



REPUBLIC OF TÜRKİYE

MINISTRY OF HEALTH

TÜRKİYE

EARTHQUAKE RECOVERY & RECONSTRUCTION
PROJECT

Stakeholder Engagement Plan

DRAFT

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Abbreviations

AC	Appeals Committee
AFAD	Disaster and Emergency Management Presidency
AHM	Family Medicine Centers
AoI	Area of Influence
CİMER	Turkish Presidential Communication Centre
E&S	Environmental and Social
ESF	Environmental and Social Framework
ESIM	Unimpeded Health Communication Center
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
GBV	Gender-Based Violence
GM	Grievance Mechanism
GRS	Grievance Redress Service
İLBANK	İller Bankası A.Ş.
KPI	Key Performance Indicator
LMP	Labor Management Procedures
MoEUCC	Ministry of Environment, Urbanization and Climate Change
MoH	Ministry of Health
MoTF	Ministry of Treasury and Finance
NGO	Non-governmental Organization
PAP	Project Affected People
PHC	Primary Health Care
PMSU	Project Management and Support Unit
Project	Türkiye Earthquake Recovery & Reconstruction Project
PRB	Patient Rights Board
PRU	Patient Rights Unit
SABİM	MoH Communication Center
SBN	Meeting Point at Health
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
SuTP	Syrians under Temporary Protection
WB	World Bank

1 Executive Summary

After the 7.8 and 7.5 magnitude earthquakes that occurred in Kahramanmaraş on February 6, 2023, approximately 13.4 million Turkish citizens and 1.8 million Syrians under Temporary Protection (TPA) have been affected.

After the earthquake, approximately 3.3 million people migrated to provinces such as Mersin, Adana, Antalya, Konya, Samsun, Ankara, Eskişehir and Van. Approximately two million people continue to live in tent camps and containers in the earthquake zone.

The earthquakes also caused extensive damage to hospitals, airports, ports, roads, railways, bridges, natural gas and electricity pipelines and communications infrastructure in the region.

The health sector was one of the sectors most affected by the earthquake due to the damage to health facilities and hospitals.

As a response to this emergency disaster situation, the "Earthquake Recovery & Reconstruction Project" has been developed to support the Turkish Government's restoration and maintenance of essential services in the areas affected by the February 2023 earthquakes, including in particular infrastructure, buildings, sanitation, water, infrastructure and emergency services.

Türkiye Earthquake Recovery & Reconstruction Project has 4 components to restore access to essential services and resilient housing in selected provinces affected by the February 2023 earthquakes.

The Project is planned under the Component 2- ***Restoration of Health Services*** which has following sub-components.

Component 2 – Restoration of Health Services

- Subcomponent 2.1: Ensuring continuity of primary-level and hospital-level health services
- Subcomponent 2.2: Providing mobile diagnostic services
- Subcomponent 2.3: Supporting access to vaccination, disability services, and medical equipment

The project activities will take place in Hatay, Malatya, Kahramanmaraş, Adana, Adıyaman, Gaziantep, Osmaniye, Diyarbakır, Şanlıurfa, Kilis, Elazığ, Sivas provinces which have been affected by the earthquake and, for the provinces of Antalya, Ankara, İstanbul, İzmir, Mersin where the health service demands have highly increased, due to the received migration from the earthquake impacted provinces.

The Stakeholder Engagement Plan prepared as part of this project outlines the strategies, tactics and methodologies that the Ministry of Health will use to engage effectively with its stakeholders throughout the Project.

This SEP is also to provide a framework to help MoH identify its stakeholders within the Project, map it out, and communicate and collaborate with its stakeholders in an efficient and mutually beneficial manner.

This Stakeholder Engagement Plan also explains the grievance mechanism to be used throughout the Project and sets out the communication channels.

2 Introduction/ Project Description

This document is a Stakeholder Engagement Plan (SEP) that explains the stakeholder consultation and engagement process planned and to be implemented for the components 2 and 4b of the Türkiye Earthquake Recovery and Reconstruction Project (TERRP or Project) and prepared by the Ministry of Health.

On 6 February 2023 in Kahramanmaraş, a 7.8 magnitude earthquake at 04:17 (local time) and a 7.5 magnitude earthquake at 13:24 (local time) were occurred. The earthquakes have been recorded as the strongest to strike Türkiye since 1939 and the deadliest since the Izmit earthquake in August 1999.

These earthquakes and the aftershocks impacted approximately 13.4 million Turkish citizens and 1.8 million Syrians under Temporary Protection (SuTP), mainly in the provinces of Adana, Adıyaman, Diyarbakır, Gaziantep, Hatay, Kilis, Malatya, Osmaniye, Elazığ, Sivas and Şanlıurfa.

The earthquakes also caused extensive damage to critical infrastructure in the region, including hospitals, airports, ports, roads, railways, bridges, natural gas and electricity pipelines, and communications infrastructure.

The health sector is among those most affected by the earthquake due to damage to health facilities. Prior to the earthquake, the health sector in the ten earthquake provinces was well-developed, comprising 12.5% of hospitals (116 out of 927 hospitals) and 17.5% of primary health care facilities (2,454 out of 14,031 facilities) in Türkiye.

In the region, the number of hospital beds per 10,000 inhabitants (32.3) was higher than the national rate of 31.3 beds per 10,000 inhabitants.

Affected provinces also provided 17.5% (2,454) of primary health care (PHC) centers in the country and a strong PHC system through a network of Family Medicine centers (AHMs) (14,031). AHM preventive care, reproductive health provides primary health care services, including maternal and childcare, immunization, and screening and treatment of chronic conditions. Healthy Life Centers lifestyle consultancy and supervision complements the family medicine model by providing people-centered/personalized services through screening and prevention of priority non-communicable diseases.

Due to the earthquake, the health sector suffered significant damage of approximately 4.3 billion USD.

Including public, private and university hospitals, approximately 31 percent of hospitals (42 out of 136 buildings) were severely damaged, and 69 percent of hospital buildings (94 out of 136 buildings) were slightly damaged. Damage to hospital buildings is estimated at US\$3.1 billion.

Similarly, primary health care facilities, public health laboratories, imaging centers and vaccine depots in the earthquake area were also severely damaged.

Damage to health facilities has hampered the ability of the sector to provide services at a time when communities affected by the earthquake most need it. This includes services not only for patients injured in the earthquake, but also for patients with chronic diseases such as diabetes, lung and cardiovascular disease, and those requiring advanced treatment such as chemotherapy and dialysis.

Disruption of services has increased barriers to access to routine care such as vaccination and maternal and child health services. In addition to the depletion of medical supplies and drugs needed for those with existing health problems, there has also been a very high increase in the demand for disability care and mental health services after the earthquake.

In addition to these disruptions, service provision in the region is seriously hampered by the health workforce shortages.

Health workers lost their lives or were injured in earthquakes, or health workers could not continue to work because their homes were destroyed and their families suffered losses. Improving the working conditions of the currently serving health workers also stands out as a priority issue in the earthquake zone. Most of the healthcare workers are currently staying in tents, working under difficult conditions with extreme fatigue.

After the earthquake, approximately 3.3 million people migrated from the earthquake area and approximately two million people live in tent camps and container settlements. Additional resources are needed to meet the increase in the demand for health services in cities such as Mersin, Adana, Antalya, Konya, Samsun, Ankara, Eskişehir and Van, which received immigration in this process.

About the Türkiye Earthquake Recovery and Reconstruction Project

The Project will support the Government of Türkiye's recovery efforts to restore essential services and provide resilient rural housing in areas affected by the February 2023 earthquakes. It will support the provision of temporary facilities and equipment, rehabilitation/structural strengthening and resilient reconstruction of damaged infrastructure and buildings required for the restoration and continued operation of essential services, including health, water, sanitation, and emergency services. It will also finance the resilient reconstruction of damaged rural houses and associated basic infrastructure in villages. Investments under the Project will be made using a build-back-better approach that promotes resilience to disaster and climate, sustainability, and inclusion.

Eligible provinces are the eleven provinces that sustained the greatest damages in the February 2023 earthquakes; however, provinces nationally that received a high influx of displaced population will also be eligible for support under the health component. The eleven provinces

declared as disaster zones in February 2023 are Adana, Adıyaman, Diyarbakır, Elazığ, Gaziantep, Hatay, Kahramanmaraş, Kilis, Malatya, Osmaniye, and Şanlıurfa.

The Project will be implemented through four components.

Component 1 Restoration of Municipal Infrastructure and Services. The responsibility for overall management and implementation of this component will lie with ILBANK. This component will finance civil works (including demolition as applicable), goods, consultancy, and non-consulting services needed to restore access to critical municipal services of affected communities while enhancing disaster and climate resilience.

Subcomponent 1.1: Resilient rehabilitation and reconstruction of municipal infrastructure. This subcomponent will finance rehabilitation and reconstruction of existing municipal water, sanitation, wastewater, and drainage services damaged by the earthquakes. Eligible activities will include the repair and reconstruction of damaged water and sewage networks, water treatment plants, wastewater treatment plants, stormwater drainage, etc. to be more disaster and climate resilient and, as such, be better adapted for the climate change and/or would consider introduction of climate-smart/nature-based technologies and solutions contributing to climate change mitigation. The subcomponent may also support the installation of temporary water and sanitation facilities for container cities, such as package wastewater treatment plants, solar thermal hot water collectors, portable rainwater storages, etc., as needed. This subcomponent will also finance rehabilitation and resilient reconstruction of municipal roads, bridges, underpasses, and allied infrastructure that have been damaged by the earthquakes.

Subcomponent 1.2: Resilient recovery of critical municipal service facilities. This subcomponent will finance the rehabilitation and reconstruction of municipal fire station buildings and purchase of equipment required to restore the provision of firefighting, emergency response, and other critical municipal services. Eligible activities will include inter alia: (a) installation of prefabricated facilities to provide critical municipal fire and emergency services during transition periods and ensure continuity of services, as needed; (b) repair and strengthening of lightly damaged municipal fire stations; (c) in-situ resilient reconstruction of destroyed, heavily and moderately damaged municipal fire stations or reconstruction of such facilities in new locations as deemed acceptable according to the World Bank's ESF; and (d) the acquisition of emergency response and municipal services equipment and vehicles (e.g. firefighting and rescue vehicles and equipment, solid waste collection vehicles, buses, street sweeping vehicles, etc.) to restore municipal capacity for essential service provision. These activities will also contribute to strengthening the capacity and preparedness of the affected municipalities to respond to future disasters, including climate change-imposed challenges and the expected growing impact of extreme weather and natural hazards.

Component 2: Restoration of Health Services. The responsibility for overall management and implementation of Component lies with the MoH through the existing Project Management Support Unit (PMSU). This component will support activities to ensure continuity of access to

health services for the affected population in the immediate and short-term. This will include establishing and ensuring the operation of prefabricated primary health care (PHC) facilities and equipping field emergency hospitals, establishing a network of field and mobile PHC and diagnostic services, restoring depleted medical supplies, improving access to vaccination, supporting access to disability support, and supporting sanitation measures to ensure clean water and prevent infectious diseases.

Subcomponent 2.1 – Ensuring continuity of primary-level and hospital-level health services.

This subcomponent will support the establishment of a network of fixed prefabricated family health centers supported by mobile PHC units. The prefabricated facilities are needed to replace the collapsed, heavily, and moderately damaged primary health care buildings (Family Medicine Centers) in the earthquake region until permanent PHC facilities can be reconstructed. The mobile units will also allow health care providers to provide services to displaced population in tent camps, container cities, refugee shelters and scattered villages in rural areas. In line with MoH's interim strategy to restore PHC services, the subcomponent will finance: (i) the installation of 350 prefabricated, fully equipped family health centers with an average of 3-4 family medicine units in each, for primary health care service delivery in the region; and (ii) procurement of 250 mobile health clinics to reach out to the different temporary settlements with large, displaced population and rural regions. This subcomponent will also support the operation of eleven prefabricated emergency hospitals through the procurement of furnishings and medical equipment.

Subcomponent 2.2 – Providing mobile pharmaceutical and diagnostic services.

This subcomponent will establish a network of mobile diagnostic services to support the field emergency hospitals and prefabricated PHC facilities. Activities will include the purchase of: (i) vehicles equipped with mobile imaging equipment, (ii) mobile public health laboratories for microbiology and water analysis, (iii) mobile computerized tomography devices, (iv) mobile digital X-ray and ultrasound devices, (v) home health care services vehicles and related kits, (vi) ambulances and fully equipped medical all-terrain vehicles, and (vii) mobile command control vehicles.

Subcomponent 2.3 – Supporting access to vaccination, disability services, and medical equipment.

This subcomponent will finance activities to restore MoH's capacity in vaccination, address the needs of people disabled due to the earthquakes, and curb the spread of infectious diseases. Activities will include: (i) the replacement of damaged provincial and district vaccine warehouses with prefabricated and light steel construction vaccine storage containers to be located in the major cities of Hatay, Malatya, Kahramanmaras, Adıyaman and Adana that will service as regional vaccine warehouses for the earthquake region; (ii) provision of vaccine transport vehicles to ensure timely distribution of vaccines from the regional warehouses to settlements across the earthquake region, including container cities, dispersed villages in rural areas, and refugee shelter camps; (iii) provision of equipment for disability services, including inter alia, microprocessor prosthesis, orthotics and prosthesis, and battery powered wheelchairs; (iv) provision of equipment

and capacity building for physical therapy and rehabilitation centers in earthquake-affected provinces; and (v) provision of essential medical supplies such as biocidal products and rapid test kits.

Component 3– Emergency Housing Support and Recovery. The responsibility for overall management and implementation of Component 3 will lie with MoEUCC’s General Directorate for Construction Affairs (GDCA), in close coordination with AFAD, the Strategy and Budget Presidency (SBP), the MoTF, and other relevant directorates of MoEUCC.

Subcomponent 3.1 – Rural housing reconstruction. This subcomponent will finance civil works, consultancy, and non-consulting services to support the recovery of the earthquake-affected rural villages under the government’s existing post-disaster housing reconstruction program. For resilient reconstruction of rural houses assessed as collapsed, severely or moderately damaged, preference will be given for in-situ reconstruction to the extent possible under the Project. Civil works for infrastructure will support the repair of damaged municipal infrastructure/engineering networks where housing is reconstructed in situ and the new construction of such infrastructure where housing is being relocated to new sites. The subcomponent will also provide technical assistance to strengthen the current post-disaster rural housing program.

Subcomponent 3.2 – Resilient recovery foundations and inclusive post-disaster housing support. This subcomponent will finance technical assistance and advisory services to AFAD’s General Directorate of Housing and Construction Works, and MoEUCC’s General Directorate of Construction Affairs to support planning for medium/longer term resilient reconstruction and improve post-disaster housing programs for future disasters.

Component 4 – Project Management, Monitoring & Evaluation. This component will finance consultant and non-consulting services, goods, training, and operating costs for supporting the Implementing Agencies in project management and implementation activities under the Project, including for, but not limited to, monitoring and evaluation, reporting, procurement, financial management, environmental and social management, grievance redress mechanism, and project communication and outreach.

Aim and Scope of Subcomponents to be implemented by the MoH

According to the current situation described above, the components 2 and 4b of the Project is planned according to the following criteria, focusing on restoring access to services and maintaining health care.

- (i) Supporting the operation of five prefabricated field hospitals through the purchase of furniture and medical equipment;
- (ii) Ensuring access to primary health care and maintaining health care through a network of prefabricated fixed health centers supported by mobile PHC units

- (iii) Restoring the vaccination capacity of the Ministry of Health,
- (iv) Connecting established field hospitals and primary health care facilities through a network of mobile pharmaceutical and diagnostic services;
- (v) Supporting access to disability services, including microprocessor prosthetics, orthoses and prostheses, battery powered wheelchairs, FTR capacity development in the 4 major damaged provinces of Hatay, Maraş, Gaziantep and Diyarbakır,
- (vi) Purchasing essential medical supplies to reduce the spread of infections by speeding up the distribution of medical supplies.

These activities will be implemented for the Hatay, Malatya, Kahramanmaraş, Adana, Adıyaman, Gaziantep, Osmaniye, Diyarbakır, Şanlıurfa, Kilis, Elazığ, Sivas provinces which have been affected by the earthquake and, for the provinces of Antalya, Ankara, İstanbul, İzmir, Mersin where the health service demands have highly increased, due to the received migration from the earthquake impacted provinces.

3 Regulations and Requirements

National requirements

3.1.1 The Constitution of The Republic of Türkiye

“The Constitution of the Republic of Türkiye” is the main document related to the stakeholder engagement component of the Project. The articles of the Constitution related to engagement issues are listed below:

3.1.2 Freedom of Thought and Opinion

ARTICLE 25. Everyone has the right to freedom of thought and opinion. No one shall be compelled to reveal their thoughts and opinions for any reason or purpose, nor shall anyone be blamed or accused on account of their thoughts and opinions.

3.1.3 Freedom of Expression and Dissemination of Thought

ARTICLE 26. Everyone has the right to express and disseminate his thoughts and opinion by speech, in writing or pictures or through other media, individually or collectively. This right includes the freedom to receive and impart information and ideas without interference from official authorities.

3.1.4 Health, the Environment and Housing

ARTICLE 56. Everyone has the right to live in a healthy, balanced environment.

It is the duty of the state and citizens to improve the natural environment and to prevent environmental pollution.

3.1.5 Conservation of Historical, Cultural and Natural Wealth

ARTICLE 63. The state shall ensure the conservation of the historical, cultural, and natural assets and wealth and take supportive and promotive measures towards that end.

3.1.6 Right of Petition

ARTICLE 74. Citizens and foreign residents considering the principle of reciprocity have the right to apply in writing to the competent authorities and the Turkish Grand National Assembly about the requests and complaints concerning themselves or the public.

3.1.7 Civil Law

Real property rights and restrictions are defined under the relevant section of Civil Law No. 4721 (Issued on 08.12.2001, Official Gazette No. 24607). Provisions of Turkish Civil Law will be considered and met in all phases of the Project.

3.1.8 Law on the Right to Information

Law on the Right to Information No. 4982 (Issued on 24.10.2003, Official Gazette No. 25269) regulates the procedure and the basis of the right to information according to the principles of equality, impartiality and openness that are the necessities of a democratic and transparent government. Everyone has the right to information on the activities of public institutions and professional organisations, which qualify as public institutions.

3.1.9 Law on the Use of Right to Petition

Turkish citizens have the right to apply in writing to the Turkish Grand National Assembly and the component authorities about the requests and complaints concerning themselves or the public according to Article 3 of the Law on the Use of Right to Petition No. 4982 (Issued on 01.11.1984, Official Gazette No. 3071). Foreign residents have this right considering the principle of reciprocity and by drawing up petitions in Turkish.

3.1.10 Expropriation Law

Another law related to the involvement of stakeholders in the Project is the Expropriation Law No: 2942 (Issued on 04.11.1983, Official Gazette No. 18215).

The administration action of the expropriation process is performed in line with the Expropriation Law No. 2942 (Issued on 08.11.1983, Official Gazette No. 18215) according to its purpose, authorization, procedure, reason, and the subject of the action.

World Bank Requirements

The World Bank Environmental and Social Standard 10 (ESS 10) defines the requirements of the "Stakeholder Engagement and Information Disclosure" in accordance with the WB approach.

World Bank's Environmental and Social Framework (ESF) recognizes, " the importance of open and transparent engagement between the Borrower (MoH) and project stakeholders as an essential element of good international practice."

The requirements set out by ESS10 are as follow:

- Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts
- Borrowers will engage in meaningful consultations with all stakeholders. Borrowers will provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

- The process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
- The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not (World Bank, 2017: 98).

WB ESS 10 highlights the importance of open and transparent participation between the Borrower and Project stakeholders as a key element of international good practice. Therefore, ESS10 defines an effective stakeholder engagement process as one that makes significant contributions to the environmental and social sustainability of the Project, its acceptance, and successful project design and implementation.

In line with this approach, stakeholder engagement process according to ESS10 should cover the following topics;

- (i) identification and analysis of stakeholders,
- (ii) planning how the interaction with stakeholders will take place,
- (iii) disclosure of information,
- (iv) consultation with stakeholders,
- (v) handle and respond to complaints,
- (vi) reporting to stakeholders.

As detailed in ESS10, as part of the Borrower's environmental and social assessment, a description of the stakeholders consulted, a summary of the feedback received, and a brief explanation of how the feedback was taken into account or not why.

However, according to ESS10, the Borrower is required to respond in a timely manner to stakeholders' concerns and complaints regarding the environmental and social performance of the project. The Borrower shall establish and implement a grievance mechanism to resolve such concerns and grievances.

The grievance mechanism should be accessible and inclusive, commensurate with the potential risks and impacts of the project.

4 Brief Summary of Previous Stakeholder Engagement Activities

This SEP was developed during the preliminary phase of the Project. In this early phase of the preliminary work, institutional consultations, which played a role in the development of the Project, were held within the scope of stakeholder consultations.

For the current situation analysis and needs analysis for the Türkiye Earthquake Recovery and Reconstruction Project following engagement activities were held:

- weekly face-to-face and online meetings were conducted at the level of director, general manager and department head of the General Directorate of Public Hospitals, General Directorate of Public Health, General Directorate of Emergency Health Services, which are in the MoH,
- weekly face-to-face and online meetings were conducted at the level of expertise with the participation of social, environmental, purchasing, finance experts and consultants from the General Directorate of Public Hospitals, General Directorate of Public Health, General Directorate of Emergency Health Services, and
- online correspondence and meetings were held with the provincial health directorates, hospital administrations and public health units of the earthquake zone provinces.

The main focus of the stakeholder meetings carried out are listed below;

- to understand the current situation in the earthquake region,
- to understand and identify the losses in the health institutions and the health sector in the earthquake region,
- to identify and prioritize the urgent needs in health sector at national, regional and provincial levels,
- to carry out provincial level need assessments and categorizations,
- to identify the opportunities and constraints based on the needs and urgent actions those can be financed within the scope of the Project,
- to determine the provinces outside the earthquake zone but indirectly affected by the earthquake (migration, population influx, economic losses, etc.) and to assess the potential health sector problems on these provinces, and
- to determine the urgent needs of the provinces that received population from the earthquake region and to assess their preliminary needs to be financed within the scope of the Project.

Stakeholder Identification and Analysis

The first step of defining the stakeholders is the first step of the stakeholder engagement process. Therefore, in order to determine the most appropriate consultation methods, stakeholders are identified and classified.

The identification and analysis of the stakeholders should be performed as early as possible in the project life cycle, taking into account the dynamics between stakeholders and the risks and opportunities of their involvement in the Project, and should:

- Categorize stakeholders in accordance with their level of impact and interest in the project/sub-projects;
- Present how each stakeholder group (vulnerable groups, individuals, organizations, government institutions, etc.) will be affected by the project and how will influence the Project – directly or indirectly; through taking into account:
 - the area of influence; geographical location where anticipated impacts (both positive and negative) will occur, and therefore the localities within which people and businesses could be affected, and
 - the nature of the impacts that could arise and therefore the types of national/local government entities, NGOs, academic and research institutions and other bodies who may have an interest in these issues.

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’). Interested parties 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.

It is the first step of defining the stakeholders in the project process and determining the consultation methods with the identified stakeholders and then implementing them.

At this stage, the following steps are applied.

- Defining the area of influence
- Identification of stakeholders with mapping
- Classification of stakeholders according to their level of influence or interest,
- Identification of stakeholder representatives,
- Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent),
- Determining the appropriate consultation tools for the social, cultural and economic conditions of the community representatives and stakeholders,
- Identification of stakeholders identified as vulnerable groups,

- Identification of vulnerable group contact persons/representatives,
- Determination of consultation methods and tools with vulnerable groups
- Determining the project stakeholder engagement process program,
- Developing the Project Grievance Mechanism Procedure

The method and approach used in implementing these stages are detailed below.

Approach and 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 (AoI) 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 Groups¹ – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status², and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Area of Influence

IFC Guidance Note 1³ describes the AoI as follows;

Where the project involves specifically identified physical elements, aspects, and facilities that are likely to generate impacts, environmental and social risks, and impacts will be identified in the context of the project's area of influence.

This area of influence encompasses, as appropriate:

The area likely to be affected by:

- i. The project and the client's activities and facilities that are directly owned, operated, or managed (including by contractors) and that are a component of the project;
- i. Impacts from unplanned but predictable developments caused by the project that may occur later or at a different location; or
- ii. Indirect project impacts on biodiversity or on ecosystem services upon which Affected Communities' livelihoods are dependent.

Therefore, in the light of the above explanations, the Project Area of Influence is defined in the following order;

- Directly earthquake impacted provinces which area is defined as the foot-print of the Project,
- Migration affected provinces which are both foot-print and likely to be affected area and,
- Turkiye.

The AoI of the Project is presented in the figure below.

1 <https://thedocs.worldbank.org/en/doc/837721522762050108-0290022018/original/ESFFramework.pdf#page=111&zoom=80> : "Where applicable, the SEP will include differentiated measures to allow the effective participation of those identified as disadvantaged or vulnerable".

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

3 Assessment and Management of Environmental and Social Risks and Impacts

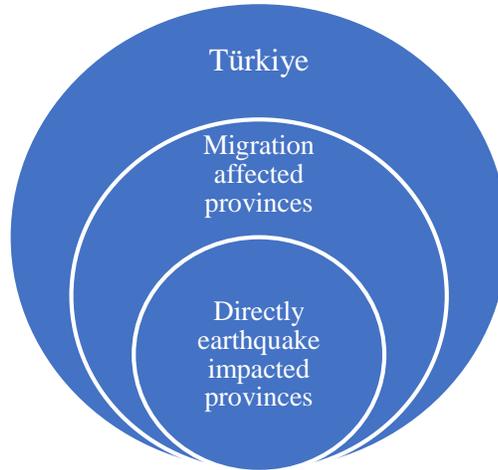


Figure 4-1 Project AoI

Project area of influence footprint includes the directly earthquake impacted provinces which are Hatay, Malatya, Kahramanmaraş, Adana, Adıyaman, Gaziantep, Osmaniye, Diyarbakır, Şanlıurfa, Kilis, Elazığ, Sivas.

Migration affected provinces where the health service demands have highly increased, due to the received migration from the earthquake impacted provinces, which are Ankara, Mersin, İstanbul, İzmir, Antalya. Project activities and supports will be extended to these provinces as well.

It is also expected that the improvements and health sector supports arising from the Project activities in the project provinces will positively affect the health service delivery, health conditions and working conditions throughout Türkiye in the future.

When all areas of the project that are likely to have an impact are evaluated, Türkiye, including other interested parties, is considered as the last circle in the indirect influence area.

Stakeholders

4.1.1 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 are defined within this category:

- Earthquake impacted people living in the earthquake provinces,
- Earthquake impacted people migrated from the earthquake provinces,
- Health institutions in earthquake provinces including;
 - o state hospitals in the earthquake provinces
 - o family health centers in the earthquake provinces
 - o public health centers in the earthquake provinces
 - o centers operating in the earthquake provinces, such as laboratories, etc.
 - o physical therapy institutions in the earthquake provinces

- Pharmacies in the earthquake provinces
- State hospitals in the immigration cities (Ankara, Mersin, İzmir, İstanbul, Antalya)
- Public/private health care workers (doctors, nurses, public health inspectors, midwives, laboratory technicians/staff,) and emergency personnel
- Staff at medical and testing facilities, pharmacies and public health agencies
- Ministry of Health, Ministry of Health/ Emergency Health Services General Directorate,
- Ministry of Health, General Directorate of Public Hospitals,
- Ministry of Health, General Directorate of Public Health,
- Disaster and Emergency Management Presidency (AFAD)
- Municipalities of the earthquake impacted provinces
- Governorships of the earthquake impacted provinces
- Provincial Directorates of MoH
- Provincial Directorates of AFAD
- Provincial Directorates of Environment, Urbanization and Climate Change
- Service or Good Providers of the Project
- Local businesses
- NGO's, health organizations/ associations working in the earthquake provinces

Other Interested Parties

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

- Community based organizations, national civil society groups and NGOs, etc.
- Goods and service providers involved in the project's wider supply chain
- Ministry of Environment, Urbanization and Climate Change (MoEUCC)
- Provincial Directorates of Environment, Urbanization and Climate Change
- Ministry of Interior
- İller Bankası A.Ş. (İLBANK)
- Union of Municipalities of Türkiye
- Communities living in the neighborhood provinces
- Family health centers in the immigration cities
- Public health centers in the immigration cities
- Centers operating in the immigration cities
- Physical therapy institutions in the immigration cities
- Media including social media
- National and international health organizations/ associations (e.g. the Turkish Medical Association (TTB), 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 interested national NGOs
- Other donor organizations (ADB, EBRD, CEB, IsDB, KfW, USAID, and GIZ),
- Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO), EU, bilateral agencies and others
- Academics

4.1.2 Vulnerable/Disadvantaged Individuals or Groups

WB ESS10 defines vulnerable/disadvantaged individuals/groups as; "*disadvantaged or vulnerable refers to those who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits*"⁴.

Based on this definition, WB ESS10 emphasizes the importance of ensuring the meaningful participation of vulnerable groups in consultation processes; "Such an individual/group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so"⁵.

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

- Individuals with disability, including those with new disabilities due to disasters.
- Elderly individuals
- Chronic patients
- Immigrants, refugees, and non-native Turkish speakers
- Poor households
- All earthquake victims who lost their relatives and suffered material and moral damage in the earthquake and Post-Traumatic Mental Disorder (PTSD)
- Pregnant women, infants and children
- Refugees, migrants, citizens with limited Turkish language abilities
- the unemployed and homeless
- Women-headed households and/or single mothers with underage children
- Extended low-income families
- Patients in health-care facilities, including those in temporary locations.

⁴ <https://thedocs.worldbank.org/en/doc/837721522762050108-0290022018/original/ESFFramework.pdf#page=111&zoom=80>

⁵ <https://thedocs.worldbank.org/en/doc/837721522762050108-0290022018/original/ESFFramework.pdf#page=111&zoom=80>

Vulnerable/disadvantaged individuals/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.

Mapping of the Project Stakeholders

Table 4-1 Mapping of the Stakeholder Groups

Stakeholder Groups	Stakeholders	Affected Parties		Other Interested Parties
		Direct Stakeholders	Indirect Stakeholders	
Project Affected People (PAPs)	<ul style="list-style-type: none"> Earthquake impacted people living in the earthquake provinces 	x		
	<ul style="list-style-type: none"> Earthquake impacted people migrated from the earthquake provinces 	x		
	<ul style="list-style-type: none"> Communities living in the neighborhood provinces 			x
Governmental bodies	<ul style="list-style-type: none"> Ministry of Health, Ministry of Health/ Emergency Health Services General Directorate 	x		
	<ul style="list-style-type: none"> Ministry of Health, General Directorate of Public Hospitals 	x		
	<ul style="list-style-type: none"> Ministry of Health, General Directorate of Public Health 	x		
	<ul style="list-style-type: none"> AFAD 			x
	<ul style="list-style-type: none"> MoEUCC 			x
	<ul style="list-style-type: none"> Ministry of Interior 	x		
	<ul style="list-style-type: none"> ILBANK 			x
Local governmental bodies	<ul style="list-style-type: none"> Governorships of the earthquake impacted provinces 	x		
	<ul style="list-style-type: none"> Provincial Directorates of MoH 	x		
	<ul style="list-style-type: none"> Provincial Directorates of AFAD 			x
	<ul style="list-style-type: none"> Provincial Directorates of Environment, Urbanization and Climate Change 			x
Municipalities	<ul style="list-style-type: none"> Municipalities of the earthquake impacted provinces 	x		
	<ul style="list-style-type: none"> Union of Municipalities of Türkiye 			x
Health institutions	<ul style="list-style-type: none"> State hospitals in the earthquake zone Family health centers in the earthquake area Public health centers in the earthquake area Centers operating in the earthquake zone, such as laboratories, etc. 	x		

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	<ul style="list-style-type: none"> Physical therapy institutions in the earthquake area Pharmacies in the earthquake area 			
	<ul style="list-style-type: none"> State hospitals in the immigration cities (Ankara, Mersin, İzmir, İstanbul, Antalya) 	X		
	<ul style="list-style-type: none"> Family health centers in the immigration cities Public health centers in the immigration cities Centers operating in the immigration cities Physical therapy institutions in the immigration cities 			X
Healthcare workers in the earthquake provinces	<ul style="list-style-type: none"> Public/ private health care workers, Doctors, Nurses, Midwives Public Health workers, Pharmacist 	X		
NGO's and organizations	<ul style="list-style-type: none"> National and international health organizations/ associations: Turkish Medical Association, TTB, Public Health Experts Association, Turkish Clinical Microbiology Infectious Diseases Association, Turkish Thoracic Society, Turkish Intensive Care Association, Interested national NGOs 			X
	<ul style="list-style-type: none"> NGO's, health organizations/ associations working in the earthquake provinces 	X		
	<ul style="list-style-type: none"> Red Crescent Society, Global Fund Diplomatic mission and UN agencies (UNICEF, WHO), EU Interested international NGOs, 			X
Local sector	<ul style="list-style-type: none"> Service or Good Providers 		X	
	<ul style="list-style-type: none"> Local businesses 			X
	<ul style="list-style-type: none"> Chamber of Arts and Craftsman 			X
Academics	<ul style="list-style-type: none"> Universities Institutes 			X

MoH – TÜRKİYE EARTHQUAKE RECOVERY & RECONSTRUCTION PROJECT

Other donor organizations	<ul style="list-style-type: none"> • ADB, • EBRD, • CEB, • IsDB, • KfW, • USAID, • GIZ 			x
Vulnerable/Disadvantaged Individuals/Groups	<ul style="list-style-type: none"> • Individuals with disability • Elderly individuals • Chronic patients • Immigrants, refugees and non-native Turkish speakers • Poor households • All earthquake victims who lost their relatives and suffered material and moral damage in the earthquake and PTSD. • Pregnant women, infants and children • Refugees, migrants, citizens with limited Turkish language abilities • The unemployed and homeless • Women-headed households and/or single mothers with underage-children; • Extended low-income families • Patients and the families of the patients at health care facilities, including in temporary locations. 	x		

5 Stakeholder Engagement Program

5.1.1 Purpose and timing of stakeholder engagement program

Due to the urgency of the project, the consultations during the project preparation phase were conducted with the officials of the relevant ministries/state units and provincial-district directorates, hospital administrators and relevant persons from other institutions working in the health sector.

6 Consultations during this preliminary phase are described in Section 4 Executive Summary

After the 7.8 and 7.5 magnitude earthquakes that occurred in Kahramanmaraş on February 6, 2023, approximately 13.4 million Turkish citizens and 1.8 million Syrians under Temporary Protection (TPA) have been affected.

After the earthquake, approximately 3.3 million people migrated to provinces such as Mersin, Adana, Antalya, Konya, Samsun, Ankara, Eskişehir and Van. Approximately two million people continue to live in tent camps and containers in the earthquake zone.

The earthquakes also caused extensive damage to hospitals, airports, ports, roads, railways, bridges, natural gas and electricity pipelines and communications infrastructure in the region.

The health sector was one of the sectors most affected by the earthquake due to the damage to health facilities and hospitals.

As a response to this emergency disaster situation, the "Earthquake Recovery & Reconstruction Project" has been developed to support the Turkish Government's restoration and maintenance of essential services in the areas affected by the February 2023 earthquakes, including in particular infrastructure, buildings, sanitation, water, infrastructure and emergency services.

Türkiye Earthquake Recovery & Reconstruction Project has 4 components to restore access to essential services and resilient housing in selected provinces affected by the February 2023 earthquakes.

The Project is planned under the Component 2- **Restoration of Health Services** which has following sub-components.

Component 2 – Restoration of Health Services

- Subcomponent 2.1: Ensuring continuity of primary-level and hospital-level health services
- Subcomponent 2.2: Providing mobile diagnostic services
- Subcomponent 2.3: Supporting access to vaccination, disability services, and medical equipment

The project activities will take place in Hatay, Malatya, Kahramanmaraş, Adana, Adıyaman, Gaziantep, Osmaniye, Diyarbakır, Şanlıurfa, Kilis, Elazığ, Sivas provinces which have been affected by the earthquake and, for the provinces of Antalya, Ankara, İstanbul, İzmir, Mersin

where the health service demands have highly increased, due to the received migration from the earthquake impacted provinces.

The Stakeholder Engagement Plan prepared as part of this project outlines the strategies, tactics and methodologies that the Ministry of Health will use to engage effectively with its stakeholders throughout the Project.

This SEP is also to provide a framework to help MoH identify its stakeholders within the Project, map it out, and communicate and collaborate with its stakeholders in an efficient and mutually beneficial manner.

This Stakeholder Engagement Plan also explains the grievance mechanism to be used throughout the Project and sets out the communication channels.

Introduction/ Project Description.

This SEP will be consulted before being finalized. The Environmental and Social Management Framework (ESMF), Environmental and Social Commitment Plan (ESCP), Environmental and Social Management Plan (ESMP) and Request, Suggestion and Complaint Forms to be developed for the Project will be announced on the PMSU's official website⁶. The SEP will be continuously (at least biannually) updated as needed throughout the project implementation period.

Information disclosure

Stakeholder engagement during project preparation and implementation phases will be carried out in compliance with the national legislation and 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, implementation 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;

⁶ For Turkish <https://pydb.saglik.gov.tr/>, for English https://pydb.saglik.gov.tr/?_Dil=2

5. Monitoring and management measures; and
6. Information on the grievance mechanism for the Project.

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

This section also presents the type of information to be shared with each different stakeholder groups during the stakeholder consultation process, and the types of methods to be used for information sharing with each stakeholder group.

Various engagement techniques will be used to interact and consult with stakeholders as well as to gather and communicate information from stakeholders.

The level of influence, in addition to the needs and concerns of the stakeholders, will determine the basis of the communication tools and methods chosen to interact with particular groups.

Throughout the project, the language of communication with stakeholders will be Turkish. However, different languages will be taken into account if necessary, in order to increase the effectiveness of engagement activities and ensure the participation of all stakeholder groups.

Engagement activities will continue to ensure meaningful participation, and timely and effective information will be provided to stakeholders in line with this purpose.

The tools and methods defined for stakeholder engagement have been diversified and expanded to implement sustainable stakeholder engagement that is appropriate to the cultural, social and economic conditions of all stakeholders.

Consultations, information activities and meetings to be held with stakeholder groups will be carried out with the weighted use of methods suitable for the emergency situation of the Project and current conditions.

The methods and tools of stakeholder engagement of the project are described below.

Methods and Tools of Stakeholder Engagement

MoH PMSU Website: The website will be one of the active tools in the stakeholder engagement process throughout the life of the Project.

MoH PMSU Website: <https://pydb.saglik.gov.tr>

E-mail address to external stakeholders: Project authorized persons can reach stakeholders via e-mail addresses in order to reach stakeholders and/or provide feedback.

E-mail: trhealth@saglik.gov.tr

Online meetings: Consultation and information sharing meetings will be held with key stakeholders.

Online interviews can also be used for the application of research techniques such as in-depth interviews, surveys, focus group meetings to monitor and evaluate, obtain information and collect data, if needed. Records can be taken at these meetings, if deemed necessary and with the consent of all stakeholders.

Grievance Mechanism: The grievance mechanism, which will include the operation of the process where the notifications, records, information and complaints of the stakeholders will be kept, the complaints will be evaluated and monitored and the results will be communicated to the stakeholders with the feedbacks, is an important stakeholder engagement management tool and method to be used throughout the project.

Alternative Tools: The following tools and methods are planned to be used simultaneously in order to ensure stakeholder participation of vulnerable/disadvantaged individuals/groups such as illiterate population, people with disabilities and refugee groups who do not have access to the internet, smart phones, social media or e-mail.

Letter/post: Project brochures (including project information, grievance mechanism, etc.), postings, reports or announcements can be sent to disadvantaged or vulnerable groups or individuals who do not have access to the internet, smartphone, social media or e-mail.

Public boards: Announcements and information posters of communication channels related to the Project can be used in common public areas in surrounding settlements, headman offices, municipalities, Provincial directorates of the Ministry of Health, when necessary.

Posters/brochures/flyers: Brochures/flyers with communication channels, announcements and information about the Project can be posted in the common public areas in the surrounding settlements, headman's offices, municipalities, provincial directorates, when necessary.

Local media: Announcements will be made in the printed and visual media at the stages and situations required by the Project.

Stakeholder visits: Face-to-face meetings will be held with stakeholders during the project process, and stakeholder visits will be made when necessary for monitoring and evaluation processes.

Consultation meetings: Consultation meetings can be held during the project process when needed and when stakeholders demand. Meetings will be held in places and places that will facilitate the participation of stakeholders. Details such as the time, date and place of the consultation meetings will be planned in line with the opinions and suggestions of the stakeholders.

Stakeholder Engagement Program

Information sharing and consultation issues, participation methods and implementation tools foreseen for the stakeholders of the project are presented in the Table 6-1 given below.

Table 6-1 Stakeholder Engagement Program

Project stage	Topic of consultation / message	Method / tool	Target stakeholders	Responsibilities
Project preparation	<p>Project design and activities concerning Component 2, including information on how to access project support (i.e., disability services, therapy, pharmaceutical and diagnostic services, counseling and psycho-social support, etc.), measures to promote universal design, etc.</p> <p>Preparation of the E&S instruments for the Project:</p> <ul style="list-style-type: none"> • SEP • Labor Management Procedures (LMP) • Grievance mechanism (GM) • ESMF • ESCP 	<ul style="list-style-type: none"> • E-mail to external stakeholders • Official correspondences • Online meetings • Online interviews • Stakeholder visits • Consultation meetings 	<p>Affected parties:</p> <ul style="list-style-type: none"> • Governmental bodies • Local Governmental bodies • Health institutions 	PMSU
	<p>Disclosure of the project information along with the E&S safeguard plans instruments</p> <ul style="list-style-type: none"> • SEP • LMP • GM • ESMF • ESMP 	<ul style="list-style-type: none"> • MoH PMSU Website • E-mail to external stakeholders • Online meetings • Online interviews • Grievance Mechanism • Letter/post • Public boards • Posters/brochures/flyers • Local media • Stakeholder visits • Consultation meetings 	<ul style="list-style-type: none"> • All stakeholders 	PMSU
Implementation	<ul style="list-style-type: none"> • SEP • Grievance mechanism • Health and safety of public and health workers addressed in LMP and in worker's GM 	<ul style="list-style-type: none"> • MoH PMSU Website • E-mail to external stakeholders • Online meetings • Online interviews • Grievance Mechanism • Letter/post • Public boards • Posters/brochures/flyers • Local media 	<p>Affected parties of;</p> <ul style="list-style-type: none"> • Governmental bodies • Local Governmental bodies • Health institutions 	Environment and Social Specialist of the PMSU

Project stage	Topic of consultation / message	Method / tool	Target stakeholders	Responsibilities
	<ul style="list-style-type: none"> • Delivery of health services at both primary and hospital levels, as well as supporting services such as vaccines, disability services, and equipment and stakeholders' perceptions on access to and delivery of such services. • Environmental concerns under Waste Management Plan for Hospitals • ESMF and Project related occupational health and safety arrangements • National Emergency Plan 	<ul style="list-style-type: none"> • Stakeholder visits • Consultation meetings 	<ul style="list-style-type: none"> • Healthcare workers • Vulnerable/disadvantaged individuals/groups • Municipalities • Local sector • NGOs 	

Proposed strategy/differentiated measures to include the views of and encourage participation by vulnerable/disadvantaged groups/individuals

It is of particular importance to understand whether project impacts disproportionately affect disadvantaged/vulnerable individuals/groups who are often unable to raise their concerns or understand the impacts of a project. Awareness raising and stakeholder engagement activities the project should be implemented regarding taking into account the special constraints and cultural sensitivities of these groups and individuals so that they fully understand the project activities and benefits. Interaction with vulnerable groups and individuals often requires special measures and assistance to ensure that these groups and individuals are well aware of the overall process and their contribution to the process is in balance with other stakeholders and focused on establishing their participation.

Within the scope of this Project, vulnerable individuals and groups can be disabled individuals, elderly individuals, and immigrants, refugees and non-native Turkish speakers. These groups in particular are experiencing certain disadvantages in benefitting from public services and are likely to be directly affected by sub-projects.

- Engagements will be carried out with regional organizations and NGOs representing the rights of persons with disabilities;
- Separate consultations will be conducted for elderly individuals and disabled individuals (or people with additional accessibility needs), immigrants, refugees and non-native Turkish speakers, and other disadvantaged/vulnerable groups who may be identified during the project;
- Information on the project will be provided face to face or by any other appropriate method specific to disadvantaged/vulnerable groups/individuals to be specified or specified (e.g. visually impaired alphabet, sign language, etc.);
- Consultations will be conducted at locations that provide access to disadvantaged/vulnerable groups/individuals; and
- Any written or printed materials related to the project to be distributed at project sites should be accessible to the disadvantaged/vulnerable groups/individuals of the project; the materials will also be prepared in culturally appropriate and easy to understand (non-technical) language.

7 Roles, Responsibilities and Resources for Stakeholder Engagement

Resources

MoH is the implementing agency for the project. The same Project Management and Support Unit (PMSU) under the Türkiye Health Systems Strengthening and Support Project is utilized with an additional support from one environment and one social specialist assigned to the PMSU. The PMSU will carry out the stakeholder engagement activities in partnership with the other units of the MoH who are beneficiaries of the Project.

Responsible Party	Responsibilities
MoH PMSU	<ul style="list-style-type: none"> • Incorporating all stakeholder engagement activities which will be undertaken by MoH into the environmental and social management systems • Monitoring the SEP and GM PMSU to ensure proper implementation of the processes related to the grievance mechanism and stakeholder engagement issues. • Coordinating the parties for proper implementation of the processes regarding the grievance mechanism and stakeholder engagement issues
Social Expert (PMSU)	<ul style="list-style-type: none"> • Planning and implementation of the Project level SEP • Ensuring that stakeholder engagement is understood by PMSU members and other stakeholders • Organizing/managing stakeholder engagement related activities • Coordinating interface and reporting to/from the World Bank on the implementation of the SEP • Updating the Project level SEP periodically and in case of major Project changes • Monitoring and supporting the PMSU regarding communication with stakeholders and stakeholder engagement is at the maximum level • Monitoring the progress of the project • Ensuring the successful delivery of all defined documents • Implementing social and environmental monitoring • Monitoring and reporting about the social and environmental issues specified in the relevant documents that are implemented throughout the Project • Follow-up of complaints received through the grievance mechanism • Coordination of stakeholder engagement activities including grievance mechanism implementation with community relations officers in patient rights unit of the health facilities. • Providing information to the above mentioned officers including management of grievances about GBV and SEA/SH issues.
Environmental Expert (PMSU)	<ul style="list-style-type: none"> • Monitoring the progress of the project • Ensuring the successful delivery of all defined documents • Implementing social and environmental monitoring • Monitoring and reporting about the social and environmental issues specified in the relevant documents that are implemented throughout the Project

Procurement Expert	<ul style="list-style-type: none"> • Providing consultancy in tenders to be held within the scope of the Project. • Ensuring that respective environmental and social instruments are incorporated into the tender documents • Preparing English and Turkish copies of the tender documents
Technical Expert	<ul style="list-style-type: none"> • Providing technical support to the project
Governmental Authorities (both local and national level)	<ul style="list-style-type: none"> • Providing inputs and feedback during the preparation and implementation phases of both project level SEP and sub-project specific SEPs • Participating in relevant stakeholder engagement/consultation meetings

Management functions and responsibilities

The Project is implemented by the MOH through the existing PMSU that implements the ongoing World Bank-financed Türkiye Health System Strengthening Project. The PMSU will support the MOH and directly implement technical activities, including procurement of medical supplies and equipment for activities.

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.

8 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. Figure 8-1 summarizes the different steps of the GM:



Figure 8-1 GM of the Project

Since the Project includes whole provinces in Türkiye, national mechanisms generated that are already in use (mentioned below) will be integrated to newly established. 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 (SABİM) in 2004 to receive patient complaints, problems and suggestions either in person or anonymously. These can be reported to SABİM 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.

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.

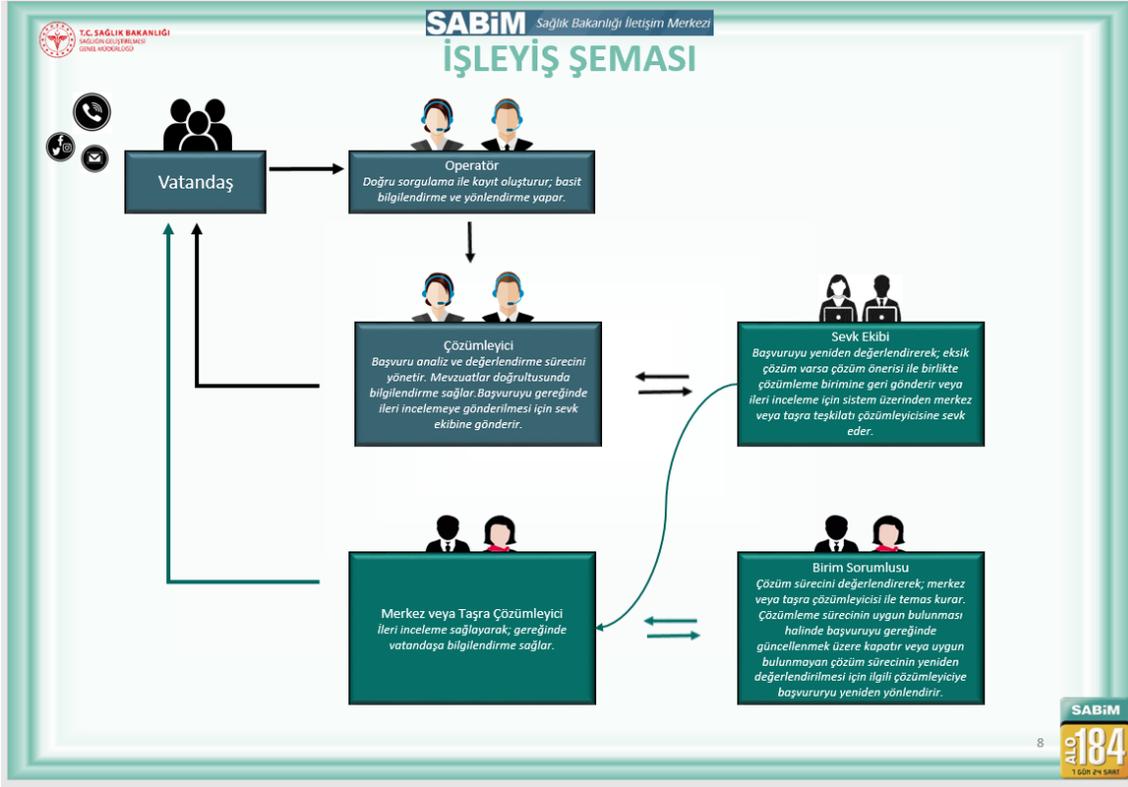


Figure 8-2 Flowchart of SABİM

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 (CİMER) which is the national level of information and grievance mechanism in Türkiye, and
3. To carry out process related to the wishes and complaints from other public institutions and organizations related with Health service area in Türkiye 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 Türkiye 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 disaster response will be trained with the basic skills to respond to disclosures of SEA/SH that could be associated with or exacerbated by the disaster impacts, 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.

Türkiye has already a national referral system for GBV, not only domestic violence but also workplace 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 disaster and are also gender-based violence (GBV) survivors.

Beside the SABİM, Alo 184, SBN grievance mechanism tools, Project will also directly monitor the SEA/SH issues for employees/workers or external stakeholders and will have confidential reporting with safe and ethical documenting and managing 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 during both installation/procurement and the operation processes.

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: Meeting Point at Health of MoH

SBN 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.

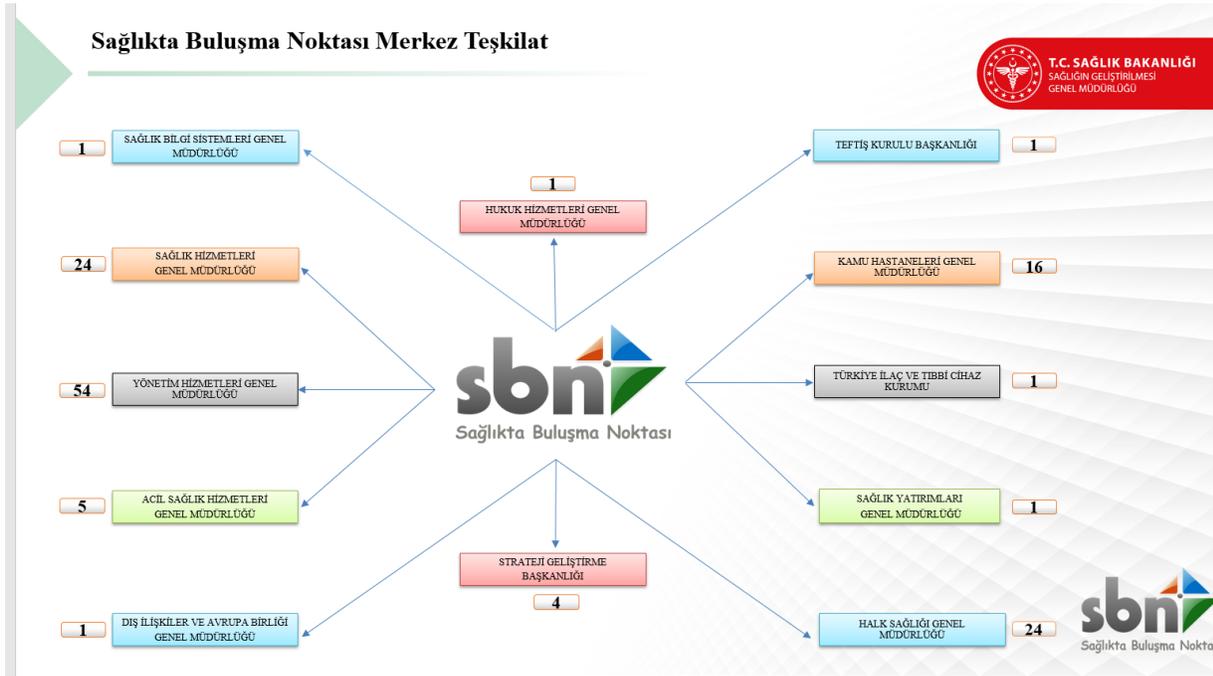


Figure 8-3 SBN Team at National Level

C. CİMER: Turkish Presidential Communication Center

Third national GM is “CİMER” 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.gov.tr, and
- ✚ Written – Post via T.C Cumhurbaşkanlığı Külliyesi 06560 Beştepe, Ankara, TÜRKİYE

CİMER conveys 99% of received complaints to related governmental institutions. Each grievance received for health sector via CİMER is already being conveyed to SABİM therefore CİMER 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 (Annex-2) 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.

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. identity 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 CİMER as grievance mechanism in addition to the SABIM service. Nearly 30.000 CİMER applications were also directed to MoH and responded in the stipulated time frame by MoH personnel. CİMER is staffed with around 30 people.

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

Within the scope of the project, the existing 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 whom 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.

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 webpage 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.

7. Monitoring and Reporting

The SEP will be periodically revised (at least semiannually) 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 (grievance log – Annex 1), 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.

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 (For Anonymous applications, leave this section empty)		
Preferred Tools to Contact and Contact Information <i>(Please choose at least one tool)</i>	Phone:	
	E-Mail	
	Mail:	
	Fax:	
Date of Application	Day/Month/Year	