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ANKARA ETLİK INTEGRATED HEALTH CAMPUS PROJECT

STAKEHOLDER ENGAGEMENT PLAN **(DRAFT FINAL)**

MAY 2013



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Project No: 12/019

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ABBREVIATION LIST

AKP	Justice and Development Party (" <i>Adalet ve Kalkınma Partisi</i> ")
BDP	Peace and Democracy Party (" <i>Barış ve Demokrasi Partisi</i> ")
CHP	Republican People's Party (" <i>Cumhuriyet Halk Partisi</i> ")
DSİ	General Directorate of State Hydraulic Works (" <i>Devlet Su İşleri</i> ")
EBRD	European Bank for Reconstruction and Development
Etlik IHCP	Etlik Integrated Health Campus Project
ESAP	Environment and Social Action Plan
ESIA	Environment and Social Impact Assessment
ESMP	Environmental and Social Management Plan
EU	European Union
FGD	Focus Group Discussion
GATA	Gülhane Military Medical Academy (" <i>Askeri Tıp Akademisi</i> ")
HTP	Health Transformation Programme
IFC	International Finance Corporation
IRR	Issues and Response Register
KII	Key Informant Interview
MHP	Nationalist Movement Party
NGO	Non-Governmental Organization
PAA	Project Affected Area
PAP	Project Affected People
PCDP	Public Consultation and Disclosure Plan
PPP	Public-Private-Partnership
PR	Performance Requirements
PRO	Public Relations Officer
RAP	Resettlement Action Plan
SEP	Stakeholder Engagement Plan
SGK	Social Security Institution
SIA	Social Impact Assessment
SPV	Special Purpose Vehicle Company
SMP	Social Management Plan

1. INTRODUCTION

This document is the Stakeholder Engagement Plan (SEP) for the 'Etlik Integrated Health Campus Project' (hereinafter 'the Project'). It has been prepared by 2U1K on behalf of Ankara Etlik Hastane Sağlık Hizmetleri İşletme Yatırım Anonim Şirketi (the Project Company).

The Etlik Integrated Health Campus Project (EIHCP) is being executed by the Ministry of Health (MoH) within the scope of the Public Private Partnership (PPP) Agreement (No 3359) signed between the MoH and Astaldi-Türkerler Joint Venture (JV) (Astaldi (51%) and Türkerler (49%)) in August 2012. The JV has established a Special Purpose Vehicle (SPV) (the Project Company) for the execution of the overall Project. The Project Company has approached international lenders (including the European Bank for Reconstruction and Development (EBRD)), to get finance for the Project. An Environmental and Social Impact Assessment (ESIA) Report has been prepared for the Project in line with international practice. This Stakeholder Engagement Plan (SEP) has been prepared in conjunction with the overall ESIA process for the Project.

The SEP has been prepared in accordance with the Performance Requirements (PRs) of the EBRD (i.e., PR10 Information Disclosure and Stakeholder Engagement) and the common social policy and corporate principles of the sponsors of the EIHCP.

In accordance with international good practice, the purpose of the SEP is to:

- ensure a technically and culturally appropriate approach to engagement with all key stakeholders;
- ensure the adequate and timely sharing of information with affected stakeholders and other interested parties;
- provide sufficient opportunity for stakeholders to express their opinions and concerns; and
- ensure that these concerns are incorporated into project decision-making processes during all stages of the project lifecycle.

This SEP includes: the identification of stakeholders for the Project; provides details of consultation methodologies, activities carried out to date and those planned during future stages of the Project; details the process for managing stakeholders' concerns and grievances; and explains how the stakeholder engagement process will be recorded, monitored, evaluated and reported.

This SEP is owned by the Project Company who are committed to, and accountable for, its implementation.

1.1. PROJECT OVERVIEW

1.1.1. Health Transformation Program and the Health Campus Projects

Turkey has been implementing the World Bank's Health System Strengthening (HSS) Program since 2003. This program aims to:

- expand health insurance coverage;
- improve access to health services; and
- build institutional capacity to sustain the HSS reforms.

In the scope of the HSS Program, the MoH initiated a process of reconstruction in 2003 and implemented the Health Transformation Program (HTC). Prior to the program, there were multiple social insurance schemes covering public and private sector workers, those who were self-employed and a social assistance program covering health insurance for poor and vulnerable people (the Green Card Program). The HTC did the following:

- combined all the different health insurance schemes under one MoH umbrella (in 2006);
- transferred hospitals of social insurance agencies to the MoH;
- expanded Green Card health insurance to include pharmaceuticals and outpatient benefits and the coverage of the Green Card has been widened for low-income groups;
- expanded 112 emergency healthcare services to include villages as well as the cities;
- increased the number of emergency stations and equipped ambulances with state of the art technology;
- strengthened primary care services, particularly preventive health care and mother-child health care services, and introduced "family medicine" implementation to the country; and
- established a PPP Department within the Ministry of Health, assisting investments in the health sector.

The national Health Campus Project, which covers all the health campuses to be erected in Turkey, was developed in connection with this reconstruction process. The MoH has classified the 81 provinces of Turkey into 29 health regions on the basis of transportation facilities, labor force capacity, conditions of existing health facilities and the capacity of health services; the objective being to provide focused support in each region. The MoH is planning to build 30 health campuses as part of the national Health Campus Project of various sizes in 22 cities to serve the 29 health zones. These integrated health campuses host a number of specialized hospital departments, as well as research and development laboratories and centers, techno parks (for producing high-tech products), social facilities, housing and parking.

Further details on the HTC Program can be found in the full ESIA report.

1.1.2. Details on the Etlik Integrated Health Campus Project

The Etlik Integrated Health Campus Project (EIHCP – ‘the Project’) will be constructed on an area of approximately 1.07 km². The Project comprises an integrated health campus with a total capacity of 3,566 beds accommodating specialist hospitals and facilities as follows:

- general hospital;
- cardiovascular hospital;
- orthopedic and neurological sciences hospital;
- maternity hospital;
- children's hospital;
- oncology hospital;
- rehabilitation hospital;
- psychiatric hospital;
- forensic hospital;
- medical hotel; and
- two heliports.

1.2. EIHCP AREA

The Project site is located between Yenimahalle and Kecioren districts of Ankara province in Turkey. The site used to belong to the Municipality of Yenimahalle and the Social Security Institution (SSI – “SGK” in Turkish). The land was transferred to the Ministry of Finance (MoF) from the SSI in 2009. In 2011 the land use rights were transferred to the MoH for the purpose of providing healthcare services.

Figure 1.1 shows the project location and surrounding institutions and buildings of the Project Area. Figure 1.2 illustrates the location of existing buildings on the Project site.

Existing facilities and institutions surrounding the Project Site include: the Antares shopping mall; Metro retail market; two universities (i.e. Turgut Özal University and Yıldırım Beyazıt University); a swimming pool; and housing to the north; a park; a high school; and a military medical academy and hospital, (i.e. GATA on the map) to the east; the governor’s house; facility of the State Hydraulic Works (DSI); and facility of State Highways to the south; and a technical works facility of the Metropolitan Municipality of Ankara to the west. People working in and using these facilities and institutions are considered as key stakeholders of the Project.

In order to complete the Project, existing facilities have been (and will continue to be) closed and people moved off the site. This will be undertaken in line with the Turkish law *“Regulation on The Construction of New Healthcare Premises Against Lease And The Renovation of Existing Healthcare Premises Against operation of Non-Medical Services and*

Functional Areas of Activity” (Official Gazette dated 22.05.2010 and numbered 27588) and it’s required engagement protocols at a minimum. This topic and the measures required are discussed in the main ESIA report (see Section 4.6.1.).



Figure 1-1. Project Location



Figure 1-2. Project Site Area as of April 2013

2. REGULATORY REQUIREMENTS

This section outlines the regulatory framework for the Project's stakeholder engagement activities, namely:

- the legislative requirements of the Turkish Republic; and
- the principles and procedures specified by the EBRD.

2.1. Turkish Legislation

The Ministry of Environment and Urban Planning has a list of the Projects which require an Environmental Impact Assessment (EIA). According to this list, the Etlik Project is exempt from the official EIA procedure applied in Turkey. However, concrete plants with a minimum capacity of 100 m³/hr and tri-generation plants (which generate electricity, heating and cooling using the same energy source) are subject to the preparation of a Project Introduction File (PIF), as per the EIA Regulation of Turkey. PIF Documents have been prepared for both the concrete and tri-generation plants but have not yet been submitted to the Ministry of Environment and Urban Planning for approval as the Project Company is waiting for the final decision on the tri-generation plant design. No stakeholder engagement is required as part of PIF preparation in Turkey. As such, Turkish legislation does not require any stakeholder engagement as part of the Etlik IHCP. For detailed information on the Turkish EIA Regulation, please see the full ESIA report, Section 3.2.

2.2. EBRD Requirements

Since the EBRD is a potential lender for the EIHCP, the project must align with good international practice, including the EBRD Performance Requirements (PR) and Environmental and Social Policy of 2008. EBRD as the potential major lender categorized this large-scale urban development as a Category A project under their Environmental and Social Policy guidelines. Key principles, requirements, methodological and procedural aspects of the stakeholder engagement process for EBRD Category A projects financed by EBRD are described in detail in the EBRD 2008 Environmental and Social Policy and PR10 "Information Disclosure and Stakeholder Engagement". PR10, as well as the Performance Standard 5 of the International Finance Corporation (IFC), outlines a systematic approach to stakeholder engagement that is designed to help clients build and maintain a constructive relationship with their stakeholders, in particular the locally affected communities. Specific objectives of PR 10 are outlined in Box-1.

The project could result in potentially significant and diverse adverse future environmental and social impacts and issues which cannot readily be identified or assessed and which require a formalized and participatory assessment process carried out by independent consultants in accordance with the PRs. The approach to the ESIA and stakeholder engagement for the Project is therefore, designed accordingly.

Box-1. Specific Objectives of PR 10

EBRD Information Disclosure and Stakeholder Engagement Requirements (PR 10)
• To identify people or communities that are or could be affected by the project, as well as other interested parties. • To ensure that such stakeholders are appropriately engaged on environmental and social issues that could potentially affect them through a process of information disclosure and meaningful consultation. • To maintain a constructive relationship with stakeholders on an on-going basis through meaningful engagement during project implementation. <i>Engagement through Project Preparation</i> The client is required to identify the various individuals or groups who (i) are affected or likely to be affected (directly or indirectly) by the Project and (ii) who may have an interest in the Project. The client is also required to identify groups that may be differentially or disproportionately affected due to their disadvantaged or vulnerable status. For Category A projects, the client will identify stakeholders through a scoping process to identify all key issues to be included in the ESIA. The client is expected to inform EBRD of how communication with identified stakeholders will be handled throughout project preparation and implementation through a SEP, which will outline steps for disclosure, explain the process for inclusiveness and explain disclosure tools including their appropriateness for stakeholders. <i>Engagement during Project Implementation and External Reporting</i> PR10 requires the client to provide on-going information to identified stakeholders, commensurate to the nature of the project and the level of public interest. Additional information may need to be disclosed at key stages in the project cycle or prior to the start-up of construction and operations. The client will also provide information on progress with implementation of the ESAP, on issues that involve on-going risk to or impacts on them, and on any issues that the consultation process or grievance mechanism has identified as of concern to those communities. <i>Grievance Mechanism</i> The client will establish a grievance mechanism, process or procedure to receive and facilitate resolution of stakeholders' concerns and grievances about the client's social and environmental performance.

3. PROJECT STAKEHOLDERS

3.1. Introduction

For the purposes of this SEP, a stakeholder is defined as any individual, organization or group who is potentially affected by the Project or who has an interest in the Project and its impacts. The objective of stakeholder identification is to establish which stakeholders may be directly or indirectly affected – either positively or negatively – (“affected parties”), or have an interest in the Project (“other interested parties”).

It is important that a particular effort is made to identify any disadvantaged and vulnerable stakeholders who may be differentially or disproportionately affected by the Project or who may have difficulty participating in the engagement and development processes. Stakeholder identification is also an ongoing process, and will require regular review and update.

3.2. Stakeholder Identification and Analysis

In order to develop an effective SEP it has been necessary to determine exactly who the stakeholders are and understand their priorities and objectives in relation to the Project. By classifying stakeholders it has been possible to develop a plan that is tailored to the needs of different stakeholder groups. Different issues are likely to concern different stakeholders and so different types of stakeholders have been grouped based on their connections to the Project. Having an understanding of the connections of a stakeholder group to the Project helps identify the key objectives of any engagement.

A list of the organizations and individuals identified to date is presented in Appendix-1. This list will be kept up to date if new stakeholders are identified during the course of the Project. Contact details of individual stakeholders have also been compiled by the ESIA team to enable the project to readily communicate with each stakeholder. This information will be retained, but will not be shared with any third party. Table 3.1 illustrates how each stakeholder is connected to the Project.

Table 3-1. Connection of Stakeholders to the Project

Stakeholder Groups	Stakeholder Type		Connections to the Project
	Affected Party	Other Interested Party	
Local Communities			
• Muktars of 6 affected Mahalles • Residents of 6 affected Mahalles • Users of local public amenities • Users and employees of Etlik Specialised Hospital • Residents of SGK housing • Employees of surrounding	√		Households and communities that will receive impacts (positive or negative) as a result of the Project – e.g. positive employment opportunities, provision of medical care or negative impacts associated with traffic congestion. The residents

Stakeholder Groups	Stakeholder Type		Connections to the Project
government institutions and public amenities Principal communities to be served by EIHCP			of SGK housing have already been relocated to new housing. This group leased SGK housing from the government as part of their benefits as senior civil servants.
Local Businesses that will be closed or relocated			
- Owner of the kiosks, café and amusement park and sports complex on the edge of the Project site - Taxi stand - Etlik Specialised Hospital catering business	√		These businesses on the Project site will need to be relocated as a result of the Project once the construction phase has been completed.
Government			
- MoH - Social Security Institution (SGK)	√		The centralization of the state hospitals into large health complexes will have impacts upon the operations of the MoH. SGK owns social housing and archive buildings in the Project area. These buildings will need to be demolished as a result of the Project.
Local Administrations			
- Metropolitan Municipality of Ankara - Yenimahalle Municipality - Keçiören Municipality		√	Local government of primary political importance to the Project with permitting requirements that must be met by the Project and responsibilities for waste management, infrastructure and traffic management. The Project Company will have to work in cooperation with the municipalities.
Employees			
- MoH - Construction Staff	√	√	The amalgamation of multiple hospitals into one large health complexes will have social and economic impacts on health professionals of MoH and their patients. The construction and operation of the large EIHCP will require substantial labor effort and employment
NGOs			
- Turkish Medical Association - Health Workers' Union	√	√	Turkish Medical Association took legal action against the MoH, the Constitutional Court upheld their objection to the reorganization of health care in Turkey Health Workers' Union achieved to reemployment of subcontractor workers of the closed Etlik Specialized Hospital in other hospitals of the MoH.
Academics			

Stakeholder Groups	Stakeholder Type		Connections to the Project
• Yıldırım Beyazıt University • Turgut Özal University	√	√	Both universities have a medicine department. It is important to engage with the universities for future cooperation as they have a general interest. Additionally, staff and students of the universities may experience some direct impacts such as increased traffic congestion.

4. STAKEHOLDER ENGAGEMENT APPROACH

4.1. Overall Approach

The Project will maintain on-going engagement with Turkish authorities (State Council, Regional Government, Municipalities and Mukhtars), affected stakeholders and other interested parties to ensure that they are informed about Project progress and receive information on environmental and social performance, can feedback on the effectiveness of mitigation and management measures and have the opportunity to raise any concerns or grievances.

Engagement has, and will continue to be, undertaken in four successive phases, based upon typical project planning and implementation phases. These phases and the key activities conducted or to be conducted during them, are detailed in Table 4.1.

Table 4-1. Stakeholder Engagement Approach

Phase	Objectives	Key Activities
Phase 1: Initial Engagement	To introduce the Project to affected and interested stakeholders. To identify key stakeholders to be consulted. To generate feedback on the scope, approach and key issues for the ESIA. To generate feedback on the Scoping Report	Secondary data analysis to identify key stakeholders Meetings with local businesses Meetings were held with relevant government stakeholders Meetings were also held with community leaders (Mukhtars) and distribution of Project Description leaflets. Mukhtars then distributed to community members Public participation meetings were organized but subsequently cancelled by MoH (see details in Section 5.1)

Phase 2: Impact Assessment	To introduce the Project where necessary. To inform and validate the baseline data through semi-structured interviews and questionnaires To generate feedback on the Project activities and have specific discussions regarding potential impacts and proposed mitigation/enhancement and monitoring measures. To manage local expectations, concerns and any misconceptions. To enable stakeholders to input into the Project design and management plans	Semi-structured interviews with key informants; In-depth interviews with selected stakeholders Formal questionnaires issued to businesses; Focus Group Discussions with selected stakeholders
Phase 3: IA Disclosure	To make the final ESIA available to all interested and affected stakeholders. Project design and management plans	On completion of the disclosure and comment period, the ESIA Report will be updated to reflect the results of consultation and comments will be fed into the future work on detailed design and construction of the Project. The Final ESIA and the Environmental and Social Management and Monitoring Plan will then be published on the Project Website website: http://www.aeh.com.tr/ Address: Varlık Mahallesi, Aksemseddin Cad. No:14 Etlik 06170 Ankara / Türkiye Tel : +90 (312) 327 00 34 +90 (312) 327 00 43 +90 (312) 327 00 46 Fax : +90 (312) 327 00 63)
Phase 4: Project Implementation	To ensure all affected and interested stakeholders are informed about project progress and have the opportunity to raise any concerns or grievances. To receive feedback on the effectiveness of mitigation and management measures. To manage grievances.	Project updates and progress information will be made available to all affected and interested stakeholders via Mukhtars' offices and other public places and on the Project website. On-going maintenance and availability of the Grievance Procedure.

4.2. Stakeholder Engagement Tools

A range of tools have been, and will be, used for stakeholder engagement as part of this Project. These include community meetings, focus groups, questionnaires, leaflets, posters and key informant discussions. Stakeholder engagement will continue using these already established communication mechanisms, with new mechanisms being

employed as required to ensure efficient and effective engagement throughout the life of the project.

Specific methods will vary across different stakeholder groups and stakeholder engagement with vulnerable and minority groups will use specifically designed mechanisms, as needed. Vulnerable groups in the context of this project include: people who live with the assistance of others; female headed households, physically disabled; and the mentally disabled. During the project operation phase, hospital patients are one the main stakeholders and special attention will be paid to ensure proper information and communications with patients and their families.

Project representatives will be present at key community engagement and information sharing events to demonstrate company commitment to stakeholder engagement, relationship building and to answer any questions. Information will be presented that is culturally appropriate and easy to understand, using graphics and maps, wherever possible.

To ensure that the Project reaches all stakeholders, the Project will utilize a range of different communication tools. These are described in more detail below.

4.2.1. Project Brochures

A brochure for the Project was developed in December, 2012. It includes detailed information about the health campuses, PPP, Etlik IHCP and the bed capacities of the hospitals. It also outlines the environmental and social impact assessment process and provides contact information (email, phone, postal address and fax) for the Public Relations Department of the Project Company for any grievances. A copy of the brochure can be found in Appendix 2.

4.2.2. Project Website

A project website is being established (web address “www.aeh.com.tr”) and will be available in May 2013. It will contain a detailed description of the planned construction work, photographs and information about the construction work once underway, information about the areas to be affected by this work, the measures taken to reduce negative impacts and enhance positive ones, and details of the grievance mechanism. The Final ESIA and the Environmental and Social Management and Monitoring Plan (ESMMP) will also published on the project website

4.2.3. Grievance Mechanism

A grievance mechanism has been developed which allows stakeholders to raise concerns or complaints personally as well as via post or electronic mail (contact details in Section-7). The procedure seeks to address concerns promptly and is readily accessible to all affected stakeholders. The project team will confirm receipt of a

complaint within 7 days and find a resolution within 14 days, confirming this in writing to the complainant. A separate formal grievance mechanism will also be developed for those employed on the Project.

4.2.4. Public Relations Officer

In order to maintain regular communication with affected communities a Public Relations Officer (PRO) has been hired. The PROs will be responsible for identifying, informing and recording public views and opinions and for relaying them to the necessary person for follow up (as detailed in the grievance mechanism in Section-7). Contact details for this office are:

- Tel: +90 (312) 492 03 06; Fax: +90 (312) 492 03 67
- Email: dinan@turkerler.com
- Turan Gunes Bulvari 15.Cadde No:11 Yıldız-Cankaya / ANKARA

4.2.5. Newspapers

Local and national newspapers, including *Aksam*, have been used to publish articles about the Project. They will continue to be used to publically reach wide audiences, as appropriate. They have also been used to invite stakeholders to public meetings.).

4.2.6. Public Meetings

Open and targeted meetings will continue to be held to engage with stakeholders, as appropriate. Details will be advertised at least 10 working days before each meeting to provide people with sufficient notice to attend. As with all engagement activities to date, information exchanged at these meetings will be captured in the form of meeting attendance records (see Annex 8) and minutes.

4.2.7. Public Notices

Public display materials will continue to be used as a tool to communicate with large audiences, particularly in busy pedestrian areas. To inform the public about the closing of the Etlik Specialized Hospital, an information poster was hung in the entrance of the construction site and leaflets were distributed to patients, which included information about the hospital closure process and the new locations of doctors.

4.2.8. Radio

Public display materials will continue to be used as a tool to communicate with large audiences. For example, Radio Tucu (local radio) was used to announce the closing of the Etlik Specialized Hospital and the Project Company is planning to use local radio stations for important announcements about the construction phase.

4.2.9. Phone Calls

The phone number for the Public Relations Officer PRO) +90 (312) 492 03 06- will be widely distributed with future Project information. The PRO will engage directly with stakeholders through phone calls, where necessary.

5. PREVIOUS STAKEHOLDER ENGAGEMENT

5.1. Phase 1: Initial Engagement

Initial stakeholder engagement activities were conducted between November 2012 and February 2013 in order to:

- identify all key stakeholders;
- provide an overview of the proposed development to key local community members (including Mukhtars of nearby mahalle's, and owners of the café, sport facility and pharmaceutical shops near to the site)
- inform stakeholders of the ESIA process; and
- discuss key impacts associated with the Project.

Starting in 2008, the MoH made several announcements in the national press regarding the health campus developments. From January 2012 (six months prior to the closure of the Etlik Specialized Hospital) doctors and other medical staff also informed patients of the planned closure and reorganization. On 12 June 2012, an official letter concerning the relocation of the public hospitals from their facilities (including Etlik Specialized Hospital) was sent to the hospital's administration. According to this letter, 29 June 2012 was set as the deadline for closure of the hospitals, but the responsible authorities of the hospitals and the Public Hospitals Institution planned gradual relocation to minimize disruption of the process. As defined in the official letter, Table 5-1 shows units of the Etlik Specialized Hospital which were moved to other hospitals. This is where local residents are to receive medical care until the EIHCP is operational.

Table 5-1. New Duty Place of Etlik Specialized Hospitals' Employees

Department	New Place of Duty
Cardiology	Ankara Training and Research Hospital
KVC	Ankara Training and Research Hospital
Anaesthesia	Dışkapı Training and Research Hospital
Brain Surgery	Dışkapı Training and Research Hospital
Nephrology	Dışkapı Training and Research Hospital
PTR	Dışkapı Training and Research Hospital
Psychiatry	Dışkapı Training and Research Hospital
Neurology	Dışkapı Training and Research Hospital
Biochemistry	Dışkapı Training and Research Hospital
Pathology	Keçiören Training and Research Hospital
Urology	Ankara Training and Research Hospital
Otorhinolaryngology	Ankara Training and Research Hospital
Internal medicine	Numune Training and Research Hospital
Gastroenterology	Ankara Training and Research Hospital
General Surgery	Atatürk Training and Research Hospital
Emergency Medicine	Keçiören Training and Research Hospital
Radiology	Dışkapı Yıldırım Beyazıt Training and Research Hospital
Orthopaedic	Atatürk Training and Research Hospital

Source: www.ttb.org.tr

The names of the six hospitals to which approximately 800 doctors and nurses were transferred were submitted to doctors, allowing them to choose five preferences. Each doctor and nurse was transferred to their new working place according to their preference. Although some of the relocation procedures have been carried out, the personal preferences of the staff were taken into account.

From April 2012, until it closed, patients at Etlik Specialized Hospital were informed of the planned closure and care/treatment provisions, post closure, by hospital personnel, staff and placards. The patient files of the Etlik Specialized Hospital were sent to the Provincial Directorate of Health of Ankara who stored the records.

An information banner was also posted on the billboard at the entrance of the Etlik Specialized Hospital by the Head of Department of PPP 3 months prior to its closure to inform people who use the hospital about the EIHCP and the closure plans. Furthermore, the Department of PPP announced the tender processes of health campuses including Etlik on its official website (<http://www.kamuozel.gov.tr>). Figure 5.1 shows the information banner, giving information about the design of the campus and the closure of Etlik Specialized Hospital.



Figure 5.1. Information Banner

A radio announcement was also made regarding the closure of the Etlik Specialized hospital on 27th of June, 2012.

Official letters were also sent to residents of the SGK public housings and Etlik Specialized hospital on 11th of June, 2012, informing them of the planned closure of the building and details of the Project. .

The ESIA team of 2U1K visited the Project area in the first week of November 2012 and held interviews with local businesses to determine the existing baseline conditions for the Project area. They also held a preliminary consultation meeting to present the contents of the ESIA during the scoping phase. This meeting was held on the 17th of January 2013 with the affected stakeholders. Information about the ESIA scoping phase was shared and concerns and expectations of the stakeholders present were discussed with the Project Company and ESIA team. Attendees were:

- owners of local pharmacies;
- Mukhtar's of Ayvalı and Varlık Mahalleleri; and
- the owner of the cafe, amusement park and sport complex.

A detailed attendees list is presented in Appendix-3.

As a result of a lawsuit, which was opened by the Turkish Medical Association who opposed the Project, the State Council decided to suspend the execution of the Project. As a result of this decision, the MoH suspended the field work of the social impact assessment, resulting in the discontinuation of stakeholder engagement activities until March 2013. On the 9th March 2013, the Council of Ministers adopted a new law removing key Acts that were opposed by the Turkish Medical Association. As a result, it became possible for the social impact assessment and stakeholder engagement activities to recommence in mid-March.

To ensure access to local opinion and concerns during this time, the local Mukhtars were used to reach Project Affected People. The Mukhtars were chosen for their local leadership role and as they were able to communicate with the neighborhood residents and directly inform them about the project. They also distributed the project brochure to local residents.

5.2. Phase 2: Impact Assessment

During the main impact assessment stage, baseline data was collected. Both existing secondary data and primary data collection were undertaken through field surveys. Stakeholder engagement was a critical part of this work and the ESIA team conducted meetings with the stakeholders listed below:

- Institute of Public Hospitals;
- Department of Public Private Partnership;
- General directorate of Treatment Services;
- Mukhtars; and
- local businesses.

Detailed list of the stakeholders and their relation with the project are provided in Appendix-4 and summarized in Table 5-2.

Table 5-2. Consultations during the Impact Assessment Phase

Stakeholder	Engagement Methods	Main Objectives	Specific Discussion Areas	Dates	Responsibility
Project Affected People (PAPs) (i.e., residents of the six mahalles around the site)	Mukhtar Questionnaire Survey	To introduce the Project where necessary.	Key impacts of the construction and operation phases.	March to April 2013 and 21 April 2013 for PPM	ESIA Team (for attendees list see Appendix -8)
Mukhtars	Interviews with businesses	To inform and validate the baseline data through semi-structured interviews and questionnaires			
Businesses	In-depth interviews with municipalities, academics and NGOs	To generate feedback on the Project activities and have specific discussions regarding potential impacts and proposed mitigation/enhancement and monitoring measures.			
Academics	Public Participation Meeting (PPM)	To manage local expectations, concerns and any misconceptions.			
NGOs		To enable stakeholders to input into the Project design and management plans			

5.3. Key Issues

The following issues were raised by stakeholders during engagement activities undertaken to date. General concerns and the expectations of the project is given in Appendix-5.

Construction phase impacts

- Resettlement impacts: in addition to the transferred hospitals, 60 households have been required to relocate due to termination of their leases, along with the Etlik Specialized Hospital canteen. 2 additional businesses will also be affected (a taxi stand and leisure complex)
- Influx: There is expected to be a large number of people using the site on a daily basis.
- Dust: resulting from excavation works and the exhaust of machinery and vehicles used during the construction phase.
- Noise: resulting from construction traffic and machinery, especially during activities such as excavation and drilling.

- Health and Safety: Trespassers onto the construction site may be at risk serious accident or injury if they come near construction activities or vehicles.
- Traffic congestion: resulting from additional construction vehicles on already busy commuter roads.
- Security: general security of the site during construction.
- Local health and safety: associated with an influx of approx. 4,000 construction workers, many living in worker (temporary) accommodation near the site.
- Cultural Heritage: concerns over the protection of the tumulus (a mound of earth and stones raised over an ancient grave) on site, which was known by residents on the nearby mahalles.
- Local economy: Prices of the houses will increase.

Operation phase impacts

- Improved health services: the provision of a new, state of the art medical facility for a large proportion of the Ankara population.
- Traffic congestion: As with the construction phase, traffic is a major concern during operation.
- Health and Safety: the spread of infectious diseases associated with such a large health campus
- Waste management: the management of medical waste to ensure that diseases etc. are not spread into the wider community.
- Accidental events: the importance of fire safety being included in the hospital design.
- Access to services and infrastructure: impacts on access to services as a consequence of the Project. Access to health care will be improved as a local impact.
- Decreasing the level of income for private hospitals;
- PPP model may privatize of health services.
- Healthcare services should be accessible and free to all.

6. FUTURE STAKEHOLDER ENGAGEMENT

This section describes the stakeholder engagement planned for the Project during IA disclosure, and then during construction and operation.

6.1. Phase 3: IA Disclosure

Disclosure of the Draft ESIA Report will provide detailed information about the proposed Project activities, the assessment of the impacts and the planned mitigation and monitoring measures. After submitting the Draft ESIA Report to the EBRD, it will be advertised and made available for public review for a period of 60 days. Notification will be made through newspaper announcements and will provide:

- A brief description of the Project;
- A list of venues where the ESIA report is on display and available for viewing;
- Duration of the display period; and
- Contact information for comments.

Display venues will be decided by the Ministry of Environment and Urban Planning but would be expected to include:

- Kecioren and Yenimahalle Municipality;
- Ayvali, Yenicag, Yunusemre, Varlik, Isinlar, Asagi Eglence Mahallesi;
- Local government area headquarters; and
- The Project Office.

A community meeting will also be held to disclose the ESIA at the theater hall of the Antares Shopping Mall as it was performed during the ESIA preparation phase. The new meeting will be announced to the community via nation-wide printed newspaper ads and announcement notices at the Antares Shopping Mall. During the meeting all verbal comments will be noted and also a comments book will be available for participants to provide written comments.

Electronic copies of the Draft ESIA Report will be available on CDs/memory sticks and a Non-Technical Summary of the Draft ESIA Report will be distributed to select stakeholders registered on the database. Copies of the Draft ESIA Report will also be available for download from the company website: www.aeh.com.tr and subsequent comments can be submitted via email or in writing to:

- Ms. Duygu Inan
- Email: dinan@turkerler.com
- Turan Gunes Bulvari 15.Cadde No:11 Yıldız-Cankaya / ANKARA

Directly affected stakeholders will be informed about the disclosure process by phone and also a letter will be sent to key stakeholders. The purpose of this letter will be to inform stakeholders about disclosure, the project team will answer questions from the public and stakeholders. The Public Relations officer of the Project will be responsible for this. All comments received will be collated by the PRO and be fed into the ESIA finalization process.

Once the review period is complete and all comments received and incorporated, where necessary, the Final ESIA Report will be posted on the Project website.

6.2. Project Implementation

Stakeholder engagement will continue throughout design finalization, construction and operation. Key stakeholders will be kept informed about project progress, have the opportunity to feedback on the effectiveness of mitigation and enhancement measures and to raise any concerns or grievances. During this process key stakeholders will receive meaningful and accessible information about the mitigation/enhancement and management measures contained in the Environmental and Social Management and Monitoring Plan (ESMMP). Information to be shared before construction commences will include (but not be limited to) the following:

- the impacts that have been identified as a result of the Project
- the impacts and mitigation or enhancement measures that are being implemented;
- the implementation schedule;
- roles and responsibilities;
- monitoring and management measures; and
- information on the grievance mechanism for the Project.

Information from the ESMMP will be presented through a number of briefing sessions and community meetings

Implementation phase engagement will focus on new stakeholders, including patients and their families and potential and existing employees as well as those engaged at earlier phases; it will focus on developing relationships through on-going stakeholder engagement and will be designed to build on positive stakeholder relationships established during the ESIA process, carrying these forward through Project construction and operation.

To ensure effective stakeholder engagement, the SEP will be reviewed annually by the PRO throughout construction and operation of EIHCP, with it being adapted as appropriate.

EIHCP's public relations team will be responsible for engagement with stakeholders as an on-going process throughout the life of the Project. This department will be dedicated to conveying information about the Project, and contributing towards

finalizing and implementing the ESIA Mitigation Measures. The Public Relations department will also manage the grievance mechanism, including establishment and management of the grievance database, coordinating with EIHCP senior management to respond to community grievances/concerns. The department will also ensure that the grievance mechanism is functioning effectively within agreed resolution timeframes and that there is a mechanism for applying lessons learned. As a requirement of the national legislation, there will also be a patients' rights commission in the campus under the responsibility of MoH.

A robust grievance mechanism for workers in both construction and operation stages will be developed by the Project Company before commencement of either activity. Once finalized, this process will be managed separately to the public grievance mechanism, but employees will retain their right to access the public grievance mechanism for non-employment-related issues.

Stakeholder groups, engagement activities and specific discussion areas for the Project implementation phase engagements are detailed in Table 6-1, below.

Table 6-1. Implementation Phase Engagement

Stakeholder	Engagement Methods	Main Objectives	Specific Discussion Areas	Dates	Responsibility
Local residents	Media notifications of project progress, grievance logging, resolution and reporting	To ensure all affected and interested stakeholders are informed about project progress and have the opportunity to raise any concerns or grievances.	Key impacts of the construction and operational phases	From 2 months before the construction to the end of construction period.	Public Relations Officer.

Stakeholder	Engagement Methods	Main Objectives	Specific Discussion Areas	Dates	Responsibility
Users of local amenities and facilities	Community consultation events. On-going Public Relations (communication with locals to inform about design progress regarding possible overlapping of project site boundaries with nearby businesses) and grievance logging	To receive feedback on the effectiveness of mitigation and management measures.	Community and worker health and safety.	From the end of construction and throughout operation	Human Resource Depart.
Construction workers	Construction Management Plan and Workers Grievance Mechanism	To manage grievances.	Traffic management and safety awareness (as these were two key issues raised by the community during consultation)	Operation	MoH, Public Relations Depart.
Operational phase MoH staff	Workers Grievance Mechanism	To manage grievances.			MoH
Operational phase Project Company employees	Workers Grievance Mechanism				
Patients and patient visitors	Patients' rights commission will be established in the health campus.				
Other affected stakeholders in Section 3					

7. GRIEVANCE MECHANISM

7.1. Overview

Grievances can be an indication of growing stakeholder concerns (real and perceived) and can escalate if not identified and resolved. Identifying and responding to grievances supports the development of positive relationships between projects, communities and other stakeholders.

A grievance management process has been established for EIHCP. This provides a formal and on-going avenue for stakeholders to engage with the Project. This grievance mechanism is accessible to all sections of the affected community, at no cost and does not impede access to other judicial or administrative remedies. Affected communities will be repeatedly informed about the grievance process in the course of community engagement activities. The Environmental and Social Impact Assessment (ESIA) for the project will release into the public domain for review and comment at the end of the May 2013 (it can be found at <http://www.aeh.com.tr/> and EBRD website. Hard copies of the ESIA (in both English and Turkish) will be available at the Project Office and related mukhtars (Yunusemre, Asagieglence, Ayvali, Isinlar, Yenicag, Varlik).

Project will report regularly to the public on its implementation whilst protecting the privacy of individuals.

Stakeholders will be able to share their opinions and grievances via a range of options such as web sites, letters and face to face meetings during all future phases of the Project. Feedback will also be provided to demonstrate how their comments and suggestions have been incorporated into the Project decision-making process.

A separate grievance mechanism will be established for construction workers, hospital workers and patients.

The EIHCP grievance mechanism has been designed to ensure that all grievances that are received are acknowledge and logged and that the complainant knows what to expect in terms of response and when. Grievance procedures will be coordinated through the nominated Grievance Officer and grievances fed through to the Project Company's Public Relations Officer (PRO), who is the primary interface between the community and the Project Company. Confidentiality procedures will be put in place to protect the complainant, as appropriate.

The grievance mechanism will be advertised and announced to affected stakeholders so that they are aware of the process, know they have the right to submit a grievance, and understand how the mechanism will work and how their grievance will be addressed. In most cases, a grievance or complaint will be submitted by a stakeholder or local resident by phone, in writing or by speaking with one of the company's PROs.

7.2. The Grievance Mechanism

There are 10 steps that complete the grievance mechanism. This process is summarized in Figure 7.1, and detailed in the text below.

Step 1: Identification of grievance through personal communication with appropriately trained and advertised Project Company workers (GOs/PROs). This could be in person, by phone, letter, or email using the contact details below:

- Tel: +90 (312) 492 03 06; Fax: +90 (312) 492 03 67
- Email: dinan@turkerler.com
- Turan Gunes Bulvari 15.Cadde No:11 Yıldız-Cankaya / ANKARA

Step 2: Grievance is recorded in the 'Grievance Log' (written and electronic) within one day of identification. The grievance log will be held at the Project Company's offices and managed by the PRO. The significance of the grievance will then be assessed within five to seven days using the criteria outlined in Box 2.

Box-2. Significance criteria

Level 1 Complaint: A complaint that is isolated or 'one-off' (within a given reporting period - one year) and essentially local in nature.

Note: Some one-off complaints may be significant enough to be assessed as a Level 3 complaint e.g., when a national or international law is broken (see Level 3).

Level 2 Complaint: A complaint which is widespread and repeated (e.g., dust from construction vehicles).

Level 3 Complaint: A one-off complaint, or one which is widespread and/or repeated that, in addition, has resulted in a serious breach of the Project Company's policies or National law and/or has led to negative national/international media attention, or is judged to have the potential to generate negative comment from the media or other key stakeholders (e.g., inadequate waste management).

Step 3: Grievance is acknowledged through a personal meeting, phone call, or letter as appropriate, within a target of 10-14 working days after submission. If the grievance is not well understood or if additional information is required, clarification will be sought from the complainant during this step.

Step 4: The Grievance Officer is notified of Level 1, 2 or 3 grievances and the Project Manager/Director is notified of all Level 3 grievances. The senior management will, as appropriate, support the Grievance Officer in deciding who should deal with the grievance, and determine whether additional support into the response is necessary.

Step 5: The GO delegates the grievance within five to seven days via e-mail to relevant department(s)/ personnel to ensure an effective response is developed e.g., HR, relevant medical or administrative departments, contractors etc.

Step 6: A response is developed by the delegated team and Grievance Officer within 14 days, with input from senior management and others, as necessary.

Step 7: The response is signed-off by the senior manager for level 3 grievances, the Grievance Officer for Level 2 and Level 1 grievances within 14 days. The sign-off may be a signature on the grievance log or an e-mail which indicates agreement, which should be filed by the Grievance Officer and referred to in the grievance log.

Step 8: Communication of the response should be carefully coordinated. The Grievance Officer ensures that an approach to communicating the response is agreed and implemented.

Step 9: Record the response of the complainant to help assess whether the grievance is closed or whether further action is needed. The Grievance Officer should use appropriate communication channels, most likely telephone or a face to face meeting, to confirm whether the complainant has understood and is satisfied with the response. The complainant's response should be recorded in the grievance log.

Step 10: Close the grievance with sign-off from the Grievance Officer. The Grievance Officer assesses whether a grievance can be closed or whether further attention is required. If further attention is required the Grievance Officer should return to Step 2 to re-assess the grievance. Once the Grievance Officer has assessed whether the grievance can be closed, he/she will sign off or seek agreement from the Project Manager for level 3 grievances, to approve closure of the grievance. The agreement may be a signature on the grievance log or an equivalent e-mail, which will be filed by the Grievance Officer and referred to in the grievance log. In addition, a "Grievance Closeout Form" will be used (see Appendix-6). This process is outlined in Figure 7.1.

7.3. Grievance Procedure Channels of Communication

Numerous channels will be used for stakeholders to submit any complaints and requests:

- Telephone – All incoming calls will be registered and information summarized daily and sent to the relevant department for processing and action in accordance with the grievance procedure outlined above.
- Electronic channels – Stakeholders have the opportunity to send comments, remarks, requests and complaints via the official website of the Project Company which is under construction. When the website is ready, the Project Company will make a public announcement. Meanwhile, websites of Sponsors namely Turkerler (www.turkerler.com) and Astaldi (www.astaldi.com) can be used for complaints or opinions and also emails can be sent to dinan@turkerler.com which is the email account of the Public Relation Officer (PRO) for the Project. A Patients Right Commission exists in all hospitals of the MoH and this will be also available in the Etlik IHC.
- Post – mail can be used by stakeholders for submission of their queries/requests/complaints/comments for consideration by the PRO. All incoming letters will be documented and stored as well as the responses sent to the originating party in accordance with the grievance procedure outlined above. The postal address of

the PRO's Office is *Turan Gunes Bulvari 15.Cadde No:11 Yıldız-Cankaya / ANKARA* (Tel: +90 (312) 492 03 06; Fax: +90 (312) 492 03 67)

- Any queries/requests/complaints/comments can be brought to the attention of the Project Company verbally or written (e-mail) or by filling in a grievance form (see Appendix-7) which will be available in the project site office.

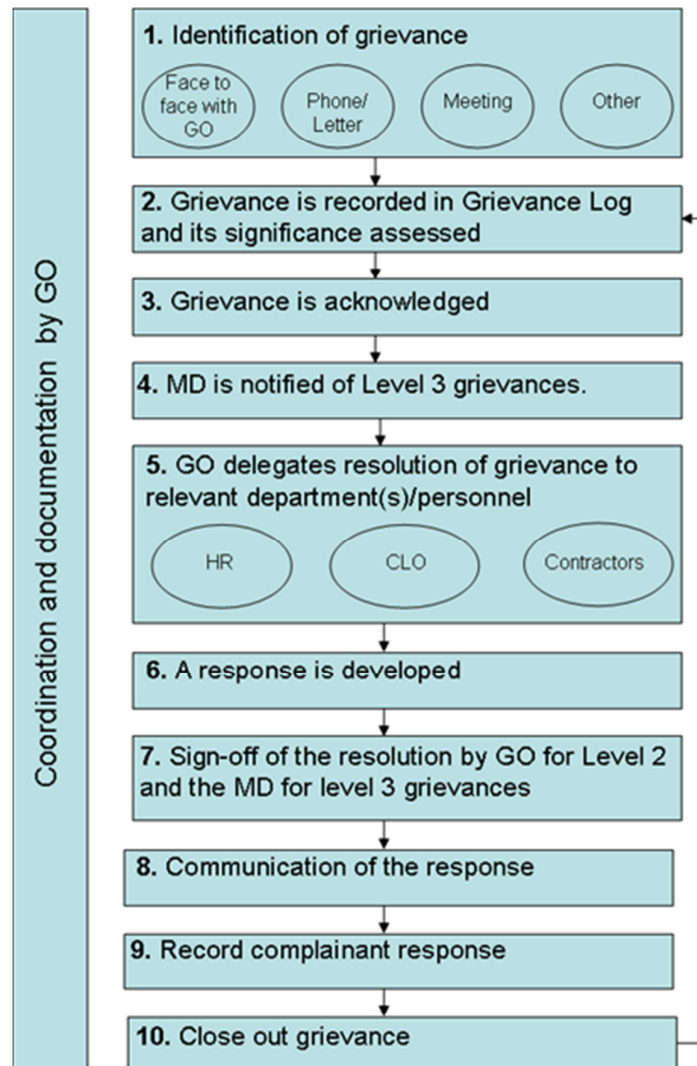


Figure 7.1. Flowchart for Processing Grievances

7.4. Grievance procedure for patient's rights

The Turkish Government also has a general grievance mechanism that is used for patient rights. "184-Patient Rights" is a phone line developed for patients living across the country and is accessible 24 hours a day, every day of the week. SABİM (Sağlık Bakanlığı İletişim Merkezi-Communication Centre of Ministry of Health) aims to solve problems in the health care services as rapidly as possible. Operators of SABİM keep records of complaints and deliver them to the relevant authorized personnel in the MoH.

Contact Details for SABIM:

E-mail	sabim@saglik.gov.tr
Fax	0312 286 13 57
Tel	184 – 0312 258 50 63
Post	Ziyabey Main Street 1419 Street No:9 Balgat Ankara/Turkey

PROJECT CONTACT INFORMATION

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