The Ministry of Health of the Republic of Serbia

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SERBIA NONCOMMUNICABLE DISEASES PREVENTION AND CONTROL PROJECT

Action Plan for Implementation of the Stakeholder Engagement Plan (SEP) – Sub-project: Building and Furnishing of the "Bukovička Banja" Specialized Hospital for Rehabilitation for children with diabetes

O c t o b e r 2025

INTRODUCTION

The **Sub-project "Building and Furnishing of the Specialized Hospital for Rehabilitation 'Bukovička Banja'"** is implemented under the project for improving quality and efficiency of health services **Serbia Non-Communicable Diseases Prevention and Control Project (SNDPCP)**, financed by the **World Bank**.

The parent Project has established a comprehensive set of **environmental and social framework instruments** developed in accordance with the **World Bank Environmental and Social Framework (ESF)**, including the **Environmental and Social Management Framework (ESMF)**, **Resettlement Policy Framework (RPF)**, and **Stakeholder Engagement Plan (SEP)**. These instruments provide the overarching guidance for environmental and social risk management and stakeholder engagement across all sub-projects implemented under the NCD Project.

This **Action Plan for Implementation of the SEP** operationalizes the principles and commitments set out in the overarching SEP, acts on commitment from its chapter 4.3, (Table 3) of the Stakeholder Engagement Plan translating them into **site-specific actions** relevant to the *Specialized Hospital ''Bukovička Banja''* Sub-project. The Action Plan identifies and addresses **project-specific risks and impacts**, ensuring that stakeholder engagement activities are **tailored, inclusive, and culturally appropriate**, and that all interested and affected parties—particularly those directly linked to the hospital and surrounding park—are meaningfully informed, consulted, and involved throughout project implementation.

Specifically, the Action Plan includes the following elements:

- Identification and analysis of key stakeholders;
- Definition of engagement objectives and communication approaches;
- Development of a detailed schedule of engagement activities;
- Allocation of responsibilities for the implementation of planned actions;
- Definition of timelines for each activity;
- Establishment of a monitoring and reporting procedure; and
- Definition of evaluation criteria and indicators to assess the effectiveness of stakeholder engagement.

This document aims to support transparent, inclusive, and effective stakeholder engagement during the preparation, implementation, and monitoring of the Bukovička Banja sub-project, thereby contributing to socially responsible and sustainable project outcomes.

1. SPECIALIZED HOSPITAL ''BUKOVICKA BANJA'' SUBPROJECT BACKGROUND

Specialized hospital for rehabilitation of children with diabetes type 2 (Specialized Hospital) is located in Bukovicka banja Park in the city of Arandjelovac. The *Bukovička Banja Park* is a **protected spatial, cultural, and historical ensemble**, and one of the **oldest and best-preserved spa parks in Serbia**, dating back to the **19th century**. It is classified as a **Category II - National**

park, i.e. area of great importance, under the **Decree on the Proclamation of the Monument "Bukovička Banja Park"** (*Official Gazette of the Republic of Serbia No. 94/2011*) and regulated by the **Rulebook on Internal Order and the Park Guard Service of the Natural Monument "Bukovička Banja Park"** (*Official Gazette of the Republic of Serbia No. 106/2013*). The Park also encompasses the *Bukovička Banja Spa*, renowned for its **highly valued mineral water springs "Knjaz Miloš"**, which have achieved recognition **beyond the borders of the Republic of Serbia**. The Park and Spa are located in **Central Serbia**, within the **municipality (and city) of Aranđelovac**, 76km south of Belgrade, at 250-270m above sea level, surrounded by the Bukulja Mt. (696m) and Venčac Mt. (657m) and the Risovača and Orašac hills. The spa's European image was also enhanced by the design of its natural and built environment.

The "Bukovicka banja" Specialized Hospital is the only facility in Serbia specialized for extended treatment, education and rehabilitation of children with diabetes. More than 4000 children have been treated there in the past 20 years. The Hospital's Department for Treatment, Education and Rehabilitation of Children and Young Adults operates since 1989. There is no such a department in the region or vicinity. The primary purpose of the Department is to hospitalize children and young adults – up to 18 years of age, with chronic conditions – most commonly with diabetes mellitus. Prolonged treatment includes the continuation and adaptation started during medicated therapy, with diet appropriate to the age and characteristics of illness, measured physical activity and implementation procedures of physical therapy and balneotherapy. This Department also focuses on the education of children and their parents/guardians/caretakers. The purpose of educational program is to familiarize patients and parents with the nature of diabetes, to train them on how to determine proper dosage and method of administration of insulin.

The existing building of the Specialized Hospital located on the cadastral plot No.1934/7 was constructed between 1935 and 1938. The building comprises: basement, ground floor, first floor, and the attic. The net area of the existing building is 4,608.07m², and the gross area is 7,712m². The current capacities are insufficient to provide services proportional to the needs of children with diabetes, making it necessary to reconstruct the existing building and enhance the hospital's capacity by constructing a new building and accompanying facilities. One of the key reasons for the expansion of the capacities is to enable the accommodation of parents / guardians and caretakers accompanying patients, thus ensuring their access to education and training on living with diabetes, after the release from hospital.

2. PROJECT DESCRIPTION

The complex of Specialized Hospital for Rehabilitation consists of 6 buildings on two newly formed plots: plot #1.1 and plot #1.2.

Scope of Subproject's works

#1.1 Newly formed (allotted) plot with an area of 4795m².

The following works will be carried out on this plot:

a) **Facility 1**: **Reconstruction of the existing building.** The existing building of the Specialized Hospital, with a developed base of floors (Basement + Ground Floor + 1 +

Attic) and (Basement + Ground Floor + Attic). The planned building reconstruction includes work at the basement and ground floor levels while retaining the structural characteristics of the existing building and facade. The planned extension works are independent of the existing building, except for the part of the expansion connection of the windbreak part and the footbridge with the existing building (dilation between building 1-existing and building 2-windbreak extension). The project also includes confirmation that the planned works will not affect the stability of the building. In the phase of the dilation works, it is planned to secure the excavation. The works will be carried out simultaneously with the reconstruction. The part of the building that is being reconstructed and connected to the planned extension is under prior protection under the Law on cultural heritage, and for these works, the consent of the Institute for the Protection of Cultural Monuments from Kragujevac was obtained. There was a boiler room on the part of the department building (object 6) that was under the protection of the Institute for Protection and it was removed with all consents, due to disturbed stability, in an earlier procedure.

b) **Facility 2**: **Extension of the windbreak** with the following floors (Basement + Ground Floor). The windbreak is connected to the footbridge, serving as an annex to the existing building, which serves as a connection between the basement and the elevated ground floor of the existing hospital building. The Windbreak includes stairs and a platform for the disabled.
c) **Facility 3**: **Extension of the footbridge** (Basement). The footbridge is semi-buried and formed as a ramp, connecting the main building with the annex.

At the request of the PCU, the Design Consultant provided all required confirmations and clarifications regarding the project activities and structural stability, confirming that the construction of the Windbreak and the Footbridge have no structural impact on the existing building.

d) **Facility 4**: **Extension of the transformer station** (Ground Floor).
e) **Facility 5**: **Extension of the gas boiler room** (Ground Floor).

Each building is functionally independent.

#1.2. A newly formed (allotted) plot with an area of 1625m²

The parcel is designated for the expansion of the Specialized Hospital's capacity on which the following works will be carried out:

a) **Facility 6: Construction of a new Annex for the Specialized Hospita**l comprising: Basement + Ground Floor + 3 floors (B+G+3 floors) to be constructed on the cadastral parcel of the existing Old boiler room.

The net area of the building to be constructed is 5,445.56 m², and the gross area is 7,957m². The construction includes the following phases:

1. Demolition of the existing Old boiler room. This activity is part of the overall design; however, the demolition is not included in the construction works under the project, as it was already

completed beforehand. The building is under the protection of the Institute for the Protection of Cultural Monuments in Kragujevac. The demolition, due to the building's compromised stability, was carried out with their approval.
2. Construction of the new building - Annex with 85 beds, a footbridge connecting the existing central building with the new Annex, and the construction of a windbreak structure, which also serves as a vertical connection between the basement and ground floor for commercial users.
3. Reconstruction of the swimming pool block, including the reconstruction of the dome.
4. Reconstruction of the atrium, including the formation of a Vita bar and a new dining block.

3. POTENTIAL E&S RISKS AND IMPACTS

The Subproject is anticipated to generate several positive impacts. The upgraded healthcare facility is expected to contribute to improved public health outcomes. It is also expected that the renovation works at the Specialized Hospital in Bukovička Banja are likely to stimulate local economic activity. This includes potential employment opportunities for local residents during extension and reconstruction of the Special Hospital building, increased demand for goods and services such as food vendors, and higher income for transport providers and other local businesses. Once operational, the newly constructed facility will create jobs, primarily for medical professionals such as doctors, nurses, and supporting hospital staff. Over time, the establishment of a modern, technologically advanced smart center will enhance working conditions for employees and elevate the quality of care provided to patients. The potential adverse impacts of Subproject activity are expected to be short term and minor, primarily the nuisance of increased noise, dust, and traffic on the community combined with the disruption of the healthcare services usually available to the community during the construction phase.

4. RATIONALE FOR ELABORATING ACTION PLAN FOR IMPLEMENTING THE SEP

The Subproject of building and furnishing Specialized Hospital ‘’Bukovicka banja’’ is classified as Moderate Risk, both for Environmental and Social risks and impacts, according to WB ESF Risk Classification. The screening process conducted under the NCD Project determined that a **site-specific Environmental and Social Management Plan (ESMP)** and an **Action Plan for the Implementation of the Stakeholder Engagement Plan (SEP)** should be prepared for the *Bukovička Banja* Sub-project. These instruments ensure that all potential E&S impacts are effectively managed and that engagement with stakeholders is structured, transparent, and consistent with the requirements of the **World Bank Environmental and Social Framework (ESF)**—particularly **Environmental and Social Standard 10 (ESS10)** on *Stakeholder Engagement and Information Disclosure*. Key social aspects for classifying the Sub-project as MODERATE RISK developed in the Environmental and Social Management Plan (ESMP) are as follows:

- There is no planned spatial expansion of the Hospital, no need for land expropriation, nor will there be any displacement or impact on household income and property;

- The project is being implemented on cadastral parcels currently used by the Specialized Hospital, which are state-owned;
- The Hospital is the only user of the land where its facilities are located and the only user of these facilities (there are no other legal or illegal users);
- The Hospital will continue its operations without interruption throughout the entire period of extension and equipping.

5. KEY ASPECTS REGARDING RISKS AND IMPACTS ON SOCIAL RECEPTORS DURING THE CONSTRUCTION WORKS DETERMINED IN THE ESMP

The ESMP determined the following key environmental social risks and impact:

- **Location-specific considerations:** protected natural park "Bukovička Banja," which holds exceptional symbolic, historical, cultural, social, and environmental value—not only for the citizens of the city of Aranđelovac, but also for numerous users of the spa's health services, tourists, and other visitors;
- **Undisturbed continuation of hospital activities during the construction period**, the implementation of measures to ensure that the hospital's activities and the quality of healthcare services are not disrupted during construction works;
- **Identification of risks and potential adverse impacts** that the Project may have on the local communities and the definition of mitigation measures, monitoring activities, implementation control mechanisms, and clear institutional responsibilities for carrying out these measures as set out in the ESMP;
- **Application of the World Bank's standards** for managing and controlling potential risks and adverse impacts, particularly those where the differences between WB ESS and domestic laws have been identified. Therefore, special attention was put on stakeholder engagement and public information accessibility, recognizing that this area represents one of the most significant differences between World Bank standards and domestic legislation, particularly in their implementation.

6. PARTICULARLY SENSITIVE SOCIAL RISKS THAT MIGHT BE EXPECTED DURING CONSTRUCTION WORKS

A detailed analysis of risks and impacts that might be expected during the construction works reveals that particular attention would be given to measures related to:

- **Safety, health, and protection** of visitors of the park, patients of the Specialized hospital and citizens living in the vicinity of the construction site i.e. local community (mesna zajednica) ''Centar'';

- There is a **high level of public awareness and commitment** among local citizens and visitors of the Bukovička Banja Park regarding the preservation and protection of the Park as a **natural and cultural monument**. The community demonstrates a strong sensitivity to any planned interventions within the Park area - particularly concerning the **planned tree removal** on the parcel designated for the construction of the **new building (Annex) -** as well as to any potential **disruption of the mineral water sources** that represent one of the Park's most valuable natural assets.

- Given these sensitivities, it is essential to ensure **transparent communication, timely disclosure of information, and active public participation** throughout the implementation of the sub-project. Maintaining open dialogue and accessibility of information will be key to building and sustaining trust among local residents, park visitors, and other interested parties, while ensuring that project activities are implemented in a manner consistent with environmental protection and cultural heritage preservation principles.
- C**ontinuous and comprehensive information dissemination** to the local community regarding all stages of the sub-project implementation, ensuring that appropriate and accessible communication channels are applied in engaging with citizens. This includes timely updates on construction progress, planned activities, and potential temporary disruptions within the Park area.
- **Training of all project employees and contractors** on maintaining integrity, ensuring the safety of citizens, and adhering to respectful and transparent communication practices. The training will also include familiarization with the **Code of Conduct**, emphasizing acceptable behavior standards and outlining consequences in cases of non-compliance or violations.
- **Provision of detailed information on the Grievance Mechanism (GM)** and its functioning as an essential tool for effective communication with stakeholders—particularly citizens and visitors of Bukovička Banja Park. The GM will enable community members to easily raise concerns, complaints, or suggestions related to project impacts, with assurance of timely response and resolution.
- **Daily supervision of material and equipment transport routes** to minimize potential safety risks for pedestrians and vehicles in and around the construction area. This includes coordination with local authorities to ensure traffic safety and minimize disturbance to regular Park visitors.
- **Implementation of safety and visibility measures at the construction site**, including clear signage, physical barriers, and demarcation of hazardous zones to prevent accidental entry and reduce the risk of injuries to passers-by and workers.

7. METODOLOGY AND APPROACH

The overall goal of the Action Plan is to ensure **timely, accessible, and meaningful cooperation and communication** with all sub-project stakeholders regarding the **scope, content, and characteristics of the Sub-project**, as well as potential **environmental and social risks and**

adverse impacts that may arise during its implementation. It is based on the following overarching objectives and guiding principles:

i) Ensuring transparency **of the Sub-project**, enabling the public to have **free and open access to information** on all aspects of project preparation and implementation. This transparency aims to ensure that **citizens, local organizations, and associations** are fully informed about the project's objectives, design, and expected outcomes, thereby strengthening their understanding of and participation in the Project.
ii) Facilitating open and ongoing communication, the Project seeks to **build trust** among stakeholders, **promote inclusiveness**, and **encourage proactive involvement** of all interested and affected parties in decision-making processes related to the Sub-project.
iii) The principle of **public participation and transparency** implies that all entities involved in the implementation of the Sub-project — namely, the **Project Coordination Unit (PCU) within the Ministry of Health**, the **Management of the Specialized Hospital for Rehabilitation "Bukovička Banja"**, and the **Contractor** — shall ensure **inclusivity, transparency, and appropriateness** in the preparation and execution of all construction and related activities under the Project. This means that information concerning the Sub-project will be **proactively disclosed** and communicated in a **clear, comprehensive and prompt** manner to all interested and affected parties, and that stakeholders will have the **opportunity to participate** in discussions, provide feedback, and express concerns regarding potential environmental and social impacts. Ensuring such openness and inclusivity throughout project implementation strengthens **public trust**, reduces the likelihood of misunderstandings, and promotes **social acceptance and accountability** of the Project.

To ensure the full implementation of the adopted **objectives and principles** of the Stakeholder Engagement Plan, it is essential to carry out **identification and registration of all relevant stakeholders**, with particular attention to **local community groups, associations, and institutions** operating within the area of influence of the Sub-project.

It is expected that as **public awareness of the Sub-project increases**, the **number of individuals, groups, and organizations interested and motivated to engage** will also rise. The willingness of citizens and their associations to participate and collaborate in project-related activities is primarily influenced by their **perception of the purposefulness and effectiveness** of such engagement - rather than seeing it as a merely formal exercise intended to satisfy the social and ethical standards of the financier (the World Bank).

Another key factor in ensuring effective stakeholder engagement is the **operationalization of the principle of participation**, which requires designing and applying **various modalities and approaches** to stimulate interest, motivation, and active involvement of stakeholders in specific activities during project implementation. These may include information sessions, consultations, participatory monitoring, and community outreach initiatives tailored to the sensitivity of the project context and local needs.

8. STAKEHOLDER CATEGORIES

During the **preparatory phase of the Sub-project** specifically during development of the ESMP, several categories of stakeholders were identified (see *Annex 1*). Stakeholders who have, in different ways, **participated in the preparation of project documentation** or who hold **legally defined responsibilities and mandates** related to the protection and management of the *Bukovička Banja* Park were **directly informed and invited** to the *Public Presentation and Consultation* held on **30 September 2025** at the premises of the Specialized Hospital for Rehabilitation *"Bukovička Banja"* (see: *Final ESMP including the Report on Public Presentation and Consultations*).

Within this **Action Plan**, the list of **potential stakeholders** has been further refined, and preparatory steps have been undertaken to ensure that, with the **commencement of construction works**, systematic **communication and cooperation with stakeholders** will begin in accordance with the defined engagement schedule and communication procedures.

For the purpose of implementing this Action Plan effectively, stakeholders can be broadly classified into two main categories — **Primary Stakeholders** and **Secondary Stakeholders** — depending on the nature and degree of their relationship with the Sub-project.

Primary Stakeholders

Primary stakeholders are individuals, groups, or entities that are **directly affected by the Sub-project** or have a **strong and immediate interest in its successful implementation**. Their participation is essential to ensure that the project outcomes respond to real needs and that any potential adverse impacts are appropriately managed.

The main representatives of this group include:

- **Officials of the Ministry of Health**, as the lead implementing authority and oversight body;
- **Management and staff of the Specialized Hospital for Rehabilitation "Bukovička Banja"**, as the direct beneficiaries and end-users of the newly constructed and equipped facility;
- **Patients and their families**, who will directly benefit from improved health services;
- **Institutions involved in the preparation and implementation of the Sub-project**, such as the **design bureau**, the **Institute for the Protection of Cultural Monuments**, the **Institute for Nature Conservation**, and **municipal public utility companies of the City of Aranđelovac**, among others.

Secondary Stakeholders

Secondary stakeholders are individuals, groups, or entities that may not be directly involved in or affected by the Sub-project but can **influence or be indirectly influenced** by its implementation, outcomes, or associated impacts. Their engagement is important for ensuring transparency, local support, and long-term sustainability of project results.

This group includes:

- **Citizens residing in nearby local communities**;
- **Visitors of the "Bukovička Banja" Park and Spa**, who may be temporarily affected by construction activities;
- **Healthcare providers not directly involved** in the Sub-project;
- **Local businesses and employers**, especially those dependent on tourism or park-related services;
- **Educational institutions** that may participate in awareness or training activities;
- **Civil society organizations (CSOs)** operating in the fields of health, environment, or heritage protection;
- **Vulnerable groups**, including the **single headed families with child/children with chronical disease, persons with disabilities, and low-income households**, who may require tailored engagement methods to ensure inclusion; and
- **Other health institutions** with similar professional orientation or potential collaboration interest.

9. TARGETED ACTIVITIES FOR THE SUB-PROJECT

This section outlines the **specific stakeholder engagement actions and measures** that will be implemented. Together, these measures aim to foster transparency, trust, and social acceptance of the Sub-project while minimizing potential misunderstandings or resistance during construction and operation.

A **summary table** presented in this section outlines the **targeted engagement activities** planned for each stakeholder group and engagement domain. The table includes the following key columns:

- **Activity and Description:** Describes the type of engagement or communication measure to be implemented and provides a concise explanation of its purpose and scope. Each activity is designed to proactively address community expectations, mitigate concerns, and enhance collaboration between project implementers and affected stakeholders.
- **Stakeholders:** Identifies the main groups expected to benefit from or be affected by each activity, such as **hospital management and staff, patients, parents and guardians, local residents, municipal authorities, visitors to Bukovička Banja Park, civil society organizations, and other interested parties**. Clear stakeholder mapping ensures that engagement efforts are **inclusive, equitable, and culturally appropriate**, leaving no group inadvertently excluded.
- **Mode of Information / Engagement:** Defines the **communication channels and methods** to be used for each activity, including **public notices, meetings, focus groups, online communication tools, printed materials, interviews, and field visits**. The selected modes are tailored to the information needs, access capacities, and preferences of specific stakeholder groups.
- **Timing:** Specifies **when each activity will occur**, aligning engagement actions with the corresponding **project phase** (pre-construction, construction, and operation). Some engagements, such as initial information disclosure, are **one-time events**, while others—

like the operation of the grievance mechanism and safety communication—are **continuous throughout the Sub-project lifecycle**. Proper timing ensures that stakeholders receive relevant information and opportunities for participation **at the moments when their input and awareness are most needed**.

- **Responsible Party:** Identifies the **entity or individual responsible** for implementing each engagement activity. Responsibilities are distributed among the **Project Coordination Unit (PCU) Environmental and Social (E&S) Specialists**, the **Contractor**, and the **Hospital Management**, depending on the nature and scope of the activity. This allocation ensures **accountability, effective coordination, and timely execution** of all stakeholder engagement actions.

Table 1: Specific activities, stakeholders, modes of information, timing and responsible parties in operating Action Plan

Activity Description	Stakeholders	Mode of information	Timing	Responsible Party
Information on the construction schedule, scope of works, and contact modes and points.	Hospital staff, Parents/Fellow companion, Municipality of Aranđelovac, Local community (mesna zajednica), Visitors in ‘’Bukovicka banja’’ park, Local NGO in the environmental issue.	Websites of the MoH www.zdravlje.gov.rs Specialized hospital office@bukovickabanja.co.rs City of Arandjelovac www.arandjelovac.rs Notification on Subproject on the bulletin boards on the entrances of Specialized Hospital Local radio TV	Prior to start of construction	PCU / Contractor
Establish and maintain effective communication with all stakeholders identified in **Annex I**, ensuring continuous, transparent, and two-way information exchange. In parallel, **identify and engage newly emerging stakeholders** as the Sub-project progresses — including institutions, community representatives, and affected individuals — through structured outreach, field visits, focus group discussions, and regular coordination.	Communication with already identified stakeholders (from Annex I), and Identification and engagement of new stakeholders as the project evolves.	Direct outreach to **civil society organizations (CSOs)**; Structured interviews and discussions with **visitors of Bukovička Banja Park**; **Focus group discussions (FGDs)** with parents and companions of children undergoing rehabilitation; Informal and structured **community talks** with residents of nearby local communities during field visits; **Focus group discussions with medical and support staff** of the Specialized Hospital; **Public meetings, thematic workshops, and online consultations** to ensure broad information access; **Focus groups and direct communication** with specific stakeholder categories to address their particular concerns and suggestions; **Field visits and one-on-one interviews** with diverse stakeholders to ensure inclusiveness and capture perspectives of vulnerable or hard-to-reach groups.	During construction works	PCU and Contactor’s Consultants for Social issues
Grievance mechanism (public)	All stakeholders	Notification on GMP on sites and in printed mode on the entrance of the SH, Construction site,		

		Bulletin board in the premises of the City and Mesna zajednica.		
Workers Grievance Mechanism	Contractor's employees	Notification on the **Workers' Grievance Mechanism (GMW)** displayed on the **bulletin board near the entrance of the Contractor's administrative building at the construction site**; information provided and explained during **Health & Safety (H&S) and Code of Conduct (CoC)** induction workshops for all Project workers. **Workers' GRM (GMW):** Ensure that all workers are informed about the **Workers' Grievance Mechanism** during **induction training and toolbox talks**, and through **bulletin board postings** near the Contractor's administrative office		
Consultation on Parking & Access Notification and consultation with affected users about temporary parking adjustments and access routes.	Hospital staff, patients and families, visitors	Information will include clearly displayed maps and directional signs to guide hospital staff, patients, and visitors.	Before and during construction. Biweekly	Hospital Management; Contractor
Information dissemination about changes in hospital operations, working hours, entry routes, or services due to construction.	Hospital staff, parents/guardians of patients, local authorities	Internal circulars; announcements via Hospital website and notice boards; leaflets distributed at reception desks and through medical staff; on-site verbal briefings when required. Dedicated briefing sessions will be held with **parents and guardians of child patients** to explain all temporary adjustments in hospital access routes, daily operations, and safety measures introduced during construction. These sessions will emphasize clarity, reassurance, and responsiveness, allowing participants to express concerns and receive guidance on using the	Ongoing throughout construction works period	Hospital Management

		Grievance Mechanism to report any issues promptly.		
Awareness on Health and Safety. Regular updates on construction-related health and safety risks; Distribution of leaflets and on-site safety briefings.	General public, patients, staff	**Regular disclosure of clear and accessible information** on construction schedules, active work zones, temporary access restrictions, and applicable safety precautions through multiple communication channels — including hospital notice boards, MoH and hospital websites, local radio, social media, and community bulletin boards. **Use of visual communication materials** (maps, posters, and pictograms) to help community members — particularly elderly persons, patients, and park visitors — easily identify restricted areas and alternative access routes. **Preparation of bilingual information materials (Serbian and English)** written in plain, non-technical language to ensure inclusivity and full public understanding. **Regular updating and re-posting** of information to reflect progress, schedule changes, and new safety requirements throughout the construction period.	Monthly or as needed during construction works	Contractor; PCU
Operation of local grievance admission desk; collection and resolution of complaints and suggestions.	All stakeholders	**Public Information Disclosure:** Display GRM information in **visible and accessible locations**, including: Hospital entrances and reception areas; Construction site entrances and notice boards; City of Aranđelovac Administration and *Mesna*	Throughout project lifecycle	PCU / Contractor

		zajednica offices; Public information boards within *Bukovička Banja Park*. **Printed and Digital Materials:** Distribute **leaflets, posters, and info cards** containing step-by-step guidance on how to submit grievances, available channels (verbal, written, electronic), and response timelines. **Direct Communication:** Provide verbal explanations of the GRM during **public meetings, focus group discussions, and site visits**, ensuring that vulnerable groups (e.g., elderly persons, parents of children under rehabilitation, and visitors unfamiliar with formal processes) can easily understand how to access the mechanism. **Dedicated Contact Points:** Maintain clear **contact information** — name, phone number, and email address — for the **PCU Social Specialist**, the **Contractor's Social Consultant**, and the **Hospital's designated grievance focal point**. **Feedback and Reporting:** Regularly communicate back to stakeholders on the status of received and resolved grievances through **monthly summary bulletins**, meetings, and the project website, maintaining transparency and accountability.		

Presentation of completed facilities, enhanced services, and operational capacities to stakeholders.	Public, media,		Post-construction / Pre-operation	PCU MoH, Hospital Management

10.MONITORING AND EVALUATION

Monitoring and reporting of this **Action Plan for SEP Implementation** will be based on a combination of **qualitative** and **quantitative indicators**, ensuring both the depth and accuracy of stakeholder engagement performance assessment.

Qualitative monitoring will rely on continuous progress reporting and narrative assessments drawn from field activities, consultations, and stakeholder feedback. **Quantitative monitoring** will track measurable results linked to the indicators defined in the Stakeholder Engagement Plan (SEP) and Environmental and Social Commitment Plan (ESCP).

Monitoring and reporting will cover the following main aspects:

1. **Progress reporting** on the implementation of stakeholder engagement commitments under **Environmental and Social Standard 10 (ESS10)** and the relevant provisions of the **Environmental and Social Commitment Plan (ESCP)**.
2. **Cumulative qualitative reporting** on the feedback and concerns received through SEP implementation activities, with a focus on:
    - (a) Issues raised that can be addressed through adjustments to project scope or design and reflected in core project documentation;
    - (b) Issues raised that can be addressed operationally during project implementation;
    - (c) Issues raised that are **beyond the scope** of the Project but are recorded and communicated to relevant institutions or authorities.
      Minutes of stakeholder meetings and consultation summaries will be annexed to monitoring reports, documenting the viewpoints, concerns, and suggestions of participants.
3. **Quantitative reporting** based on the indicators included in the SEP, such as the number of consultations held, attendance by stakeholder category, number and typology of grievances received and resolved, and other engagement performance metrics.

Quarterly or periodic summaries of public grievances, inquiries, and related incidents — along with the status of implementation of corresponding corrective or preventive actions — will be compiled by the responsible staff (PCU Environmental and Social Specialists, the Contractor's Social Consultant, and the Hospital Management). These summaries will be **submitted to Project Managers** and form part of the regular environmental and social monitoring reports shared with the **World Bank**.

Monitoring of the **Stakeholder Engagement Plan (SEP)** implementation will track both the **process** and the **results** of engagement activities to ensure that stakeholder interaction remains effective, inclusive, and responsive throughout the Sub-project lifecycle.

Monitoring Focus

The monitoring process will:

- **Track and document all stakeholder engagement activities**, including consultations, focus group discussions, and community outreach events;
- **Record and analyze stakeholder feedback** to ensure that emerging issues, perceptions, and expectations are addressed in a timely and transparent manner;
- **Assess the effectiveness of communication channels** and revise the SEP when necessary to improve information flow and accessibility;
- **Report regularly** on stakeholder engagement progress and outcomes to the **World Bank** and other relevant institutions; and
- **Evaluate the impact of engagement activities** on project design and implementation, particularly whether and how stakeholder feedback has resulted in design adjustments or mitigation measures.

Qualitative Evaluation Aspects

Regular evaluation will focus on:

- The **number and types of grievances or complaints received** and their resolution within prescribed timelines;
- **Stakeholder satisfaction** with project information, consultation quality, and responsiveness;
- The degree of **interest, support, and acceptance** of the project among affected and interested parties;
- The **influence of stakeholder engagement** on project design and decision-making — including adjustments made during preparation or implementation based on feedback;
- The **extent of outreach to at-risk and vulnerable groups**, ensuring their voices are reflected in engagement outcomes; and
- Understanding whether **project impacts disproportionately affect disadvantaged or vulnerable groups**, and confirming that these groups have been identified and consulted appropriately.

Quantitative Indicators

Quantitative monitoring will include, at a minimum, the following indicators:

- Number of **consultation meetings and public discussions** where stakeholder feedback or recommendations were reflected in project design or implementation;
- Number of **disaggregated engagement sessions** held with at-risk or vulnerable groups;
- Number of **face-to-face meetings or focus group discussions** with vulnerable individuals or their representatives;
- Number of **public grievances received within six months**, and number of grievances **resolved within prescribed timeframes**;
- Number of **communication messages and outreach activities** targeting digital inclusion and project awareness;
- Number of **awareness materials** developed to increase trust in project communication;

- Number of **social or traditional media entries** covering project results or public feedback;
- Qualitative assessment of **stakeholder knowledge** about project impacts and mitigation measures; and
- Evidence that project information is **accessible and understandable** to the public, including vulnerable groups.

11.GRIEVANCE MECHANISM

A separate Grievance Mechanism (GM) has been established at the central project level and its administration will be the responsibility of PCU. Given the nationwide scope the GM comprises a Central Feedback Desk (CFD) established and administered by the PCU and specific Local Grievance Admission Desks (LGAD) for Specialized Hospital ''Bukovicka Banja'' Subproject. The CFD shall be responsible for overall grievance administration including resolution while LGAD shall serve as admission points for uptake of grievances and acknowledgment of grievance receipt through local avenues /subprojects.

A Project Grievance Mechanism in line with the SEP will be implemented to ensure that all complaints from local communities are dealt with appropriately, with corrective actions being implemented, and the complainant being informed of the outcome. It will be applied to all complaints from affected parties. A grievance form is attached in Annex 2 (English and Serbian language) and hard copies will be made available at community centers and at the Construction Site.

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 this 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 will 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/).

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.

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 working 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 working 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 working 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.

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.

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.

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 working 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 working 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:

Description	**Contact details**
NAME OF THE PROJECT	Serbia Noncommunicable Diseases Prevention and Control Project
Implementing agency:	Project Coordination Unit under the Ministry of Health

Main contact:	TBD
Address:	Dom zdravlja Savski venac, PCU, Pasterova 1, 11000 Beograd
E-mail:	grm.ncdproject@zdravlje.gov.rs
Website:	www.zdravlje.gov.rs
Telephone:	+ 381 11 3606 401

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.

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.

The Grievance Mechanism will also serve as a communication channel for citizens and stakeholders, enabling them to ask questions, request information, and provide suggestions or comments. This type of correspondence will be recorded and managed within the **Grievance Log**, maintained as a separate category for non-complaint entries related to stakeholder engagement and project communication.

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 Sub-Project.

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

ANNEX I – Stakeholders list

The following section identifies the list of stakeholders that need to be included in the public consultation process in order to ensure comprehensive information exchange, timely collection of comments and suggestions, and full alignment with the Stakeholder Engagement Plan (SEP) and World Bank standards. The list includes institutions at the national, regional, and local levels; representatives of healthcare institutions; users and employees of the Special Hospital facility; representatives of the local self-government; relevant public enterprises; as well as civil society organizations and interested individuals from the local community.

I - Local stakeholders – categorization according to the SEP

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?"***

City of Aranđelovac

Mesna zajednica Centar, ul. Kneza Mihaila 51 A; tel: Predsednik MZ: 034 / 712 054 i 064 86 69 262

Mesna zajednica Stari Grad, ul. Kneza Mihaila 51 A; tel Predsednik MZ: 034 / 712 052

In the Municipality of Aranđelovac, there are about ten more local communities (MZs), but these are settlements located outside the urban area and are not within the direct impact zone.

Public enterprises and institutions

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"***

Specijalna bolnica za rehabilitaciju ''Bukovička Banja'', ul. Mišarska 1, 34 300 Aranđelovac (tel: + 381 34 711 325; e-mail: office@bukovickabanja.co.rs)

Opštinska uprava opštine Aranđelovac – Odeljenje za imovinsko-pravne odnose, urbanizam. građevinarstvo i stambeno-komunalne poslove; 034 714 000

JKP Zelenilo, ulica Venac slobode 10, 34300 Aranđelovac (tel: 034 / 715 664; 715 667; e-mail: office@jkpzelenilo.rs)

Centar za kulturu opštine Aranđelovac, ul. Knjaza Miloša 293, 34 300 Aranđelovac (+ 381 (0) 34 723 731; 711 035; e-mail: arcult.ar@gmail.com

Turistička organizacija Aranđelovac, ul. Knjaza Miloša 267; 34 300 Aranđelovac, (tel: +381 34 725 575; e-mail: turistickaorganizacija@ar.org.rs

Javno komunalno preduzeće Bukulja, Upravna zgrada, ulica Branislava Nušića 4, Aranđelovac

Dom zdravlja Aranđelovac, ul. Kralja Petra Prvog br 62, (tel: + 381 34 712 866; e-mail: eposta@domzdravlja-ar.org.rs / Zdravstveni centar Arandjelovac, Kralja Petra Prvog, br 62, 34 300 Aranđelovac / Health Center Aranđelovac / tel direktora: + 381 34 617 1950; e-mail: eposta@zcarandjelovac.org.rs

Note: Local civil society organizations in the Municipality of Aranđelovac – According to information published on the website regarding the *Public Call for Selection of Citizen Association Projects Co-Financed from the Budget of the Municipality of Aranđelovac for 2025* (arandjelovac.rs/informator/javni-konkurs-za-izbor-projekata-udruzenja-gradjana-koji-se-sufinansiraju-iz-budzeta-opstine-arandjelovac-za-2025-godinu/, accessed on 09.05.2026), the list includes 22 associations. Based on the names of the associations and their respective projects, it

can be concluded that the scope of work of these associations is not related to the planned activities for the extension and reconstruction of the "Bukovička Banja" Special Hospital.

A notice about the public presentation of the Project will be posted on the Municipality of Aranđelovac's official bulletin board, as well as in the premises of local community offices, thereby ensuring that local civil society organizations are informed about the public presentation of the Project.

II - National level

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"***

Zavod za zaštitu spomenika kulture Kragjevac; ul. Kragujevačkog oktobra, br 184, Kragujevac (tel: + 381 34 335 595 I 34 335 347; e-mail: zavod@kulturnonasledje.com

Zavod za zaštitu prirode Srbije, Ul. Japanska 35, 11 070 Novi Beograd, e-mail: beograd@zzps.rs

Ministarstvo zaštite životne sredine

Health institutions with department for pediatry

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?"***

Institut za zdravstvenu zastitu majke I deteta ''Dr Vukan Čupić'', Novi Beograd, Radoja Dakića 6-8 /Institute for Matenal and Child Health Care of Serbia ''Dr Vukan Čušić'' / (tel: + 381 (0) 11 3108108; e-mail: info@imd.org.rs)

Univerzitetska decja klinika, Tirsova ulica10, 11000 Beograd / University Children's Clinic (11 000 Beograd / Belgrade, Tiršova) (tel: 011 20 60 600; e-mail:klinika@udk.bg.ac.rs)

Institut za zdravstvenu zaštitu dece i omladine Vojvodine, Hajduk Veljkova 10, 21101 Novi Sad; Tel: 021 488 0444;

Note: It is not necessary to contact these institutions during the preparation and consultation phase of the ESMP for the "Bukovička Banja" Special Hospital; however, they should be included in the general information campaign, as foreseen in the SEP for the NCD Project.

III - **Civil society organizations focused on diabetes**

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?"***

Savez drustava Srbije za borbu protiv secerne bolesti, Kraljevo, Hajduk Veljkova 39 (okuplja 19 dustava) (office@dijabet.rs; savezkraljevo@gmail.com)

Dijabetološki savez Srbije (office diabeta.net)

Udruzenje roditelja dece i mladih obolelih od dijabetesa Srbije ''ALARM'' (Beograd, Vase Pelagica 54 ; udruzenje@alarmsrbija.rs) (381+66 809 64 77)

Udruzenje protiv dijabetesa grada Novog Sada (Bulevar oslobodjenja 66 i Bulevar oslobodjenja 47, 21000 Novi Sad (021/472 00 04 ; 063 523 558)

Note: In addition to this list, a broader list has been prepared, which includes educational and healthcare institutions (medical faculties, colleges of applied health sciences, hospitals with paediatric departments, and health centers).

Annex 2: Grievance / Comment Form

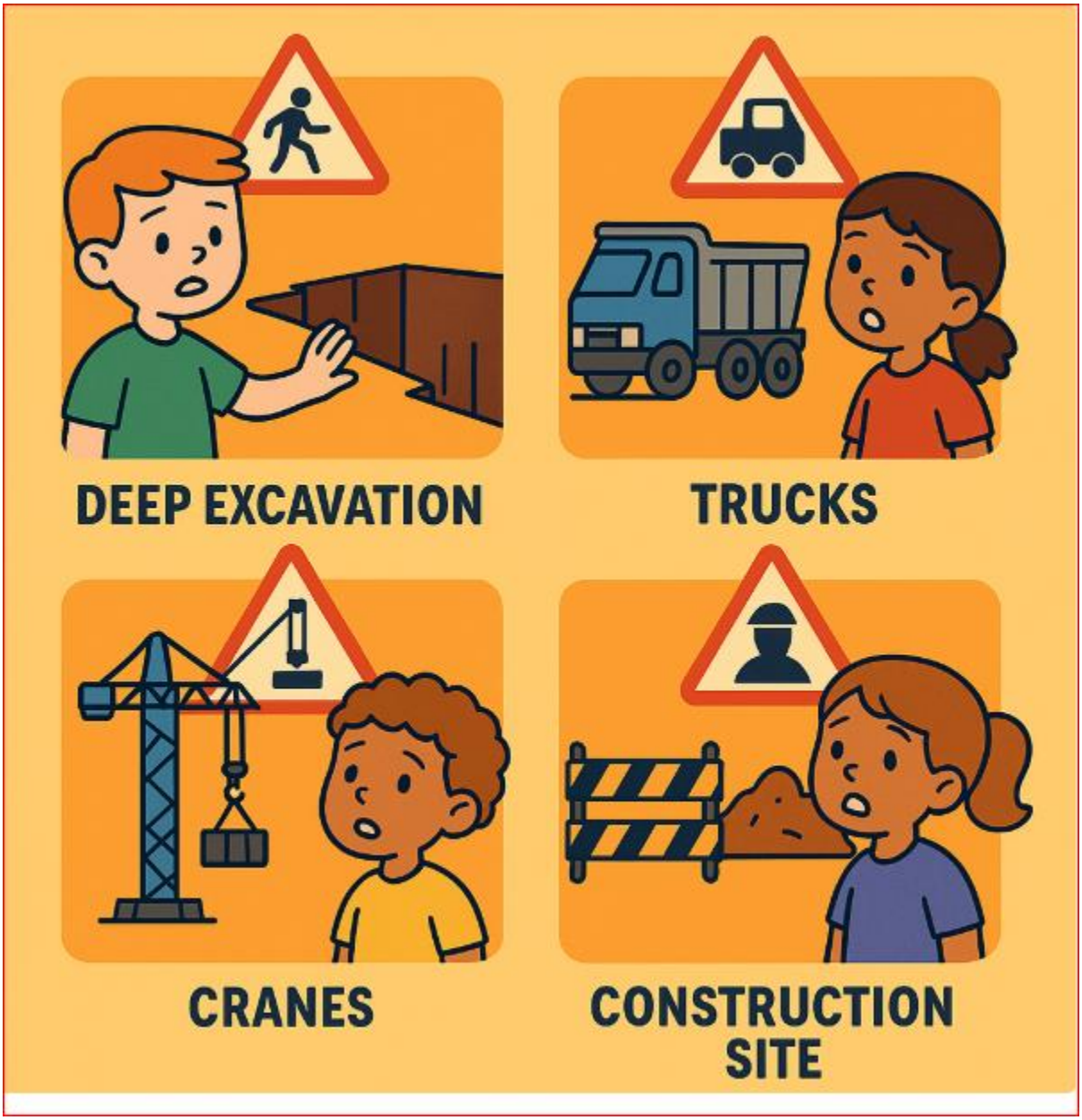
GRIEVANCE / COMMENT FORM			
INFORMATION ABOUT THE PERSON SUBMITTING THE GRIEVANCE / COMMENT			
We would like you to provide your name, address and email if possible, so we can keep you informed about future developments with the Project. However, if you wish to remain anonymous - please just enter ANONYMOUS in the box below– your grievance will still be considered. In case you don't want your personal information to be disclosed to the third parties please enter CONFIDENT in the box below. ☐ ANONYMUS ☐ CONFIDENT			
Name: Age and gender: Address:		*Internal use only*: how was the comment lodged: □ In person □ By Phone □ By Mail □ By email □ Other (please describe) ……	
Phone: Email address:		Do you submit - Grievance - Comment - Suggestion Question	
Your position: Client of the Specialized Hospital; Employed at the Specialized Hospital; Visitor to Bukovicka banja Park; Resident of the City of Arandjelovac; Other _____			
PLESAE, DESCRIBE YOUR GRIEVANCE / COMMENT			
Comment logged (Y/N):	Date:	Comment number:	Logged by:
Response required	Yes/No	Person responsible for preparing response:	
Response sent (date):		Response logged (date):	

Please return to:

OBRAZAC ZA PODNOŠENJE ŽALBI ILI KOMENTARA			
PODACI O PODNOSIOCU ŽALBE ODNOSNO KOMETARA			
Želimo da nam date svoje podatke da možemo da vam pošaljemo odgovor kao i da vas obaveštavamo o realizaciji projekta. U slučaju da ne želite da vaše ime bude poznato, molimo da to označite u rubrici ANONIMNO. Ukoliko želite da vase ime ne bude poznato samo trećim licima, molimo da to označite u rubrici POVERLJIVO. ☐ ANONIMNO ☐ POVERLJIVO			
Ime i prezime: Godine starosti i pol: Adresa:	*Način dostave žalbe / komentara*: □ Lično □ Telefonom □ Poštom □ Elektronskom poštom □ Neki drugi način) ……		
Broj telefona: Email adresa:	Da li podnosite - Žalbu - Komentar - Predlog Pitanje		
Vaša pozicija: Klijent u Specijalnoj bolnici; Zaposlen u Specijalnoj bolnici; Posetilac parka Bukovička banja; Stanovnik grada Arandjelovac; Drugo_____			
MOLIMO VAS DA OPIŠETE RAZLOG VAŠEG DOPISA			
Dopis zaveden (Da/Ne):	Datum:	Zavodni broj:	Zavedeno kod:
Odgovor se ocekuje(DA/NE)		Osoba odgovorna za pripremu odgovora:	
Odgovor poslat (DA?NE):	Datum	Odgovor poslat (datum):	

Molimo da navedete adresu na koju će biti prosleđen odgovor:

ANNEX 3 - INFOGRAPHICS FOR THE CONSTRUCTION ADAPTED FOR CHILDREN




1.
PLANT NEW TREES