

# Stakeholder Engagement Plan

FINAL

APRIL, 2021

## 1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. The outbreak has resulted with an estimate of cases almost 63 million and deaths over 1.450.000 in 188 countries as of December 2, 2020.

Since its first COVID-19 case was detected on March 11, the Government of Turkey has gradually introduced a range of public health measures in line with WHO guidance. Measures have included moving from hygiene guidance to the closure of major events, social venues, schools and all major commercial outlets, and recommending physical distancing to curb transmission. Most residents appear to have followed Government guidance, with major metropolitan areas shut down. The Government has also announced an economic package totaling approximately TL 100 billion to stem the impact on firms and targeted households, including deferral of social security and payroll tax on the part of firms, increasing the minimum pension, increased allocation for social assistance beneficiaries, and unspecified provisions for strengthening social services for older persons.

The Ministry of Health (MoH) has been leading the Turkish Government's COVID-19 pandemic response. As part of detection and response capabilities, on March 18, the MoH Emergency Health Services General Directorate (GD) put into practice the Hospital Calamity and Emergency Action Plan (HAP). This plan grants Emergency Health Services GD the responsibility of conducting any type of emergency plan on behalf of the MoH. While Turkey has adequate intensive care bed capacity for COVID-19 but it lacks access to protective equipment and ventilators. As per the recent MoH Coronavirus Circular, all state and private health institutions meeting criteria set by the Health Ministry were declared pandemic hospitals. Therefore, MoH believes that all Intensive Care Unit (ICU) bed capacity can be used to respond to COVID-19 outbreak; and that needs are concentrated in equipment and supplies for health workers in the form of personal protective equipment, ventilators, and medicines.

Turkey also hosts nearly four million refugees and asylum-seekers who have been receiving health services largely through donor-financed health facilities prior to the COVID-19 outbreak and will likely require additional support during the pandemic. This population includes 3.6 million Syrian nationals and close to 330,000 registered refugees and asylum-seekers of other nationalities, where Afghans and Iranians are major groups. Over 98% of refugees live across Turkey's 81 provinces whereas only 2% live in camps. Syrians have access to health care through public hospitals, Migrant Health Centers (providing primary health services) and units operating under community health centers. Syrians who are not registered with the Government of Turkey have limited access to primary or referral health care but are provided with emergency care and essential public health services free-of charge, and then referred for registration.

This proposed **Turkey Emergency COVID-19 Health Project** responds to the Government of Turkey's request to strengthen its capacity to respond to urgent health complications associated with COVID-19. The Turkish health system is not sufficiently equipped to contain the spread of disease and provide the

necessary treatment without additional support. This project will provide support to the resilience and capacity of the health sector. Follow on operations to support economic recovery are also under preparation and will be processed in parallel to this Project. The Project objectives are to prevent, detect and respond to the threat posed by COVID-19 in Turkey. This objective is aligned to the results chain of the global COVID-19 Strategic Preparedness and Response Program (SPRP).

**The project comprises the two components:**

**Component 1 Emergency COVID-19 Response** comprises:

**Sub-component 1.1. Strengthening testing and surveillance systems and procurement of front-line equipment** addressing the immediate health system needs for medical equipment, supplies and training to diagnose and triage cases affected by the COVID-19 emergency.

**Sub-component 1.2. Sub-component 1.2. Supporting disease management and treatment** will finance medical equipment and supplies required for diagnosis and treatment of COVID-19 patients in intensive care, as well as limited operating expenses. The hospitals in which ICUs to treat COVID-19 patients will be established have been identified based on an assessment of existing service availability and the need to expand the availability of relevant specialist care in order to ensure equitable access.

**Sub-component 1.3. Sub-Component 1.3. Enhancing Public Health Awareness and Behavioral Change** will expand and enhance information and communication activities to increase the commitment of government, private sector, and civil society to curbing the COVID-19 pandemic, raise awareness and knowledge among the general population about the risk and potential impact of the pandemic, and to develop multi-sectoral strategies to address the pandemic.

**Sub-component 1.4. Sub-Component 1.4. Upgrading pandemic surveillance and response plans** will finance an assessment, knowledge-exchange and capacity-building for enhancing the national pandemic preparedness and response plan to address potential cyclical future phases associated with COVID-19 or other pandemics, including the capacity for immediate testing, screening, surveillance and monitoring and information technology equipment and training to enhance the surveillance system for outbreak detection, rapid data collection, analysis, assessment and timely reporting. This subcomponent will finance the updating of disaster emergency plans to incorporate challenges associated with reducing the spread and management of the COVID-19 virus.

**Component 2. Project Management, Monitoring and Evaluation**

This component will support the administrative and human resources needed to implement the Project and monitor and evaluate progress. It will finance staff and consultant costs associated with project management, procurement, financial management, environmental and social safeguards, monitoring and evaluation, reporting and stakeholder engagement; operating and administrative costs; technical assistance to strengthen the Project's emergency response (e.g. development of testing, treatment, referral and discharge protocols); and longer-term capacity-building for pandemic preparedness.

The Multiphase Programmatic Approach (MPA) will include a monitoring and prospective evaluation framework for the overall facility and for operations at the country and sub-regional or regional levels. The approach will include baseline assessments, benchmarking, rapid learning, and multi-country analysis to inform tactical adaptations within and across countries.

As per the World Bank Environmental and Social Standard (ESS) 10 --Stakeholders Engagement and Information Disclosure-- the implementing agencies should provide stakeholders with timely, relevant,

understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

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

## 2. Stakeholder identification and analysis

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

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

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liason link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. 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 (COVID19) 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 status<sup>1</sup>, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

## 2.2. Affected parties

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

- COVID-19 infected people in hospitals and their families & relatives
- People in quarantine/isolation centers and their families & relatives
- Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories
- Communities in the vicinity of the project's planned quarantine/isolation facilities, hospitals, laboratories
- Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff) and emergency personnel
- Staff at medical and testing facilities, and public health agencies engaged in the response
- Staff of prisons/detention facilities & security services
- People at risk of contracting COVID-19 (e.g. returning pilgrims, refugees and migrants, staff at temporary accommodation centers (refugee camps), medical and other tourists, tour guides, hotels and & their staff, associates of those infected, inhabitants of areas where cases have been identified)
- Ministry of Health; Turkey Institutes of Health Administration (TÜSEB); Turkey Pharmaceuticals and Medical Devices Agency (TİTCK);

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<sup>1</sup> 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.

- Provincial, District, and Municipal government administrations
- Municipal Councils, Municipal waste collection and disposal workers
- Ministry of Health, Ministry of Health/Emergency Health Services General Directorate (GD), Health Calamity Coordination Center (SAKOM) officials,
- Staff and students of educational institutions (from pre-school to higher education)
- Staff and inhabitants at orphanages, elderly, children and other care institutions and private service providers;
- Airline and border control staff, law enforcement authorities and their staff (e.g. Police, Army, Navy, Air Force etc.) especially those deployed to search suspected cases and quarantine them.
- Other public authorities (e.g. Turkey's Civil Aviation Authority, Department of Migration, Ministry of Defense etc.)

### 2.3. Other interested parties

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

- Public at large
- Community based organizations, national civil society groups and NGOs, etc.
- Goods and service providers involved in the project's wider supply chain
- Regulatory agencies (e.g. President's Office, Ministry of Interior, Directorate of Religious Affairs, Ministry of Agriculture and Forestry, Ministry of Transport and Infrastructure, Ministry of Youth and Sports, Ministry of Environment and Urban Planning, Ministry of Family, Labor and Social Services, Social Services Directorates, Provincial Councils, District and Municipal Councils etc.
- Media and other interest groups, including social media & the Government Information Department
- National and international health organizations/associations (e.g. the Turkish Medical Association, TTB Specialist Associations, Public Health Experts Association, Turkish Clinical Microbiology and Infectious Diseases Association, Turkish Thoracic Society, and Turkish Intensive Care Association, Red Crescent Society, WHO, Global Fund
- Other donor organizations (ADB, EBRD, IsDB, KfW, USAID, and GIZ);
- Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO), EU, bilateral agencies and others
- Academics
- Private Sector
- Schools, universities and other education institutions closed down due to the virus
- Mosques, churches and other religious institutions
- Transport workers (e.g. cab/taxi drivers)
- Businesses with international links

### 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. It is similarly important to ensure that project-related awareness raising and stakeholder engagement be adapted to take into account particular constraints, concerns and cultural sensitivities of such groups and individuals and to ensure their full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, current economic constraints and financial insecurity, disadvantaged status in the community (e.g. refugees, minorities or marginal 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 so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- The elderly and people with chronic diseases and pre-existing conditions
- People with disabilities
- Pregnant women, infants and children
- Refugees, migrants, citizens with limited Turkish language abilities
- People living below poverty line
- The unemployed and homeless
- Women-headed households and/or single mothers with underage children;
- Extended low-income families;
- Staff and residents of orphanages, elderly, children and other care institutions and private service providers;
- People under domestic violence risk;

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

### **3. Stakeholder Engagement Program**

#### **3.1. Summary of stakeholder engagement done during project preparation**

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, health experts, hospital administrators and others from institutions working in health sector. This Stakeholder Engagement Plan as well as the Labor Management Procedures prepared under the project is subject to disclosure and consultation before their finalization. The first draft of these documents were disclosed in PMSU Website which are Environmental and Social Management Framework, Environmental and Social Commitment Plan, Stakeholder Engagement Plan, Labor Management Plan and Request, Suggestion, Grievance Forms and details are given in Section 3.2. The Project includes considerable resources to implement the actions included in the SEP. A more detailed account of these actions will be prepared as part of the update of this SEP. The SEP will be continuously updated throughout the project implementation period, as required.

#### **3.2. Summary of disclosure and consultations on the Environmental and Social instruments of the Project**

The first stakeholder engagement operation carried out in this context is the COVID-19 Project documents, which were published on the website of PMSU on September 16, 2020 and opened for consultation. These comprise of Environmental and Social Management Framework, Environmental and Social Commitment Plan, SEP, LRP and Request, Suggestion, Grievance Forms. The specified documents were also sent to Health Directorates of MoH in 81 provinces with an official letter. Provincial Directorates communicated these documents to the relevant hospitals. Feedbacks were received from 19<sup>th</sup> of September, 2020 to 1<sup>st</sup> of October, 2020.

Information requests and suggestions from the following civil society organization were received TEYİT, MEYAD Mobbing Training Assistance Research Association [MEYAD Mobbing Eğitim Yardım Araştırma Derneği] and Nurses and Midwives' Association [Ebe ve Hemşireler Derneği] are summarized in the table below as follows:

Institution/Organization	Content	MoH response
TEYİT	<p>“teyit.org” is a non-governmental organization which works to ensure that internet users can access accurate information by fact-checking in various fields from common misinformation to suspicious information on the agenda of social media, from allegations brought by the media to urban myths.</p> <p>In the application lodged by TEYİT, information on the procurement processes of medical equipment, test conditions and the status of the Project was requested.</p>	<p>MoH gave information about Project progress indicating that Project is at the beginning of its process and procurement activities will be conducted in the scope of Project implementation period.</p> <p>Test conditions are determined by “Science Committee” of MoH; testing will be conducted until the completion of the Project.</p>
MEYAD Mobbing Training Assistance Research Association	<p>MEYAD has found that new risks have arisen related to biological, chemical, physical and ergonomic working conditions within the scope of health and safety of healthcare workers. Therefore, it has made suggestions for analyzing these risks and taking necessary measures to prevent them.</p> <p>These suggestions include (i) making COVID-19 pre-diagnosis faster with common methods conducted in out-of-hospital settings; (ii) raising public awareness; (iii) organizing broad-based cross-sectoral workshops; (iv) managing the process in harmony with the participation of all relevant stakeholders, especially NGOs; (v) making positive</p>	<p>MoH gave information about the additional works to improve the conditions of health workers which are: Salary increase for the first months of the pandemic, giving priority to health workers for the first vaccines to be arrived in Turkey; and recruitment of 12.000 new health workers.</p>

	discrimination in favor of healthcare workers so that they can benefit from public services; and (vi) improving social lives, personal rights and employment conditions of healthcare workers.	
Nurses and Midwives' Association	Two international scientific papers were submitted by the NGO. These papers contain information on the comparison of saliva and swab samples and safe vaccination techniques in the diagnosis of COVID-19.	MoH informed that the scientific papers are conveyed to "Science Committee" of MoH for consideration.

A video explaining main features and targets of the Project is generated and disclosed at PMSU website on December 25, 2020.

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

Strong citizen and community engagement is a precondition for the effectiveness of the Project. Stakeholder engagement under the project is carried out on two fronts: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and to improve the design and implementation of the project, which will happen through the SEP, and (ii) awareness-raising activities to sensitize communities on risks of COVID-19 which is happening as part of project design.

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 as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

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

With the evolving situation, as the Turkish 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, skype 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.

For the awareness-raising activities under **Component 1.3. Enhancing Public Health Awareness and Behavioral Change**, will expand and enhance information and communication activities to increase the commitment of government, private sector, and civil society to curbing the COVID-19 pandemic, raise awareness and knowledge among the general population about the risk and potential impact of the pandemic, and to develop multi-sectoral strategies to address the pandemic. Key activities to be financed include: (a) training of additional health care personnel throughout health and non-health care institutions (e.g. through schools, municipal facilities); (b) information and communication activities to increase the attention and commitment of above stakeholders to raise awareness, knowledge and understanding of key public health and behavioral interventions specifically among the at-risk population and among the general public.

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.*

Stakeholder engagement will be held during the entire project period and special attention accorded to poor and vulnerable groups such as women, refugees, youth, elderly, female headed households etc. Given the linguistic diversity, language preferences have also been considered. All efforts will be made to evince a feedback, record the same, and address as appropriate.

**Table 1: Stakeholder consultation plan related to COVID-19**

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
<b>Preparation</b>	<ul style="list-style-type: none"> <li>Need of the project</li> <li>Planned activities</li> <li>E&amp;S principles, Environment and</li> </ul>	<ul style="list-style-type: none"> <li>Phone, email, letters</li> <li>One-on-one meetings</li> <li>FGDs spell out</li> <li>Outreach activities</li> </ul>	<ul style="list-style-type: none"> <li>Government officials from relevant line</li> </ul>	Environment and Social Specialist

	<p>social risk and impact management,</p> <ul style="list-style-type: none"> <li>• E&amp;S plans prepared for this project: In Infection Control and Waste Management Plan for Hospitals (WMPH), Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP) to address working conditions, health and safety of workers in health sector as well as their grievance arrangements</li> <li>• Grievance mechanisms (GM)</li> <li>• Health and safety impacts</li> <li>• <i>ESMF and Project related OHS arrangements</i></li> <li>• <i>National Emergency Plan</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i></li> <li>• <i>Outreach activities that are culturally appropriate and accessible in languages of refugees/migrants and citizens with limited Turkish language (e.g. Arabic, Persian)</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i></li> </ul>	<p>agencies at local level</p> <ul style="list-style-type: none"> <li>• Health institutions</li> <li>• Health workers and experts</li> <li>• Affected individuals and their families</li> <li>• Vulnerable groups</li> </ul> <p>Refugees/immigrants</p>	PMSU
<b>Implementation</b>	<ul style="list-style-type: none"> <li>• <i>Project scope and ongoing activities</i></li> <li>• <i>SEP and project related grievance arrangements</i></li> <li>• <i>Health and safety of public and health workers addressed in Labor Management Procedures (LMP) and in worker's grievance arrangements</i></li> <li>• <i>Environmental concerns under WMPH</i></li> <li>• <i>ESMF and Project related OHS arrangements</i></li> <li>• <i>National Emergency Plan</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Training and workshops</i></li> <li>• <i>Disclosure of information through Brochures, flyers, website, etc. in Turkish and other languages (Arabic, Persian)</i></li> <li>• <i>Information desks at municipalities offices and health facilities</i></li> <li>• <i>Information desks in local government offices and health facilities with translation facilities available for refugees/migrants as needed</i></li> <li>• <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials,</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Government officials from relevant line agencies at local level</i></li> <li>• <i>Health institutions</i></li> <li>• <i>Health workers and experts</i></li> <li>• <i>Affected individuals and their families</i></li> <li>• <i>Local communities</i></li> <li>• <i>Vulnerable groups</i></li> </ul>	<p>Environment and Social Specialist</p> <p>PIU</p>

		<i>technologies such as telephone calls, SMS, emails, etc.) Public meetings in affected municipalities/localities</i>		
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### 3.4. Stakeholder Engagement Plan

As mentioned above, stakeholder engagement will be carried out for (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints, (ii) information and communication activities to increase the attention and commitment of above stakeholders to undertake awareness raising activities to sensitize the at-risk population and the general public on risks of COVID-19.

Table 2. Summary of stakeholder needs, and suggested notification means

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
<b>Affected Parties</b>					
<b>COVID-19 infected people;</b>	Wide range of people affected by COVID-19. High Risk as they can spread infections	Medical examination and treatment in hospitals, ad-hoc financial support to low-income households with infected family member(s)	Daytime phone calls, text messages and emails	Turkish, and also other languages as relevant ie Arabic, Persian, English	SMS and messaging, TV, radio, phone
<b>People under COVID-19 quarantine;</b>	Diverse range of people isolated from the community, different nationalities. High Risk requiring psycho-social support	Favorable conditions to stay in quarantine facilities	Daytime consultations on transmission, self-care, risks/ complications	Turkish, and also other languages as relevant ie Arabic, Persian, English	SMS and messaging, phone
<b>Relatives of COVID-19 infected people;</b>	Frustrated family members and unaware care-givers. Moderate Risk requiring full information.	Large print outs and disseminations, special instructions from health workers, hand hygiene and PPEs	Special instructions from health workers to prevent transmission	Turkish, and also other languages as relevant ie Arabic, Persian, English	Phone
<b>Relatives of people under COVID-19 quarantine</b>	Frightened family members and concerned surrounding people.	Reliable information and educational materials regarding self-care and social distancing	Information and educational materials	Turkish, and also other languages	Social media group postings, phone calls, e-mails

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
	Low Risk. Anxious and plan next steps			as relevant ie Arabic, Persian, English	
<b>Neighboring communities to laboratories, quarantine centers, and screening posts</b>	Concerned residents of local communities and employees of local enterprises/ line organizations. Moderate Risk. Requiring full information.	Awareness raising, waste management precautions, hand hygiene and PPEs; Special sessions for parents with young children to avoid outbreaks	Daytime phone calls to local community leaderships, distribution of leaflets	Turkish, and also other languages as relevant ie Arabic, Persian, English	Information boards;
<b>People at COVID-19 risks</b>	Discouraged elderly 65+; suspecting people leaving with AIDS/HIV; people with chronic medical conditions, such as diabetes and heart disease; travelers, inhabitants of border communities. Low Risk. Full awareness.	Behavior instructions for people with chronic diseases, ad-hoc supportive treatment for HIV/AIDS positive people, instructions on extra personal health safety, awareness raising campaigns, hand hygiene and PPEs	Daytime phone calls to their relatives, text messaging of the emergency hotline contact numbers, accessibility problems	Turkish, and also other languages as relevant ie Arabic, Persian, English	Health worker consultations and emergency contacts available, phones and ads
<b>Public health workers</b>	Unprepared managers, doctors, nurses, lab assistants, cleaners High Risks.	Occupational health and biosafety measures, PPEs, hands-on training programs, infection control and risk management planning	Daytime hands-on simulations, burn-out syndromes	Turkish	Trainings
<b>Medical waste collection and disposal workers;</b>	Medical nurses, cleaners, hospital incinerators' workers, waste removal & transfer workers in community or rural health houses High Risk.	Occupational health and safety (OHS) measures, training, PPEs, waste management plans, safe waste transfer vehicles for rural health facilities	Daytime trainings and guidance	Turkish	Written instructions, trainings
<b>Employees of large public places, like public markets, supermarkets</b>	Managers, salesmen, marketing specialists, workers, cashiers, security officers	OHS measures, hand hygiene and PPEs, extra safety measures, like social distancing	Distribution of leaflets on extra safety measures in their workplaces	Turkish, and also other languages as relevant ie Arabic,	OHS trainings, social media platforms
<b>Returning pilgrims, refugees, labor migrants and laborers</b>	Frustrated and forced to travel laborers with relatively mid income. Moderate Risk.	Initial epidemiological screening at aircrafts and airports, trains, busses and train/bus stations, medical check-ups, placement in	Internet access, mobile telecommuting through their relatives and employers	Turkish, and also other languages	Social media platforms, e-mails, letters to foreign contractors

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
working on remote construction sites		quarantine facilities and continuous monitoring.		as relevant ie Arabic, Persian, English	working in the country
Point of entry staff at airports and border control staff	At risk employees working at the front lines with large amount of people High Risk.	Emergency risk management skills, improved working conditions, hand hygiene and PPEs	Emergency risk management skills, information on referral mechanisms and algorithm of their actions	Turkish, and also other languages as relevant ie Arabic, English	Extra OHS trainings, letters
Airlines and other international transport businesses	Large and diverse staff High Risk.	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff	Turkish, English	Letters, e-mails, alert notices at the MoTI, airline, train and bus company websites
<b>Other interested parties (Risks are Low to Moderate)</b>					
MoH and its provincial & local branches	Implementing agency and coordinating unit for COVID-19 emergency rapid response	Requires financing for immediate emergency response needs (medical supplies, equipment, staff preparedness capacity building, quality laboratories, improved quarantine centers and screening posts, enough PPEs; effective community engagement and outreach)	SEP to be updated and implemented in line with national pandemic plan, effective coordination of the diverse stakeholder engagement activities	Turkish	Letters, meetings, e-mails, VCs
MoH, schools and educational facilities	The policy makers and supervisors of a wide network of educational and social service providers	Needs information and educational materials on prevention measures, capacity building of educators on prevention measures	Interagency communication lines and guidance on relevant outreach to schools and colleges	Turkish	Letters, meetings, e-mails, VCs
Mass media and journalists	National, regional and local newspapers, online news agencies, local and national TVs channels	Training to improve knowledge and techniques to arrange for media coverage of COVID-19 related emergency response procedures	Training to improve knowledge and techniques to arrange for media coverage of COVID-19 related emergency response procedures	Turkish	e-mails, social media platforms, websites

<b>Stakeholder group</b>	<b>Key characteristics</b>	<b>Expectations</b>	<b>Specific communication needs</b> (accessibility, large print, child care, daytime meetings)	<b>Language needs</b>	<b>Engagement method</b> (email, phone, radio, letter)
<b>Civil society organizations</b>	Non-for-profit organizations on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project	Donor funding to contribute to emergency response procedures	Donor funding to contribute to community outreach and emergency response procedures	Turkish	e-mails, social media platforms, websites
<b>Social media platforms users;</b>	Users of Facebook, Instagram, Twitter etc., active internet users	Reliable information sources, timely updates on real current situation with COVID-19 in the country, online information on how to filter false information and fake news	24/7 communications, timely and reliable source information	Turkish, and also other languages as relevant ie Arabic, Persian, English	social media platforms and groups, special COVID-19 website to be created and maintained
<b>Implementing agencies for the WB-funded projects working in health, social protection, water supply and sanitation sectors</b>	Relevant PIUs/PCUs, MoH	Timely awareness and invitation for participation, joint action plan with their emergency response contributions	Daytime communications, timely awareness and invitation for participation, joint action plan with their emergency response contributions	Turkish, English	Letters, meetings, e-mails, VCs, participation in multisectoral task force or coordination meetings
<b>Other national, international health organizations, development donors &amp; partners</b>	Red Crescent Society, WHO, GIZ, Global Fund, UNICEF, UNDP, USAID, ADB, EBRD, IsDB, EU	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donor-funded investments	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donor-funded investments	English	Letters, e-mails, VCs, list serves
<b>Public at large</b>	Urban, rural, peri-urban residents, expats and their family members residing in the country	Updated and reliable information on the current situation to reduce dissemination of false rumors and panic	Daytime communications, diverse communication channels, easy to understand tips, large print-outs	Turkish, and also other languages as relevant ie Arabic, Persian, English	Mass media, SMS messaging, information boards, social media, MoH website & hotlines, COVID-19 website
<b>Vulnerable and disadvantage groups (Risks are Substantial)</b>					

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
<b>Retired elderly and people with disabilities</b>	Aged people of 65+, unable to work, physically and mentally disabled people staying	Economic and social support from social workers and ad-hoc payments, home-based family doctor consultations	Daytime communications, accessibility problems, social worker assistance	Turkish	Frequent social workers home visits, mahalla committee
<b>Pregnant women, infants and children;</b>	Reproductive age women, babies of 0-18-month age, children with weak immune system	Frequent medical check-ups by family doctors, access to free hospital services and free testing at labs	Daytime communications, child care support during meetings	Turkish, and also other languages as relevant ie Arabic, Persian, English	Community leaders, mahalla committee, family doctors, women's associations (?)
<b>Women-headed households and/or single mothers with underage children;</b>	Single mothers, divorced, widows, abandoned wives	Economic support to afford the prevention and treatment costs, access to free hospital services and free testing at labs	Daytime communications, child care support	Turkish, and also other languages as relevant ie Arabic, Persian, English	Community leaders, mahalla committee, family doctors, women's associations
<b>Extended low-income families;</b>	The families have 6 or more members, many of them are underaged to work	Economic support to afford the prevention and treatment costs, access to free hospital services and no cost lab testing services	Daytime communications	Turkish, and also other languages as relevant ie Arabic, Persian, English	Community leaders, mahalla committee, family doctors
<b>Unemployed</b>	Laborers with professional skills or unskilled workers	Economic support to afford the prevention and treatment costs.	Large print-outs, limited access to online resources	Turkish, and also other languages as relevant ie Arabic, Persian, English	Employment agency leaflets, sms
<b>Residents and workers of public orphanages and elderly houses</b>	Lonely and abandoned people residing in boarding schools or houses, underpaid workers	Need funding to improve living conditions, in-house medical services and nutrition	Accessibility problems	Turkish, and also other languages as relevant ie Arabic, Persian, English	Letters to the Managers of Houses, site visit to assess their poor situation

### 3.5 Public awareness on COVID 19:

The Ministry of Health has already put in place a national pandemic plan and has been executing all measures in line with the plan with constant updates. The MoH has already a public health emergency

communication strategy in place in line with its national pandemic plan and will strengthen its risk communication strategy under the project taking into consideration the following steps and guidelines.

Table 3: For stakeholder engagement relating to public awareness, the following steps will be taken:

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

### Step 1: Design of communication strategy

- Assess the level of Information and Communication Technology (ICT) penetration among key stakeholder groups by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Update the Communication strategy for COVID-19 prepared in line with national pandemic plan, including details of anticipated public health measures.
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identity & partner with tele/mobile communication companies, ICT service providers and trusted community groups (e.g., community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

### Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in Turkish and also in Arabic, Persian and English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels).
- Project will take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones.
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent GBV/SEA spell out in quarantine facilities, managing increased burden of care work and also as female hospital workers.
- Engage with existing health and community-based networks, media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication.
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation.
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc.

**Step 3: Learning and Feedback**

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID 19 transmission.
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
- Document lessons learned to inform future preparedness and response activities.

This Stakeholder Engagement Plan as well as the Labor Management Procedures and Waste Management Plan for Hospitals (WSMP) that will be prepared under the Project's Environmental and Social Management Framework has been consulted and disclosed. The Project includes considerable resources to implement the above-mentioned activities and actions. The details of this will be prepared during the update of this SEP, expected to be updated within 30 days after the project effectiveness date, and continuously updated throughout the project implementation period when required.

**3.6 Proposed strategy for information disclosure**

Table 4: Information Disclosure Proposed Methods during Implementation Stage

Project stage	Information to be disclosed	Methods proposed	Timelines/ Locations	Target stakeholders	Percentage reached	Responsibilities
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National level	Prevention tips	Audio reels Video clips	National radio and TV twice daily	Adults, adolescents, children	99% of population	PMSU Social Specialist
	Dos and Don'ts	Printed booklets Online material embedded in distance learning	National wide	Schools	99%	MoE school departments
	Dos and Don'ts	Information & educational materials	Social media platforms	Internet users, youth	99% of population	PMSU Social Specialist
	Hotline	Phone consultations	24/7 MoH ALO 184 Information Center	Public at large	TBD	Health professionals
	Quarantine measures, travel bans	Leaflets, e-news	List serves, internet news, website news, info boards	Travelers	N/A	Airport and border staff
Regional level	Prevention tips	Audio reels Video clips	regional radio and TV twice daily	Adults, adolescents, children	95% of each region	PMSU Social specialist  Outreach Officer through regional TV and Radio companies
	Helplines	Phone consultations	24/7 regional focal points at health facilities	People at risk, infected, relatives of infected people	95 % in each region	Medical focal points at provincial level
	Quarantine measures, travel bans	Leaflets	Info boards	Travelers	N/A	International and domestic airport and border staff
	WHO COVID-19 guidance documents and protocols	Print-outs and e-materials, trainings	Provincial centers, quarterly	Medical staff	100%	Provincial health institutions managers
District level	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff	100%	District health institutions managers
	Prevention tips Emergency contact numbers	Posters on info board at health facilities entrances	District centers, constantly	District center population	100%	District authorities, hospitals managers, Health Centers
Community level	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff of rural health facilities		District health institutions managers

Prevention tips Emergency contact numbers	Posters on info board at mosques and rural health facilities entrances	Rural health facilities, mosques, constantly	Local communities	100 %	Health Facility managers, local Imams,
Prevention tips Emergency contact numbers	In-house outreach	Vulnerable households	People at risk	100 %	Family doctors, nurses, social workers

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, etc., depending on the social distancing requirements, in Turkish and in other languages such as Arabic and Persian as relevant, the use of verbal communication, audiovisuals or pictures instead of text, etc. Further, while country-wide awareness campaigns will be established, specific communications in at local & international airports, hotels, for schools, at hospitals, quarantine centers and laboratories will be timed according to the need, and also adjusted to the specific local circumstances.

Table 5: A preliminary strategy for information disclosure is as follows:

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
Preparation of social distancing and risk communication strategy	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project concept, E&amp;S principles and obligations, documents, Consultation process/SEP, Project documents- SEP, LMP, WMPH, GM procedure, update on project development</i>	<i>Dissemination of information via dedicated project website<sup>2</sup>, MoH Twitter account, sms broadcasting (for those who do not have smart phones) including Information leaflets and posters;, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.</i>
Implementation of public awareness campaigns	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and risk communication strategy</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of</i>

<sup>2</sup> <https://pydb.saglik.gov.tr/TR,65062/covid-19-saglikta-acil-durum-projesi.html>

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
			<i>mobile technology such as telephone calls, SMS, etc).</i>
<i>During preparation of Waste Management Plan for Hospitals (WMPH)</i>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; District/Divisional Secretaries; civil society organizations, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&amp;S documents, GM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site &amp; via social media; Dissemination of hard or online copies at designated public locations or their website; Press releases in the local media; online consultation meetings while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, airline and border control staff, police, military, government entities, Municipal councils;</i>	<i>SEP, relevant E&amp;S documents; GM procedure; regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site &amp; via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; online consultation meetings while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>

### **3.7. Future of the project**

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

### **3.8 Proposed strategy to incorporate the views of vulnerable groups**

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. In addition to specific consultations with vulnerable groups and women, the project will partner with other line ministries and also source to private sector entities to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable group will be:

- Women: ensure that community engagement teams (are these part of the project design or an E&S response?) are gender-balanced and promote women’s leadership within these, design

online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities.

- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats, like Braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.
- Refugees/migrants: provide information in relevant language (Arabic, Persian, etc) with the support of YIMER-Directorate General of Migration Management's Communication Center as needed, and ensure that community engagement teams have the requisite language abilities and are gender-balanced to ensure outreach to women in these communities.

#### 4. Resources and Responsibilities for implementing stakeholder engagement activities

##### 4.1. Resources

The Ministry of Health is the implementing agency for the project. The same Project Management and Support Unit (PMSU) under the Turkey Health Systems Strengthening and Support Project (P152799) (HSSSP), is utilized with an additional support from one Environment and one Social specialist assigned to the PMSU. The PMSU has the required experience and is in charge of implementing the stakeholder engagement activities in partnership with the Public Health Directorate. There is a tentative budget allocated for the implementation of SEP which is included under **Sub-Component 1.3. Enhancing Public Health Awareness and Behavioral Change** which will be publicized after negotiations of the project.

##### 4.2. Management functions and responsibilities

The Project is implemented by the MOH through the existing Project Management and Support Unit (PMSU) that implements the ongoing World Bank-financed Turkey Health System Strengthening Project. The PMSU will support the MOH and directly implement technical activities, including procurement of medical supplies and equipment for activities under Component 1. Selected activities, such as coordination, communication and training may be outsourced to third parties through contract agreements if needed. The PMSU will report regularly to the Vice Minister of Health in charge of this operation and the ongoing Health Systems Strengthening Project.

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

## 5. Grievance Mechanism

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

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances;
- Avoids the need to resort to judicial proceedings (unless as a last resort).

A new grievance mechanism is established particularly for this project. As it can be seen from Figure 1 steps to be followed are:



**Figure 1: GM of the Project**

Since the Project includes whole provinces in Turkey, national mechanisms generated that are already in use (mentioned below) will be integrated to newly established Grievance Mechanism (GM). By providing necessary software integrations to new system, only Project related complaints are planned to be filtered from national systems and conveyed to Project specific grievance mechanism system.

National systems to be integrated are **SABIM** (MoH Communication Center) and **SBN** (Meeting Point at Health).

### A. SABIM: Communication Centre of Ministry of Health “ALO 184”

The Ministry of Health founded a Communication Center (SABIM) in 2004 to receive patient complaints, problems and suggestions either in person or anonymously. These can be reported to SABIM by:

- ✚ Hotline by phone via the “Alo 184” line 24/7 (established by Türk Telecom),
- ✚ Online via <https://sabim.saglik.gov.tr/login.aspx>,
- ✚ WhatsApp Number via 0541 888 0184, or
- ✚ In person at a Patient Communication Unit.

SABİM which serves also as a ministerial level grievance mechanism for its employees, health workers, patients and citizens at large. Inquiries, demands, complaints about all health services provided by MoH are responded by a professionally managed call center with 260 operators, 187 analysts and 69 other staff. This call center has been also resolving issues related to COVID19 pandemic extensively.

The hotline also provides translation support in 6 languages English, German, French, Arabic and Russian, and also includes specialized services for disabled under the “Unimpeded Health Communication Center (ESİM)”. The ESİM provides services 7/24 in sign language in order to ensure access of the disabled citizens to the health services. Available free of charge on the mobile phones, ESİM offers live interpreting services for the persons with hearing disorder while calling 112 ambulance center, getting appointment from the Central Appointment System and during medical examinations.

Applications to the 184 SABİM Call Centre are replied to and recorded by operators using special software. The recorded applications are assessed by SABİM officials and transferred to related administrators. Firstly, analyst examines the application. In cases that need urgent solutions, analyst conducts necessary research and coordination works by intervening immediately. For cases that do not need urgent solutions, analyst manages the resolution process by making an importance list among cases and then analyze.

Analysts working at the headquarter and/or field units of the Ministry have access to the system on Internet, view duties assigned to them, take required actions, and report the results through the system. Administrators are able to monitor transactions of analysts, which were taken against applications concurrently through the system.

SABİM Operators take the calls of respondents calling the ALO 184 Line, create their applications during the call, and send the applications to the SABİM Analyst after registering them in the system as a petition. The Analyst examines the applications that are directed, conducts the necessary search and coordination works by intervening immediately in urgent situations, and manages the analysis process according to the order of importance of the applications in cases of urgency. It informs citizens in line with the legislation. If the applications require further investigation, they send the applications to the dispatch team. The dispatch team examines the applications, finalizes the applications when necessary, or sends them to the analyst of the Central or Provincial Health Directorates at the relevant unit depending on the content of the applications.

The Central or Provincial Analyst examines all the details of the submitted application and takes the necessary actions. After these processes are completed, the citizen is informed as soon as any feedback is obtained in defined time frames. Transactions made and results entered into the system are evaluated by SABİM Unit Officers. The application whose review has been completed is closed by the Unit Responsible.

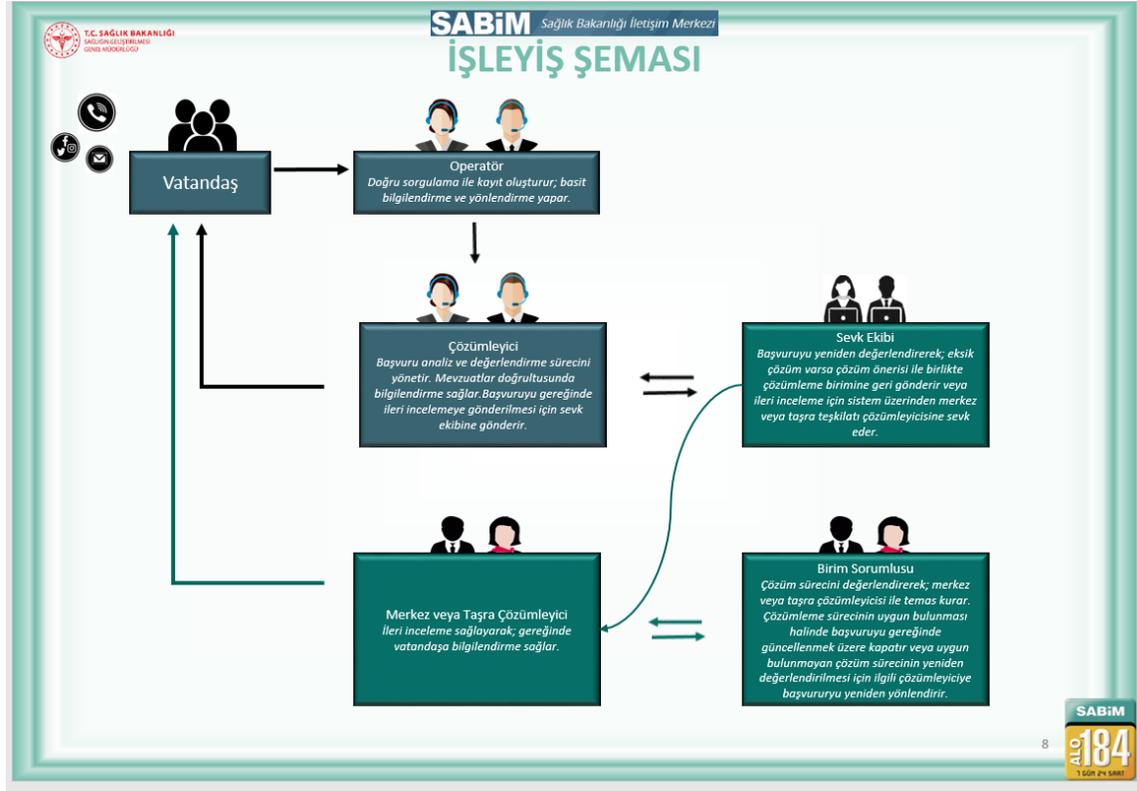


Figure 2: Flowchart of SABİM

Until the establishment of SBN website in 2011, MoH and health workers also used this system to raise their voices and submit grievances. However, the establishment of SBN generated a new platform for MoH and health service personnel to raise their voices.

Responsibilities and services given by SABİM are listed below:

1. To conduct engagement and communication processes between complainant and MoH via phone, e-mail, online, WhatsApp and social media,
2. To process any data and grievance that is directed from Turkish Presidential Communication Centre (CIMER) which is the national level of information and grievance mechanism in Turkey, and
3. To carry out process related to the wishes and complaints from other public institutions and organizations related with Health service area in Turkey for Turkish and Non-Turkish citizens.

Grievances received by SABİM, ALO 184, are resolved **no later than fourteen business days** that is dictated under the Law of Right to Information No 4982. Institutions and organizations provide access to information or document requested upon application **within fifteen business days**. However, number of days will raise to **30 business days** in cases the application concerns *more than one institution and organization* such as:

- The requested information or document is provided from another unit within the institution and organization applied for;
- The opinion of another institution and organization is demanded.

**Anonymity:** With the "Hide My Personal Information" button on the application registration screen in SABİM, the information of the citizens can be hidden in accordance with the demands of the individuals and depending on the sensitive content of the application. However, in applications involving harassment allegations, it is informed that the information of the person will be exposed due to the fact that the subject is being moved to the judicial authorities, and it is communicated that the application cannot be examined if the personal information is hidden. If the citizen gives consent to create applications without hiding their personal information, applications are directed to the relevant institutions. If the person has any statement of violence / threat against the healthcare worker, there is also no confidentiality of personal information in these applications. Because the person's statements and information are notified to the institution's superiors by searching the relevant institution and by sending the application. However, if there is a grievance of the citizen in the meantime, the grievances are written in the application content in detail and the application is sent to the relevant institutions in order to evaluate the application.

**Accessibility:** Disabled people, asylum seekers, refugees and those with temporary protection (Syrians) registered in Turkey can also reach SABİM. For those who are not native in Turkish, an Interpreter Line is available communication can be held simultaneously. Communication is provided by conducting teleconferences.

**Handling Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) issues:** First responders will be trained on how to handle disclosures of SEA/SH. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of SEA/SH 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. Turkey has already a national referral system for GBV, not only domestic violence but also work place related harassment, bullying, violence as well as SEA/SH at work place, which all institutions and health care facilities are following. These are under the auspices of Ministry of Family, Labor and Social Services and already detailed in both the Turkish Labor code and Turkish Penal code, where unacceptable behaviors are explained and relevant penalties are detailed. Psychosocial support is already provided and available for women and girls who may be affected by the outbreak and are also GBV survivors. The Grievance Mechanism (GM) that will be in place for the project will also be used for addressing SEA/SH issues at work place and will have in place mechanisms for confidential reporting with safe and ethical documenting of SEA/SH issues. Further, the GM will also have in place processes to immediately notify both the MoH and the World Bank of any SEA/SH complaints, with the consent of the survivor. Thus, the existing GM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations.

The grievances related to exploitation of female workers, including sexual harassment and abuse at the workplace and unfair treatment will be prioritized to take actions. The Project Director, Deputy Project Director and Social Expert shall be responsible for taking appropriate action in cases in which there is reason to believe that any right has been violated. The appropriate designated authorities will be informed about investigations into cases of Gender-based Violence/SEA/SH, and of the action taken as a result of such investigations.

- All grievances and feedbacks will be handled with a fair and objective approach. Transparency and accessibility are also two main concerns of this redress mechanism.
- In addition, the number, frequency, topics of grievances and feedbacks will be analyzed and reported periodically to the related units and administrative level.
- Based on these detailed reports, the most frequently addressed issues are identified and improvement activities are initiated.

## B. SBN: Health Meeting Point of Ministry of Health

SBN (Sağlıkta Buluşma Noktası-Health Meeting Point) is established for health service workers or graduates of any departments providing health education and all personnel of MoH to gather up-to-date information about appointment rules, compassionate leave, permutation requests and promotion exams; besides to submit grievances and any suggestions. To benefit from SBN services, members of mentioned worker groups should register to the system. As of July 2020, there are over 58.000 members registered to SBN.

After registration, they can convey their inquiries, demands and complaints via;

- ✚ Hotline by phone via the “Alo 182” line 24/7,
- ✚ Online via <https://sbn.saglik.gov.tr/>,

There are five sections in SBN portal that are:

1. Ask Us
2. I have an Idea
3. Billboard
4. Looking for Solution
5. Permutation

Inquiries, demands, complaints about all health services provided by SBN are responded by a team composed of 133 personnel.

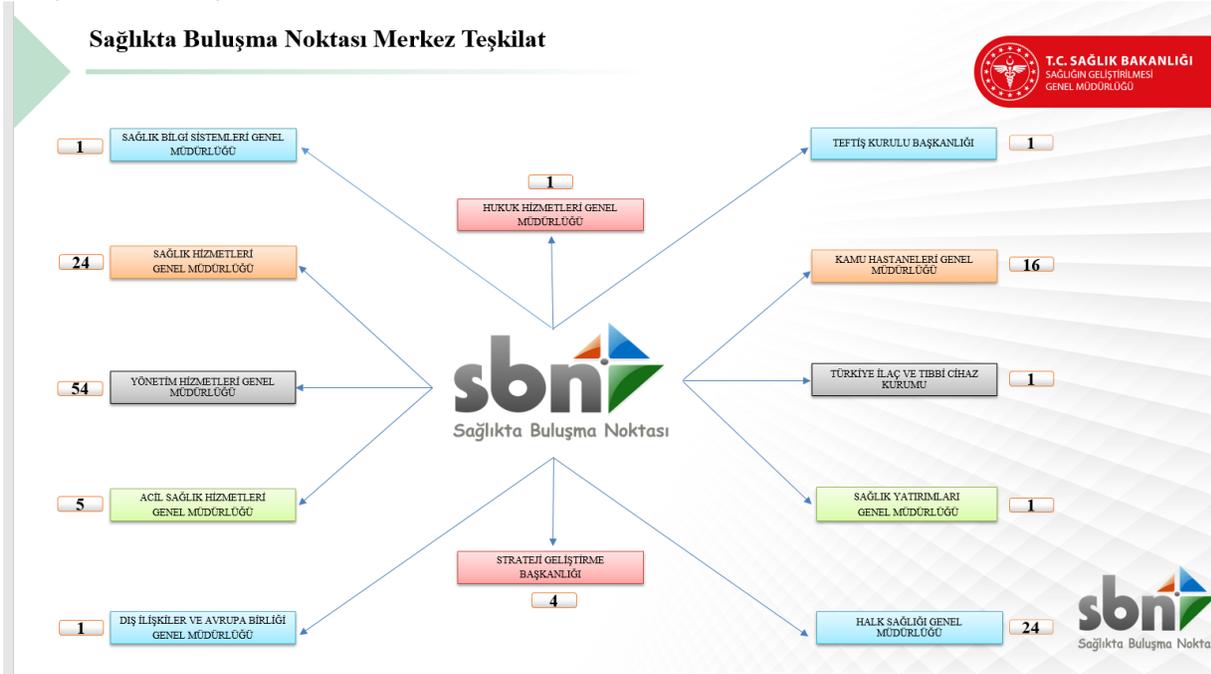


Figure 3: SBN Team at National Level

## C. CIMER: Turkish Presidential Communication Center

Third national GM is “CIMER” which is “Cumhurbaşkanlığı İletişim Merkezi - Turkish Presidential Communication Center”. Grievances can be conveyed by:

- ✚ Hotline “Alo 150” (established by Türk Telecom),
- ✚ Written - Online via [www.cimer.com.tr](http://www.cimer.com.tr), and

CIMER conveys 99% of received complaints to related governmental institutions. Each grievance received for health sector via CIMER is already being conveyed to SABİM therefore CIMER and SABİM systems work integrated.

#### **D. GRM under the Ministerial Level: Appeal Committee and Patient Rights Board of the Project**

In 2003, the Ministry of Health issued the directive entitled “Practice of Patient Rights in Healthcare Facilities”, aiming to increase the recognition of patient rights and their implementation into services. This directive describes the mechanisms of the complaint procedure in the event of a violation of rights. The document also defines the structure and duties of the newly created Patient Rights Unit and Patient Rights Board. The Patient Rights Unit (PRU) and the Patient Rights Board (PRB) have a particular importance in the complaint mechanism. They are the foundations of the application system and the organs for the evaluation of any alleged incident. Patient’s Rights Units have to be present in hospitals having 100 or more beds, and Patient’s Rights Communication Units in hospitals having 100 or less beds. The Ministry of Health has also enabled the establishment of patient’s rights units and commissions within private hospitals by changing the private hospitals directive.

#### **Process:**

The Unit Officer, the first officer who meets the patient, is a healthcare worker (social worker, psychologist, nurse, etc.), and starts to work after receiving compliance training on public relations. If the problem cannot be resolved by oral communication at PRU, then the patient files a written complaint and the case is referred to the PRB. (This is also the case if the patient has filled out the application form directly on the website). The PRB is chaired by the Vice-Chief of the hospital, who is in charge of hospital quality services. The PRB consists of a PRU Officer, the chief of the accused department, a representative of a non-governmental organization working in the field of patient rights (if needed), the patient’s attorney, a union representative authorized by the institution, a citizen, and a member of the city council appointed by the city Governor. The PRBs do not have any power of sanctions; the file is referred to the administration of the hospital for disciplinary interrogation if necessary.

A decision is given within a month at the latest if the medical staff or the medical institution is at fault. The applicant or patient is informed of the decision as is the medical staff concerned and the top executive of the medical institution. If the commission finds the medical staff or institution guilty, the top executive has the authority to make inquiries about the staff and to impose punishment.

The results of a retrospective study performed using the complaint database of written and oral applications made to PRUs in 54 public hospitals operating under the authority of the Istanbul Health Directorate from 2005 to 2011 indicate that a total of 218,186 complaints were filed. Each year, the number of complaints increased compared to the previous year, and nearly half of the applications were made in 2010 and 2011 (48.9%). The three most frequent complaints were “not benefiting from services in general” (35.4%), “not being treated in a respectable manner and in comfortable conditions” (17.8%), and “not being properly informed” (13.5%). Two-thirds of the overall applications were found in favour of the patients (63.3%), but this rate has decreased over the years. The study found that 90.7% of the applications were resolved “on-site” in PRUs, and the percentage of complaints resolved in favour of healthcare workers has been steadily increasing over the years in PRBs. A simple explanation and a verbal apology resolved a significant proportion of the complaints.

## E. Appeals Committee (AC) for the Project

In order to strengthen the existing GM and raise reliability of GM process, MoH established “Appeals Committee (AC)” comprising of 11 consultants having knowledge about Turkish health system and its practice on site. These consultants are the field coordinators of “Health System Strengthening and Support Project” of World Bank Loan No. 8531 which is already being implemented by UNDP.

AC will consider complaints on which MoH and the complainant could not reach an agreement on:

- ✚ Constraints on reaching procured equipment,
- ✚ Operational issues of procured equipment and materials

The complainant is free to convey his/her demand for transferring his/her complaint to the “Appeals Committee” so that any complaints that is already been considered by MoH but could not be resolved can be re-considered by the Committee.

### 5.1. Overview and Structure of Project GM

The operational flow of Grievance Mechanism for the stakeholders is as follows (Fig. 4):



Based on the article "d) to carry out the press and public relations and information acquisition services of the Ministry in Article 357 (d) of the Presidential Decree No. 1; SABİM serves citizens with its central and provincial units. SABİM, established in 01.01.2004 within the framework of the "Health Transformation Program", which was launched in 2003 with long-term and important goals, is a meeting point where citizens can convey all their demands, ideas and opinions by acting as a bridge between the Ministry of Health. SABİM is an institution that maintains its services with the principle of "public interest" and is in constant communication with the citizens.

80% of the applications created in SABİM are resolved in the communication center within the first 24 hours. Most of the applications requiring further examination are examined and answered within the legal period. The applications, whose process is not completed, are checked through the system and necessary warnings are made to complete the process through official channels and the process is followed.

There are standards based on quality and performance data for the evaluation of the contact center processes and they are evaluated regularly on a monthly basis.

## MINISTRY OF HEALTH

### SERVICE STANDARDS OF PRESS AND PUBLIC RELATIONS CONSULTANCY

Item Number	NAME OF SERVICE	DOCUMENTS REQUIRED IN THE APPLICATION	SERVICE COMPLETION DURATION (MAXIMUM)
1	Responding to Requests from Citizens by Call (Question, Request, Opinions, Suggestions, Implementation Support and Administrative Issues)	T. C. identification number	3 Days
2	Responding to Inquiries from Citizens	Petition (Applicant's name and surname, signature, home or work address, if the applicant is a legal person, the name and address of the legal person and the petition containing the signature and authorization document of the authorized person)	15 Days
3	Responding to Citizens' Applications within the Scope of the Right of Petition	Petition (Name, surname and signature of the petitioner, work or residence address)	30 Days

Target groups have also used CIMER (Presidential Communication Center) as grievance mechanism in addition to the SABIM service. Nearly 30.000 CIMER applications were also directed to MoH and responded in the stipulated time frame by MoH personnel. CIMER is staffed with around 30 people.

Both SABIM and CIMER issue fines to institutions in cases where complaints are not resolved in a timely manner.

Within the scope of the project, the existing Grievance Mechanism (GM) of SABIM Call Center will be utilized as Project GM and MoH will adjust the SABIM to track project-specific grievances from citizens including workers' grievances.

The GM will be accessible to a broad range of Project stakeholders who are likely to be affected directly or indirectly by the project. These will include beneficiaries-teachers and parents-, community members, project implementers/contractors/service providers etc—all of who will be encouraged to refer their grievances and feedback to the GM. The GM will also allow anonymous applications through its online and phone feedback channels.

The GM can be used to submit complaints, feedback, queries, suggestions or compliments related to the overall management and implementation of the project, as well as issues pertaining to services that are being financed and supported by the project, including:

- Mismanagement, misuse of Project Funds or corrupt practices.
- Violation of Project policies, guidelines, or procedures, abuse or any misbehavior/ misconduct
- Disputes relating to resource use restrictions that may arise between or among affected communities.
- Grievances that may arise from members of communities who are dissatisfied with the project activities, or actual implementation of the project

- General feedback, questions, suggestions, compliments.

The timeframe for acknowledging the receipt of the grievance is 3 days. Addressing and responding to feedback is 15 business days from the time that it was originally received, and this period is subject to extension upon the written consent of the MoH PMSU Director.

## **5.2. World Bank Grievance Redress Mechanism**

The requests/inquiries/grievances related to the Project will be tracked under a separate IT module which will be developed as part of this Project under this existing GRM and reported every quarter to the World Bank during implementation. The project will have a webpage under the MoH website and will share information regularly on the activities and results. It will also have an online complaint box inserted into the webpage in addition to the national GRM. The SEP will be updated once the project specific web-page and a project specific hotline will be assigned under the PMSU.

In updated version of the SEP, a fuller description of the GM will focus on typology of complaints and complainants to provide more efficient management. Possible examples: the highly vulnerable, persons with disabilities, people facing language barriers, disruptions in areas neighboring facilities, etc. The contact information for the GRM will be provided in the updated SEP which will be finalized 30 days after the project effectiveness date.

Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of Bank 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 Bank's corporate Grievance Redress Service (GRS), please visit: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org).

## 6. Information Disclosure

Stakeholder engagement during project preparation and implementation phases will be carried out in accordance with WB Environmental and Social Standard 10 – Stakeholder Engagement and Information Disclosure (2018).

MoH will make sure that all affected parties, including internal and external stakeholders such as health care workers, organizations, NGOs, local governmental agencies and etc. will be informed about the Project and will be involved in the process of identifying the important issues of the Project.

Stakeholder engagement will continue throughout preparation and operation phases. Key stakeholders will be kept informed about the Project progress, have the opportunity to feedback on the effectiveness of mitigation and enhancement measures and to raise any concerns or grievances (but not limited to) the following:

1. The impacts that have been identified as a result of the Project
2. The impacts and mitigation or enhancement measures that are being implemented;
3. The implementation schedule;
4. Roles and responsibilities;
5. Monitoring and management measures; and
6. Information on the grievance mechanism for the Project.

Environmental and Social Management Plan, Labor Management Plan and Stakeholder Engagement Plan have been disclosed as soft copies in PMSU website which is <https://pydb.saglik.gov.tr/TR-69544/covid-19-saglikta-acil-durum-projesinin-paydas-katilim-plani.html>.

To ensure effective stakeholder engagement, the SEP will be reviewed monthly by the authorized person working in PSMU during the life of the Project.

## 7. Monitoring and Reporting

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

Publication of a standalone annual report on project's interaction with the stakeholders as part of MoH's communication campaign on COVID19. A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:

- i. Number of health workers obtaining information and sharing feedback about the Project.
- ii. Number, consultation meetings and other public discussions/forums conducted within a reporting period (i.e. quarterly);
- iii. Number of project grievances received within a reporting period (i.e. quarterly/six monthly) and number of those resolved within the prescribed timeline.



## Annex 2: Application Form

Application Form		
Type of Application	Grievance	
	Suggestion	
	Information	
Province of Application		
Institution/Organization of the Application		
Subject of the Application		
Name-Surname <i>(For Anonymous applications, leave this section empty)</i>		
Preferred Tools to Contact and Contact Information <i>(Please choose at least one tool)</i>	Phone:	
	E-Mail	
	Mail:	
	Fax:	
Date of Application	<i>Day/Month/Year</i>	