

Republic of Croatia
Ministry of Construction and Spatial Planning and Ministry of Health

Initial Stakeholder Engagement Plan
Croatia Earthquake Recovery and COVID-19 Response Project
May 2020



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1. Introduction

1.1 Project Description

The Government of Croatia is facing a multilayered emergency, including the pandemic, economic recession, and an earthquake. The catalyst for the emergency is the COVID-19 outbreak, which has stressed the health system and triggered an economic recession, which has been compounded by the strongest earthquake to hit Zagreb since 1880. Following the declaration of a global pandemic by the World Health Organization (WHO) on March 11, 2020, mitigation measures to reduce the spread of the virus have slowed economic activity, creating pressures on global supply chains and tourism along with local employment and output. During this vulnerable period, an earthquake struck on March 22, 2020, which resulted in serious physical damages, particularly in the old town in Zagreb.

Croatia was prompt in introducing measures to reduce the spread of disease, which have proven to be effective, thus far, in containing the virus. In response to COVID-19, on February 25, 2020, the government established an emergency response unit at the Civil Protection Headquarters to bring together all relevant authorities and lead the cross-ministerial response. Measures taken by the emergency response unit included the publication and dissemination of multilingual public health materials, closure of schools, prohibitions on large gatherings, deferral of elective health care, and sheltering of at-risk populations, such as the elderly. Following the WHO declaration of a pandemic, increasingly aggressive measures were put in place that culminated in a nationwide lockdown on March 18, 2020. While the government has been proactive in response to the initial outbreak, sustained attention and effort are required to ensure that the country can manage resurgent waves of the epidemic. Maintaining vigilance against later waves of COVID-19 will require additional financial resources and technical expertise to develop and maintain a robust monitoring and detection system.

Following positive macroeconomic and fiscal developments in 2019, Croatia is set for a prolonged recession in 2020 due to the global coronavirus pandemic. The escalation of the coronavirus crisis in Europe at the beginning of 2020, and the measures introduced to limit the spread of the contagion, have led to a severe decline in economic activity. The pandemic might reduce Croatia's gross domestic product (GDP) by 9.3 percent this year. These events follow positive developments in 2019, when GDP finally returned to its pre-crisis levels and grew 2.9 percent, the unemployment rate reached a historic low of 6.7 percent, a fiscal surplus was generated for the third year in a row, and public debt was firmly on a downward path for the fifth year in a row.

In response to the COVID-19-induced economic downturn, the government has prepared an intervention package worth almost 15 percent of GDP. The package includes, inter alia, forgiveness and deferral of tax payments, job protection measures in the form of wage subsidies, and a moratorium on repayment of loans to development and commercial banks. Together with the effects of the sharp drop in economic activity, the intervention package will result in a fiscal deficit of 8 percent of GDP and a reversal of the public debt trajectory, which could reach 84 percent of GDP by the end of 2020. The urgency of the situation calls for increased budget flexibility that allows for swift and targeted fiscal response to health sector challenges and support to the economy. Therefore, the government has introduced amendments to the Law on the Execution of the State Budget to allow for government's redistribution of funds within the existing budget ceiling for financing additional expenses related to the

COVID-19 pandemic. In the initial phases of the COVID-19 outbreak, additional budgetary resources were allocated to the Civil Protection Headquarters for protection equipment, and the Croatian Health Insurance Institute decided to increase the monthly budget of the hospital system to cope with the emergency. Furthermore, the government has decided to pay for the health insurance contributions for all users of the wage subsidies in the amount of around 0.4 percent of GDP.

On March 22, 2020, the city of Zagreb was struck by an earthquake that severely damaged public buildings, including schools and hospitals, along with many private houses and businesses, particularly in the town center. Zagreb, home to 800,000 inhabitants, or 20 percent of Croatia’s population, is the economic, political, and cultural center of the country, generating 30 percent of GDP. Within Zagreb, the old town is an important economic asset, serving as a key tourist attraction in a country that depends on tourism for 20 percent of GDP. The old town was particularly impacted by the earthquake, given that the majority of buildings were constructed before seismic provisions were included in the country’s building code.

Assessments are ongoing to understand the full impact of the earthquake, although these are being hindered by the pandemic response. The World Bank is supporting the government in undertaking a Rapid Damage and Needs Assessment (RDNA) to take stock of damages and to prioritize reconstruction. Early estimates vary; but based on the number of property inspection requests received to date, approximately 45,000 people could be living in potentially damaged buildings. In addition, due to the district’s relatively obsolete heating systems, approximately 30,000 people and businesses are without hot water and heating. Finally, there remains a high risk of falling debris and chimneys, which calls for immediate repair works to protect public safety.

The earthquake has affected the delivery of critical health and education services, particularly due to damage to hospitals and public health facilities critical for COVID-19 response. Several hospitals that previously had high occupancy rates suffered substantial structural damage, forcing the evacuation of patients. Restoring health system capacity for pandemic preparedness and response is a critical priority for the country. The rehabilitation of damaged buildings is important to ensure that the health system can withstand the anticipated resurgence of the virus and cope with the challenges that may arise during the loosening of social distancing measures. For example, the Croatian Institute of Public Health, which provides critical public health capabilities for managing COVID-19 outbreaks, was damaged by the earthquake, causing a temporary disruption in its services. In addition, various primary and secondary schools, as well as higher-level education and research institutes, were affected, rendering many of them unsafe for students and staff.

The proposed Earthquake Recovery and COVID-19 Response Project aims to assist Croatia with earthquake reconstruction efforts; to prevent, detect, and respond to the threat posed by COVID-19; and to strengthen national systems for public health preparedness.

The project comprises the following components:

Component 1: Earthquake Recovery and Reconstruction

Subcomponent 1.1: Immediate Public Safety Interventions. Immediate recovery activities are targeted to increase public safety by making urgent repairs to damaged buildings, focused largely on removing debris

and reducing the likelihood of debris falling on pedestrians and city dwellers. Interventions include debris removal and removal of damaged roofs and chimneys, along with minor repairs to nonstructural elements of communal buildings. While these interventions will ensure life safety and the use of damaged buildings in the short term, they are not geared at improving the structural integrity of damaged buildings. Any buildings that require immediate repairs but that are additionally determined to be at risk of partial or total collapse due to structural damage will be excluded from this subcomponent.

Subcomponent 1.2: Rehabilitation and Reconstruction of Hospitals and Schools. This subcomponent will finance a detailed engineering assessment of selected damaged hospitals and schools, followed by the rehabilitation and reconstruction of priority buildings to restore the country's ability to provide critical health and education services.

Subcomponent 1.3: Program Design for Housing Reconstruction Support. This subcomponent aims at designing a financial support program for reconstruction of private housing. The objective is to support the establishment of a medium-term housing resilience program that uses a matching grant system and loan-based financial mechanism to provide direct support to households. Options for eligibility criteria, funds flow, and a governance scheme, as well as social and environmental safeguards, will be considered. The options to be considered will be grounded in existing national laws and policies and will include considerations related to gender, citizen engagement, vulnerable groups, and financial sustainability, while drawing on international good practice. This subcomponent will also provide resources to raise awareness among partners and concessional lenders in order to attract external financing to leverage the impact of the program—an aspect that is just as important as the design and mechanics of the financial support program. While the project itself will not provide financing for this mechanism directly, the aim is to create a vehicle that will attract future funding from both public and commercial lenders.

Component 2: COVID-19 Response and Public Health Preparedness

*Subcomponent 2.1: Case Management and Surveillance.*¹ This subcomponent will focus on case detection and confirmation, contact tracing, recording and reporting capabilities, and surveillance in order to strengthen the government's capacity to promptly and proactively manage the current and future outbreaks. This subcomponent (i) strengthens disease surveillance systems and equipment, laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) supports repair, rehabilitation, and reconstruction of public health laboratories; (iii) supports development of systems for active contact tracking and reporting of new cases; and (iv) supports epidemiological and laboratory investigation of selected pathogens.

Subcomponent 2.2: Health System Strengthening. This subcomponent will support the health care system for preparedness planning to provide optimal medical care, maintain essential community services, and minimize risks for patients and health personnel, in part by training health facilities' staff and front-line workers on risk mitigation measures and providing them with supplies and equipment for further outbreaks. This subcomponent will include (i) providing emergency medical vehicles, equipment, medicines, and training to health care workers to strengthen the health system's capacity to respond to public health outbreaks; (ii) providing personal protective equipment (PPE) and gear for health workers;

¹ These activities will need to consider the General Data Protection Regulation 2016/679 on data protection and privacy.

(iii) providing equipment and supplies for telemedicine to monitor and support patients and thus support the health system as needed; (iv) rehabilitating and equipping selected primary health care facilities and hospitals to deliver critical medical services and cope with increased demand for services caused by the public health outbreak; (v) delivering essential drugs and medical supplies for populations living in rural communities; and (vi) supporting institutional and organizational restructuring of facilities for the purposes of managing public health outbreaks and training of health care staff accordingly , including sector-wide planning activities for immediate and long-term needs.

Component 3: Project Management

This component will strengthen the project implementing agencies’ technical and institutional capacity, including project management, procurement, financial management (FM) activities, technical audits, compliance monitoring of construction activities, oversight of compliance with social and environmental standards, oversight of compliance with social inclusion targets, M&E activities, and grievance redress mechanisms. This subcomponent could also finance consultancy services to build the technical capacity of MoCPP.

1.2 Objective of the Stakeholder Engagement Plan

The Croatia Earthquake Recovery and COVID-19 Response Project is being prepared under the World Bank’s Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 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 and intimidation.

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

2. Stakeholder identification and analysis

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

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

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members

with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives can be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus transmission.

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders are encouraged to be involved in the consultation process, to the extent the current circumstances permit. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status² and that may require

² Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2 Affected parties

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

Under Component 1 (Earthquake Recovery and Reconstruction):

- Administrators, health care staff, and patients of earthquake-affected hospitals which will benefit from building rehabilitation/reconstruction in Zagreb City, Zagrebacka county and Krapina-Zagorje county
- Administrators, teachers and other staff, primary and secondary school students, and parents/guardians of children of earthquake-affected primary and secondary schools benefitting from building rehabilitation/reconstruction in Zagreb City, Zagrebacka county and Krapina-Zagorje county
- Administrators, teachers and other staff and students of higher education institutions that are of strategic importance to the education sector as well the country and the health sector (e.g., University of Zagreb's Medical School) whose rehabilitation may be considered under the project
- Potential beneficiaries of the medium-term housing reconstruction financial support program
- Organizations representing the constituencies above, such as the Croatian Patients Association, representatives of Parents Councils, Students' Association and homeowners' associations
- Neighboring communities in the areas where the buildings are rehabilitated/reconstructed who may be impacted by the construction works (e.g., dust, noise, traffic disturbances)
- Workers at construction sites under the project
- Representatives of the City of Zagreb, Zagrebacka county and Krapina-Zagorje county
- Ministry of Construction and Physical Planning, Ministry of Science and Education, and Ministry of Health government officials
- Citizens of the city of Zagreb, Zagrebacka county and Krapina-Zagorje county, who will benefit from the improved social infrastructure.

Under Component 2 (COVID-19 Response and Public Health Preparedness):

- Staff of the public health laboratories
- Primary health care workers of the facilities to be rehabilitated/equipped for the delivery of critical medical services
- Medical staff and patients of the hospitals selected for the establishment of flexible and specialized intensive care units
- Health facilities staff and front-line workers (doctors, nurses, public health inspectors, midwives, laboratory technicians/staff)
- General public impacted by the implementation of "social distancing measures" and targeted by public health communication campaigns, in particular:
 - o COVID-19 infected people and the members of their households and their relatives
 - o People particularly at risk of contracting COVID-19 (e.g. relatives of those infected, inhabitants of areas where a high number of cases have been identified) and high risk groups (elderly; people living with AIDS/HIV; people with chronic medical conditions, such

- as lung disease, diabetes and heart disease; etc.)
- Neighboring communities to hospitals and laboratories
- Patients/people with existing medical needs
- Workers in sectors of the economy that continue to play an essential role despite the lockdown, e.g. supermarkets, pharmacies, gas stations, freight, public transport, municipal waste collection and disposal, airline and border control, law enforcement etc.³
- Businesses and employers
- Counties and municipalities responsible for specific actions within their territorial area
- Ministry of Health government officials
- The Civil Protection Headquarters of the Republic of Croatia and county, local civil protection teams
- The Civil Protection Headquarters of the City of Zagreb.

2.3 Other interested parties

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

Under Component 1 (Earthquake Recovery and Reconstruction):

a. Public sector stakeholders

- Ministry of Interior (lead authority for all types of disasters)
- Ministry of Culture (regarding the protection of cultural heritage)
- Ministry of Health
- Ministry of Science and Education
- School founder – local government

b. Private sector stakeholders

- Potential suppliers of goods and service providers involved in the project

c. Academia

- University of Zagreb, its research and teaching staff, students and administrative staff
- Zagreb University Faculty of Civil Engineering

d. Non-governmental organizations

- Croatian Chamber of Civil Engineers
- Croatian Chamber of Architects
- Zagreb Society of Architects
- The Croatian Red Cross, firefighting operational forces and Croatian Mountain Rescue Service operational forces, which provided assistance and shelter for people in the immediate aftermath of the earthquake
- Civil protection units and commissioners, site coordinators, legal persons in the civil protection system at national, regional and local level.

Under Component 2 (COVID-19 Response and Public Health Preparedness):

a. Public sector stakeholders

- Croatian Institute of Public Health (HZJZ)

³ <https://www.ombudsman.hr/en/coronavirus-epidemic-responsibility-has-no-alternative/>

- Andrija Stampar Teaching Institute of Public Health
- University Hospital for Infectious Diseases Dr. Fran Mihaljevic
- Regional Public Health Institutes
- Civil Protection Headquarters in 20 counties and City of Zagreb.

b. Private sector stakeholders

- Potential suppliers of goods and service providers involved in the project.

c. Non-governmental organizations

- Zagreb City Red Cross Society, which coordinates a network of COVID-19 volunteers helping the elderly, infirm and chronic patients⁴
- Faith-based communities (e.g. Caritas)
- Croatian Association of Innovative Pharmaceutical Companies
- Roma associations, including Roma women's organizations⁵, councils and representatives.

Other Interested Parties relevant to Components 1 and 2:

Public Sector Stakeholders

- Ministry of Regional Development and EU Funds
- Ministry of Finance.

Media

- Television (e.g. the national public broadcaster Hrvatska Radio Televizija, the television and radio station Z1 Televizija, Zagreb TV stations Jabuka TV and Mreža TV, commercial TV stations with nationwide broadcast such as RTL Television, Nova TV...)
- Radio stations (e.g. Hrvatski Radio, Narodni Radio, HRT – Radio Sljeme, Antena Zagreb, Radio 101 Radio Student...)
- Online and print newspapers (at the local, regional and national levels)
- Croatian national news agency HINA
- Social media sites and discussion groups.

Regarding media coverage, it should be noted that daily press conferences are being held by the national and regional civil protection task force on the coronavirus pandemic. These are covered widely by all print and electronic media.

International partners

- WHO Country Office
- EU, UNICEF, Norway.

2.4 Disadvantaged / vulnerable individuals or groups

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

⁴ 3012 volunteers of the Croatian Red Cross are engaged in everyday fieldwork activities in response to COVID-19. All Red Cross volunteers are equipped with protective equipment for protection of their health and the health of people they are helping. In addition, they have undergone professional training in how to act properly in this crisis.

<https://covidnews.eurocities.eu/2020/04/11/zagreb-public-kitchens/>

⁵ <http://erionet.eu/croatia>

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

In accordance with the Anti-Discrimination Act (OG 85/08, 112/12), the project will equally benefit citizens of Croatia regardless of race or ethnicity or skin color, gender, language, religion, political or other beliefs, national or social background, property status, union membership, education, social status, marital or family status, age, health status, disability, genetic inheritance, gender identity, expression or sexual orientation.

Disadvantaged / vulnerable individuals or groups identified under Component 1 include and are not limited to the following:

Stakeholder group	Key characteristics
Patients which were evacuated from damaged hospitals/health facilities	These groups have been significantly impacted by the earthquake and have experienced high levels of stress as a result.
Temporarily displaced people whose homes have been severely damaged ⁶	
People with disabilities	The heightened vulnerability of people with disabilities stems from interrelated factors, including higher rates of poverty, social exclusion, and heightened difficulties in accessing healthcare and education. Under the project, people with disabilities will benefit from the universal access design features of the rehabilitated and reconstructed hospitals and schools.
Socially vulnerable groups; Roma households; the elderly	These groups may not have the means to finance private housing reconstruction by themselves and may benefit from special outreach and capacity-building to be able to use the envisaged medium-term housing resilience program and its financial mechanisms.

Disadvantaged / vulnerable individuals or groups identified under Component 2 include and are not limited to the following:

Stakeholder group	Key characteristics
Persons over 65 years of age ⁷	These are high-risk groups for whom contracting COVID-19 could be particularly threatening. People over 65 years of age may have more limited access to and lower familiarity with online tools, services and communication channels.

⁶ The number of temporarily displaced people is estimated to be between 1,000 and 1,500.

⁷ In 2018, 20% of the total population in Croatia was 65 years of age and above. See <https://data.worldbank.org>

<p>Individuals with chronic diseases and pre-existing medical conditions⁸ Pregnant women</p>	
<p>People in institutional settings, including homes for the elderly and infirm, nursing homes, residential care settings, prisons^{9,10}, refugee centers, or shelters for victims of domestic violence</p>	<p>This stakeholder group may be more at risk of contracting COVID-19 due to the difficulty of applying physical distancing measures, especially in often-overcrowded settings, as well as limited access to information on protection measures. Furthermore, given the recommended ban on home visits for people in institutional settings, this already fragile group is at a higher risk of neglect.</p>
<p>Homeless people¹¹</p>	<p>Given their extremely poor financial status and living conditions, weak immune system, likely lack of access to a primary care physician and lack of access to information via TV or mobile phone, people with unsafe or inadequate housing may be unable to maintain basic hygiene or follow recommended preventive measures¹².</p>
<p>Socially vulnerable groups</p>	<p>This stakeholder group includes beneficiaries of social welfare (e.g. unemployed persons and low-income families); potential new beneficiaries of social assistance who may need assistance due to the adverse economic impacts of COVID-19 (e.g. informal workers, seasonal workers/workers that would usually earn money abroad and their dependents); single-headed households; single households; families with more than two children; individuals with lower education; Croatian war veterans and victims of war and members of their families; returnees and displaced persons¹³; and citizens in uncertain housing situation/who are facing housing problems¹⁴. They may be disproportionately impacted by school closures and potential job losses, resulting in additional stress, anxiety, inconvenience, and mental health issues.</p>
<p>People with disabilities</p>	<p>People with disabilities are at risk of experiencing disruption of services and support and being excluded from health information and mainstream health provision. Some may have pre-existing health conditions which leaves them more at risk of developing serious illness or dying.</p>

⁸ People who are immune-suppressed, suffering from respiratory diseases, diabetes, specific cancers, metabolic disorders, heart disease, etc.

⁹ In order to ensure the implementation of adequate measures, the Croatian Public Health Institute (HZJZ) published recommendations for the conduct of the judicial police officers and Regulation Act for the Prevention and Suppression of the Coronavirus Epidemic (COVID-19) in the Prison System Bodies, and the Ministry of Justice had further elaborated certain measures.

¹⁰ <https://www.ombudsman.hr/en/it-is-necessary-to-provide-prevention-measures-within-the-prison-system/>

¹¹ According to the Croatian Network for the Homeless, there are more than 2,000 homeless people in Croatia, half of them located in Zagreb.

¹² Data on the number of homeless people in Croatia vary, but the Croatian Homeless Network estimates that there are about 2,000 persons without any roof over their heads, and estimations according to the ETHOS typology, which includes those who have unsafe or inadequate housing, show that this number grows up to 10,000. See <https://www.ombudsman.hr/en/additional-efforts-needed-to-care-for-the-homeless-during-the-coronavirus-epidemic/>

¹³ Strategy for Combating Poverty and Social Exclusion in the Republic of Croatia 2014-2020

¹⁴ <https://www.ombudsman.hr/en/protect-citizens-in-uncertain-housing-situation/>

<p>Residents of rural areas</p> <p>Residents of isolated settlements</p>	<p>In Croatia, the highest geographical concentration of factors influencing the share of people at risk of poverty can be found in small towns and settlements in the east and the southeast regions of the country - mainly along the border with Bosnia and Herzegovina and Serbia, as well as in rural areas¹⁵. Restricted access to public services or water connection may limit opportunities to follow all preventive measures and to get access to health care¹⁶.</p>
<p>Roma</p>	<p>Many Roma in Croatia are confined to overcrowded and secluded neighborhoods with limited access to infrastructure including clean water and sewage, which makes physical distancing and hygiene instructions hard to implement¹⁷. Limited mobility options (68% Roma households do not possess a car) and underequipped households (about one quarter of Roma households do not have refrigerators or freezers¹⁸) further compound difficulties linked with access to sufficient stocks of groceries, basic hygiene products and medical care, especially given the suspension of public transportation. Furthermore, Roma communities are likely to be disproportionately affected by loss of livelihoods due to their reliance on precarious self-employment, seasonal, temporary or informal jobs (often implying travel to other EU member states¹⁹), including with non-registered small businesses, which excludes them from possible support provided by governments to SMEs. The vulnerability of the Roma population is further aggravated by their lack of access to computers and internet: 80% of Roma children live in households without a computer, laptop or a tablet, making digital content unavailable to them.</p>
<p>Women at risk of GBV</p>	<p>The 2014 European Union Agency for Fundamental Rights survey data results showed that since the age of fifteen, 1 in 5 women in Croatia have experienced physical and/or sexual violence and 31 % of women have experienced physical, sexual or psychological violence²⁰. As more people stay at home, the risk of intimate partner violence is likely to increase, according to the WHO.</p>

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

¹⁵ <https://www.worldbank.org/en/country/croatia/publication/croatia-poverty-maps>

¹⁶ <https://www.ombudsman.hr/en/coronavirus-epidemic-responsibility-has-no-alternative/>

¹⁷ <https://balkaninsight.com/2020/04/01/roma-europes-neglected-coronavirus-victims/>

¹⁸ <https://www.ombudsman.hr/en/the-pandemic-may-have-a-particularly-heavy-impact-on-the-roma-population/>

¹⁹ <https://www.unhcr.org/ua/en/21189-many-roma-families-are-particularly-vulnerable-in-the-current-crisis-of-covid-19.html>

²⁰ European Union Agency for Fundamental Rights (2014). Violence against women: an EU-wide survey — Main results, Publications Office of the European Union, Luxembourg.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement during project preparation

The speed and urgency with which this project has been developed to respond to the impacts of the March 22, 2020 earthquake and to meet the growing threat of COVID-19 in the country (combined with recently-announced government restrictions on gatherings of people) has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. It will be updated periodically as necessary, with more detail provided in the first update planned after project approval.

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations during the project preparation phase were limited to relevant government officials in the Ministry of Construction and Physical Planning, Ministry of Health and Ministry of Science and Education, medical and educational staff, representatives/officials from the City of Zagreb, as well as representatives of the Croatian Patients Association.

During the ongoing rapid needs assessment for Component 1, consultations are ongoing with the staff of the Faculty of Civil Engineering; associations of civil engineers and architects; school and hospitals' principals and other medical and education staff.

3.2. Adapting stakeholder engagement to the evolving COVID-19 situation

With the evolving situation, as the Croatian Government has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: having consultations in small groups if smaller meetings are permitted, else making reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype and specific online communication platform developed within project, etc.); diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

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

"It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be

announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.”

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 30 days after the project effectiveness date and continuously updated throughout the project implementation period, will lay out in greater detail all types of relevant stakeholders, anticipated issues and interests, methods of involvement and proposed communication methods.

3.3. Proposed Stakeholder Engagement Program

Stakeholder Engagement Program for Component 1 (Earthquake Recovery and Reconstruction):

Project stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Responsibility
Pre-construction / immediate term	Representatives of the City of Zagreb	<ul style="list-style-type: none"> Divisions of roles, responsibilities and coordination during project preparation and implementation Buildings eligibility and prioritization criteria 	(Remote) meetings and consultations (e.g. through videoconferences, phone calls) Email/Phone correspondence	MoCPP PIU
	Facility administrators of schools and hospitals that suffered damages from the earthquake	<ul style="list-style-type: none"> Implementation of detailed engineering assessment Findings of the assessment Buildings eligibility and prioritization criteria 	(Remote) meetings and consultations (e.g. through videoconferences, phone calls) Email/Phone correspondence	MoCPP PIU with support from the MoH and MoSE
	Facility administrators of schools and hospitals selected for reconstruction/rehabilitation	<ul style="list-style-type: none"> Preparation of the technical surveys, energy efficiency audits, and feasibility studies Functional gender, accessibility and energy efficiency upgrades proposed Potential environmental and social risks (including activity disruption as a result of construction activities) and site-specific Environmental and Social Management Plans (ESMPs) Flow and use of funds Feedback and Grievance Redress Mechanism (FGRM) 	Email/Phone correspondence (Remote) meetings and consultations (e.g. through videoconferences, phone calls) Electronic publications and press releases on MoCPP website Press releases in the national and local media	MoCPP PIU with support from the MoH and MoSE

	Hospitals and school communities (health care staff, patients, teaching staff, students and their relatives) of buildings selected for reconstruction/rehabilitation and their representatives	<ul style="list-style-type: none"> Planned design Functional gender, accessibility and energy efficiency upgrades Progress indicators, timelines for completion of the works Feedback and Grievance Redress Mechanism (FGRM) 	<p>Informative meetings, town halls (held online as needed due to safe distancing measures)</p> <p>Email/Phone/Letters correspondence</p>	MoCPP PIU with support from the MoH and MoSE
	Neighboring communities	<ul style="list-style-type: none"> Potential environmental and social risks linked to construction activities and planned mitigation measures Feedback and Grievance Redress Mechanism (FGRM) 	<p>Public information boards with contact information publicly displayed in accessible locations around construction premises</p> <p>Online and print media, radio, TV, social media</p>	MoCPP PIU
	Project workers	<ul style="list-style-type: none"> Occupational Health and Safety Codes of conduct Unacceptability of Gender-Based Violence, Sexual Exploitation and Abuse and Sexual Harassment Workplace Grievance Redress Mechanism Waste management precautions 	<p>Correspondence with contractors by emails/letters and (remote) consultations (e.g. through videoconferences, phone calls)</p> <p>Trainings from supervision consultants and/or specialists contracted by the PIU</p>	MoCPP PIU
Construction / medium-term	Facility administrators of schools and hospitals selected for reconstruction/rehabilitation	<ul style="list-style-type: none"> Project related impacts Overall implementation progress Feedback and Grievance Redress Mechanism (FGRM) 	<p>E-renovation portal monitoring renovation progress in real time</p> <p>On-site weekly meetings with supervising engineer and contractor, adapted as needed to the required safe distancing measures</p> <p>Monthly meetings including PIU representatives, following which minutes will be circulated to all stakeholders involved</p>	MoCPP PIU with support from the MoH and MoSE

Hospitals and school communities (health care staff, patients, teaching staff, students and their relatives) and their representatives	<ul style="list-style-type: none"> • Overall implementation progress • Envisaged timelines for completion of the works • FGRM 	E-renovation portal monitoring renovation progress in real time Email updates Informative meetings, town halls (held online as needed due to safe distancing measures)	MoCPP PIU with support from the MoH and MoSE
Project workers	<ul style="list-style-type: none"> • Occupational Health and Safety • Codes of conduct • Unacceptability of Gender-Based Violence, Sexual Exploitation and Abuse and Sexual Harassment • Workplace Grievance Redress Mechanism • Waste management precautions 	Trainings from supervision consultants and/or specialists contracted by the PIU	MoCPP PIU
Neighboring communities	<ul style="list-style-type: none"> • Potential impacts linked to construction activities outside the direct project's footprints, such as waste/debris disposal sites, traffic disturbance, dust and noise • Risks related to hazardous waste materials, such as asbestos, paints or varnishes • Feedback and Grievance Redress Mechanism (FGRM) 	Posters and brochures, broadcast media (television and radio), print media (newspapers, magazines), governmental websites, social media (Facebook, Twitter, Instagram etc.)	MoCPP PIU
Residents and homeowners' associations of damaged multi-story buildings with medium-term rehabilitation / recovery needs	<ul style="list-style-type: none"> • Finalized design of housing resilience program • Feedback and Grievance Redress Mechanism (FGRM) 	Extensive awareness campaign relying on informative community meetings, broadcast media (television and radio), print media (newspapers, magazines), governmental websites, social media (Facebook, Twitter, Instagram etc.), text messages for mobile phones, emails, hand-outs, posters and brochures	MoCPP PIU

Post-construction	Facility administrators of schools and hospitals selected for reconstruction/rehabilitation	<ul style="list-style-type: none"> • Facility handover and equipment maintenance • Feedback and Grievance Redress Mechanism (FGRM), in case any grievances emerge which may not have been reported during construction 	On-site meetings, adapted as needed to the required safe distancing measures Correspondence by phone/emails/letters	MoCPP PIU
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Stakeholder Engagement Program for Component 2 (COVID-19 Response and Public Health Preparedness):

Project stage	Target stakeholders	Topic(s) of engagement	Method(s) used	Responsibility
Preparation	Public health laboratories Primary health care facilities to be rehabilitated/equipped for the delivery of critical medical services Hospitals selected for the establishment of flexible and specialized intensive care units	<ul style="list-style-type: none"> • Planned activities • Environment and social risks and impacts • ESMF • Feedback and Grievance Redress mechanism (FGRM) • Infection Control and Medical Waste Management Plans 	Correspondence by phone/emails/letters Social media, ICT & mobile communication tools Broadcast media (television and radio), print media (newspapers, magazines)	MoH PIU
	Health facilities staff and front-line workers, Laboratory staff	<ul style="list-style-type: none"> • Prohibition of sexual exploitation and abuse and sexual harassment during the provision of health care / in exchange for medical assistance 	Training	MoH PIU

Implementation	<p>Public health laboratories</p> <p>Primary health care facilities to be rehabilitated/equipped for the delivery of critical medical services</p> <p>Hospitals selected for the establishment of flexible and specialized intensive care units</p>	<ul style="list-style-type: none"> • Project scope and ongoing activities • ESMF and other instruments • FGRM • Health and safety impacts • Infection Control and Medical Waste Management Plans • Environmental concerns • Prohibition of sexual exploitation and abuse and sexual harassment during the provision of health care / in exchange for medical assistance 	<p>Training on risk mitigation measures</p> <p>Disclosure of information through brochures, flyers, website, etc.</p> <p>Communication materials (local radio, posters, social media, etc.) outlining unacceptable behavior on SEA/SH and where cases or suspicions of SEA/SH can be reported</p>	
	<p>Health facilities staff and front-line workers, Laboratory staff</p>	<ul style="list-style-type: none"> • Project scope and ongoing activities • FGRM 	<p>MoH website</p>	<p>MoH PIU</p>
	<p>People impacted by social distancing measures and COVID-19 response</p>	<ul style="list-style-type: none"> • Possible privacy concerns linked to contact tracing 	<p>Social media (Facebook, Twitter, Instagram, Youtube, in particular those linked to the koronavirus.hr website and Twitter account of the Minister of Health), Emails, Radio, Hand-outs, posters and brochures</p>	<p>MoH PIU</p>

	Vulnerable groups	<ul style="list-style-type: none"> • Project scope and ongoing activities • FGRM 	Text messages for mobile phones, Telephone Calls, billboards (based on stakeholders' preferred channels and trusted partners) "Andrija" digital assistant ²¹ to advise people on how to diagnose and manage suspected COVID-19 infections	MoH PIU
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²¹ "Andrija" is an artificial intelligence "virtual doctor" developed by Croatian IT companies in cooperation with epidemiologists. The digital assistant is available at <https://andrija.ai/> and can be activated on WhatsApp under the name Andrija. <https://www.croatiaweek.com/croatia-launches-its-first-covid-19-digital-assistant/>

3.4. Proposed strategy for information disclosure

An initial strategy for information disclosure is as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods proposed	Responsibility
Preparation /Appraisal	<i>Project-affected parties and other interested parties; government officials; vulnerable and disadvantaged groups and their representatives</i>	<i>Project Appraisal Document, Stakeholder Engagement Plan including Grievance Redress Mechanism, Environmental and Social Commitment Plan, Environmental and Social Management Framework, Labor Management Procedures</i>	<ul style="list-style-type: none"> • <i>Public announcements by communication officers of Ministry of Construction and Physical Planning and Ministry of Health</i> • <i>Media interviews of public officials to explain the project and invite feedback where feasible</i> • <i>WebEx consultations with sectoral NGOs if feasible</i> • <i>TV and radio channels (see section 2.3. of the SEP)</i> • <i>Placement on the websites of the involved Ministries:</i> <ul style="list-style-type: none"> - <i>Ministry of Construction and Physical Planning: https://mgipu.gov.hr</i> - <i>Ministry of Health: https://zdravstvo.gov.hr</i> - <i>Ministry of Science and Education: https://mzo.gov.hr</i> 	MoCPP, MoH PIUs' Communications Specialists
Implementation of Component 1	<i>Project-affected parties and other interested parties; vulnerable and disadvantaged groups and their representatives</i>	<i>Technical designs, site-specific Environmental and Social Management Plan checklists, Urban and/or Cultural Heritage Management Plans updates on project implementation</i>	<ul style="list-style-type: none"> • <i>Press releases</i> • <i>Public notices</i> • <i>E-renovation portal</i> • <i>Online communication platform</i> • <i>Electronic publications on online/social media</i> • <i>Information leaflets and brochures</i> • <i>Audio-visual materials</i> • <i>Separate focus group meetings with vulnerable groups</i> 	MoCPP, MoH PIUs Communications Specialists
Implementation of Component 2	<i>Project-affected parties and other interested parties; vulnerable and disadvantaged groups and their representatives</i>	<i>Infection Control and Medical Waste Management Plans, updates on project implementation</i>	<ul style="list-style-type: none"> • <i>Press releases</i> • <i>Public notices</i> • <i>Electronic publications on online/social media</i> • <i>Information leaflets and brochures</i> • <i>Audio-visual materials</i> • <i>Separate focus group meetings with vulnerable groups</i> • <i>SMS for those who do not have smart phones</i> • <i>Information leaflets and brochures</i> • <i>Dedicated governmental webpage related to COVID-19: https://www.koronavirus.hr/</i> • <i>Website of the Croatian Institute for Public Health https://www.hzjz.hr/</i> 	MoCPP, MoH PIUs Communications Specialists

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 the feedback and grievance redress mechanism.

3.5. Proposed strategy to incorporate the views of vulnerable groups

Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable/disadvantaged groups and individuals will be:

- **Persons over 65 years of age, individuals with chronic diseases and pre-existing medical conditions, people in institutional settings, pregnant women:** carry out targeted consultations to understand concerns in terms of accessing information, medical facilities and services, as well as challenges they face; issue additional guidance tailored to their specific needs; adapt messages and make them actionable for these groups' specific living conditions and health status; target messaging to family members, health care providers and caregivers to explain why these groups are at more risk and what measures to take to care of them; encourage existing services to adapt to new conditions, for example through mobile outreach units; use adequate communication channels (e.g. TV or radio for the elderly).
- **Homeless people:** partner with the Croatian Network for the Homeless (Hrvatske mreže za beskućnike), NGOs working with homeless people (e.g. Caritas charity of the Zagreb Archdiocese), homeless shelters (e.g. Red Cross Homeless Shelter), night shelters and transitional supported accommodation to effectively protect and communicate with people experiencing homelessness.
- **Socially vulnerable groups:** integrate positive mental health messages into all general public messages (TV, social media, etc.) to promote wellbeing; provide clear avenues to access national mental health, social care and welfare programs.
- **People with disabilities:** provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos (including news and press conferences) for the hearing impaired, online materials for people who use assistive technology; share messages in understandable ways for people with intellectual, cognitive and psychosocial disabilities; partner with community-based organizations providing support to people with disabilities to develop messaging and communication strategies to reach them.
- **Residents of rural areas, Residents of isolated settlements:** ensure the timely delivery of essential drugs and medical supplies for the care of populations living in hard to reach regions.
- **Roma:** provide information in Romani; partner with relevant community leaders and NGOs to share information in Roma communities; improve the level of health services and sanitary protection for Roma families and settlements.
- **Women at risk of GBV:** partner with GBV service providers²² to ensure referral pathways are in place and widely advertise support available (e.g. helplines run by the Autonomous Women's House Zagreb and other NGOs, contacts to women's shelters²³, etc.).

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Management functions and responsibilities

²² European Institute for Gender Equality <https://eige.europa.eu/publications/combating-violence-against-women-croatia>

²³ See for example: <https://www.opencounseling.com/hotlines-hr>

The main project implementation unit (PIU), responsible for Component 1, will be established within the MoCPC. A second PIU will be established within MoH and will be responsible for Component 2. For their respective components, the PIUs will be responsible for overall project management (see organizational charts below).

Figure 1: Organizational Chart for MoCPC PIU

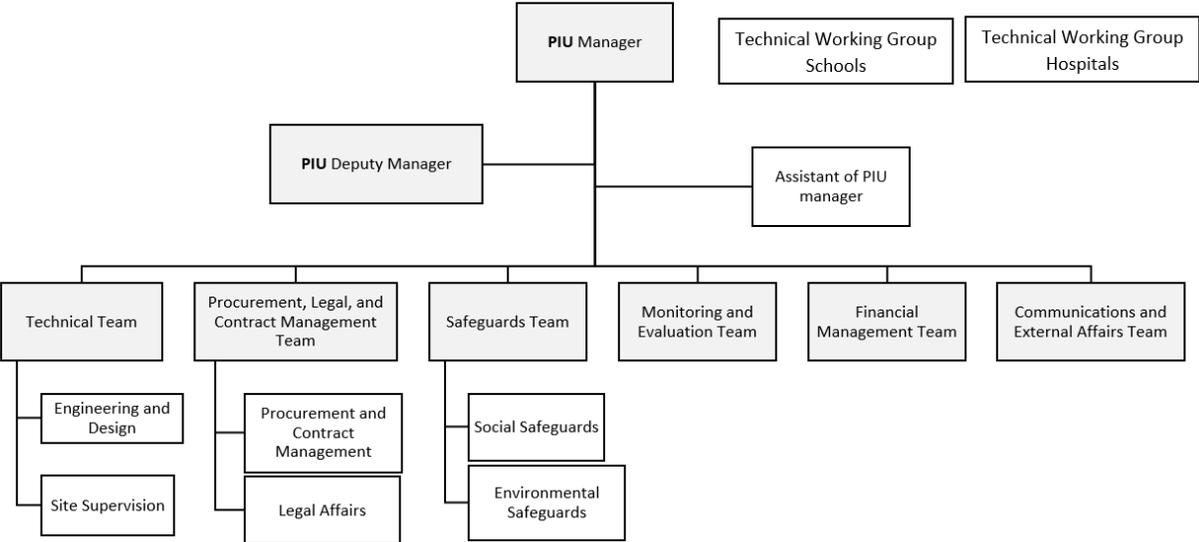
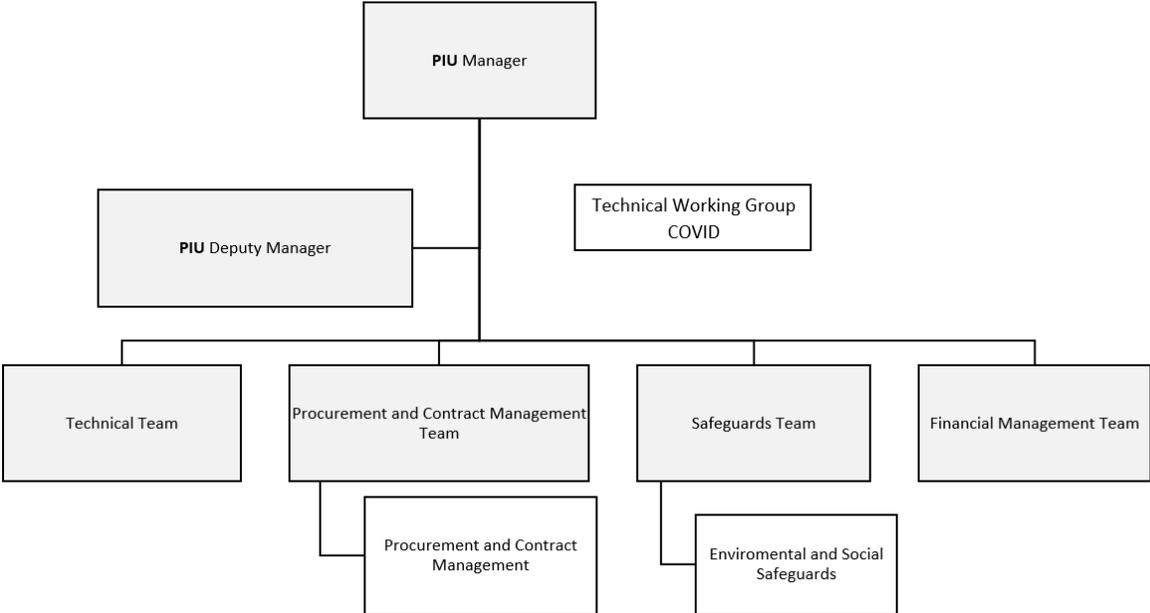


Figure 2: Organizational Chart for MoH PIU



For Component 1, the Communications and External Affairs team of the MoCPC PIU will be in charge of implementing the stakeholder engagement activities in partnership with the Social and Environmental

Safeguards Specialists. For Component 2, the Social Safeguards specialist of the MoH PIU will be in charge of SEP implementation, in partnership with the MoH's special public relations advisor and Department for Public Relations, which has 3 employees.

Oversight and guidance for the implementation of the SEP will be provided by the respective PIU Managers. The PIUs will coordinate with other relevant government entities (e.g. the Ministry of Health, Ministry of Science and Education, Civil Protection Administration, etc.) and non-government organizations.

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

4.2. Resources

The budget for the SEP is included under Component 3. Additional resources, if needed will be made available by the relevant Ministries.

5. Feedback and Grievance Redress Mechanism

The main objective of the Feedback and Grievance Redress Mechanism (FGRM) is to allow stakeholders to submit complaints, feedback, queries, suggestions, or compliments related to the overall management and implementation of the project. The FGRM is intended to address issues and complaints from stakeholders in an efficient, timely, and cost-effective manner. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions.

Each Project Implementation Unit (PIU) will assign a staff member under the direct responsibility of the PIU Manager to be responsible for managing the FGRM.

5.1. Feedback and grievance uptake channels

The following channels will be available to stakeholders who would like to submit complaints, feedback, queries, suggestions, or compliments:

Relevant for Component 1:

- Hotline and/or other communication mechanisms of MoCPP, which will be established for affected cities and municipalities
- In-person complaints to facility administrators / building managers
- Email addresses, postal addresses and phone numbers provided by the Ministry of Construction and Physical Planning and Ministry of Health for citizen inquiries on their respective webpages under the "contact" section²⁴
- A specially established online communication platform which will (i) inform the public by publishing project-related information on a regular basis, including real-time spatial visualizations; (ii) allow citizens to input new spatial data on earthquake-related impacts and register their feedback, questions, complaints, suggestions or compliments. It is foreseen that, when entering data into the platform, users will be asked to (1) select the part of the city their

²⁴ Complaints, feedback, queries, suggestions and compliments can be submitted through telephone exchange (+385 1 3782 444), e-mail (pitanja@mgipu.hr) or on the MoCPP's website via the following link: <https://mgjpu.gov.hr/kontakti/93>

input relates to; (2) choose at what level the project is relevant to them (e.g. whether they are a citizen of Zagreb, a user of a damaged building, a person involved in project implementation, etc.) and (iii) explain the nature of their desired contribution. Features such as uploading files or pictures will allow users to provide their views on the overall management and implementation of project activities. Data provided by citizens will be added to the communication platform after a standardized formalization, documentation and verification process.

Relevant for Component 2:

- Hotline established by the Civil Protection Directorate for all coronavirus related issues: 113
- Phone lines of the Croatian Institute of Public Health (open every working day from 8am to 10pm and on Saturdays and Sundays from 8am to 2pm): 091 468 30 32 or 099 468 30 01
- Other coronavirus-related hotlines (e.g. Croatian Red Cross hotline²⁵)
- Social media channels such as the official government Facebook page on the coronavirus @koronavirus.sluzbeni and social media outlets linked to the koronavirus.hr website
- Phone lines of public health institutions and laboratories targeted by the project²⁶
- Email addresses, postal addresses and phone numbers provided by the Ministry of Health for citizen inquiries on its webpage under the “contact” section.

The final uptake channels and related contact information for the FGRM will be provided in the updated SEP which will be disclosed within 30 days of project effectiveness.

The FGRM will allow anonymous complaints to be raised and addressed, as this is in accordance with Croatian law.

The FGRM will also have in place mechanisms for confidential reporting and safe and ethical handling of issues linked to gender-based violence. Project-related feedback entry points will be trained on how to handle disclosures of gender-based violence (GBV). Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. A GBV referral pathway will be established in line with the country’s healthcare structures. Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. Processes will be put in place to immediately notify both the MoCPP/MoH and the World Bank of any sexual harassment and sexual exploitation and abuse incidents possibly related to the project, with the consent of the survivor.

5.2. Sorting and processing

Any project-related feedback or grievance received via the channels listed in section 5.1. should be forwarded within 24 hours to the PIU FGRM focal point, who will register it in a dedicated Excel database and log the following information about it:

Allocated tracking number of the case; Date received; Name of feedback provider/complainant; feedback provider/complainant contact details; Nature of the feedback provided/complaint; Category of feedback

²⁵ The Croatian Red Cross opened a free hotline for psychosocial support +385 800 1188 for all citizens who are self-isolated or quarantined, and anyone who is concerned about the situation with the coronavirus epidemic and who needs psychosocial assistance.

²⁶ See here for the list of phone numbers: <https://koronavirus.hr/important-phone-numbers/152>

(according to a typology to be developed in the updated SEP²⁷); Information about the feedback provider/complainant along categories to be developed in the updated SEP (e.g. gender; age...); Action taken and response provided to the feedback provider/complainant; Date response was provided; Feedback provider/complainant satisfaction with response provided; Current status of the case.

5.3. Acknowledgment and follow-up, investigation and action

Upon receipt of a project-related feedback or grievance, the PIU FGRM focal point will acknowledge receipt of the feedback/grievance within 24 hours to the person who submitted it, outlining the way forward and how soon the feedback provider/complainant can expect to hear back from the project implementers.

In the case of complaints, the PIU FGRM focal point will then investigate the submission by reaching out to relevant actors as appropriate.

5.4. Grievance resolution and complainant satisfaction

Following the investigation, the PIU FGRM focal point will propose a resolution to the complainant in writing within a maximum timeframe of 10 days from the moment the complaint was acknowledged. If an issue is still pending by the end of 10 days, the complainant will be provided with an update regarding the status of the complaint and the estimated time by which a proposed resolution will be provided. All grievances should be resolved within a maximum of 21 days of receipt. To enhance accountability, these timelines will be disseminated.

In case a complainant is dissatisfied with the proposed resolution, an appeal may be lodged within 15 days following the receipt of the decision with the respective Ministry, who shall decide on the lodged appeal. The details of the appeal process at the Ministry level (MoCPP for Component 1 and MoH for Component 2) will be designed and elaborated in the final SEP.

As a final level of appeal, an administrative dispute may be instituted before the Administrative Court of the Republic of Croatia. If the amicable settlement of any major dispute in implementation fails for any reason, complainants may still seek a judicial settlement before the competent court.

The PIU FGRM focal point will also be responsible for designing and administering a short complainant satisfaction survey in order to capture feedback providers' satisfaction with their interaction with the parties implementing the project and the resolution proposed following the submission of their grievance.

5.5. Feedback and grievance monitoring and analysis

Semi-annual summaries on complaints, feedback, queries, suggestions and compliments, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated PIU FGRM focal points, and referred to the PIU manager. The summaries will allow to assess the volume and nature of feedback received and enhance the project's ability to address it in a timely and effective manner. These reports will also be included in the reporting to the World Bank.

²⁷ A possible typology of complaints could for example include, for Components 1 and 2: grievances linked to building eligibility; choice of technical design; quality of works; waste/debris disposal by the contractor... And for Component 3: lack of access to information; lack of availability of protective equipment; inability to receive adequate medical care/attention, etc.

5.6. Communication about the FGRM

The FGRM will be advertised widely, including through on-site information boards and posters at construction sites and in facilities targeted under the project, as well as on the websites of the Ministries involved in the project. To ensure a satisfactory level of involvement of all potential and relevant users of the envisaged online communication platform for component 1, the platform will be advertised on the MoCPP website, in local and national media programs, newspapers, social networks, etc.

6. Monitoring and Reporting

6.1. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and schedule will be duly reflected in the SEP.

Information on public engagement activities undertaken by the Project will be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual summary of the project's interaction with stakeholders, to be published on the website of the MoCPP and MoH.
- Monitoring of stakeholder engagement indicators on a regular basis. In addition to the Results Framework PDO-level Indicator "Communities of intervened hospitals and schools included and informed" and intermediate outcome indicator "Percentage of grievances responded to in the stipulated time", additional indicators, which will be determined in the updated SEP, may include:
 - o number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually);
 - o number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually);
 - o number of press materials published/broadcasted in the local, regional, and national media.

A more detailed account of all stakeholder engagement activities will be outlined in the updated version of this SEP, which is expected to be prepared within 30 days after the project effectiveness date. The SEP will be continuously updated throughout the project implementation period, as required.