
MERSİN INTEGRATED HEALTH CAMPUS PROJECT

STAKEHOLDER ENGAGEMENT PLAN (SEP)

APPENDIX-E



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ANKARA



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ABBREVIATION LIST

AKP	Justice and Development Party (“Adalet ve Kalkınma Partisi”)
BDP	Peace and Democracy Party (“Barış ve Demokrasi Partisi”)
CHP	Republican People's Party (“Cumhuriyet Halk Partisi”)
DSİ	General Directorate of State Hydraulic Works (“Devlet Su İşleri”)
ESAP	Environment and Social Action Plan
ESIA	Environment and Social Impact Assessment
ESMMP	Environmental and Social Management and Monitoring Plan
EP	Equator Principles
EPFI	Equator Principles Financial Institutions
EU	European Union
FGD	Focus Group Discussion
GATA	Gülhane Military Medical Academy (“Askeri Tıp Akademisi”)
HTP	Health Transformation Program
IFC	International Finance Corporation
JV	Joint Venture
MHP	Nationalist Movement Party
MIHCP	Mersin Integrated Health Campus Project
MoH	Ministry of Health
MoF	Ministry of Finance
MoEUP	The Ministry of Environment and Urban Planning
NGO	Non-Governmental Organization
PAA	Project Affected Area
PAP	Project Affected People
PIF	Project Introduction File
PPP	Public-Private-Partnership
PR	Performance Requirements
PS	Performance Standards
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 'Mersin Integrated Health Campus Project' (herein after 'the Project'). It has been prepared by 2U1K Engineering and Consultancy Inc. on behalf of Mersin Hastane Sağlık Hizmetleri İşletme Yatırım Anonim Şirketi (the Project Co).

The Mersin Integrated Health Campus Project (MIHCP) 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 Dia Holding Fzco.- Techint Compagnia Tecnica Joint Venture (JV). 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 UniCredit, Denizbank, Sberbank) to obtain financing for the Project. This SEP has been prepared in conjunction with the overall ESIA process for the Project.

The SEP has been prepared in line with the IFC standards and Equator Principles, since the UniCredit is a member of the Equator Principles Financial Institutions (EPFI). As of June 4th, 2013, 79 financial institutions in 35 countries had officially adopted the Equator Principles, covering over 70 per cent of the international project finance loans in emerging markets.

In accordance with the Equator Principle-5 (EP), the purpose of the SEP is to:

- consult and participate with affected communities;
- inform indigenous and vulnerable people,
- 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 the project decision-making processes during all stages of the project lifecycle.

This SEP includes; (i) the identification of stakeholders for the Project, (ii) explains the relationships of the stakeholders with the Project, (iii) provides details of consultation methodologies, (iv) activities carried out to date and those planned during future stages of the Project, (v) 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 which is committed to, and accountable for, its implementation.

1.1. PROJECT OVERVIEW

1.1.1. Health Transformation Program and the Health Campus Projects

The National Health Campus Project, which encompasses all of the health campuses to be erected in Turkey, was developed as a result of the reconstruction process which called Health Transformation Program (HTP). Turkey has been implementing the World Bank's Health System Strengthening (HSS) Program since 2003 for the health transformation. 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 (HTP). Prior to the program, there were multiple social security insurance schemes covering public and private sector workers, those who were self-employed and a social assistance program covering health insurance for the poor and vulnerable (the Green Card Program). The studies conducted so far with the HTP as follows;

- 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 widened the coverage of the Green Card to include low-income groups,
- expanded 112 emergency healthcare services to include villages as well as 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, which will assist investments in the health sector.

The MoH has classified the 81 provinces of Turkey into 29 health regions on the basis of transportation facilities, labor force capacity, the conditions of existing health facilities and the capacity of health services. The objective of this classification was to provide focused support in each region.

The MoH is planning to build 30 health campuses, of various sizes, as part of the national Health Campus Project in 22 cities to serve the 29 health zones. Integrated health campuses are healthcare facilities hosting a number of specialized hospital departments, research and development laboratories for the medical academic

researchers, social facilities, housing and parking lots. Further details on the HTP Program will be found in the full ESIA report.

Currently there are 15 following health campus Projects on the MoH's agenda;

- Projects in the Pre-Qualification Tender Announcement Phase:
İstanbul Bakırköy
- Projects in the Bid Phase:
Kocaeli
- Projects in the Final Bid Phase:
Bursa, Isparta, İzmir
- Projects in the Contract Phase:
*Adana, Gaziantep, Konya, Manisa, **Mersin**, İstanbul İkitelli*
- Projects in the Construction Phase:
Ankara Etilik, Ankara Bilkent, Elazığ, Kayseri

1.1.2. Details on the Mersin Integrated Health Campus Project

The Mersin Integrated Health Campus Project (MIHCP -'the Project') will be constructed on an area of approximately 0.23 km². The Project is comprised of an integrated health campus with a total capacity of 1,259 beds accommodating specialist hospitals and facilities as follows:

- Main core which comprises; main administration building, diagnosis and treatment centre, burn unit,
- General and Oncology Hospital,
- Women's and , Children's Hospital,
- General and Cardiovascular Hospital,
- Underground and above ground car parking area.

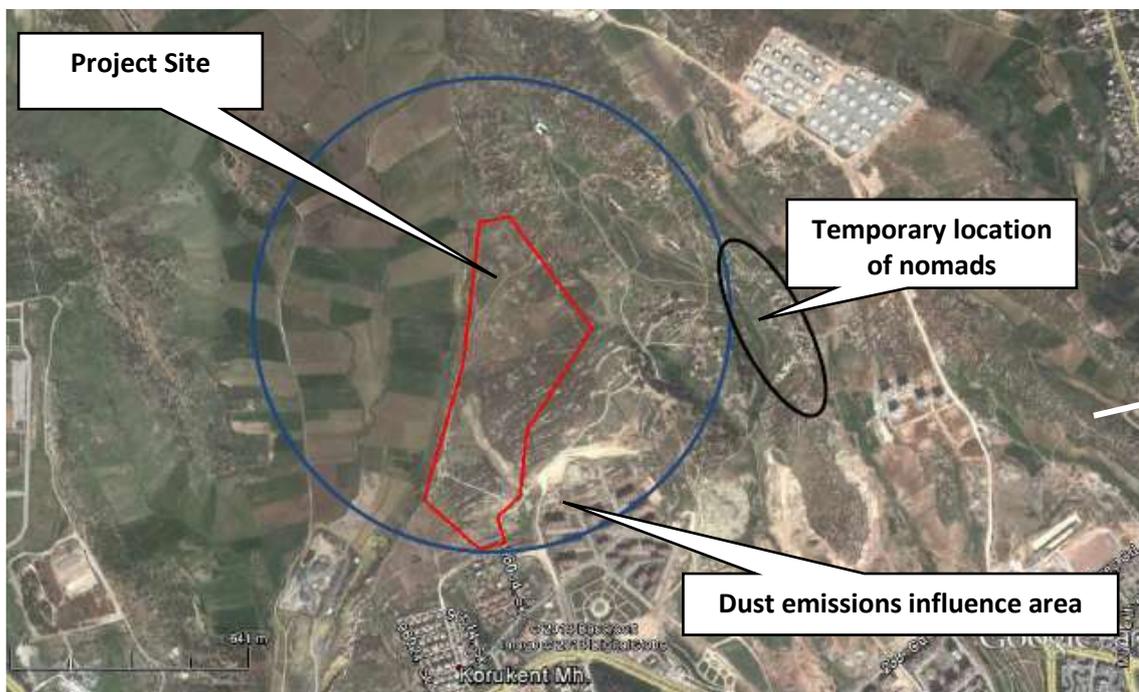
1.2. MIHCP AREA

The Project area is located in the Korukent Mahalle (Korukent neighborhood) of the Toroslar District of Mersin (see Figure 1-1, 1-2). The project is covering 232,000 m² land area and located in the north of the District. The project location is, in the northern part of the city and nearly 7 kilometres to the city centre.



Source: GoogleEarth.

Figure 1-1 Project Location-1



Source: GoogleEarth.

Figure 1-2 Project Location-2

The settlement area nearest to the Project site is Korukent Mahalle. Existing facilities surrounding the Project Site are TOKİ (Housing Development Administration of Turkey) housings and villa compounds in Korukent Mahalle.

According to the analysis the construction site is not in a flood plain nor does it fall within a cultural protection area. Furthermore, according to the General Directorate of Disaster Affairs and Earthquake Research Centre, the construction site is located in a third level danger seismic zone.

2. REGULATORY REQUIREMENTS

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

- the legislative requirements of the Turkish Republic,
- the EPs and the IFC standards and
- the gaps between Turkish legislation and international standards.

2.1. Turkish Legislation

The Ministry of Environment and Urban Planning (MoEUP) has a list of the Projects which require an Environmental Impact Assessment (EIA)¹. According to this list, the health campuses require an official EIA procedure applied in Turkey. However tender process of the Project has been completed before the issue of the new EIA Regulation and MIHCP is exempt from the national EIA.

Detailed information on the Turkish EIA Regulation will be described in the ESIA Report.

2.2. International Standards

Since the UniCredit is a potential lender for the MIHCP, the project must align with good international practice, including the Equator Principles of 2013 and the IFC Performance Standards. Key principles, requirements, methodological and procedural aspects of the stakeholder engagement process are required for Category A and Category B projects of the Equator Principles. In addition, the Performance Standard 1 of the IFC, also outlines a systematic approach to stakeholder engagement which is designed to help clients build and maintain a constructive relationship with their stakeholders. These stakeholders include the locally affected communities in particular. The specific objectives of Principle-5 are outlined in Box-2-1.

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

Box 2-1 Specific Objectives of the Equator Principles Regarding Stakeholder Engagement

EP Principle-5: Stakeholder Engagement

For all Category A and Category B Projects, the EPFI will require the client to demonstrate effective Stakeholder Engagement as an on-going process in a structured and culturally appropriate manner with Affected Communities and, where relevant, Other Stakeholders. For Projects with potentially significant adverse impacts on Affected Communities, the client will conduct an Informed Consultation and

¹ New EIA regulation was accepted on 3rd of October, 2013.

EP Principle-5: Stakeholder Engagement

Participation process. The client will tailor its consultation process to: the risks and impacts of the Project, the Project's phase of development, the language preferences of the Affected Communities, their decision-making processes and the needs of disadvantaged and vulnerable groups. This process should be free from external manipulation, interference, coercion and intimidation.

To facilitate Stakeholder Engagement, the client will, commensurate to the Project's risks and impacts, make the appropriate Assessment Documentation readily available to the Affected Communities, and where relevant Other Stakeholders, in the local language and in a culturally appropriate manner.

The client will take account of, and document, the results of the Stakeholder Engagement process, including any actions agreed resulting from such process. For Projects with environmental or social risks and adverse impacts, disclosure should occur early in the Assessment process, in any event before the Project construction commences and on an on-going basis.

EPFIs recognise that indigenous peoples may represent vulnerable segments of project-affected communities. Projects affecting indigenous peoples will be subject to a process of Informed Consultation and Participation, and will need to comply with the rights and protections for indigenous peoples contained in relevant national law, including those laws implementing host country obligations under international law. Consistent with the special circumstances described in IFC Performance Standard 7 (when relevant as defined in Principle 3), Projects with adverse impacts on indigenous people will require their Free, Prior and Informed Consent.

2.3. Gaps between Turkish Legislation and International Guidelines

The most prominent topic, which requires further elaboration in Turkish Environmental Legislation, is "Social Impact Assessment (SIA)". Additional studies and implementations are required in this topic for internationally financed projects to achieve alignment with international standards. For example, Turkish Environmental Legislation does not stipulate implementation of detailed socio-economic surveys at Project Site and the establishment of a Grievance Mechanism. However, these are required by international standards. Such differences will be taken into consideration in respective sections in the ESIA Report.

3. PROJECT STAKEHOLDERS

3.1. Introduction

For the purposes of this SEP, a stakeholder is defined as any individual, organization or group which is potentially affected by the Project or which 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 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 on-going 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 upon 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 has been presented in Appendix-1. This list will be kept up to date if new stakeholders are identified during the course of the Project. 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			
<ul style="list-style-type: none"> • Muktars of 4 affected Mahalles • Residents of 4 affected Mahalles • Users of local public amenities • Nomads • Principal communities to be served by the MIHCP 	√		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 and resettlement issue of the nomads.
Government			
<ul style="list-style-type: none"> • MoH • Ministry of Labour and Social Security 	√		The centralization of state hospitals into large health complexes will have impacts upon the operations of the

Stakeholder Groups	Stakeholder Type		Connections to the Project
<ul style="list-style-type: none"> • Mersin Provincial Directorate of Health • Governorship of Mersin • Toroslar District Directorate of Health • District Governorate of Toroslar • Mersin State Hospital 			<p>MoH.</p> <p>According to the Planning Guide for Health Institutions with Beds (“Yataklı Sağlık Kuruluşları için Planlama Rehberi”) dated 2011 by the MoH, 506-bed Mersin State Hospital will be transferred to the General Hospital to be located within the new health campus. However, this needs to be confirmed with the MoH.</p>
Local Administrations			
<ul style="list-style-type: none"> • The Metropolitan Municipality of Mersin • Toroslar Municipality 		√	<p>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.</p>
Employees			
<ul style="list-style-type: none"> • MoH • Construction Staff 	√	√	<p>The construction and operation of the large MIHCP will require substantial labor effort and employment. The MoH will be the responsible party of providing nurses and doctors and SPV will provide other labour requirements of the Project in construction and operation process.</p>
NGOs			
<ul style="list-style-type: none"> • Mersin Medical Chamber • Health Workers Union of Mersin 	√	√	<p>It is expected that the Health Workers Unions and Mersin Medical Chamber will be involved the process since they are against to the Project. It is expected that the health workers unions will be involved in the closure process of the Mersin State Hospital to minimize the retrenchment of the subcontractor workers.</p>
Academics			
<ul style="list-style-type: none"> • Medical Faculty of Mersin University 	√	√	<p>The university has a medical department. It is important to engage with the universities for future cooperation as they have a general interest.</p>

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 the Project's progress, that they receive information on the environmental and social performance, that they can provide feedback on the effectiveness of any mitigation and management measures and that they 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	<ul style="list-style-type: none"> To introduce the Project to the 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 	<ul style="list-style-type: none"> 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. Scoping phase meeting was organized. Public participation meeting was organized

Phase 2: Impact Assessment	<ul style="list-style-type: none"> To introduce the Project where necessary. To inform and validate the baseline data through semi-structured interviews and questionnaires To generate feedback on 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> To make the final ESIA available to all interested and affected stakeholders. Project design and management plans 	<p>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 its appendices will be published on the Project Website.</p> <p>Website: www.mersinsaglik.com.tr Address: Meclis-i Mebusan cd. İnebolu Sk. 1A Ekemen Han Kat:3-4 Kabataş, Beyoğlu/İstanbul Tel: 0 212 377 19 00 Fax: 0 212 251 49 89</p>

Phase 4: Project Implementation	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 shall be carried out. • A systematic scanning of the press shall be carried out to ensure that negative press articles are considered and assessed.
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4.2. Stakeholder Engagement Tools

A range of tools will be used for the stakeholder engagement as part of this Project. These include community meetings, focus groups, community level questionnaires, leaflets, posters and key informant discussions. Stakeholder engagement will continue using these employed mechanisms as required ensuring 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, the physically disabled and the mentally disabled.

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

In order 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 October 2013. It includes detailed information about the health campuses, the PPP, the Mersin IHCP and the bed capacities of the hospitals. It will also outline the environmental and social impact assessment process and provide contact information (email, phone, postal address and fax) for the Public Relations Department of the Project Company for any grievances.

4.2.2. Project Website

A project website was established in October 2013, and then its domain name address was changed to www.mersinsaglik.com.tr in December 2016. It will contain detailed description of the planned construction work, photographs and information about the construction work once it is underway, information about the areas to be affected by this work, the measures taken to reduce negative impacts and enhance positive ones, details of the grievance mechanism and the final draft project documents.

4.2.3. Grievance Mechanism

A grievance mechanism has been developed which will allow stakeholders to raise concerns or complaints personally as well as via post or electronic mail (contact details in Section-4-2-4). The procedure seeks to address concerns promptly and be 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 in the Project.

4.2.4. Public Relations Officer (PRO)

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:

- Name: Fatih Taşdemir
- Tel: +90 324 225 10 00 ;
- Fax: +90 324 225 10 11
- Email: ftasdemir@ccnsaglik.com
- Address: Korukent Mah. Yavuz Sultan Selim Bulvarı No:64 33240 Toroslar/
MERSİN

4.2.5. Newspapers

Local and national newspapers were used to used to invite stakeholders to public meetings including *Çukurova* (local), *Posta* (national). They will continue to be used to publically reach wide audiences, as appropriate.

4.2.6. Public Meetings

Open and targeted meetings will continue to be held to engage with stakeholders, as appropriate.

4.2.6.1 Scoping Phase Meeting

The “Scoping Phase Meeting” was conducted on October 07,2013 at 16:30 pm in the wedding-ceremony hall of Toroslar Municipality. An announcement was published 3 days before the date of the meeting. The local (*Çukurova*) newspaper was used for the announcement which advertised the date of meeting, time, place, and subject of the meeting. Twenty-two people were attended to the meeting including, mukhtars, residents of the affected mahalles, owners and employees of the local businesses, SPV team, ESIA team and Toroslar Municipality. For detailed list of the attendees see Appendix 2.

Information has given about the investment, and the ESIA team made presentations. Ideas and suggestions were taken about the project.

The main concerns about the Project raised from the attendees are listed below;

- Working hours of the construction period,
- Is there going to there be a concrete batching plant in the scope of the Project?
- Time scale of construction
- Capacity car parking area,
- Traffic management,
- Job opportunities of the Project.

4.2.6.2 First Public Participation Meeting

The “Public Participation in Environmental Impact Assessment Meeting” was conducted on November 18, 2013 at 14:00 pm in the conference hall of the Toroslar Municipality. An announcement was published 10 days before the date of the meeting. The national (*Posta*) newspaper was used for the announcement which advertised the date of meeting, time, place, and subject of the meeting. Totally thirty-two people attended to the meeting including, mukhtars (two), residents of the affected mahalles (four)+owners and employees of the local businesses (six), SPV team (four) , ESIA team (two), and members of the Municipality(twenty). For detailed list of the attendees see Appendix 3.

Information has given about the investment, and the company officials and the ESIA team made presentations. Ideas and suggestions were taken about the project.

The main concerns about the Project, which were raised from the attendees, are listed below;

- Are you planning to use the existing roads or are you planning to build new roads for the Project?
- Routes of the new roads to the Project site?
- Will the health campus have its own pharmacies and commercial areas inside of the facility?
- What kind of facilities will be established for the Project?

4.2.6.2 Second Public Participation Meeting

The “Public Participation in Environmental and Social Impact Assessment Meeting” was conducted on July 22, 2014 at 14:00 pm in the congress and exhibition hall of Toroslar Municipality. The local (Çukurova) newspaper was used for the announcement which advertised the date of meeting, time, place, and subject of the meeting. Totally thirteen people attended to the meeting including, mukhtars, residents of the affected mahalles, ESIA team and the Project Company. For detailed list of the attendees see Appendix-4.

Information has given about the investment, and the company officials and the ESIA team made presentations. Ideas and suggestions were taken about the project.

The main concerns about the Project, which were raised from the attendees, are listed below;

Çukurova Mahalle: *There are many unemployed people in the neighbourhood who has migrated from the rural regions. We will be very happy if hiring can occur in the near neighbourhoods by this the number of workers that occupy in the workers camp will be reduced and the company will profit.*

Project Company: *During the peak period 2500-4000 people will work. Nearly after 1 month there will be a camp for 2000 construction workers. Employing local workers will economically beneficial for the Company. Right now there are two local firms that we are working with us. One of them is in exaction business while the other one is a map engineering firm and they are both from Mersin.*

Korukent Mahalle: *Right now there is only one local worker. The locals that live at TOKİ buildings are uncomfortable specially for the noise of the excavation works .*

Project Company: *We have been planning this project for a long time. We have the potential to start the project as soon as we get the confirmation. Since we haven't come into activity totally we get support from subcontractor firms. There are no employees working at the project. To eliminate impacts of the excavation works, the site will be watered regularly, speed limit will be used and the excavation works of the Project will be performed till 18:00 pm.*

Korukent: *Our mahalle is very close to the project field because of that during hiring process support of the mukhtar must be received.*

4.2.7. Public Notices

Public display materials will be used as a tool to communicate with large audiences, particularly in busy pedestrian areas to inform the public about the new health care system. To inform the public about the public participation an announcement poster was hung at the possible affected Mahalles.

4.2.8. Phone Calls

The phone number for the Public Relations Officer (PRO) (+90 212 377 1900) - will be widely distributed with future Project information. The PRO will engage directly with stakeholders through phone calls, when necessary.

5. PREVIOUS STAKEHOLDER ENGAGEMENT

5.1. Phase 1: Initial Engagement

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

- identify all key stakeholders,
- provide an overview of the proposed development to key local community members (including Mukhtars of nearby mahalles, and pharmacies 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.

Department of PPP announced the tender processes of health campuses including Mersin on its official website.

(<http://www.kamuozel.gov.tr/koo/?q=tr/projeler/mersin-entegre-saglik-kampusu>)

The ESIA team of 2U1K visited the Project area in the second week of October 2013 and held interviews with the mukhtars and residents. They also held a preliminary consultation meeting to present the contents of the ESIA during the scoping phase. This meeting was held on the 7th of October 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 shops;
- Mukhtar's of Korukent and Çukurova;
- Toroslar Municipality and
- Residents of the mahalles.

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:

- Mukhtars,
- Nomads,
- Residents of Mahalles,
- Local Businesses
- NGOs,
- Local Administrations,
- District Governorship.

A detailed list of the stakeholders and their relationship with the project has been summarized in Table 5-2. The meetings that were conducted during the impact assessment phase have been presented in Appendix-5.

Table 5-1. Consultations during the Impact Assessment Phase

Stakeholder	Engagement Methods	Main Objectives	Specific Discussion Areas	Dates	Responsible Body
Project Affected People (PAPs) (i.e., residents of the four mahalles around the site, nomads)	Mukhtar Questionnaire Survey	To introduce the Project where necessary.	Key impacts of the construction and operation phases.	September 2013 to mid-October	ESIA Team
	Interviews with businesses	To inform and validate the baseline data through semi-structured interviews and questionnaires			
	In-depth interviews with nomads, 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.			
	Scoping phase Meeting	To manage local expectations, concerns and any misconceptions.			
Mukhtars	Public Participation Meeting (PPM)	To enable stakeholders to input into the Project design and management plans			
Businesses					
Academics					
NGOs					

5.3. Key Issues

The following issues were raised by stakeholders during engagement activities undertaken to date. Detailed records of consultations, which comprise general concerns, and the expectations of the project are given in Appendix-6.

1) Population & demographics

The population of the Mahalle will be increased and it will affect negatively the following issues;

- The neighbourhood will be more unsecure,
- It will create social conflict,
- It will result Environmental pollution,

Increased population will affect positively the following issues;

- New social facilities will be established such as recreation areas, kinder gardens, shopping malls due to population increase,
- Transportation network will be increased,
- The Metropolitan Municipality will provide better municipal services.

2) Social Services & Infrastructure

The project will bring an extra traffic load to the neighbourhood.

The project will affect the following social services positively;

- Accessing to the Mahalle,
- The Project will be good model for the children and there might be established vocational school of health,
- The Municipality might provide free access to the health campus, especially for the cancer and dialysis patients,
- Recreation areas might be established,
- Roads might be renewed,
- Specific road might be established directly to the health campus,
- Natural gas service might be provided to the neighbourhood,
- Drinking water pipes might be renewed,
- Infrastructures of the electricity and sewage systems might have higher quality.

3) Economy, Employment & Livelihoods

The project will affect the following economic issues positively;

- Unemployment rate of the Mahalle will be reduced if the construction workers of the Project will be hired from the neighbourhood.
- The employees of the health campus might start to live in the neighbourhood and incomes of the real estate sector and shopkeepers will be raised.
- The value of the houses will be increased and it will affect the house owners positively.
- Commercial areas will be built around the campus.

Negative economic impact is related with the tenants due to increased values of the houses.

4) Quality of life

The project will affect the following issues negatively;

- Construction workers should be hired from this area. The people from the eastern provinces of the Turkey can create social problems.
- There are specific concerns about the operation period. Hearing the sound of ambulances will create negative psychological impact.
- The residents already have dust problem regarding to ongoing construction Projects and the construction period of the health campus will make it doubled.
- The works which will create noise should be done during the day.
- Drug addicts are using the buildings of some of the construction projects currently ongoing in the Mahalle. Safety of the campus should be strict.
- Traffic density will cause an increase in the noise

The project will affect the following issues positively;

- The residents of the Mahalle will be more conscious about the health issues,
- The current long procedures of the hospitals might be reduced

Key concerns and expectations of the Nomads

Expectations;

- The families are planning to buy or rent the most appropriate land in the upper side of the District in September 2014, but if the families move , they will have to change the school of their children;
- The nomads have job expectation from the Project for the young members of the community;
- They also have expectations from Toroslar Municipality for an alternative land;

- They mention that the Project is really important in terms of health provision and ten families will not be strong enough to change the Project location;
- Currently they have to go to Adana for the serious health problems after realization of the Project they will have chance treatment opportunity in the Mersin.

Concerns;

- The mayor of Toroslar Municipality warned the nomads that, the land would not be available after the construction period of the health campus;
- The land is already inadequate due to insufficient place for grazing;
- The nomads, whose form of income is derived from small cattle animal husbandry may be forced to sell their herds due to this Project;
- They feel uncomfortable with the construction workers, because there have been continuing many construction Projects in the Mahalle in last ten years;
- Due to high prices of the animal feeds they do not earn enough money from the livestock;
- The nomads only engaged in animal husbandry and they have concerns about settled life;

The have concerns about the closure of existing roads.

The details about the nomad families and their future plans are presented in Appendix-7.

The Project company also planning to realize the expectations of the nomad families plans with the Nomad Support Strategy which is presented in Appendix-8.

Key concerns and Expectations of Mersin Medical Chamber

Expectations;

- The most positive side of the proposed facility is that oncology department will exist within the campus.

Concerns;

- This hospital is for enriching the international companies not for the public;
- Medical staff will be become as slave with the help of dual management;
- Medical staff will be become subcontractor;
- With this system, medical doctors in state hospitals will be obligated to be contractual staff;
- Approximately 90% of patients that come to medical center can be cured at preliminary step. For remaining 10% of patients, there is no need to establish

health campus. Where government has to promote small hospitals, large hospitals will be promoted with this system;

- Medical Chamber, considers the system as trade policy not as health policy. Instead of establishing health campuses, existing hospitals have to be renovated.

Key concerns and Expectations of Toroslar Municipality and District Governorship

Expectations;

- This investment will be very good for the District and the Province;
- This large investment will be realized in our Province but if regular transportation will not be arranged, this investment will be non-functional.

Concerns;

- There may be some problems related to transportation to the Hospital but possible problems have to be solved by the Mersin Metropolitan Municipality;
- The only maternity municipality in the Mersin Province exists within the boundaries of the Toroslar District and there are critical problems related to access of this hospital;
- Site where the hospital is planned to be established is further away from the city center than other hospitals;
- The institution would like to know if existing hospitals will be closed down within the context of the Project;
- Since location of the Mersin State Hospital is very central, we do not want this hospital to be closed down.

6. FUTURE STAKEHOLDER ENGAGEMENT

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

6.1. Phase 3: IA Disclosure

NTS of the Draft ESIA Report, SEP and ESAP were disclosed in both English and Turkish in the website of the Project (<http://www.mersinsaglik.com.tr/cevre>) on June 28, 2014 for public review. As stated in Section 4.2.6.2, a public participation meeting was performed on July 22, 2014 in the congress and exhibition hall of Toroslar Municipality to disclose draft ESIA and get public opinions. An announcement for disclosure meeting was published five days before the date of the meeting. The outcomes of the meeting are summarized in Section 4.2.6.2.

In addition, hard copies of the document were made available at the following locations for public review:

- The Toroslar Municipality;
- Korukent, Çağdaşkent, Çukurova and Çavuşlu Mahelles;
- Local government and
- The Project office.

Directly affected stakeholders were informed about the disclosure process by phone. The project team are responsible for answering the questions from the public and stakeholders. The Public Relations officer of the Project is responsible for receiving and collecting all comments. All received comments will be fed into the ESIA finalization process and the Final Report will be posted on the Project website. It should be noted that no comment has been received since the publication of the documents.

6.2. Project Implementation

Stakeholder engagement will continue throughout design finalization, construction and operation. Key stakeholders will be kept informed about the progress of the Project, have the opportunity to provide 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 is not 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, children 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 the MIHCP, with it being adapted as appropriate.

The MIHCP'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, finalizing, and implementing the ESIA mitigation measures. The Public Relations department will also manage the grievance mechanism, including the establishment and management of the grievance database and coordination with the MIHCP 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 from 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 have been detailed in Table 6-1, below.

Table 6-1. Implementation Phase Engagement

Stakeholder	Engagement Methods	Main Objectives	Specific Discussion Areas	Dates	Responsible Body
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Stakeholder	Engagement Methods	Main Objectives	Specific Discussion Areas	Dates	Responsible Body
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 the construction period.	Public Relations Officer.
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	The MoH, The Public Relations Depart.
Operational phase MoH staff	Workers' Grievance Mechanism	To manage grievances.			The MoH

Stakeholder	Engagement Methods	Main Objectives	Specific Discussion Areas	Dates	Responsible Body
Operational phase Project Company employees	Workers' Grievance Mechanism				
Patients and patient visitors	Patients' rights commission 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 will be established for the MIHCP. This will provide a formal and on-going avenue for stakeholders to engage with the Project. This grievance mechanism will be accessible to all sections of the affected community, at no cost and will not impede access to other judicial or administrative remedies. Affected communities will be repeatedly informed about the grievance process over the course of community engagement activities. The ESIA for the project will be released into the public domain for review and comment. (It will be available at <http://www.mersinsaglik.com.tr/>. Hard copies of the ESIA (in both English and Turkish) will be made available at the Project Office and the related muhktar (Korukent Çağdaşkent, Çukurova, Çavuşlu).

The 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 in the second public participation meeting and this process will be continue in all phases of the Project.

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

The MIHCP grievance mechanism has been designed to ensure that all received grievances are acknowledged, logged and that the complainant knows what to expect in terms of response capacity and timeframe. Grievance procedures will be coordinated through the nominated Grievance Officer who will feed the grievances through to the Project Company's 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 has been summarized in Figure 7.1, and has been 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:

- Name: Emre Kitapçı
- Tel: +90 212 377 19 00; Fax: +90 0212 251 49 89
- Email: info@mersinsaglik.com.tr
- Address: Meclis-i Mebusan cd. İnebolu Sk. 1A Ekemen Han Kat:3-4 Kabataş, Beyoğlu/İstanbul

Step 2: Grievance is recorded in the ‘Grievance Log’ (paper 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 7-1.

Box 7-1 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 for 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 and 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 meetings, 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 a 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: 9). 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. A Patients Right Commission exists in all hospitals of the MoH and this will also be made available in the Mersin 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: Meclis-i Mebusan cd. İnebolu Sk. 1A Ekemen Han Kat:3-4 Kabataş, Beyoğlu/İstanbul.

- 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 which will be available in the project site office (See Appendix-10).

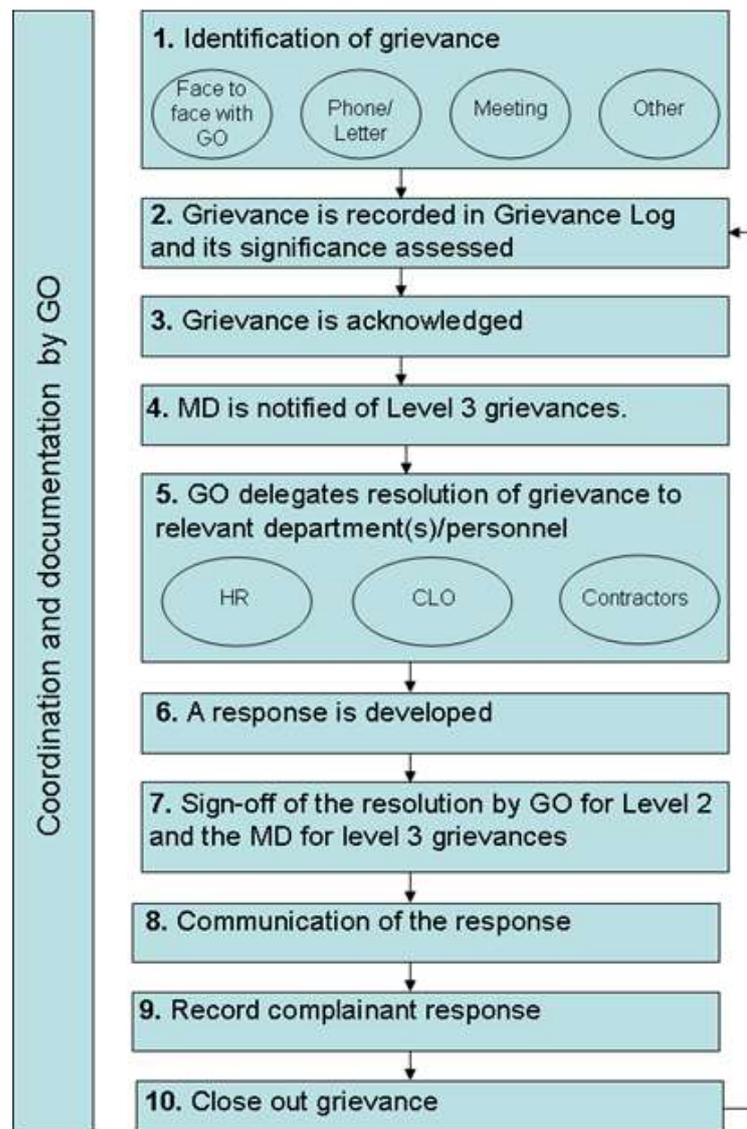


Figure 7-1 Flowchart for Processing Grievances

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 SABİM:

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