

Action Document for EU Trust Fund
to be used for the decisions of the Operational Board

1. IDENTIFICATION

Title/Number	Improved access to health services for Syrian refugees in Turkey	
	Facility/Trust Fund priority area: Health	
Total cost	Total estimated cost: EUR 16,430,000¹	
	Total amount drawn from the Trust Fund: EUR 11,500,000	
Aid method / Method of implementation	Project Approach: Indirect management - Delegation Agreement	
DAC-code	120	Health
	(includes: 12181 12191 12220 12261 12281)	(includes: Medical education/training Medical services Basic health care Health education Health personnel development)

2. RATIONALE AND CONTEXT

The EU Regional Trust Fund in response to the Syrian crisis (Madad Fund) defines its overall Objective as *to provide a coherent and reinforced aid response to the Syrian crisis on a regional scale, responding primarily to the needs of refugees from Syria in neighbouring countries, as well as of the communities hosting the refugees and their administrations, in particular as regards resilience and early recovery*".

In addition, the Facility for Refugees in Turkey (Facility), with a total commitment of EUR 3 billion for 2016 and 2017, provides for a joint coordination mechanism, designed to ensure that the needs of refugees and host communities in Turkey are addressed in a comprehensive and coordinated manner. As defined by the Facility Steering Committee on 12 May 2016, the Facility focuses on six main priorities for support: humanitarian assistance, migration management, education, health, municipal infrastructure, and socio-economic support. The Action corresponds to the priority area of *health*.

The Action will contribute to Madad Fund Specific Objective 4 *to increase access to quality and equitable health care for refugees and impacted local populations through direct interventions and through bolstering national systems and capacities* and will report towards 4.1 of the current Result Framework².

¹ This Action is co-financed by the US Department of State (Bureau of Population, Refugees, and Migration) and Norway.

² https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/eutf_madad_results_framework.pdf

In line with the 'Strategic orientation document for the European Union Regional Trust Fund in response to the Syrian crisis', the **Overall Objective** of the Action is to improve access to quality and equitable health care for refugees³ and impacted host communities.

The **Specific Objectives** are to :

- support national health care services by increasing the capacity of Syrian health staff,
- provide quality health related services to refugees and impacted host communities in Turkey.

2.1. Context

2.2.1. Country context

The flow of refugees that started in March 2011 as a result of the civil war in Syria has been described by the United Nations High Commissioner for Refugees (UNHCR) as the greatest migration wave seen in recent history. Since then, a great number of people have been displaced and/or been forced to flee their country. People fleeing from Syria have sought protection in five countries primarily (Turkey, Lebanon, Jordan, Iraq and Egypt). Among these, Turkey is the country hosting the largest number of Syrians under Temporary Protection (SuTP)⁴ with currently 2.978.995 Million persons⁵.

Besides the SuTP Turkey hosts 346.567 asylum seekers and refugees from other countries, predominantly Iraq and Afghanistan⁶. According to data provided by the Directorate General for Migration Management (DGMM), around 10% of the SuTP reside in 26 Temporary Protection Centres (TPCs)⁷, camps, located in 10 provinces funded and managed by the Disaster and Emergency Management Authority (AFAD). 90% are dispersed in host communities in south-eastern provinces with various level of concentration (25 provinces account for over 95% of the total number of registered persons).

In accordance with data provided by the DGMM, as of 13 April 2017, 1.592.862 (53,5 %) of SuTPs are male and 1.386.133 (46,5%) female. 1.363.723 (45,7%;) SuTP are children and adolescents under 19 years old, whereas only 2% (59.914) are 65 years old or older. The number of women in the reproductive age (15 to 49 years old) group is 730.721.

2.2.2. Sector context: policies and challenges

Turkey established an asylum framework through the 'Law on Foreigners and International Protection' which was passed in Parliament in April 2013 and came into force in April 2014 and the 'Temporary Protection Regulation' the Council of Ministers of the Republic of Turkey issued in October 2014. The above legal acts were adopted to not only address the immediate humanitarian needs of refugees, but also to build up resilience of the displaced population by offering basic services such as health care and education.

³ Since Turkey maintained the 'geographical limitation' when it ratified the 1967 Protocol Relating to the Status of Refugees, the Syrian refugees referred to in this document shall be understood as Syrians under Temporary Protection as stipulated in the Law on Foreigners and International Protection.

⁴ "Temporary protection" is given *prima facie* to Syrian nationals and Stateless Palestinians originating from Syria and are referred to as Syrians under Temporary Protection (SuTP).

⁵ DG for Migration Management (DGMM) data from 13 April 2017

⁶ ASAM data from 28 February 2017

⁷ Also referred to as Temporary Accommodation Centres

In April 2011, health care services became available for SuTP initially in the Hatay province. Since then, all SuTP who are registered in Turkey and hold a temporary identification number are able to benefit from the same level of emergency, preventive and curative health services as Turkish citizens. These health care rights are regulated under the above Temporary Protection Regulation and AFAD Circular No. 2015/8 on 'Health Services Provided for Foreigners under Temporary Protection'.

Regarding the medical aspects of the health service provision, particularly in the provinces with high density of Syrian population, the population increase has led to substantial pressure on the existing health infrastructure, and shortage of healthcare workers, medical equipment and hospital beds for the entire population including both SuTP and host communities. Despite significant investments by the Government of Turkey (GoT) and the international community, basic services, including health and psychosocial support services, continue to be strained.

Furthermore, the difference in support and access to health care services between in-camp and out of camp SuTP is notable. Those who live out of camps and have no registration cannot have free access to healthcare services and medicine, except in cases of emergency and communicable diseases (EU Needs Assessment, 2016). In camps, almost 90% of SuTP use the existing health facilities. However, less than 60% of SuTP residing out of camp use medical facilities. Language and cultural barriers, fear, cost of transportation to facilities are all constraints to access to health.

As a result, needs with respect to healthcare services for SuTP are currently one of the priority fields of concern in Turkey. There are significant financial, human resources, equipment and infrastructure needs to increase access to healthcare and health status of SuTP as well as decrease disparities in access to healthcare among host populations living in provinces with high density of refugee populations.

Pressure on physical capacity of healthcare facilities: the rapid and sizeable increase in the number of SuTP in Turkey presents a significant strain on existing health infrastructures, especially in the regions hosting the largest numbers. In 2015, the UN Regional, Refugee and Resilience Plan 2017-2017 (3RP) reports a 30-40% additional patient load in polyclinics and hospitals in the South East provinces. The existing capacities of primary and secondary healthcare facilities in Turkey are insufficient to deal with the increased demand. According to the Hospital planning based on population (Health statistics year book of the Ministry of Health (MoH), the average number of hospital beds per 10,000 population was planned to be at 10 to 13 beds. After the mass influx of SuTP since 2011, the population has drastically changed in several provinces in Turkey and the number of hospital beds per 10,000 inhabitants has decreased to 6-9 beds. In order to address this deficiency the opening of new secondary healthcare facilities is a necessity.

Limitation of human resource capacities in healthcare services: the human resource capacities of existing primary and secondary healthcare facilities in Turkey are also insufficient, both in numerical terms (i.e. limited staff), but also in capacities (i.e. see language below). Many family physicians in Turkey have already reached the upper limit of 4,000 registered patients and cannot afford any more additions to their list of patients. The existing number of family physician positions is far from responding to the needs of expanding populations and their health problems. In the provinces with a high density of SuTP, the ratio can reach up to 34,100 people per physician. In addition to the low number of physicians per capita, the number of visits to primary healthcare services for Syrians, at least in the camp (i.e. 3-5 visits per patient per year) seems to be higher than that of the Turkish citizens (i.e. 2-3 visits per patient per year).

The above-mentioned health and healthcare problems encountered are interrelated at all levels, since health needs of SuTP should be approached with a holistic view, including physical, mental, social health and wellbeing. Hence healthcare services targeting these populations should be delivered in an integrated manner.

In addition, a significant amount of existing diseases and disabilities among refugees require costly interventions at the tertiary level, this Action will focus on the highest priority health needs in the provinces with the highest density of target population that can be addressed by the most cost-effective preventive measures at the primary care level to increase life expectancy and improve the health situation among refugees. In addition the two key problems below will be directly tackled by specific activities of this Action.

Language problems: language represents a major barrier for SuTP seeking health services. Communication problems in diagnosis and treatment related to language barriers increase the risks of miscommunication regarding the right diagnosis and instructions to patients in their recovery efforts. Often interpreters, family members or other informal helpers assist in communication, which also conflicts with privacy and the confidential character of medical information. There is no statistical data available for the certified health mediators at Ministry level. Some Institutions are using Arabic speaking translators without having medical background which does not guarantee a quality and professional service.

Lack of information: among SuTP, there is a lack of information on rights to healthcare services and on the healthcare system in Turkey. There is a need for increasing SuTP health literacy, information on healthcare rights and access to health care. In addition, healthcare providers need to receive up-to-date information on health legislation and practice regarding SuTP.

2.2. Lessons learnt

- Early investment in systems ensures national ownership and enhances opportunities for the Government to explore gaps in terms of policy, national budgeting and capacity that can benefit from financial and technical resources mobilized by the EU and its partners.
- Working with urban refugees requires a stronger focus on information campaigns and outreach work, service provision in multiple locations, service provision to host and refugee populations; and the development of partnerships with local organisations and NGOs.
- Health interventions must follow MoH Principles of Health Service Delivery to Persons under Temporary Protection.
- There are a limited number of government health services that may be accessed with a provider or translator speaking Arabic which reduces the participation of Arabic speaking patients. Integration of Syrian health professionals into the health system will bridge this gap.
- Free access to health care services at primary, secondary and tertiary health care facilities level will require considerable support from all donors.

2.3. Complementary Actions

Since the beginning of the refugee crisis in 2011, various health related initiatives took place supported through international funding. The EU, UN (WHO, UNHCR, IOM, UNFPA, UNICEF) and other internationally funded initiatives have been supporting governmental

initiatives and tackling the emergency situation in the sector. These initiatives included also attempts to assess health status and health related needs, increase health literacy of and access to health care services by SuTP, train healthcare workers, reduce burden of healthcare workers, solve problems stemming from communication between SuTP and healthcare providers, and mitigate overcrowding in hospitals.

This Action is a very good example of creating positive synergies with other ongoing EU initiatives and will ensure the smooth transition from emergency (ECHO) to mid/long term resilience support to SuTP and host communities. The Action is complementary to past, current and future Actions funded under the **Facility** implemented through various instruments:

- Special Measure for Health: on 1 December 2016, the EU signed the Direct Grant *"Improving the health status of the Syrian population under temporary protection and related services provided by Turkish authorities"* with MoH with a total budget of EUR 300 Million. Its objective is to improve the health status of the Syrian population under temporary protection in Turkey. The Direct Grant will end on 30 November 2019.

Under this Direct Grant, MoH plans to open approximately 220 Migrant Health Centers (MHCs) equivalent to 790 Migrant Health Units (MHUs). 1 Unit consists of one Syrian doctor and one Syrian nurse to treat Syrian patients under the supervision of the MoH Provincial Public Health Directorates. The concerned healthcare personnel will be appointed at the MHCs after completing training programmes provided under the present Action. Therefore, the Direct Grant will not only improve the health status of SuTP in Turkey but also provide an employment opportunity for skilled Syrians as doctors, midwives, nurses and bilingual patient guides.

- ECHO: until November 2015, over 10 % of EU humanitarian aid (implemented by ECHO) spent in Turkey supported the health sector. Until now, health related projects implemented by ECHO have addressed priority tasks such as physical rehabilitation and post-operative care for the war wounded, and delivery of primary healthcare services in areas heavily populated by SuTP. In addition ECHO has launched this year a string of Actions for a total value of € 164 million, targeting lifesaving humanitarian aid sectors, including food assistance and essential supplies through the use of voucher schemes, access to health services, education in emergencies, protection, information management, essential items for winter, specialised help for persons with disabilities, mental health and psychosocial support to SuTP.

ECHO provided EUR 10 Million seed funding to WHO to open seven (7) Migrant Health Training Centres (MHTCs) in Gaziantep, İstanbul, İzmir, Şanlıurfa, Mersin, Hatay and Ankara. Furthermore, under this contract the practical training for 750 Syrian doctors and 750 Syrian nurses will be started. In addition, 300 translators will be trained to provide Turkish-Arabic translation at the primary and mainly secondary (hospital) level. The project started on 1 March 2017 and will end in December 2017.

The present Action will continue the above efforts undertaken by ECHO in providing training to Syrian health personnel and translators.

- Madad: several Actions in the area of health are being implemented or are in preparation. An Action implemented by the Danish Red Cross in cooperation with the Turkish Red Crescent (Kızılay) will be providing, among others, health education and referral services to vulnerable Syrian population as well as psychosocial services.

Instrument contributing to Stability and Peace (IcSP): funded by the EU IcSP, IOM is implementing a EUR 6.7 Million project aimed at enhancing access to services, strengthening resilience of host communities, and facilitating integration of SuTP. Under this project, two multi-services Community Centres (CC) have been set-up to assist out-of-camps SuTP and host communities in Antakya and Istanbul. Services provided by the CCs are expected to enhance SuTP's access to primary health care in co-operation with MoH at local level, psychosocial support, legal assistance, education and vocational trainings so as to alleviate the pressure on local authorities in terms of service delivery to SuTP.

Under another project funded by the IcSP, the Turkish NGO Association for Solidarity with Asylum Seekers and Migrants (ASAM) is implementing a EUR 7.5 Million grant aimed at enhancing the protection of non-Syrian refugees and asylum seekers in Turkey and promoting their integration into Turkish society. ASAM will provide Services in 18 satellite cities across Turkey through multi-service centres and field offices. Although ASAM will not provide health services to beneficiaries it will facilitate asylum seekers' access to primary health care services through a system of referral to health providers and provide interpretation services.

Other relevant EU funded Actions have been carried out by UN organizations, international and national NGOs and other partners, including Actions supporting strengthening the coordination for essential health response and streamlining related decision making processes; strengthening the provision of primary healthcare services for SuTP; strengthening of communicable diseases surveillance, detection and response, including immunization; strengthening the capacity of health service delivery, health promotion and protection interventions; and increasing access to mental health services through improved quality.

In parallel to their mandate, UNICEF supported implementation of projects related to child health. Furthermore, UNFPA had a wide array of projects on sexual and reproductive health, adolescent health and gender issues. Among those, there were initiatives to conduct needs assessment studies, establish specialized centres to serve refugee women, conduct trainings to increase capacity of healthcare providers that serve refugee adolescents and women and implement peer health education programmes for refugee youth.

Under its bilateral assistance programmes Germany is considering to strengthen the employability of Syrian Medical staff (primary and secondary level) as well as the operation of Migrant Health Training Centres).

The Implementing Partners will undertake all efforts necessary to ensure complementarity of the present Action with the above ongoing or planned initiatives.

2.4. Donor co-ordination

The GoT's response to the Syrian crisis is led and coordinated by AFAD, while other line ministries and central/local government agencies are increasingly involved in the response. Local municipalities play a critical role in the implementation of the response. As a result of the protracted nature of the crisis, there is an increasingly strong call for a multi-sector resilience based response.

During the process of preparing a comprehensive needs assessment for short, medium to long term Actions needed as basis for an enhanced EU support to Turkey related to the Syrian refugee crisis (March-June 2016), the EU managed a broad consultation with multilateral and bilateral donors on their aid programmes towards Syrian refugees in Turkey by means of questionnaire and information sharing meetings.

The EU Delegation in Ankara is co-chairing with ECHO regular meetings of the EU refugees and Migration Coordination contact group with EU Member States with a view to share views and exchange information. Furthermore, the EUD participated in the regular meetings of the Working Group on Health, chaired by AFAD, which lead to the conclusion of the above Facility Special Measure for Health.

The Madad Management is in the lead to ensure coordination with EU Member States contributing to the Fund. Moreover, the Madad Management is coordinating with its implementing partners and other stakeholders on a regional level including cross border issues.

At a broader level the EU is actively contributing to overall donor co-ordination under the auspices of the United Nations in the framework of the Regional, Refugee and Resilience Plan (3RP) that integrates humanitarian, development and macro fiscal interventions to increase coherence between humanitarian, development, national and regional priorities.

In the health sector, donor coordination towards provision of health services for SuTP is being maintained through the Health Sector Working Group chaired by MoH at the central level. Until recently, the Health Sector Working Group was represented by MoH, Ministry of Development (MoD) and the Prime Minister Office from the Turkish Government side, whereas UN is represented by UNHCR, UNICEF IOM, WHO and UNFPA.

Within the 3RP framework, WHO leads the health sector response coordinating IOM, UNFPA, UNHCR, UNICEF, MoH, Ministry of Family and Social Policies, Public Health Institution of Turkey, Turkish Red Crescent and NGO partners.

3. DETAILED DESCRIPTION

3.1. Objectives

In line with the '*Strategic orientation document for the European Union Regional Trust Fund in response to the Syrian crisis*', the **Overall Objective** of the Action is to improve access to quality and equitable health care for refugees and impacted host communities.

The **Specific Objectives** are to

- support national health care services by increasing the capacity of Syrian health staff,
- provide quality health related services to refugees and impacted host communities in Turkey.

3.2. Expected results and main activities

As stated above, the proposed Action aims to complement and to expand the Direct Grant to MoH and ECHO funding which started in 2016 and 2017 and will be continued until November 2019. The proposed Action will ensure a smooth transition from emergency (ECHO) to the mid – to - long term resilience support to SuTP and host communities.

It will allow qualified Syrian doctors and nurses to work within the Turkish health care system through standardized adaptation training as well as providing continuous learning to all personnel trained. The capacity of Syrian health professionals to provide health services within the Turkish Health System will be strengthened through theoretical, on-the-job trainings as well as continuous learning.

The Action will continue ECHO's support to WHO as it will ensure that the MHTCs in Gaziantep, İstanbul, İzmir, Şanlıurfa, Mersin, Hatay, and Ankara will run for an additional two years. Moreover, it is also linked to Syria cross-border operations funded by ECHO, the German Ministry of Foreign Affairs and the Swiss Development Cooperation (SDC) until the end of 2017 with the aim of strengthening the healthcare services inside Syria.

Since January 2016, approximately 75 MHCs in 17 provinces have been operational. In these MHCs, medical services to Syrian patients are currently provided by Turkish doctors with the assistance of translators. Before the Syrian health professionals are able to work in these MHCs, they need to undergo training programmes, which will serve to qualify the Syrian health care providers to obtain their work permits.

MoH and the Turkish Institute of Public Health in close cooperation with participating universities developed the curriculum for a six-week clinical rotation. The same organizations also planned the establishment of the above seven MHTCs, where the practical training of Syrian health workers started in January 2017.

Continuous learning will update knowledge, skills and attitudes of Syrian doctors, nurses and midwives, and will develop new knowledge and skills for specific clinical fields, by deepening their knowledge of an existing field of practice, and by gaining new competencies in the field of medicine/nursing and/ or midwifery education, management or research.

Furthermore, healthcare services will be provided for two years in seven MHTCs in provinces with the greatest refugee populations (Gaziantep, İstanbul, İzmir, Şanlıurfa, Mersin, Hatay and Ankara). It is important to underline the expected level of sustainability of this Action. When the Action finishes, both the MHTCs and the Syrian health personnel will become an integral part of the national health system. This is highly relevant in Turkey where the government wants to move from an emergency to a developmental approach to the refugee crisis, according to latest policy developments.

Expected results and key indicators

- Turkish health system's ability to provide healthcare to SuTP and impacted host communities is improved
 - 300 Syrian doctors and 300 nurses/midwives are qualified to receive adaptation training certificate after practical training;
 - 1.500 Syrian health professionals are recruited by MoH in Migrant Health Centres (MHCs) in Turkey after completion of trainings (900 out of 1500 previously received theoretical training and 400 out of these 900 received practical training with ECHO funds);
 - Up to 750 Syrian doctors and 750 nurses/midwives receive continuous training in accordance with curriculum.
- Excess burden to routine health system is reduced.
 - 365,000 SuTPs per year receive primary health care consultations.
- Refugee community is provided with risk communication and health education material and increased their ability to prevent ill-health and disease,
 - 20,000 SuTPs per year are provided with community health outreach services; linked to both social services and referral-level health care.

Main activities:

- Provision of practical clinical-based training at the above seven MHTC to 300 Syrian doctors and 300 nurses/midwives under the mentorship of Turkish doctors;
- Development of a specific curriculum for continuous medical education on a wide range of subjects including health information management, health system policies, and patients' rights;
- Organization of a 5 days training for 40 participants at a time in a total number of 38 trainings in all MHTCs;
- Provision of the following healthcare services in 7 MHTCs:
 - Family medicine services
 - Community outreach services (dissemination of public education; health promotion material in Arabic and Turkish)
 - Interpretation services
 - Social services
 - Physiotherapy
 - Psychosocial assistance
 - Dispensary (pharmacy)
 - Patient reception (medical record keeping)
 - Security
 - Supply management
 - Standard Operating Procedures development (Periodic system review and lessons-learned meetings)
 - Monitoring and evaluation of training and service provision
 - Medical education

3.3. Risks and assumptions**Assumptions:**

- Syrian doctors and nurses have officially access to jobs and education in Turkey
- The activities under this Action are in line with Turkish national health strategies and MoH Principles of Health Service Delivery to SuTP.
- Integration of qualified Syrian health professionals into the MHCs enables Syrian refugees to communicate in a common language/culture and increases their access to official health care
- Medical equipment, consumables and medications are available on the local market or can be imported (no deterioration at the border crossings).
- Local partners of the Action are allowed to operate in Turkey
- GoT policy on national NGO or INGO remains favourable for humanitarian interventions
- Coordination with local/national authorities continues and remains unchanged.
- Protocols signed with local authorities remains valid during the period of intervention

<i>Problems/Needs</i>	<i>Risk Analysis</i>	<i>Response Analysis</i>
GoT and local communal services are under significant strain due to increased demand, impacting service quality for both refugees and nationals, threatening social cohesion.	The strain impacts service quality for both refugees and nationals, threatening social cohesion.	Supporting Syrian health professionals in providing access to jobs and education will benefit both refugees and host communities for social cohesion.
Syrian medical doctors and nurses/midwives are not officially allowed to practice medical care in Turkey	Syrian health professionals become unemployed, and are unable to support refugees within Turkish healthcare system.	Proposed Action will integrate 1,500 (900 trained in previous ECHO funded Actions) Syrian health professionals into MHCs.
Most health services in Turkey are only delivered in Turkish.	Language and cultural barriers prevent refugees to access the services.	Action will increase SUTP's access to culturally sensitive health services.
Refugees are not always aware or sure of their legal status and the services legally available to them.	The lack of knowledge of their rights as refugees in Turkey prevent SuTP to access services	Production and dissemination of promotional material on health and healthcare will create awareness amongst SuTP on their rights.
Not all SuTP are registered and barrier to registration may vary depending on the area or the place SuTP come from.	Unregistered SuTP have no legal access to most public services, including healthcare coverage	Proposed Action will provide services to patients regardless of their status
Refugees under temporary protection have to receive health services in the cities where they are initially registered. Refugees who move to other cities are not entitled for services, including health.	Registered SuTP are refused services due to administrative barriers	Proposed Action will provide services to patients regardless of their status and link to other actors to facilitate registration process
Due to long reimbursement procedures, hospitals may consider financial tracking and reporting is a burden. For the same reasons, pharmacies often charge costs of services and medications to their Syrian customers	Because of administrative delays, SuTP registered or not may be refused services or charged for services and medications.	Proposed Action will make services available to patients regardless of their status. Services will be provided free of charge.
Poor living conditions and poor access to health services increase risk of communicable diseases for SuTP and host communities	Poor access to health services leads to interruption of regular medical treatments and increases communicable diseases risk for SuTP and host communities	Proposed services through MHTCs and MHCs will increase uptake of preventive health services and reduce risk of communicable diseases for SuTP and host communities.
Refugee communities face increases in gender-based violence and vulnerability amongst children, women, disabled and elder people	Due to huge influx of migrants and language gap in basic services and economic pressure lead to gender based violence and vulnerability amongst SuTP	Comprehensive health care model of MHTCs without language and cultural barriers provides for better identification of vulnerabilities and problems
Due to all problems and needs assessed above, SuTP who can't access health services tend to seek paid illicit solutions in underground health facilities.	Obstacles in accessing health causes illegal parallel health sector with unreliable standards which further impoverish the vulnerable refugee population and endanger their health.	Proposed services will provide reliable, free of charge services at acceptable quality standards.

3.4. Cross-cutting issues

Projects funded under this programme will integrate a Rights-Based Approach in each step of the project cycle from identification, formulation, implementation, monitoring to evaluation.

Gender: the needs of women's access to health services during their reproductive age and the needs of women, girls, boys and men will be taken into account throughout the project design and in identification of activities. The Action will be conducted in line with an awareness of gender issues including discriminatory social attitudes and expectations and the different needs of women, children, disabled people and men. One of the identified gaps is the limited number of female health care services providers. The fact that one third of Syrian health trainees are female will directly help in closing this gap.

Also, health services in MHTCs are important for prevention, identification and treatment and care of gender-based violence. Psychological assistance and social services will be provided by two (2) psychologists and two (2) social workers in each MHTC.

In addition to gender specific interventions, the Action will use a gender sensitive approach to all project activities, including not only gender mainstreaming but also active promotion of gender equality.

The Action will also try to align with the thematic objectives selected for Turkey for the implementation of the Gender Action Plan 2016-2020, to be pursued in all the EU Actions in the country from now until 2020. Those include fight against all forms of VAWG, as well as equal access for girls and women to quality education and VET free from discrimination, and support to women's organisations and CSOs/HRD working for gender equality and women's and girls' empowerment.

Disability: special attention will be paid to the inclusion of vulnerable groups and children under all the aims and activities of the Action, in view of the high risk of their under-participation and social exclusion. Environmental and social barriers to the participation of these groups will be identified and addressed. Special attention is also given to disabled people and the elderly. Community outreach activities will be planned.

3.5. Stakeholders

GoT's response to the Syrian crisis is coordinated by AFAD, while other line ministries and central/local government agencies are increasingly involved in the response. AFAD is the main coordinating body, responsible to coordinate all Refugee related activities and to avoid overlaps between different Actions.

The key government stakeholders in the area of health are MoH and its provincial directorates, AFAD and DGMM. Since 2011, MoH has been the key actor to respond to the needs of SuTP in Turkey, by coordinating emergency, preventive and curative healthcare service delivery at the primary, secondary and tertiary levels.

ASAM supports asylum seekers and migrants to fulfil their primary needs and to provide them with access for fundamental rights and services. ASAM has been providing psycho-social support for asylum seekers and SuTP. ASAM provides expertise and network with its personnel, consisting of case workers, psychologists, social workers, health educators and translators in 41 provinces with 46 offices in Turkey.

The content of the present Action has been formulated in close collaboration with MoH, and has been shared with AFAD and other relevant ministries.

4. IMPLEMENTATION COMPONENTS AND MODULES

According to the Madad procedure, this Action is based on Concept Notes submitted by various potential Implementing Partners and the result of a competitive evaluation process. It has been consulted with the Turkish Government and the EU understands that it has been well received. The Madad fund is an appropriate Instrument for this Action as it allows for a more flexible approach in the phase of project preparation to be able to work on the identified needs.

4.1. Financing agreement, if relevant

In order to implement this Action, it is not foreseen to conclude a financing agreement with Turkey, referred to in Article 184(2)(b) of Regulation (EU, Euratom) No 966/2012.

4.2. Indicative operational implementation period

The indicative operational implementation period of the Action, during which the activities described in section 3.2 is 24 months from adoption of this Action Document by the Operational Board. In any case the latest date for implementation is 14 December 2019⁸, linked to the end of the legal duration of the Madad.

4.3. Implementation components and modules

4.3.1. Delegation Agreement (Indirect Management)

To be able to respond to immediate needs in the context of the Syrian crisis for interventions targeting SuTP and their host communities in Turkey in accordance with the above objectives, a delegation agreement is foreseen in accordance with Article 58(1)(c) of the Regulation (EU, Euratom) No 966/2012 one Delegation Agreements is foreseen for activities under this Action. WHO has been positively pillar-assessed for Internal Control System, Accounting, Independent External Audit and Grants.

Eligible institutions will be selected on the basis of their experience in the field, and possibility to scale up their existing operations and/or introduce new activities within their portfolio. Furthermore, proven experience in cooperating with the GoT and having obtained an agreement of GoT on the planned intervention were decisive factors for selecting it as implementing partner. As such the selection of these entities is justified by their unique position as lead agencies in the sector, coupled with their ability to absorb considerable funds in a short period whilst maintaining the required accountability standards.

WHO has been active in Turkey since 1959, and is highly appreciated by the Turkish authorities, in particular the Ministry of Health (MoH). It is at the core of WHO's mandate to provide technical assistance to Health Ministries, as evidenced in the MoH-WHO country strategy paper for Turkey. WHO established the Guidelines for Minimum Standards in Primary Health Care Services that are used as the standard worldwide, and that will be applied for this Action.

WHO's role in support of the MoH is of significant importance to this Action. WHO is member of relevant coordination mechanisms in Ankara and Gaziantep as well as of various working groups in the area of health.

⁸ The implementation period of the contract must remain within the duration of the Trust Fund (currently 15 December 2019).

As outlined above, this Action will continue current activities undertaken by WHO with the funding of ECHO through the Facility by expanding ECHO's support to WHO in several MHTCs for an additional two years. Therefore, WHO is strategically the best placed partner for this Action. A negotiation team will be appointed by the EUTF Madad Trust Fund Manager.

4.4. Indicative budget

Module	Amount of total budget (EUR)*
Indirect management with WHO	11.500.000,00
Total	11.500.000,00

* *The costs of Evaluation and audit and Communication and visibility will be included in the projects' budgets and/or contracted separately via service contract(s).*

4.5. Performance Monitoring

Monitoring shall be ensured primarily through EU Delegations in-country and in particular with the assistance of specific Trust Fund field & liaison officers posted within the EU Delegations. In addition, the EU Trust Fund is planning to launch an independent M&E exercise to accompany all Madad Fund programmes and ensure that targets are met and lessons learnt can be incorporated into other Madad Actions.

The purpose of the Madad Fund Monitoring and Evaluation Framework would be to assess, across various levels, the degree to which the Overall Objective of the Trust Fund has been achieved.

Partners implementing this Action will comply with the ad hoc Monitoring and Evaluation Framework developed for the Madad Fund as well as with the reporting requirements and tools being developed by the EU Trust Fund.

The monitoring and evaluation exercises mentioned above will represent milestones in the implementation of the activities. These regular assessments will constitute a basis for a possible decision of suspension or revision of activities, should the conditions on the ground not allow for their proper implementation.

With regard to the Facility and Madad, the implementing partners will comply with the monitoring and evaluation requirements of the Facility. They will report quarterly on agreed Facility Results Framework indicators. This reporting requirement comes in addition to the obligations that partners have as part of their reporting against log frames. Each partner will only be required to be reporting on those indicators that directly correspond to their projects.

4.6. Evaluation and audit

Projects shall carry out an obligatory final evaluation, and one external audit per year. Whenever possible, evaluations will be jointly carried out by partners. This will also contribute to harmonise further and higher education support to SuTP and to the host countries in the region, in order to make technical co-operation more effective in line with current EU guidelines⁹.

⁹ EC Guidelines No. 3, Making Technical Co-operation More Effective, March 2009.

Without prejudice to the obligations applicable to contracts concluded for the implementation of this Action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts.

4.7. Communication and visibility

While communication and visibility of the EU is a legal obligation for all external Actions funded by the EU, to date the visibility of the EU's support to the Syrian crisis, in particular in neighbouring countries affected by the crisis, has been insufficient. The public perception is that the EU is not addressing the Syrian crisis, when in fact it is the largest donor. The lack of visibility to the EU's Actions weakens the EU's political traction in the region and its standing in Europe.

Therefore, communication and visibility is an important part of all Madad Fund programmes factored into the implementation in order to underline its importance at all stages of the planning and implementation of the Programme.

All visibility actions by Madad Fund implementing partners outside areas of conflict should be stepped up. Each implementer will have to draw up a comprehensive visibility and communication plan for their respective target country/community and submit a copy for approval to the Madad Fund and relevant EU Delegation. The related costs will be covered by the budgets of the contract as part of the project.

The measures shall be implemented by the implementing consortium/ia, its contractors, and/or its grant beneficiaries. Appropriate contractual obligations shall be included in, respectively, procurement and grant contracts.

The Communication and Visibility Manual for European Union External Action together with specific requirements to highlight the Madad Fund shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

All visibility and communications actions need to be discussed with the Madad Fund in order to ensure coherence and uniformity in messaging and branding. The Madad visual identity needs to be incorporated in all activities carried out by the implementing partners.

All communication and visibility-related activities included under this particular project would need to take place with due regard to the Facility Communication Strategy.