceptions whether stakeholders feel their views are taken into account. The survey results will be used for engagement improvements. This will allow identification of potential design issues, areas of engagement and outreach strategies that need to be adapted. The survey data will be disaggregated by age, gender, location and topic. Survey results with proposed corrective measures will be published on PCU website and feedback to the Survey report solicited through the GM

Trainings, workshops, awareness raising campaigns, and behavioral change campaigns: Trainings, workshops and awareness raising campaigns will be conducted for any component targeting to change behavior or for activities through external consultancy services and experts in the field. This also includes demo sessions for new software solutions.

Digital inclusion concept. In the context of this project the concept of digital inclusion has been designed to encompass the following assessments: (1) Level of Digital skills which imply that a person is able to use various digital devices and the internet. Digital skills might be obtained in a relatively short period of time; (2) Level and standard of connectivity which implies access to the source of information/data (the internet). Basic conditions for enabling connectivity are infrastructure, as well as economic sources to purchase equipment and to pay e-services; (3) Accessibility which implies that services are designed to meet users' needs including those dependent on the technology of digital services.

Mobile information sharing, knowledge building and health service providers: Serbia is still characterized with areas of low density where the establishment of stationary services is not economically justified. Therefore the Project will consider the establishment of mobile teams and services that will engage with stakeholders/ citizens locally at their area of residence and provide them with various types of services - from training for the use of computers, achieving digital literacy and independent use of e-health services, to organizing and administering e-health services for users who, for various reasons, are unable to master and/or use e-communication with healthcare independently as described in chapter 3.3.

One-on-one meeting: This format is extremely valuable for a whole host of reasons. They help you build trust with stakeholders and provide a safe space for private conversations. One-on-one meeting implies face-to-face or online meetings with selected individuals. In the context of vulnerable persons, this can imply home visits as well.

Eligibility guidelines: Written procedures or processes with requirements that must be met for a person to be considered to be included in a certain activity. These requirements help make sure that eligibility criteria are known in advance.

Group consultations: Group consultations are one-to-one appointments within a group setting, delivered and supported by a facilitator, either virtually or face-to-face.

Call for application: Public announcement for interested persons to submit their applications to participate in an activity, benefit or program under the project.

Health internet portal E-zdravlje: The existing internet portal of MoH https://www.e-zdravlje.gov.rs

Formal meetings: This serves for government entities and will be facilitated through correspondence by phone/email, one-on-one interviews, formal meetings, and roundtable discussions

4.3. Stakeholder engagement plan

Table 2: Stakeholder engagement plan

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
Pre-Appraisal and Public consultations)	*August 2023*	Project in general and timeline inclusive of public SEP, LMP, ESMF and ESCP	**Media communication** **Printed communication materials** **Group consultations**	Citizens at large, Patients Ombudsman, Primary Health Care Facilities, General Practitioner's, MoH – Project non-implementing departments, Ministry of Education – Pre and High school department, Association of palliative patients, Associations of cancer patients, Association of parents with children with Diabetes – Plavi krug and others, ALOR – National association of cancer treated patients, NURDOR – National Association of parents with children with cancer, Network for rural development of Serbia (Umbrella NGO with 30 individual associations), Association of Medical and Pharmacy Students, SANU - Department of Medical Science, Press and media, National Government Ministries; Local Government Departments, all HCF	PCU supported by Environmental and Social Consultants responsible for preparation of the instruments
Project Launch (all Components)	*2 months following the Project effectiveness*	Project in general and timeline	**Project Launch meeting** **Media communication** **Printed communication materials**	Citizens at large, Patients Ombudsman, Primary Health Care Facilities, General Practitioner's, MoH – Project non-implementing departments, Ministry of Education – Pre and High school department, Association of	PCU supported by Environmental and Social Consultants responsible for preparation of the instruments

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
				palliative patients, Associations of cancer patients, Association of parents with children with Diabetes – Plavi krug and others, ALOR – National association of cancer treated patients, NURDOR – National Association of parents with children with cancer, Network for rural development of Serbia (Umbrella NGO with 30 individual associations), Association of Medical and Pharmacy Students, SANU - Department of Medical Science, Press and media, National Government Ministries; Local Government Departments, all HCF	
	Component 1: Improving Provider's Competence and Accountability.				
Design of Component 1	*2 months following the Project effectiveness and at least monthly thereafter*	Structural changes in the number and structure of general practitioners in relation to the actual health needs of the population at a specific geographic location	**Media communication** **Printed communication materials** **Grievance mechanism (GM)** **Information Desks** **Citizens/Stakeholder perception survey and feedback** **Evaluation of engagement**	Users of primary health care (PHC)	PCU Primary Health Care Facilities Local Municipalities /i.e. Mesne zajednice

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
			Health internet portal E-zdravlje **Patient`s Advisor**		
Launch of Component 1	*2 months following the Project effectiveness at least monthly thereafter*	Introduction of a common approach to specialist-consultative services through the integration of PHC institutions with hospitals	**Media communication** **Printed communication materials** **Grievance mechanism (GM)** **Information Desks** **Citizens/Stakeholder perception survey and feedback** **Evaluation of engagement** **Health internet portal E-zdravlje** **Patient`s Advisor**	Users of primary health care (PHC)	PCU PHC Hospitals
Design of Component 1	*3 months following the Project effectiveness - at least monthly thereafter*	Application to benefit from education programs/training of the general practice department doctors in terms of chronic non-communicable disease (CNCD) management	**Eligibility guidelines** **Call for application** **Group consultations**	General Practitioners	PCU through Administrations and HR Departments of the respective Primary Health Care Facility PCU offering benefits
Design and implementation of Component 1	*3 months following the Project effectiveness at least monthly thereafter*	Information on program of higher financial incentives for work in rural areas	**Group consultations** **Eligibility guidelines** **Call for application**	General practitioners and Specialist doctors	PHC PCU

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
Design and implementation of Component 1	*3 months following the Project effectiveness - at least monthly thereafter*	Plans on improved access to healthcare	**Media communication** **Printed communication materials** **Grievance mechanism (GM** **Information Desks in Media communication** **Local Municipal offices – Mesne zajednice** **Citizens/Stakeholder perception survey and feedback** **Digital inclusion concept** **Patient`s Advisor**	Primary health care patients in rural areas	PCU Rural PHC Local Municipal offices
Design and implementation of Component 1	*2 months following the Project effectiveness - at least monthly thereafter*	Information about telemedicine	**Media communication** **Printed communication materials** **Grievance mechanism (GM)** **Information Desks in HFC** **Information Desks in Local Municipal offices – Mesne zajednice** **Citizens/Stakeholder perception survey and feedback** **Digital inclusion concept** **Health internet portal E-zdravlje** **Patient`s Advisor**	Users of primary health care (PHC)	PCU Rural PHC Local Municipal offices

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
Design and implementation of Component 1	*6 months following the Project effectiveness*	Establishment of Palliative care capacities in HCF and expanded capacity for treatment	**Formal meetings** **Citizens/Stakeholder perception survey and feedback**	Selected HCF	PCU Emergency Rooms
Design and implementation of Component 1	*6 months following the Project effectiveness*	Access to services of home and HCF based palliative care	**Printed communication materials** **Grievance mechanism (GM)** **Information Desks in HFC** **Information Desks in Local Municipal offices – Mesne zajednice** **Patient`s Advisor**	Family and relatives of patients who are in need of palliative care	PCU HCF Media
Design and implementation of Component 1	*6 months following the Project effectiveness*	Adjusted curriculum for general practitioners	**Media communication** **Group consultations** **Health internet portal E-zdravlje** **Group consultations**	Medical Students	MoH Faculties of Medical Science in Serbia
Design and implementation of Sub-Components 1.2	*6 months following the Project effectiveness*	New record keeping system	**Trainings, workshops, awareness raising campaigns** **One-on-one meeting** **Formal meetings** **Group consultations**	Administrative staff, nurses, and GP	PCU HFC

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
Planning and implementation of Component 1	*6 months following the Project effectiveness*	Conditions for financial incentives for providers of this form of health services	**Group consultations** **Printed communication materials** **Media communication** **Formal meetings** **Eligibility guidelines**	Potential providers of mobile palliative teams for home palliative care	PCU MoH
	COMPONENT 2: Increasing Availability of Services				
Planning and design of Component 2	*4 months following the Project effectiveness*	Information about incentive plans/opportunities for doctors, nurses, and technicians to work in remote areas	**Printed communication materials** **Information Desks in HFC** **Group consultations** **Call for application** **Health internet portal E-zdravlje** **Eligibility guidelines**	Doctors, nurses, and technicians	PCU MoH PHC
Planning and design of Component 2	*4 months following the Project effectiveness*	Plan for investment in health clinic facilities, medical equipment, and necessary infrastructure Information on timing and type of construction/refurbishment works and thereby associated risks.	**Information Desks in Local Municipal offices – Mesne zajednice** **Grievance mechanism (GM)** **Group consultations** **Digital inclusion concept.** **Media communication**	Citizens in rural areas	PCU PHC Local municipal office

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
Planning and design of Component 2	*6 months following the Project effectiveness*	Receiving new endoscopic equipment and equipment for minimally invasive surgical diagnostics and treatment	**Written communication** **Face to face meetings between the PHC Administration and PCU and MoH**	Daily hospitals	PCU MoH
Planning and design of Component 2	*2024/2025 but not earlier than 6 months after Project effectiveness*	Use of Specialized hospital Bukovicka Banja and extension of the capacity Information about the timing and type of construction works	**Health internet portal E-zdravlje** **Call for application** **Group consultations** **Information Desks in HFC** **Patient`s Advisor** **Grievance mechanism (GM)**	Parents of Children with Diabetes	PCU MoH Association of parents with children with Diabetes Pediatrics of PHC
Planning and design of Component 2	*2024/2025 but not prior to Project effectiveness*	*Pathway of a Medicine* software application	**Media communication** **Trainings, workshops, awareness raising campaigns** **Health internet portal E-zdravlje**	Citizens in general	PCU MoH
Planning and design of Component 2	*2024/2025 but not prior to Project effectiveness*	Prevention of illegal distribution of drugs produced in the Republic of Serbia	**Formal meetings**	Customs Administration, the Ministry of Internal Affairs, Manufacturers, Healthcare professionals, Citizens in general	MoH

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
		COMPONENT 3: Strengthening Quality of Public Health and Clinical Services			
Planning and design of Component 3	*TBD*	Knowledge about health, healthcare, preventive measures, and diseases.	**TBD in line with this SEP once the Consultant is selected to conduct the campaign**	The general population of different age groups	PCU with the assistance of the Consultant
Planning and design of Component 3	*2024/2025/2026*	Health education	**Trainings, workshops, awareness raising campaigns, and behavioral change campaigns**	Children attending preschool, primary, and secondary schools	PCU with the assistance of the Consultant
Planning and design of Component 3	*6 months following the Project effectiveness*	Interest in taking part in education programs	**Formal meetings**	Education facilities	PCU with the assistance of the Consultant with assistance of the Ministry of Education, Science and Technological Development
Planning and design of Component 3	*6 months following the Project effectiveness*	Prevention and early detection of cancer	**Trainings, workshops, awareness raising campaigns** **Evaluation of engagement** **Printed communication material** **Media communication**	Citizens in general and those at risk from cancer	MoH PCU with the assistance of the Consultant HCF
Planning and design of	*6 months following the Project effectiveness*	How to prevent and early detect Type 2 Diabetes	**Trainings, workshops, awareness raising**	Citizens in general and those at risk from Type 2 Diabetes	MoH PCU with the

Project Stage	Estimated Date/Time Period	Topic of Consultation/ Message	Method Used	Target Stakeholders	Responsibilities
Component 3			**campaigns** **Evaluation of engagement** **Printed communication material**		assistance of the Consultant HCF
Planning and design of Component 3	*6 months following the Project effectiveness*	Participation in the development of the Good Clinical Practice guidelines	**Trainings, workshops, awareness raising campaigns, and behavioral change campaigns** **Group consultations** **Media communication**	Medical experts, academia, medical associations, the Academy of Medical Sciences of the Serbian Medical Association, Serbian Academy of Science and Art (SANU)	MoH
Planning and design of Component 3	*6 months following the Project effectiveness*	Centralized preparation of cytotoxic therapy in hospital pharmacies	**Trainings, workshops, awareness raising campaigns, and behavioral change campaigns** **Formal meetings**	Hospital pharmacies and pharmacy staff	MoH Hospitals

4.4. Reporting back to stakeholders

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, and on the project's overall implementation progress.

Details on how information on the implementation of the SEP will be provided to the stakeholders is included in chapter 8 Monitoring and reporting including how the feedback loop will be closed.

5. Resources and Responsibilities for implementing stakeholder engagement activities

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 and procurement staff, and environmental and social specialists, yet additional staff will be brought aboard in particular in the area of management of social impacts and citizen engagement. The PCU capacity is expanded to take into account the complex project activities. It is also expected that the enhanced oversight from the World Bank E&S team will be provided.

The PCU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, public health care facilities, and all stakeholders identified in the government's Master Plan. 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 PCU will produce semi-annual progress reports on implementing stakeholder engagement activities to be shared with the World Bank. The Project will require clear implementation oversight, regular consultation among key stakeholders, as well as decision-making mechanisms to prevent and address bottlenecks. In that regard, the Minister designates a high-level senior official of the MoH as responsible for Project's oversight and ensuring proper coordination within the MoH and with the HCF across Serbia. The Project Coordinator will work in close collaboration with the designated high-level senior official of the MoH.

5.1. Resources

The budget for the SEP is included in component 4: Project Management, Monitoring and Evaluation. This component will support overall project administration, including project management, fiduciary functions, environmental and social compliance, and regular monitoring of and reporting on implementation.

5.2. Management functions and responsibilities

The entities responsible for carrying out stakeholder engagement activities is the PCU supported through targeted activities by Health Care Facilities which will be interchangeable relevant to the activities and components. When beneficiary satisfaction surveys, needs assessment analysis are conducted the PCU will be supported by external consultants who will be specifically engaged for these type of activities as described in the detailed project design.

The stakeholder engagement activities will be documented through Minutes of meetings, Reports and Needs Assessment Surveys as the case may be. Overall records will be kept in an electronic Stakeholder Engagement Log, which can be cross-referenced, with the outputs in the form of topic specific reports.

6. Grievance Mechanism

A separate Grievance Mechanism (GM) will be established at the central project level and its administration will be the responsibility of PCU. Given the nationwide scope the GM comprises aa Central Feedback Desk (CFD) established and administered by the PCU and specific Local Grievance Admission Desks (LGAD) (collectively referred to as Grievance Mechanism (GM)) established by health care facilities and institutions directly involved in implementation of activities under the Project But administered by the PCU. The CFD shall be responsible for overall grievance administration including resolution while LGAD shall serve as local admission points for uptake of grievances and acknowledgment of grievance receipt through local avenues.

The system and requirements (including staffing) for the grievance redress chain of action – from registration, sorting and processing, acknowledgment and follow-up, to verification and action, and finally feedback – are embodied in the GM. As a part of the GM outreach campaigns, MoH will make sure that the relevant staff are fully trained and has relevant information and expertise to also 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.

The GM would be operated through an IT-based system to manage the entire GM. Semi-annual 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 review to the Head of PCU. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied, the GM would advise of their right to legal recourse.

The GM shall serve as both Project level information center and grievance mechanism, available to those affected or interested in implementation of all Project components. The GM shall be responsible for receiving and responding to grievances, comments and suggestions to the design of the project of the following groups:

- A person/legal entity directly affected by the project, potential beneficiaries of the Project.
- A person directly affected by the project because of digital exclusion.
- Persons directly affected from unjustifiably denial in access to project benefits, such as palliative care, incentivized positions in rural areas, access to training etc.
- Communities believing the plans for investment in health clinic facilities, medical equipment and necessary infrastructure have not observed the actual needs and in situ conditions.
- Patients who believe that their access to health services has been impeded or suspended because of civil works and equipment mounting.
- Any other concern or impact, which is a direct consequence of the Project and its activities.
- Anonymous grievances are allowed.

The Central Feedback Desk (CFD) will be tailored to manage and appropriately answer complaints during its different phases. The LGAD shall become gradually effective and shall be directly linked with the locations, institutions and areas in which the specific project activity is taking place. In addition to the GM, legal remedies available under the national legislation are also available (courts, inspections, administrative authorities etc.).

The PCU will cooperate with Beneficiaries within the Health Care system in joint efforts to establish a functioning GM, LGAD in particular and sharing information about the role and function, the contact persons, admission channels, and the procedures to submit a complaint in the affected areas. Information on the GM will be at first available through the website of the MoH (http://www.zdravlje.gov.rs/).

6.1 Raising grievances

Effective grievance administration strongly relies on a set of fundamental principle designed to promote the fairness of the process and its outcomes. The grievance procedure shall be designed to be accessible, effective, easy understandable and without costs to the complainant. Any grievance can be brought to the attention of the GM personally or by telephone or in writing by filling in the grievance form by phone, e-mail, post, fax or personal delivery to the addresses/numbers to be determined. All grievances can be filled anonymously. The access points and details on local entry points shall be publicized and shall be part of the awareness building once further micro locations of the Sub-Projects are known.

6.2 Grievance administration

Any grievance shall follow the path of the following mandatory steps: receive, assess and assign, acknowledge, investigate, respond, follow up and close out.

Once logged, the following response path shall be followed: the GM shall conduct a rapid assessment to verify the nature of grievances and determine on the severity. Within 5 business days from logging it will acknowledge that the case is registered and provide the grievant with the basic next step information. It will then investigate by trying to understand the issue from the perspective of the complainant and understand what action he/she requires. The GM will investigate the facts and circumstances and articulate an answer. The final agreement should be issued and the grievant be informed about the final decision not later than 30 business days after the logging of the grievance. Closing out the grievance occurs after the implementation of the resolution has been verified. Even when an agreement is not reached, or the grievance was rejected, the results will be documented, and actions and effort put into the resolution. If the grievance could not be resolved in an amicable endeavor, the grievant can resort to the formal judicial procedures, as made available under the Serbian national legal framework. Logging a grievance with the GM does not preclude or prevent seeking resolution from an official authority, judicial or other at any time (including during the grievance process) provided by the Serbian legal framework.

In case of an anonymous grievance, after acknowledgment of the grievance within three days from logging, the GM will investigate the grievance and within 30 business days from logging the grievance, issue the final decision that will be disclosed on the PCU's website.

The GM shall keep a grievance register log, which will include grievances received through all admission channels, containing all necessary elements to disaggregate the grievance by gender of the person logging it as well as by type of grievance. However, the personal data of each Grievant shall be protected under the Data Protection Law. Each grievance will be recorded in the register with the following information at a minimum:

- description of grievance,
- date of receipt acknowledgment returned to the complainant,
- description of actions taken (investigation, corrective measures),
- date of resolution / provision of feedback to the complainant,
- verification of implementation, and
- closure.

To avoid duplication of Grievances by the same person on the same matter, simply because different admission channels exist, the LGAD and the CFD shall exchange information on grievances received and compare the Grievance logs monthly. The centralized log at the level of the CFD will contain notes on potentially duplicated submissions. Multiple submissions, on same events, by same grievant shall be resolved by one decision, which will be stated and the grievant appropriately informed.

In case a grievance cannot be resolved in a manner satisfactory to the complainant he/she has the right for an appeal. In such cases the resolution of the grievance will be reviewed by a second tier commission at the level of the implementing agency. The commission will consist of three appointed members who can also be seconded from MoH. The commission will acknowledge the receipt of the appeal within 3 days and issue the final decision within 5 days of the receipt of the appeal. The decision of the commission will entail a detailed explanation of the grievance resolution process as well as the explanation of the final decision and guidance on how to proceed if the outcome is still not satisfactory for the complainant.

6.3 Grievances and beneficiary feedback reporting

The role of the GM, in addition to addressing grievances, shall be to keep and store comments/grievances received and keep the Central grievance log administered by the PCU. In order to allow full knowledge of this tool and its results, semi-annual updates from the GM shall be available on the MoH website. The updates shall be disaggregated by gender, and type of grievances /complaints and updated regularly.

6.4 Grievance log

The PCU will maintain a grievance log to ensure that each complaint has an individual reference number and is appropriately tracked and recorded actions are completed. When receiving feedback, including grievances, the following is defined:

- Type,
- Category,
- Deadline for resolving the appeal, and
- Agreed action plan.

Each complaint should be assigned an individual reference number and is appropriately tracked and recorded actions are completed. The log should contain the following information:

- Name of the grievant, location, and details of the grievance,
- Date of submission,
- Date when the Grievance Log was uploaded onto the project database,
- Details of corrective action proposed,
- Date when the proposed corrective action was sent to the complainant (if appropriate),
- Date when the grievance was closed out,
- Date when the response was sent to the grievant.

6.5 Grievance admission and process value chain

The GM 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, and the LGAD. The GM will also allow anonymous grievances to be raised and addressed. The site specific SEPs shall include details of Grievance entry points and focal points.

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.

STEP 3: Acknowledgement of grievance within 5 business days.

STEP 4: Investigating the grievance and due diligence- investigation involves gathering information about the grievance to determine its eligibility and to generate a clear picture of the circumstances surrounding the issue under consideration. This process normally includes site visits, document reviews, a meeting with the GM user (if known and willing to engage), and meetings with individuals and/ or entities who can assist with resolving the issue. Reasonable efforts will be taken to address the complaint. If the grievance is vague and not clear enough, the GM is obliged to help and provide counsel and even help in redrafting the submission, in order for the grievance/ to become clear, for purposes of an informed decision by the GM, in the best interests of person affected by the Project. If the GM is not able to address the issues raised by immediate corrective action, a long-term corrective action will be identified. The decision shall give a clear assessment of the grievance/complaint, clear ruling, and recommendations for fair remedy and propose measures to modify future conduct that caused the grievance as well as proposed measures to compensate if mitigation measures cannot remedy the harm or injury. The decision shall be in writing and shall be delivered to the person who filed the grievance as well as to any other person or entity to which the recommendation and measures shall apply or is under obligation by Law. The person who filed the grievance can express his/her personal satisfaction with the outcome of the grievance resolution procedure. The unilateral decision shall be an exception and resolution shall be sought through a dialogue between the GM and the Grievant,

STEP 5: Communication of the decision within 30 business days.

STEP 6: Complainant Response: either grievance closure or taking further steps if the grievance remains open. Before any closure of complaints/grievances, the GM shall:

- Confirm that the required GM actions have been enforced, that the grievance 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 submission 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.

Until details of LGAD are disclosed Stakeholders are encouraged to send all grievances, concerns and queries to the contact points below:

Table 3: CFD contact details.

Description	**Contact details**
NAME OF THE PROJECT	Serbia Noncommunicable Diseases Prevention and Control Project
Implementing agency:	Project Coordination Unit housed under the Ministry of Health
Main contact:	TBD
Address:	*Dom zdravlja Savski venac, PCU, Pasterova 1, 11000 Beograd*
E-mail:	TBD
Website:	www. zdravlje.gov.rs
Telephone:	*+ 381 11/TBD*

Further details on local access details LGAD are to be known and disseminated at later stages and shall be part of the awareness-raising campaign.

6.6 Monitoring and Reporting on Grievances

The CFD will be responsible for:

- Collecting data from LGAD serving as local admission points on the number, substance and status of complaints and uploading them into the single regional database;

- Maintaining the grievance logs on the complaints received at the regional and local level;
- Monitoring outstanding issues and proposing measures to resolve them;
- Disclosing quarterly reports on GM mechanisms;
- Summarizing and analyzing the qualitative data received from the local Grievance Admission points 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.

The regular social monitoring reports to the WB shall be submitted through the PCU, which shall include a section related to GM which provides updated information on the following:

- Status of GM implementation (procedures, training, public awareness campaigns, budgeting, etc.);
- Qualitative data on the number of received grievances (applications, suggestions, complaints, requests, positive feedback) and number of resolved grievances;
- 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 corrective measures taken.

7. **World Bank Grievance Redress Service**

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 complaints to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB's 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

A separate Labor Grievance Mechanism exists which is described in details in the Labor Management Procedures developed for this Project.

The World Bank and the MoH do not tolerate reprisals and retaliation against project stakeholders who share their views about Bank-financed projects.

8. Monitoring and Reporting

8.1. Summary of how SEP implementation will be monitored and reported

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. Semimanual 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 Semimanual 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 will be conveyed to the stakeholders in the below possible ways:

- Publication of a standalone semiannual report on project's interaction with the stakeholders.
- Adopt software solutions to scale up the two-way interaction and feedback, by using survey platforms, preferably using one dashboard to make it easy to measure and understand the feedback (any platform in use by the central governmental or Ministry of Health level, or alternatively /in addition (as required) Survey Monkey 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.
- To close the feedback loop the Project has adopted and incorporated into the project activities perception surveys. These will provide the Project with actionable information gap and will enhance the data informed decision-making. The perceptions survey will be take a community-based protection approach identifying challenges and solutions. To effectively manage stakeholder relationships and expected outcomes of Project activities both positive and negative feedback will be taken into account.
- The patient advisor - a as an office which acts as a neutral body for complaints about the healthcare system at the level of each Local Self-Government Unit will be an important part of the effort to close the feedback loop.

8.2 Monitoring Indicators

The indicators to be monitored include:

- Number of public grievances received within 6 months and number of those resolved within the prescribed timeline,
- Number of communication messages and activities targeting digital inclusion within 6 months,
- Number of awareness messages created to increase trust in digital communications,

8.3. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation. Semiannual summaries and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventive actions, will be collated by responsible staff and referred to the senior management of the project. The summaries will provide a mechanism for assessing both the number and nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

ANNEX 1: Report on public consultations

The Ministry of Health of the Republic of Serbia
Nemanjina 22-26, 11000 Belgrade

SERBIA NONCOMMUNICABLE DISEASES
PREVENTION AND CONTROL PROJECT

REPORT ON PUBLIC CONSULTATIONS

held for:

Environmental and Social Management Framework (ESMF)
Stakeholder Engagement Plan (SEP)
Labor Management Procedures (LMP),
Environmental and Social Commitment Plan (ESCP)

FINAL DOCUMENT

B E L G R A D E, September 2023

1. REPORT ON PUBLIC DISCLOSURE AND PUBLIC CONSULTATION

As required by WB Environmental and Social Standard 10 (ESS10) – Stakeholder Engagement and Information disclosure, during preparation of Draft ES instruments (ESMF, ESCP, SEP and LMP) for the Serbia Noncommunicable Diseases Prevention and Control Project (NCD) the Borrower carried out public consultations with relevant stakeholders.

Starting from 02 August 2023, Ministry of Health of the Republic of Serbia (MOH) disclosed the Draft ESMF, ESCP, SEP and LMP on its web site and announced invitation for Public Consultations for the public, bodies and organizations interested in subject instruments prepared for Serbia Noncommunicable Diseases Prevention and Control Project. Public and other interested parties and organizations were invited to participate in process of public consultation on draft ESMF, ESCP, SEP and LMP instruments.

Draft instruments and invitation to the Public Consultations were also available on the web site of the MOH: https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php .

On 08 September 2023, at 2:PM (local time), public consultations and presentation of the Draft ESMF, ESCP, SEP and LMP were organized at the big conference hall reserved by the Project Coordination Unit, Pasterova 1, Belgrade. The meeting was attended by a diverse group of 26 stakeholders[3], namely:

- 12 representatives of MOH, members of Project Coordination Unit (PCU),
- 2 representatives of Institute of Public Health of Serbia "Dr Milan Jovanovic Batut"
- representative of Medicines and Medical Devices Agency of Serbia - ALIMS
- representative of Serbian Academy of Sciences and Arts - SANU
- representative of Primary health center Dr.Hadzi Janos Backa Topola
- representative of Belgrade City Public Health Institute - GZJZB
- representative of Primary health center Novi Beograd
- representative of Primary health center Arandjelovac
- representative of Primary health center Zajecar
- representative of Primary health center Zemun
- representative of Primary health center "Savski venac" Belgrade
- representative of Primary health center Pancevo
- representative of Primary health center Veliko Gradiste
- representative of Primary health center Surdulica
- Moderator / Translator

The consultation consisted of two parts. In the first, introductory part, Ms. Biljana Kozlovic, PCU Coordinator, explained to the participants the goal and components of the NCD Project and introduced the team members who will manage this project. Also, participants were informed in general of the ESF and the purpose of ESMF, ESCP, SEP and LMP during implementation. In addition, it was emphasized that all activities supported under the Project shall be environmentally and socially sound, sustainable, and consistent with WB ESS and Serbian national legislation.

In the second part, a presentation of subject ES instruments was held. Igor Radovic, NCD Environmental Specialist presented ESMF and ESCP and explained to the participants expected environmental impacts of the project, the envisaged mitigation measures and appropriate monitoring activities. Also, project screening procedure and risk classification are explained, as well as legal and administrative framework for Project.

Ms. Ksenija Petovar, Social Specialist presented the SEP and LMP and explained to the participants the expected social impacts of the project, as well as ways to manage the social risks of the project. The WB Standards that will be applied to the project have been clarified, and special emphasis has been placed on labor management procedures and labor relations during project implementation. The importance of identifying vulnerable groups and establishing a Project grievance mechanism were emphasized too.

[3] Names, phones and E-mail addresses are known to the PCU and archieved properly

Figure 1: Public consultation in Belgrade, 08 September 2023


Figure 2: Public consultation in Belgrade, 08 September 2023


Figure 3: Public consultation in Belgrade, 08 September 2023

Figure 4: Public consultation in Belgrade, 08 September 2023

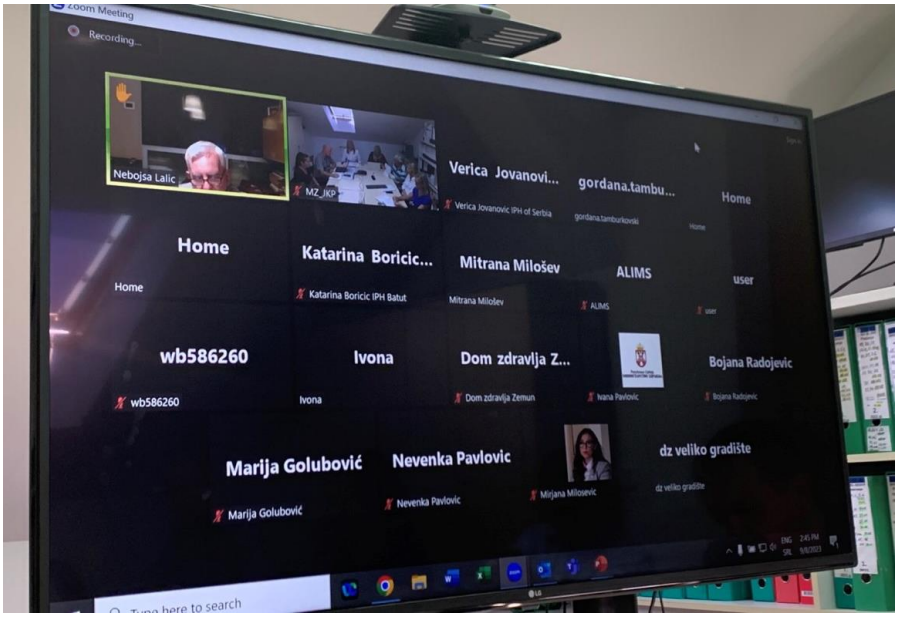

Figure 5: Public consultation in Belgrade, On-line participants, 08 September 2023

Special focus was given to project description, implementation arrangements, potential environmental and social impacts, grievance redress procedures, labor management, screening forms and development of environmental and social management plans during Project implementation.

The importance of Labor management and most important provisions of WB Environmental and Social Standard ESS2 (Labor and Working Conditions) are also explained to the public during presentation of ESMF, ESCP, SEP and LMP.

Before starting with questions of participants, institutional responsibilities and monitoring and reporting procedure on Project were presented and explained. However, the whole consultation have taken a participatory form and turned into a very interactive discussion with participation of all present Stakeholders very early before the moderator handed over the floor to the participants. This

Consultation started according to schedule at 2:00 PM and ended at 3:00 PM local time.

Comments, Questions and Answers during public presentation and consultations:

Q1: the representative of the Serbian Academy of Sciences and Arts - SANU gave a suggestion to the PCU to avoid focusing only on type 2 diabetes as a characteristic non-communicable disease but that it is more correct to use the general formulation - diabetes, which includes a wider a set of related diseases.

A1: PCU representatives have accepted the suggestion and the final ES instruments will be corrected in accordance with the subject suggestion. In addition, PCU representatives informed all participants that the consultation process remains ongoing during the whole project cycle, and all participants were given the opportunity to submit their questions, remarks and suggestions at any moment during the NCD project.

Opinions and remarks provided in written form:

Written opinions and remarks related to ESMF, ESCP, SEP and LMP instruments were not received during the 21 days intended for consultations with interested citizens and organizations.

2. LIST OF PARTICIPANTS - PRELIMINARY CONSULTATIONS WITH KEY STAKEHOLDERS, 08 SEP 2023

The attendance sheet has been archived by the PCU and will not be used in this report for privacy reasons.

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3. DOCUMENTATION

Figure 6: ES instruments on Serbian / English and Call for public consultation on MOH web site

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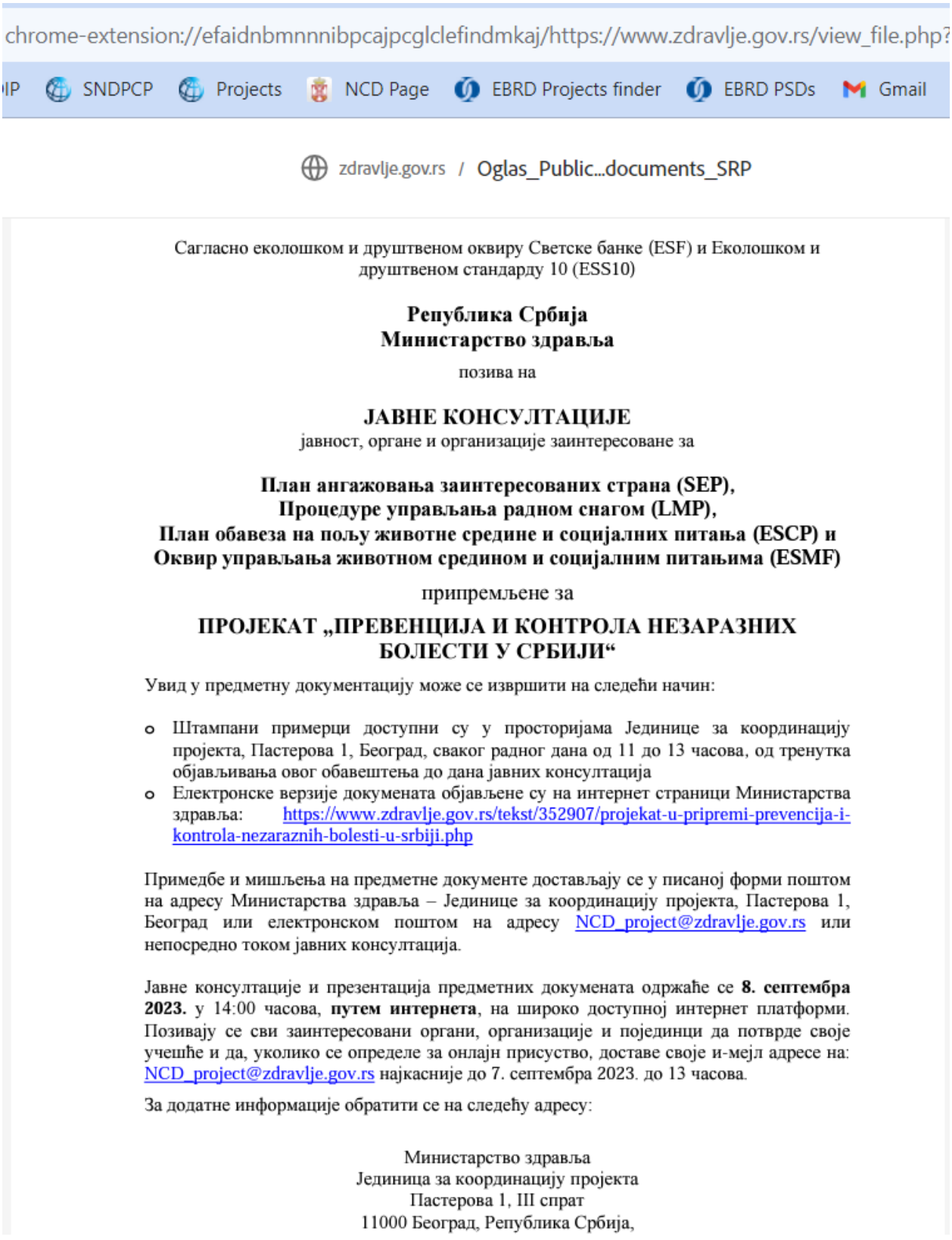


chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.zdravlje.gov.rs/view_file.php?

IP SNDPCP Projects NCD Page EBRD Projects finder EBRD PSDs Gmail

zdravlje.gov.rs / Oglas_Public...documents_SRP

Сагласно еколошком и друштвеном оквиру Светске банке (ESF) и Еколошком и друштвеном стандарду 10 (ESS10)

Република Србија
Министарство здравља

позива на

ЈАВНЕ КОНСУЛТАЦИЈЕ
јавност, органе и организације заинтересоване за

План ангажовања заинтересованих страна (SEP),
Процедуре управљања радном снагом (LMP),
План обавеза на пољу животне средине и социјалних питања (ESCP) и
Оквир управљања животном средином и социјалним питањима (ESMF)

припремљене за

ПРОЈЕКАТ „ПРЕВЕНЦИЈА И КОНТРОЛА НЕЗАРАЗНИХ БОЛЕСТИ У СРБИЈИ“

Увид у предметну документацију може се извршити на следећи начин:

- Штампани примерци доступни су у просторијама Јединице за координацију пројекта, Пастерова 1, Београд, сваког радног дана од 11 до 13 часова, од тренутка објављивања овог обавештења до дана јавних консултација
- Електронске верзије докумената објављене су на интернет страници Министарства здравља: https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php

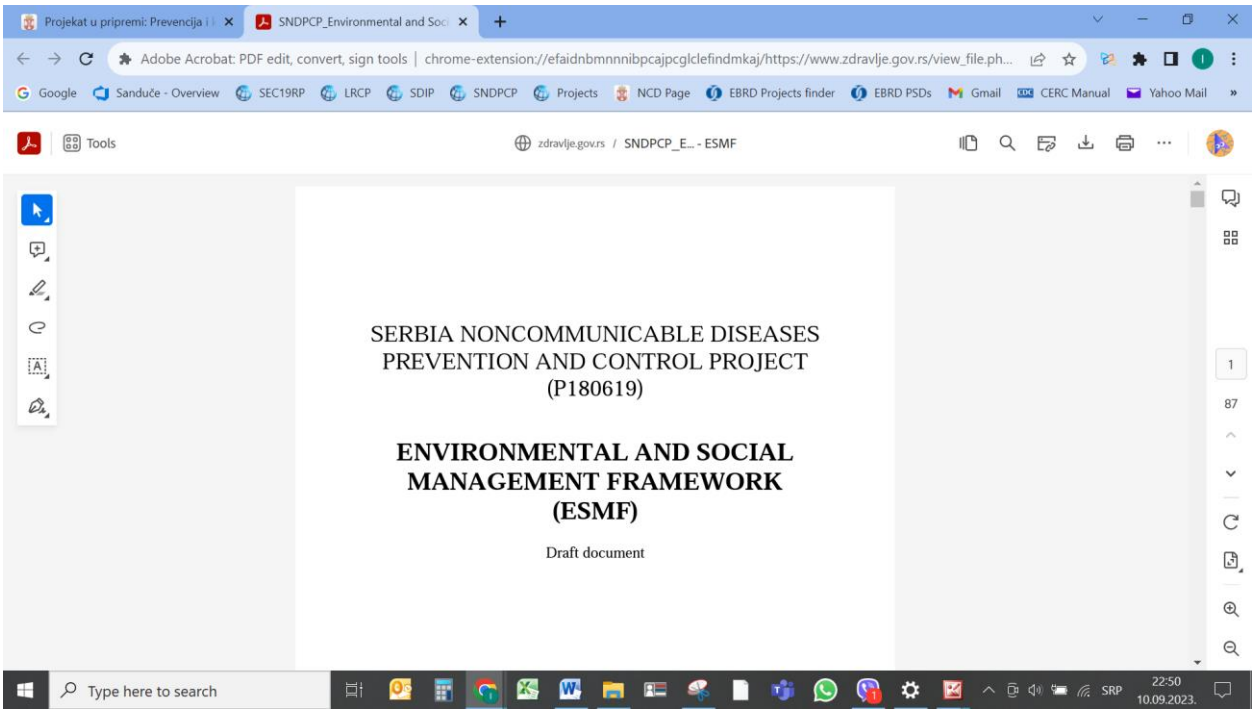
Примедбе и мишљења на предметне документе достављају се у писаној форми поштом на адресу Министарства здравља – Јединице за координацију пројекта, Пастерова 1, Београд или електронском поштом на адресу NCD_project@zdravlje.gov.rs или непосредно током јавних консултација.

Јавне консултације и презентација предметних докумената одржаће се **8. септембра 2023.** у 14:00 часова, **путем интернета**, на широко доступној интернет платформи. Позивају се сви заинтересовани органи, организације и појединци да потврде своје учешће и да, уколико се определе за онлајн присуство, доставе своје и-мејл адресе на: NCD_project@zdravlje.gov.rs најкасније до 7. септембра 2023. до 13 часова.

За додатне информације обратити се на следећу адресу:

Министарство здравља
Јединица за координацију пројекта
Пастерова 1, III спрат
11000 Београд, Република Србија,

Figure 7: Call for public consultation on MOH web site



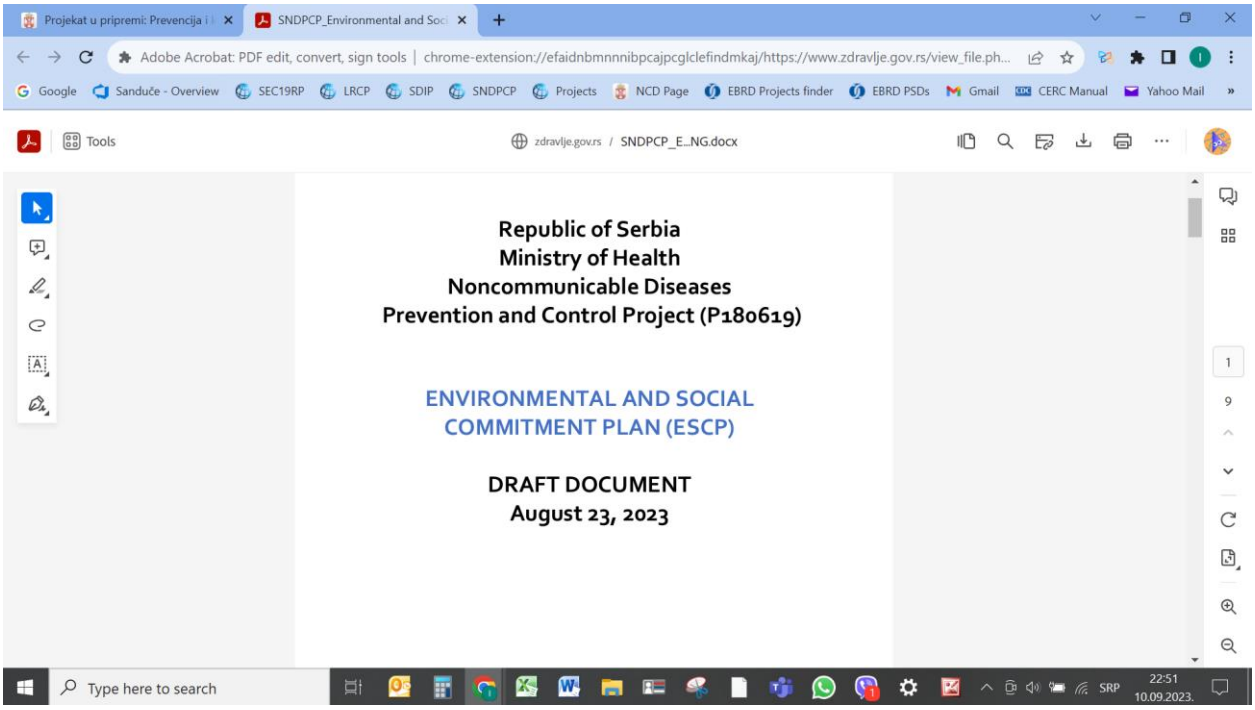
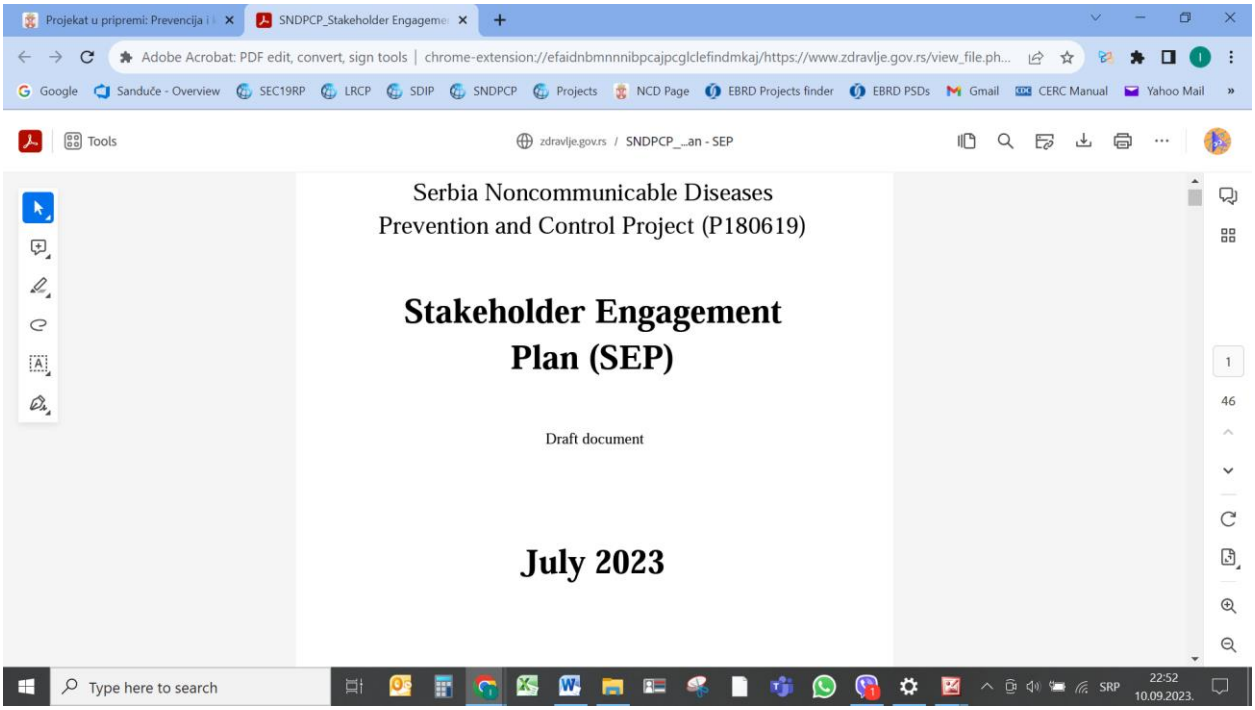


Figure 8: Publicly published DRAFT ESMF and ESCP on the MOH website



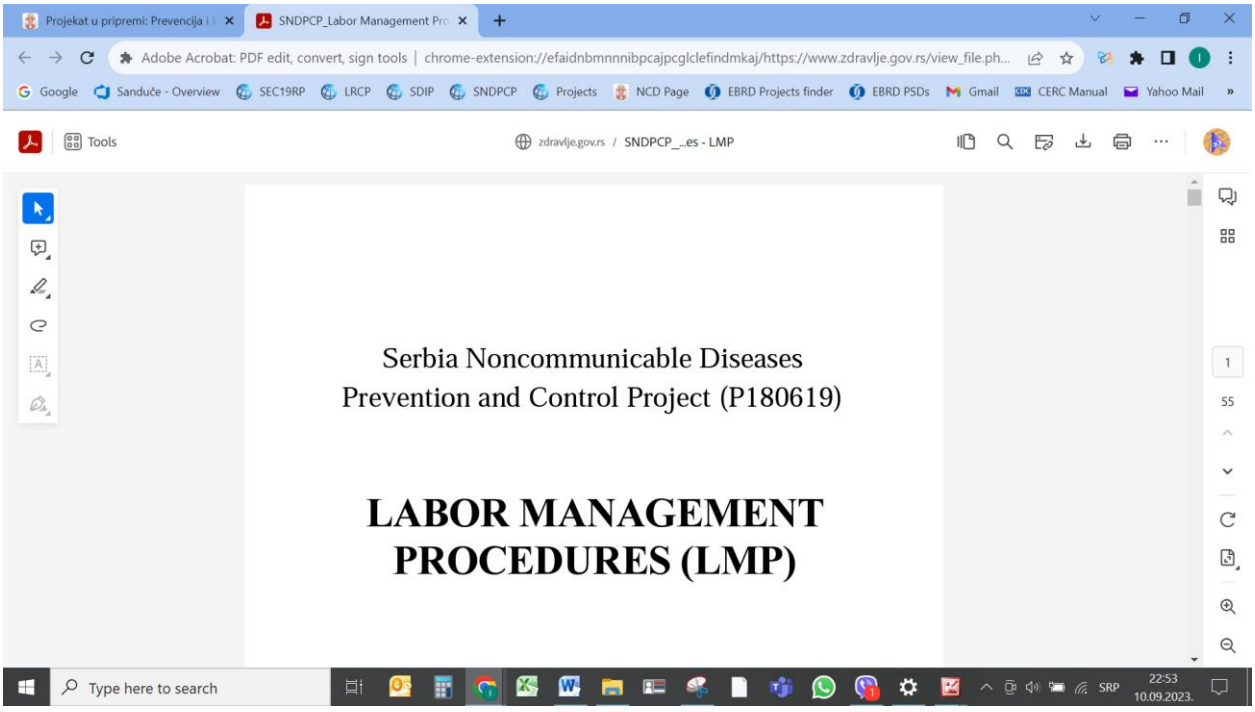


Figure 9: Publicly published DRAFT SEP and LMP instruments on the MOH website