

# The Call for Expression of Interest in the field of Health Infrastructure

## Information Session on 3 June 2020

### EU Delegation - Ankara

#### *Questions and answers*

Question 1	Can you document the current state of preparation (clearance of land, administrative authorizations, preliminary design, tender documents) of each identified facility?
Answer 1	<p>The indicative list of the E/MHCs to be built has been shared with all the interested applicants via e-mail on 3 June 2020. (Should new Pillar Assessed entities planning to submit an application and would like to receive those documents are kindly asked to contact the Contracting Authority through the contact email address set in the Guideline for the Call.)</p> <p>As clarified during the second information session, nearly 50 of the E/MHCs are ready for implementation in terms of clearance of land and administrative authorizations. The remaining part, which is equal to nearly 15-20 E/MHCs will be ready within 6 months. The MoH DG Health Investments has type-designs and technical documents for the primary healthcare facilities. However, because of the variation among provinces in terms of the allocated lands and target population, the type- designs and technical documents shall be reviewed and adopted to each province and/or location during the implementation.</p>
Question 2	In complement to the list of E/MHCs to be built/renovated under the Call, would it be possible to obtain a first shortlist of hospitals/provinces where the rehabilitation and renovation of existing hospital spaces to create PTR units is contemplated?
Answer 2	<p>The list of medical devices and PTR units to be procured and the list of hospitals in which those equipment and units are to be installed, shall be prepared by the Ministry by December 2020 after the data collected by the MoH-DG Public Hospitals in November 2020.</p> <p>The current indicative list of public-owned E/MHCs are to be rehabilitated has been shared with all the interested applicants on 3 June 2020. (Should new Pillar Assessed entities planning to submit an application and would like to receive those documents are kindly asked to contact the Contracting Authority through the contact email address set in the Guideline for the Call.)</p>
Question 3	We understand that newly created PTR units within existing hospital spaces will be providing physiotherapy services to both refugees and host population in areas where significant capacity gaps for such services are identified. We

	<p>kindly request confirmation from the Ministry on the scope and targeted patient population for these new/revamped PTR units.</p>
Answer 3	<p>Your understanding is correct. The physiotherapy services delivered in the PTR units of the secondary healthcare premises have been provided to refugees since the beginning of the migration flow.</p> <p>Provision of additional PTR services tailored to the needs of the target groups by PTR clinics operated by NGOs (funded by ECHO) has also been authorized. Because ECHO funds will no more be available in the second tranche of the Facility, the MoH has decided to increase the capacity of current PTR services in the hospitals.</p> <p>In all, the PTR units in the hospitals will continue to serve both to the refugees and the host communities.</p>
Question 4	<p>Specific objective (ii) of the Action is <i>“to support the sustainability and efficiency of the healthcare system for refugees [...] as well as the policy framework”</i>. The Q&amp;A submitted by the EUD following the information session organized on 28 May also underlines that <i>“This Action is designed as a sustainable solution for SIHHAT project, and transition from rented premises to MoH own premises.”</i></p> <p>From a sustainability and public health efficiency perspective, and as emphasized in the 2018 FRIT’s needs assessment, the creation of permanent facilities under the Action makes it necessary to address the perspective for the convergence/unification process of the ad-hoc SIHHAT centers for refugees with the national Turkish network of primary healthcare centres, it being noted that secondary and tertiary healthcare service are already provided to both refugees and host population within the same hospital premises. In this perspective, how and under which time frame does the Ministry envisage to switch from primary healthcare facilities exclusively serving the primary healthcare needs of refugees, to a merger with the national Turkish network of Family Health Centers and Healthy Life Centers (either within or beyond the Action’s timeline)?</p>
Answer 4	<p>The transition is closely linked to the availability of the funding under the Facility. The MHCs have been based on the Family Healthcare System and shall be eventually converted into the Family Healthcare Centers. This transition shall be progressive in particular to sustain the capacity already built in the MHCs and is not expected to be completed during the implementation period of this Action.</p>
Question 5	<p>On the activity of rehabilitation and renovation of the existing hospital spaces to create Physical Therapy and Rehabilitation (PTR):</p> <ul style="list-style-type: none"> <li>o What are the health care facilities or hospitals units that will be renovated?</li> </ul>

	<ul style="list-style-type: none"> <li>o What are the needs? Where are the gaps in terms of medical devices and equipment?</li> <li>o Will the Ministry of Health take over medical devices/equipment of PTR Clinics run by the ECHO funded projects of NGOs?</li> </ul>
Answer 5	<p>For the first two items, please refer to Answer 2 above.</p> <p>For the third item, the MoH is taking over the medical devices/equipment of voluntary PTR Clinics.</p>
Question 6	The guidelines state that once the actions are completed, the running-costs and other responsibilities and associated costs would be covered by the relevant national or local authorities. Does the MoH have a formal sustainability/phase out strategy which we can refer to when preparing the proposal?
Answer 6	The running costs of new E/MHCs shall be funded from the SIHHAT-2 budget for as long as the latter is available. Thereafter, those costs shall be covered from the relevant Turkish National budgets. The running costs of the PTR units in the hospitals are fully funded from the Turkish National budgets.
Question 7	Can MoH share the refugee population data on district and even on the neighbourhood level?
Answer 7	The district population data is available on the indicative list of E/MHCs referred on Answer 1 above.
Question 8	Is there any ongoing health center investments financed by the MoH?
Answer 8	The MoH has confirmed that there are currently approximately 100 new primary health centers are in preparation/construction to date.
General comments	The concept note and additional annex (indicative content of PTR units) prepared by the MoH was shared with the applicants on 4 June 2020. (Should new Pillar Assessed entities planning to submit an application and would like to receive those documents are kindly asked to contact the Contracting Authority through the contact email address set in the Guideline for the Call.)

Question 8	Does the concept note shared with the applicants overrun previous guideline shared for this Call? In the shared concept note, the third activity listed in the Call guideline (the activities around technical assistance) is not mentioned.
Answer 8	The concept note is not meant to override the Guidelines for the Call but to complement them.