



Stakeholder Engagement Plan

DRAFT V2

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1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 22, 2020, the outbreak has resulted in an estimated 319,067 cases and 13,689 deaths in 188 countries.

Since its first COVID-19 case was detected on March 11, the Government of Turkey has gradually introduced a range of public health measures in line with WHO guidance. Measures have included moving from hygiene guidance to the closure of major events, social venues, schools and all major commercial outlets, and recommending physical distancing to curb transmission. Most residents appear to have followed Government guidance, with major metropolitan areas shut down. The Government has also announced an economic package totaling approximately TL 100 billion (US\$15 billion) to stem the impact on firms and targeted households, including deferral of social security and payroll tax on the part of firms, increasing the minimum pension, increased allocation for social assistance beneficiaries, and unspecified provisions for strengthening social services for older persons.

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

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

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

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

The project comprises the two components:

Component 1 Emergency COVID-19 Response comprises:

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

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

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

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

Component 2. Project Management, Monitoring and Evaluation [US\$2 million]

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

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

As per the World Bank Environmental and Social Standard (ESS) 10 --Stakeholders Engagement and Information Disclosure-- the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

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

2. Stakeholder identification and analysis

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

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

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives can be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus (COVID19) transmission.

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;

- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders are encouraged to be involved in the consultation process, to the extent the current circumstances permit. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status¹, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- COVID-19 infected people in hospitals and their families & relatives
- People in quarantine/isolation centers and their families & relatives
- Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories
- Communities in the vicinity of the project's planned quarantine/isolation facilities, hospitals, laboratories
- Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff) and emergency personnel
- Staff at medical and testing facilities, and public health agencies engaged in the response
- Staff of prisons/detention facilities & security services

¹ 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.

- People at risk of contracting COVID-19 (e.g. returning pilgrims, refugees and migrants, staff at temporary accommodation centers (refugee camps), medical and other tourists, tour guides, hotels and & their staff, associates of those infected, inhabitants of areas where cases have been identified)
- Ministry of Health; Turkey Institutes of Health Administration (TÜSEB); Turkey Pharmaceuticals and Medical Devices Agency (TİTCK);
- Provincial, District, and Municipal government administrations
- Municipal Councils, Municipal waste collection and disposal workers
- Ministry of Health, Ministry of Health/Emergency Health Services General Directorate (GD), Health Calamity Coordination Center (SAKOM) officials,
- Staff and students of educational institutions (from pre-school to higher education)
- Staff and inhabitants at orphanages, elderly, children and other care institutions and private service providers;
- Airline and border control staff, law enforcement authorities and their staff (e.g. Police, Army, Navy, Air Force etc.) especially those deployed to search suspected cases and quarantine them.
- Other public authorities (e.g. Turkey's Civil Aviation Authority, Department of Immigration and Emigration, Ministry of Defense etc.)

2.3. Other interested parties

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

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

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. It is similarly important to ensure that project-related awareness raising and stakeholder engagement be adapted to take into account particular constraints, concerns and cultural sensitivities of such groups and individuals and to ensure their full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, current economic constraints and financial insecurity, disadvantaged status in the community (e.g. refugees, minorities or marginal groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

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

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

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Given the emergency nature of this operation and the transmission dynamics of COVID-19, consultations during the project preparation phase were limited to relevant government officials, health experts, hospital administrators and others from institutions working in health sector. This Stakeholder Engagement Plan as well as the Labor Management Procedures that will be prepared under the project will be subject to disclosure and consultation before their finalization. The Project includes considerable resources to implement the actions included in the SEP. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within 30 days after the project effectiveness date. The SEP will be continuously updated throughout the project implementation period, as required.

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

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

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 30 days after the project effectiveness date as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

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

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

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

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

understanding of key public health and behavioral interventions specifically among the at-risk population and among the general public.

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

“It is critical to communicate to the public what is known about COVID -19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.”

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

Table 1: Stakeholder consultation plan related to COVID-19

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	<ul style="list-style-type: none"> • <i>Need of the project? What does this mean?</i> • planned activities • E&S principles, Environment and social risk and impact management, • E&S plans prepared for this project: In Infection Control and Medical Waste Management Plan (ICWMP), Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP) to address working conditions, health and safety of workers in 	<ul style="list-style-type: none"> • <i>Phone, email, letters</i> • <i>One-on-one meetings</i> • <i>FGDs spell out</i> • <i>Outreach activities</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Government officials from relevant line agencies at local level</i> • <i>Health institutions</i> • <i>Health workers and experts</i> 	<p>Environment and Social Specialist</p> <p>PIU/or PMU or PMSU – please update and make consistent throughout the SEP</p>

	<p>health sector as well as their grievance arrangements</p> <ul style="list-style-type: none"> Grievance Redress mechanisms (GRM) Health and safety impacts 			
	<ul style="list-style-type: none"> <i>Need of the project</i> planned activities Environment and social risk and impact management Grievance Redress mechanisms (GRM) 	<ul style="list-style-type: none"> <i>Outreach activities that are culturally appropriate and accessible in languages of refugees/migrants and citizens with limited Turkish language (e.g. Arabic, Persian)</i> <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> <i>Affected individuals and their families</i> <i>Vulnerable groups</i> <i>Refugees/immigrants</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>
Implementation	<ul style="list-style-type: none"> <i>Project scope and ongoing activities</i> <i>SEP and project related grievance arrangements</i> <i>Health and safety of public and health workers addressed in LMP and in worker's grievance arrangements</i> <i>Environmental concerns under ICWMP</i> 	<ul style="list-style-type: none"> <i>Training and workshops</i> <i>Disclosure of information through Brochures, flyers, website, etc. in Turkish and other languages (Arabic, Persian)</i> <i>Information desks at municipalities offices and health facilities</i> <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> <i>Government officials from relevant line agencies at local level</i> <i>Health institutions</i> <i>Health workers and experts</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>
	<ul style="list-style-type: none"> <i>Project scope and ongoing activities</i> <i>SEP and project related grievance arrangements</i> <i>Health and safety of public and health workers addressed in LMP and in worker's</i> 	<ul style="list-style-type: none"> <i>Public meetings in affected municipalities/localities</i> <i>Brochures, posters in Turkish and other relevant languages</i> <i>Information desks in local government offices and health facilities with translation facilities</i> 	<ul style="list-style-type: none"> <i>Affected individuals and their families</i> <i>Local communities</i> <i>Vulnerable groups</i> 	<p>Environment and Social Specialist</p> <p>PIU</p>

	<i>grievance arrangements</i> <ul style="list-style-type: none"> • <i>Environmental concerns under ICWMP</i> 	<i>available for refugees/migrants as needed</i> <ul style="list-style-type: none"> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.)</i> 		
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3.3. Stakeholder Engagement Plan

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

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

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

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
	Moderate Risk requiring full information.			as relevant ie Arabic, Persian, English	
Relatives of people under COVID-19 quarantine	Frightened family members and concerned surrounding people. Low Risk. Anxious and plan next steps	Reliable information and educational materials regarding self-care and social distancing	Information and educational materials	Turkish, and also other languages as relevant ie Arabic, Persian, English	Print-outs, social media group postings, phone calls, e-mails
Neighboring communities to laboratories, quarantine centers, and screening posts	Concerned residents of local communities and employees of local enterprises/ line organizations. Moderate Risk. Requiring full information.	Awareness raising, waste management precautions, hand hygiene and PPEs; Special sessions for parents with young children to avoid outbreaks	Daytime phone calls to local community leaderships, distribution of leaflets	Turkish, and also other languages as relevant ie Arabic, Persian, English	Print outs, information boards; Info sessions by community leaders and local health worker
People at COVID-19 risks	Discouraged elderly 65+; suspecting people leaving with AIDS/HIV; people with chronic medical conditions, such as diabetes and heart disease; travelers, inhabitants of border communities. Low Risk. Full awareness.	Behavior instructions for people with chronic diseases, ad-hoc supportive treatment for HIV/AIDS positive people, instructions on extra personal health safety, awareness raising campaigns, hand hygiene and PPEs	Daytime phone calls to their relatives, text messaging of the emergency hotline contact numbers, accessibility problems	Turkish, and also other languages as relevant ie Arabic, Persian, English	Health worker consultations and emergency contacts available, phones, print outs, ads, radio
Public health workers	Unprepared managers, doctors, nurses, lab assistants, cleaners High Risks.	Occupational health and biosafety measures, PPEs, hands-on training programs, infection control and risk management planning	Daytime hands-on simulations, burn-out syndromes	Turkish, and also other languages as relevant ie Arabic,	Trainings, print outs,
Medical waste collection and disposal workers;	Medical nurses, cleaners, hospital incinerators' workers, waste removal & transfer workers in community or rural health houses High Risk.	Occupational health and safety (OHS) measures, training, PPEs, waste management plans, safe waste transfer vehicles for rural health facilities	Daytime trainings and guidance	Turkish, and also other languages as relevant ie Arabic,	Written instructions, trainings

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
Employees of large public places, like public markets, supermarkets	Managers, salesmen, marketing specialists, workers, cashiers, security officers	OHS measures, hand hygiene and PPEs, extra safety measures, like social distancing	Distribution of leaflets on extra safety measures in their workplaces	Turkish, and also other languages as relevant ie Arabic,	Written instructions from SSES, OHS trainings, social media platforms
Returning pilgrims, refugees, labor migrants and laborers working on remote construction sites	Frustrated and forced to travel laborers with relatively mid income. Moderate Risk.	Initial epidemiological screening at aircrafts and airports, trains, busses and train/bus stations, medical check-ups, placement in quarantine facilities and continuous monitoring.	Internet access, mobile telecommuting through their relatives and employers	Turkish, and also other languages as relevant ie Arabic, Persian, English	Social media platforms, e-mails, letters to foreign contractors working in the country
Point of entry staff at airports and border control staff	At risk employees working at the front lines with large amount of people High Risk.	Emergency risk management skills, improved working conditions, hand hygiene and PPEs	Emergency risk management skills, information on referral mechanisms and algorithm of their actions	Turkish, and also other languages as relevant ie Arabic, English	Extra OHS trainings, letters
Airlines and other international transport businesses	Large and diverse staff High Risk.	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff	Turkish, English	Letters, e-mails, alert notices at the MoTI, airline, train and bus company websites
Other interested parties (Risks are Low to Moderate)					
MoH and its provincial & local branches	Implementing agency and coordinating unit for COVID-19 emergency rapid response	Requires financing for immediate emergency response needs (medical supplies, equipment, staff preparedness capacity building, quality laboratories, improved quarantine centers and screening posts, enough PPEs; effective community engagement and outreach)	Risk Communication Strategy and Action Plan to be developed/updated and implemented in line with national pandemic plan, effective coordination of the diverse stakeholder engagement activities	Turkish, and also other languages as relevant ie Arabic, Persian, English	Letters, meetings, e-mails, VCs
MoH, schools and educational facilities	The policy makers and supervisors of a wide network of educational and	Needs information and educational materials on prevention measures, capacity building of	Interagency communication lines and guidance on relevant outreach to schools and colleges	Turkish	Letters, meetings, e-mails, VCs

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

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
	residing in the country	dissemination of false rumors and panic	channels, easy to understand tips, large print-outs	as relevant ie Arabic, Persian, English	boards, social media, MoH website & hotlines, COVID-19 website
Vulnerable and disadvantage groups (Risks are Substantial)					
Retired elderly and people with disabilities	Aged people of 65+, unable to work, physically and mentally disables people staying	Economic and social support from social workers and ad-hoc payments, home-based family doctor consultations	Daytime communications, accessibility problems, social worker assistance	Turkish	Frequent social workers home visits, mahalla committee
Pregnant women, infants and children;	Reproductive age women, babies of 0-18-month age, children with weak immune system	Frequent medical check-ups by family doctors, access to free hospital services and free testing at labs	Daytime communications, child care support during meetings	Turkish, and also other languages as relevant ie Arabic, Persian, English	Community leaders, mahalla committee, family doctors, women's associations (?)
Women-headed households and/or single mothers with underage children;	Single mothers, divorced, widows, abandoned wives	Economic support to afford the prevention and treatment costs, access to free hospital services and free testing at labs	Daytime communications, child care support	Turkish, and also other languages as relevant ie Arabic, Persian, English	Community leaders, mahalla committee, family doctors, women's associations (?)
Extended low-income families;	The families have 6 or more members, many of them are underaged to work	Economic support to afford the prevention and treatment costs, access to free hospital services and no cost lab testing services	Daytime communications	Turkish, and also other languages as relevant ie Arabic, Persian, English	Community leaders, mahalla committee, family doctors
Unemployed	Laborers with professional skills or unskilled workers	Economic support to afford the prevention and treatment costs. Tuition waivers to obtain vocational skills certificates	Large print-outs, limited access to online resources	Turkish, and also other languages as relevant ie Arabic, Persian, English	Employment agency leaflets, sms
Residents and workers of public orphanages and elderly houses	Lonely and abandoned people residing in boarding schools or houses, underpaid workers	Need funding to improve living conditions, in-house medical services and nutrition	Accessibility problems	Turkish, and also other languages	Letters to the Managers of Houses, site visit to assess their poor situation

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings)	Language needs	Engagement method (email, phone, radio, letter)
				as relevant ie Arabic, Persian, English	

3.4 Public awareness on COVID 19:

The Ministry of Health has already put in place a national pandemic plan and has been executing all measures in line with the plan with constant updates. The MoH has already in place a public health emergency communication strategy in line with its national pandemic plan and will strengthen its risk communication strategy under the project taking into consideration the following steps and guidelines.

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

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

Step 1: Design of communication strategy

- Assess the level of ICT penetration among key stakeholder groups by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT – as part of the Project? This seems to go beyond what is being done in the Project.

- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Update the Risk Communication strategy for COVID-19 prepared in line with national pandemic plan, including details of anticipated public health measures.
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them.
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations
- Identify & partner with tele/mobile communication companies, ICT service providers and trusted community groups (e.g., community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

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

Step 3: Learning and Feedback

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

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

3.4. Proposed strategy for information disclosure

Table 4: Information Disclosure Proposed Methods during Implementation Stage

Project stage	Information to be disclosed	Methods proposed	Timelines/ Locations	Target stakeholders	Percentage reached	Responsibilities
National level	Prevention tips	Audio reels	National radio and TV twice daily	Adults, adolescents, children	99% of population	PIU
		Video clips				Social Specialist
	Dos and Don'ts	Printed booklets	National wide	Schools	99%	MoE school departments
		Online material embedded in distance learning				
	Dos and Don'ts	Information & educational materials	Social media platforms	Internet users, youth	99% of population	PIU Social Specialist
Hotline	Phone consultations	24/7 MoH ALO 184 Information Center	Public at large	TBD	Health professionals	
Regional level	Prevention tips	Audio reels	regional radio and TV twice daily	Adults, adolescents, children	95% of each region	PIU Social specialist
		Video clips				Outreach Officer through regional TV and Radio companies
	Helplines	Phone consultations	24/7 regional focal points at health facilities	People at risk, infected, relatives of infected people	95 % in each region	Medical focal points at provincial level
	Quarantine measures, travel bans	Leaflets	Info boards	Travelers	N/A	International and domestic airport and border staff

	WHO COVID-19 guidance documents and protocols	Print-outs and e-materials, trainings	Provincial centers, quarterly	Medical staff	100%	Provincial health institutions managers
District level	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff	100%	District health institutions managers
	Prevention tips Emergency contact numbers	Posters on info board at health facilities entrances	District centers, constantly	District center population	100%	District authorities, hospitals managers, Health Centers
Community level	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff of rural health facilities and PCH		District health institutions managers
	Prevention tips Emergency contact numbers	Posters on info board at mosques and rural health facilities entrances	Rural health facilities, mosques, constantly	Local communities	100 %	Health Facility managers, local Imams,
	Prevention tips Emergency contact numbers	In-house outreach	Vulnerable households	People at risk	100 %	Family doctors, nurses, social workers

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

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

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation of social distancing and risk communication strategy	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project concept, E&S principles and obligations, documents, Consultation process/SEP, Project documents- SEP, LMP, ICWMP,</i>	<i>Dissemination of information via dedicated project website (is there a URL already?), Facebook site, sms broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
		<i>GRM procedure, update on project development</i>	<i>formats in order to take into account the need for social distancing.</i>
Implementation of public awareness campaigns	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and risk communication strategy</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<i>During preparation of ICWMP, LMP</i>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/Divisional Secretaries; civil society organizations, Religious Institutions/bodies.</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, airline and border control staff, police, military, government entities, Municipal councils;</i>	<i>SEP, relevant E&S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc).</i>

3.5. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and

the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their families.

3.6 Proposed strategy to incorporate the views of vulnerable groups

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

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

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health will be the implementing agency for the project. The same Project Management and Support Unit (PMSU) under the Turkey Health Systems Strengthening and Support Project (P152799) (HSSSP), will be utilized with an additional support from one Environment and one Social specialist assigned to the PMSU. The PMSU has the required experience and will be in charge of implementing the stakeholder engagement activities in partnership with the Public Health Directorate. There is a tentative budget allocated around 150.000 USD for the implementation of SEP which is included under **Sub-**

Component 1.3. Enhancing Public Health Awareness and Behavioral Change which will be publicized after negotiations of the project.

4.2. Management functions and responsibilities

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

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

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) 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 GRM:

- 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).

5.1. Description of GRM

Ministry of Health: Communication Centre (SABİM) service line “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 phone via the “Alo 184” line 24/7 (established by Türk Telecom), online, or in person at a patient communication unit. The hotline also provides translation support in 6 languages (English, German, French, Arabic, 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 Center are replied to and recorded by operators using a special software. The recorded applications are assessed by SABİM officials and transferred to related administrators. 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.

In 2011, health workers were also able to submit grievances through this system. In addition to that, there is a separate GRM for health workers (Saglikta Bulusma Noktasi-Health Meeting Point) where they can both submit grievances and suggestions through online, email, phone channels in person or anonymously.

Grievances received by MoH's GRM system, ALO 184, are resolved no later than 14 days which is dictated under the Law of Right to Information No 4982. 80 percent of the calls are resolved within 24 hours mostly. Monthly average grievances were recorded close to 40.000 for 2019 and with the COVID 19 pandemic, this has surpassed 40.000. The MoH has increased its capacity in the communication center due to the rise in calls and demand to get online medical counselling.

Below-Ministry level complaint handling mechanisms

Health sector: Patient Rights Units and Patient Rights Boards

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

Process:

The Unit Officer, the first officer who meets the patient, is a healthcare worker (social worker, psychologist, nurse, etc.), and starts to work after receiving compliance training on public relations. If the problem cannot be resolved by oral communication at PRU, then the patient files a written complaint and the case is referred to the PRB. (This is also the case if the patient has filled out the application form directly on the website). The PRB is chaired by the Vice-Chief of the hospital, who is in charge of hospital quality services. The PRB consists of a PRU Officer, the chief of the accused department, a representative of a non-governmental organisation working in the field of patient rights (if needed), the patient's attorney, a union representative authorised 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 .

The requests/inquiries/grievances directly related to the Project activities, meaning activities taking place in the health facilities and laboratories where goods and supplies are procured, training etc are held under Bank financing, 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. A more elaborate explanation of the GRM will be provided once SEP is updated within 30 days the after the Project Effective Date. 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 feedback box inserted into the webpage in addition to the GRM numbers.

In an updated version of the SEP, a fuller description of the GRM 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.

6. Monitoring and Reporting

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

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include: number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media.

Further details will be outlined in the updated SEP, to be prepared and disclosed within 30 days after the project effectiveness date.