EN

THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX

to the Commission Implementing Decision on the individual measure continuing healthcare support to refugees in Türkiye

Action Document for "Supporting Migrant Health Services in Türkiye – SIHHAT III"

INDIVIDUAL MEASURE
This document constitutes the annual work programme in the sense of Article 110(2) of the Financial Regulation, and annual and multiannual action plans and measures in the sense of Article 9 of IPA III Regulation and Article 23(3) of NDICI-Global Europe Regulation.

1. SYNOPSIS

1.1. Action Summary Table

Title	"Supporting Migrant Health Services in Türkiye – SIHHAT III" Commission Implementing Decision on the individual measure continuing healthcare support to refugees in Türkiye
OPSYS	ACT-61769
ABAC	ABAC Commitment level 1 number: JAD.1163299
Basic Act	Financed under the Instrument for Pre-accession Assistance (IPA III)
Economic and Investment Plan (EIP)	No
EIP Flagship	No
Team Europe	No
Beneficiary of the action	The action shall be carried out in the Republic of Türkiye
Programming document	N/A
PRIORITY AREAS AND SECTOR INFORMATION	
Window and thematic priority	N/A
Sustainable Development Goals (SDGs)	Main SDG: SDG 3 Good health and well-being Other significant SDGs and targets: SDG 5 Gender Equality - Target 5.1 End all forms of discrimination against all women and girls everywhere - Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights
DAC code(s)	121 Health, General - 12110 Health policy and administrative management (20%)

	122 Basic Health - 12220 Basic health care, 12261 Health education, 12281 Health personnel development (40%) 123 Non-Communicable Diseases - 12310 NCDs control, general, 12340 Promotion of mental health and well-being (20%) 130 Population Policies/Programmes & Reproductive Health - 13020 Reproductive health care, 13030 Family Planning, 13081 Personnel development for population and reproductive health (20%)			
Main Delivery Channel	Central Government – 12001			
Targets	☐ Climate ☒ Gender ☐ Biodiversity			
Markers (from DAC form)	**General policy objective**	**Not targeted**	**Significant objective**	**Principal objective**
	Participation development/good governance	☒	☐	☐
	Aid to environment	☒	☐	☐
	Gender equality and women's and girl's empowerment	☐	☒	☐
	Reproductive, maternal, new-born and child health	☐	☐	☒
	Disaster Risk Reduction	☒	☐	☐
	Inclusion of persons with Disabilities	☐	☒	☐
	Nutrition	☒	☐	☐
	RIO Convention markers	**Not targeted**	**Significant objective**	**Principal objective**
	Biological diversity	☒	☐	☐
	Combat desertification	☒	☐	☐
	Climate change mitigation	☒	☐	☐
	Climate change adaptation	☒	☐	☐
Internal markers and Tags	**Policy objectives**	**Not targeted**	**Significant objective**	**Principal objective**
	EIP	☒	☐	☐
	EIP Flagship	YES ☐		NO ☒
	Tags:	YES		NO
	Transport	☐		☒
	Energy	☐		☒

	Environment and climate resilience	☐	☒
	Digital	☐	☒
	Economic development (incl. private sector, trade and macroeconomic support)	☐	☒
	Human Development (incl. human capital and youth)	☐	☒
	Health resilience	☒	☐
	Migration and mobility	☒	☐
	Agriculture, food security and rural development	☐	☐
	Rule of law, governance and Public Administration reform	☐	☒
	Other	☐	☒

	Digitalisation	☒	☐ ☐

	Tags	YES / NO
	digital connectivity	☐ / ☒
	digital governance	☐ / ☒
	digital entrepreneurship	☐ / ☒
	digital skills/literacy	☐ / ☒
	digital services	☐ / ☒

	Connectivity	☒	☐ ☐

	Tags	YES / NO
	digital connectivity	☐ / ☒
	energy	☐ / ☒
	transport	☐ / ☒
	health	☐ / ☒
	education and research	☐ / ☒

	Migration	☐	☐ ☒
	Reduction of Inequalities	☐	☒ ☐
	COVID-19	☐	☒ ☐

BUDGET INFORMATION	
Amounts concerned	Budget line: 15.020101.03 Total estimated cost: EUR 210 000 000 Total amount of EU budget contribution EUR 210 000 000
MANAGEMENT AND IMPLEMENTATION	
Implementation modalities	Project Modality

(management mode and delivery methods)	**Direct management** through: - Grant
Final date for concluding contribution / delegation agreements, procurement and grant contracts	At the latest by 31 December 2024
Indicative operational implementation period	72 months following the adoption of the Financing Decision

1.2. Summary of the Action

Due to its geographic position, Türkiye is a prominent reception and transit country for refugees and migrants. As a result of an unprecedented number of people arriving in the country, mainly due to the conflicts in Syria, Iraq and Afghanistan, Türkiye has been hosting more than four million refugees. This includes more than 3.6 million registered Syrians[1], and around 330 000 registered refugees and asylum seekers[2] mainly from Afghanistan, Iraq, Iran and Somalia[3]. This very large number of people has had a significant impact on every aspect of the life of the host communities, including on public health.

Aiming to ensure healthy lives and promote well-being for everyone at all ages, as stipulated in Sustainable Development Goal 3 (Good Health and Well-being) and in line with the specific objective of the Facility for Refugees in Turkey's health priority area, this action is seeking to improve the health status of all migrants[4] in the country. It will contribute to gender equality and women's empowerment (SDG 5 and EU Gender Action Plan III) with a special focus on reproductive, maternal, new-born and child health. The action will also address the root causes of migration and the medium-term health consequences of the earthquakes of February 2023.

This action provides for the continuation of the European Union (EU) support to refugee health delivered since 2016[5]. Based on the experience that the Facility tranches 1 (SIHHAT I[6]) and 2 (SIHHAT II[7]) have built in partnership with the Turkish Ministry of Health (MoH), its overall objective is to improve the health status

[1] https://en.goc.gov.tr/temporary-protection27

[2] Through this Action Document, 'refugee', 'migrant' and 'asylum seeker' are used interchangeably and regardless of the people's registration status in Türkiye. A specificity of the Turkish asylum system is linked to the fact that the country has signed the 1967 New York Protocol of the 1951 Geneva Convention with a reservation. Accordingly, the vast majority of refugees in Türkiye cannot apply for fully-fledged refugee status but for "conditional refugee" status only, which, if granted, limits the stay in the country until the moment a recognised refugee is "resettled to a third country".

[3] https://www.unhcr.org/tr/wp-content/uploads/sites/14/2022/11/Turkiye-factsheet-September-2022.pdf

[4] This Action uses the term "migrant" as a general term to define all refugees and people under subsidiary protection who obligatorily left their home country due to reasons such as war, fear of death, *etc*.

[5] For more information on EU refugee assistance on health in Türkiye: https://www.avrupa.info.tr/sites/default/files/2022-12/Health%20BN_Updated_30.11.2022.pdf

[6] Annex to Commission Implementing Decision of 13.12.2017 amending Commission Implementing Decision C(2016) 4999 of 28 July 2016 adopting a Special Measure on education, health, municipal infrastructure and socio-economic support to refugees in Turkey: https://neighbourhood-enlargement.ec.europa.eu/system/files/2019-05/annex_non_substantial_amendment_of_c20175041_of_13.12.2017.pdf

[7] Annex to Commission Implementing Decision of 18.7.2019 adoption a Special Measure on health, protection, socio-economic support and municipal infrastructure under the Facility for Refugees in Turkey https://neighbourhood-enlargement.ec.europa.eu/system/files/2019-05/c_2018_4960_f1_commission_implementing_decision_en_v2_p1_986937.pdf

of migrants in Türkiye through three specific objectives: 1) to ensure the availability and accessibility of quality healthcare services to migrants; 2) to ensure an increase in health literacy of migrants and host communities; 3) to strengthen the MoH's capacity to generate and manage evidence and knowledge to support migrant health policy-making. Therefore, the action is supporting the Turkish health system by providing quality primary (but also secondary) healthcare services for migrants regardless of their status to ensure health and well-being for all. This will be done by addressing the challenges of accessibility to healthcare services, mobility, the language barrier and low health literacy, as well as social cohesion in the neighbourhoods through joint outreach activities targeting migrants and host communities.

1.3. Beneficiary of the Action

The action shall be carried out in the Republic of Türkiye**,** targeting (but not limited to) Şanlıurfa, İstanbul, Hatay, Gaziantep, Adana, Mersin, Kilis, Bursa, Mardin, İzmir, Osmaniye, Kahramanmaraş, Adıyaman, Konya, Ankara, Kayseri, Malatya, Kocaeli, Batman, Diyarbakır, Burdur, Elazığ, Denizli, Nevşehir, Muğla, Manisa, Sakarya, Isparta, Samsun, Eskişehir, Düzce, Yalova.

2. RATIONALE

2.1. Context

Background

Türkiye has been hosting the largest refugee community in the world - around four million refugees since 2015 - and continues to make commendable efforts to receive, support and host them. Since 2015, the EU has mobilised EUR 9.5 billion for refugees and host communities in Türkiye. This includes as a key component of the 2016 EU-Turkey Statement[8], the EUR 6 billion Facility for Refugees in Turkey[9], with EUR 3 billion from the EU budget and EUR 3 billion from the EU Member States. From the Facility envelope EUR 5 billion was disbursed by December 2022. Following the European Council of 24-25 June 2021 request for the continuation of EU support to refugees and host communities in Türkiye, the Commission proposed in July 2021 an additional EUR 3 billion to be allocated in Türkiye for 2021-2023.

The health priority area is one of the largest under EU assistance to refugees with a total allocated budget of EUR 785 million. Earlier in the life of the Facility, many projects (referred to henceforth as actions) were short-term humanitarian interventions designed and monitored under the management of the Directorate General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) of the European Commission and implemented by a range of Non-Governmental Organisations (NGOs) and UN agencies. Nineteen of these actions have been completed to-date, while there are six long-term actions designed and monitored under the development strand of the Facility and managed by the Directorate General for Neighbourhood and Enlargement negotiations (DG NEAR). By December 2022, two of these were completed and the remaining four are ongoing.

In addition to the EUR 510 million allocated under SIHHAT I and II as direct grants to the Turkish Ministry of Health (MoH), EUR 11.5 million to the World Health Organisation had been allocated to increase refugee access to healthcare services. Within the scope of health infrastructure (for which EUR 170 million were mobilised), the construction of the Kilis and Hatay hospitals has been completed and the construction of Migrant Health Centers continues.

[8] https://www.consilium.europa.eu/en/press/press-releases/2016/03/18/eu-turkey-statement/
[9] https://neighbourhood-enlargement.ec.europa.eu/enlargement-policy/turkiye/eu-facility-refugees-turkey_en

Migrant health needs continue to be high since they are exacerbated by social determinants such as poverty, large-size families, early marriages and low level of education. Therefore, a comprehensive approach to refugee health would consist of both addressing those determinants as well as providing relevant services to meet needs.

Türkiye has a human-centered health system that aims to provide services for all people in need[10] with an objective of universal coverage. Within this framework, all registered refugees benefit from the same emergency and preventive health services as Turkish nationals free of charge. The scope and use of services provided in secondary and tertiary healthcare facilities - such as hospitals - depends on the registration status of refugees, and unregistered ones face barriers to access healthcare services.

Women and children represent 68% of the Syrian population in Türkiye, which makes primary healthcare services a priority as they focus on prevention and protection of women's and children's health. Primary healthcare services to refugees are served through two types of health facilities in Türkiye: Migrant Health Centres (MHCs) and Foreigner Polyclinics. Access to the Family Health Centres and Healthy Life Centres is also granted to those who acquired the Turkish citizenship. MHCs are mainly for 'Syrians under temporary protection' (SuTP) whereas Foreigner Polyclinics serve other nationalities. However, since the number of non-Syrian refugees is increasing, with the implementation of SIHHAT II, MHCs expanded their coverage to all refugees due to the limited capacity of Foreigner Polyclinics.

The focus of SIHHAT is on preventive and curative services - in other words the provision of primary health services - and within this respect the SIHHAT projects supports 190 MHCs in Türkiye with the employment of over 4 000 healthcare staff in 32 provinces. The MHCs provide to refugees the same healthcare services of the Turkish Family Health Centres. Out-patient treatment, vaccination, pregnant follow-up, infant/child follow-up, emergency medical response, blood tests, heel prick tests, lactation counselling, diagnosis-treatment-follow-up of chronic diseases, diagnosis-treatment-follow-up of communicable diseases, vitamin D and iron supplements support for the pregnant and infants/children, reproductive health, laboratory tests, mental health and psychosocial support (MHPSS) and cancer screening are some of the services provided by SIHHAT. Moreover, Extended Migrant Health Centres (E/MHCs) provide further specialised services such as gynaecology, paediatrics, internal medicine and dental care to reduce the burden on the hospitals. There are also health literacy trainings, mobile health services, and outreach activities under the scope of E/MHCs.

Moreover, hospitals and Community Mental Health Centres (CMHC) are supported with trained Bilingual Patient Guides (BPG) and translators. This helps overcome the language barrier and cultural adaptation issues.

The singularity of SIHHAT and E/MHCs is that Syrian healthcare workers are able to treat Syrian patients without the medical equivalence exam, but with a special adaptation training provided by the World Health Organisation (WHO) and MoH. WHO also trained Arabic–Turkish bilingual patient guides and interpreters to serve as guides at primary, secondary and tertiary levels of care; provided continuous medical education to Turkish and Syrian health workers on mental health, communicable and non-communicable diseases.

On 6 February 2023, two earthquakes hit Türkiye causing widespread destruction of public and private infrastructure, hitting millions of households, causing thousands of casualties, wounded and displaced persons Health service provision was therefore severely affected.

Synergies with other EU funded actions

Activities that will be implemented under SIHHAT III will ensure synergies with different interventions in associated sectors, including with DG ECHO on groups in vulnerable situation. The SHIFA action[11],

[10] The MoH 2019-2023 Strategic Plan is available at: https://sgb.saglik.gov.tr/Eklenti/37312/0/stratejik-plan-2020-ingilizcepdf.pdf?_tag1=5326746E973C7229E9E9210476EA7943419931

[11] 'Strengthening Health Infrastructure for All'.

implemented by the Council of Europe Development Bank (CEB), is complementary to SIHHAT. Under SHIFA, CEB with the collaboration of MoH is building and renovating MHCs, procuring maternity and hygiene kits, and renovating physiotherapy units. Moreover, thematic coordination will be strengthened through regular health stakeholders meetings, and expert meetings/workshops.

In addition to the health priority area *stricto sensu*, SIHHAT health literacy trainings and outreach activities, as well as its psychosocial support activities, will be linked respectively with PIKTES+[12] (to conduct awareness activities in schools and reach out to parents as well) and SOHEP (to 'increase access to social services'). Collaboration between the Ministry of National Education, the Ministry of Family and Social Services and MoH will be ensured at both national and provincial level.

In addition to EU support, coordination is taking place around the Regional Refugee and Resilience Response Plan (3RP) and the Regional Refugee and Migration Response Plan (RMRP). The Government of Türkiye leads the response with the UN guiding the coordination efforts among humanitarian and development partners. Participation in all relevant mechanisms - including the Syria Response Group and Syria Task Force - and working groups (health and mental health and psychosocial support) shall be ensured.

The Action is aligned with the National Strategy and Action Plan against Discrimination, and with the EU Gender Action Plan III 2021-2025 (GAP III), to the thematic areas of engagement "Promoting sexual and reproductive health and rights", and "Promoting economic and social rights and empowering girls and women"[13].

2.2. Problem Analysis

Short term analysis

The main health-related challenges faced by refugees are: difficult access to healthcare services (especially for non-Syrians); registration (address verification, closure of neighbourhoods, and inactivation of ID cards are depriving refugees to access to medical services) and mobility among provinces (with the exemption of emergency services, the provision of healthcare is limited to the province of registration); the language barrier (especially for non-Arabic speakers) and staffing problems; lower education and health literacy (impacting preventive services, use of medicine, etc.) as well as a lack of information (including on their rights); social tension between refugees and host communities. Migrant Health Centres and Syrian healthcare staff are strong assets and constitute the best opportunity to meet these challenges.

Women and children represent 68% of the Syrian population in Türkiye, which makes primary healthcare services a priority as they focus on prevention and protection of women's and children's health. Refugee women and girls are in particularly vulnerable situation and require sustained support in realising their rights to sexual and reproductive health (SRH) services. The majority (67%) of refugee health care workers are male and females attending clinics tend to be more comfortable with female health care workers for certain conditions (e.g. gynaecology).

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action

Organisation	Mandate and role
Ministry of National Education	On health literacy and outreach in schools
Ministry of Family and Social Services	Managing Social Service Centres
Ministry of Labour	On work permits of Syrian healthcare staff
Presidency of Migration Management	On the national coordination of migration and refugee assistance, including on data collection and sharing with the provinces/MHCs

[12] https://neighbourhood-enlargement.ec.europa.eu/commission-implementing-decision-financing-individual-measure-support-inclusive-quality-education_en

[13] Positive legal and policy developments have not resulted in gender parity in critical GAP III areas. As per the 2021 Gender Gap Report, Türkiye ranks 133rd among 156 countries, falling behind from 130th in 2020, and 105th in 2005.

Turkish municipalities	Regarding the specificities of local needs in the provinces covered
Turkish Red Crescent (TRC)	Managing Community Centres
Association for Solidarity with Asylum Seekers and Migrants (ASAM)	NGO involved on refugee rights and training centres
WHO (World Health Organisation)	Capacity building trainings, mental health and psychosocial support
UNFPA (United Nations Population Fund)	Capacity building trainings on reproductive health and provision of contraceptives
UNICEF (United Nations Children's Fund)	On (child) protection
United Nations High Commissioner for Refugees (UNHCR)	Data on target population and communication
Gesellschaft für Internationale Zusammenarbeit (GIZ)	Ongoing actions on mental health and psychosocial support
Council of Europe Development Bank (CEB)	Ongoing health infrastructure project
Member States' embassies	programmes supported in the field of health
DG ECHO	On humanitarian assistance

2.3. Lessons Learned

The action builds on previous Facility support in the area of health. According to the Facility mid-term evaluation (MTE) (2016-2020) – and its section on health care[14] – the Facility made a significant contribution to the overall inclusive and equitable availability of (primary) healthcare services. SIHHAT, and its support to training and provision of health workers and facilities, was a cornerstone of this successful action.

SIHHAT III will be the continuation of SIHHAT I and SIHHAT II with adapted activities based on lessons drawn from the preceding actions and an evolving context. Following the recommendations of the MTE, monitoring missions and lessons learned from SIHHAT I and SIHHAT II, the action therefore aims:

- To improve the coverage of non-Syrians and irregular migrants. For this purpose more bilingual patient guides and translators of other languages than Arabic (Farsi, Pashto, etc.) will be employed.
- To increase the employment of specialist doctors in Extended Migrant Health Centres to reduce the burden on hospitals.
- To include other groups in vulnerable situation and specific services. The action will continue to target rural refugees, seasonal migrant agricultural workers, youth and will have a special focus on people with disabilities.
- To strengthen reproductive health (RH) services and information.
- To strengthen and increase the coverage of mental health and psychosocial support (MHPSS) services.
- To encourage Syrian staff to follow current medical equivalence procedures in Türkiye to be able to work in all Turkish health facilities and not only in MHCs.
- To increase health literacy of refugees though dedicated activities.
- To contribute to social cohesion through joint health literacy activities among refugees and host communities.

3. DESCRIPTION OF THE ACTION

3.1 Intervention logic

The overall objective of this action is to improve the health status of migrants in Türkiye by contributing to their access to quality treatment in the Turkish health system. Focussing on the targeted provinces, the outcomes (specific objectives) of this action are:
Outcome 1: Sustained availability and accessibility of quality healthcare services for the migrant population.
Outcome 2: Increased health literacy and improved health-seeking behaviour among migrants in targeted provinces.

[14] https://neighbourhood-enlargement.ec.europa.eu/system/files/2021-09/Vol%20II%20-%20Sector%20Report%20-%20Health.pdf

Outcome 3: Strengthened capacities of MoH in generating and managing evidence and knowledge to support migrant health policy making.

The outputs (OT) contributing to the corresponding specific objectives (outcomes) of this action are:

Contributing to outcome 1
OT-1.1: Quality primary/specialised healthcare services delivered in targeted provinces through E/MHCs.
OT-1.2: Quality secondary healthcare services provided in targeted provinces.
OT-1.3: Healthcare staffing provided and capacity improved.

Contributing to outcome 2
OT-2.1: Increased health awareness among migrants through health literacy trainings in targeted provinces.
OT-2.2: Improved health awareness among migrants through outreach activities in targeted provinces.

Contributing to outcome 3
OT-3.1: A programme of surveys developed to support knowledge production on migrant health.
OT-3.2: Enhanced institutional migrant health policy-making mechanisms.

3.2 Indicative Activities

Indicative activities may include but are not limited to:

OT-1.1: Quality primary/specialised healthcare services are delivered in target provinces through E/MHCs

Provision of primary health care consultations and of laboratory services, cancer screening for breast, colorectal and cervical cancers through SIHHAT trucks or KETEMs[15], vaccination for pregnant women and infants/children, provision of vitamin-D, iron supplements and contraceptives. Provision of specialist services on gynaecology, paediatrics, internal medicine and dental health services in E/MHCs. The latter will also include mobile health, RH, and MHPSS.

OT-1.2: Quality secondary healthcare services provided in targeted provinces

The use of ambulances for the provision of emergency services will be facilitated. Moreover emergency services will be supported by translation provided by BPG and translators in hospitals. Support to CMHC for the provision of services to migrants with serious mental disorders and support to hospitals with the procurement of cancer screening devices.

OT-1.3: Healthcare staffing provided and capacity improved

The use of established Migrant Health Units (MHU), E/MHCs and related staff employed. Capacity building trainings for healthcare workers providing services to migrants will be conducted, including gender perspective.

OT-2.1: Increased health awareness among the migrants through health literacy trainings in targeted provinces

Health literacy trainings – including gender perspective – organised in E/MHCs, public education centres, social service centres and schools.

OT-2.2: Improved health awareness among the migrants through outreach activities in targeted provinces

Outreach activities to support health literacy trainings and healthcare services provided by E/MHCs organised in neighbourhoods. Outreach activities will be conducted by mobile teams consisting of a nurse, a BPG and a social worker.

OT-3.1: A programme of surveys developed to support evidence collection on migrant health

Carrying out surveys on the health status of migrants and their satisfaction about healthcare services, including gender-related questions

OT-3.2: Enhanced institutional migrant health policy-making mechanisms

[15] Cancer Early Diagnosis Screening and Training Centres of Türkiye.

Series of meetings to contribute to the migrant health policy making of MoH such as the Migrant Health Scientific Advisory Board meetings, and other thematic policy and regulation meetings.

3.3 Mainstreaming

Environmental Protection, Climate Change and Biodiversity

Following an environmental screening, Strategic Environmental Assessment (SEA), Environmental Impact Assessment (EIA), and Climate Risk Assessment (CRA) are not required.

Several measures will be taken to 'green' the action. Zero waste systems will be introduced in the MHCs, together with the implementation of a waste management mechanism, paying particular attention to plastic reduction and hazardous medical waste. The action will encourage the use of the green public procurement (GPP) approach to purchase equipment. Moreover, trainings awareness raising and prevention activities towards patients in the scope of the health literacy activities will include topics and dedicated sessions on waste management, water sanitation and pollution (carbon monoxide poisoning).

Gender equality and empowerment of women and girls

As per OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. This implies that the action has a significant objective on gender equality. In line with the EU Delegation's Country Level Implementation Plan[16] setting the priorities stemming from the Gender Action Plan III, the action will contribute to ensure freedom from all forms of sexual and gender-based violence (including forced marriages), promote sexual and reproductive health and rights (including adolescent health), strengthening economic and social rights and empowering girls and women (through formal employment and trainings). Provision of RH services including counselling services as well as health literacy trainings especially on RH and gender-based violence will be conducted by trained doctors and nurses in the MHCs.

The action mainly targets women (over 60 % of SIHHAT II beneficiaries) and the health differences between women and men, girls and boys, in all their diversity (types of diseases, availability during MHCs' normal opening hours, *etc*.) will be factored in throughout the action, including in the active participation of women representatives in the Migrant Health Scientific Advisory Board meetings.

Human Rights

This action considers health as a fundamental human right and aims to achieve universal health coverage which means ensuring all people and communities have access to quality health services where and when they need them. It will therefore target all refugees (including non-Syrians) with a special attention to ones in vulnerable situation and specific needs (e.g. LGBTQI+ and persons living with HIV) in line with the 'one-refugee' and 'leaving no-one behind' approaches. The action will be designed in such a way to prevent or reduce all types of exclusion and discrimination likely to arise from prejudices and negative attitudes towards individuals' distinct attributes and circumstances.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. People with disabilities are addressed in the action mainly through the healthcare services in E/MHCs and with mobile health services. The accessibility of (E/)MHCs should be reviewed to become more disability-friendly at all levels.

[16] https://www.avrupa.info.tr/sites/default/files/2022-04/Gender_Action_Plan_III_2021_2025_Country_Level_Implementation_Plan_CLIP_Turkey.pdf

Conflict sensitivity, peace and resilience

This action should be understood in the wider context of EU support to refugees and host communities in Türkiye, as well as EU overall support in the region. In this regard, the action will contribute to increasing social cohesion and refugee resilience in an inclusive and sustainable manner, as illustrated by the outreach and communication activities targeting both refugees and host communities at local level.

Disaster Risk Reduction

As per the OECD DAC code on disaster risk reduction (DRR) identified in section 1.1, this action is labelled as D0. Nevertheless, the staff trainings and outreach activities to migrants will improve awareness on DRR (earthquakes, floods and heatwaves in particular).

3.4. Risks and Assumptions

Category	Risks	Likelihood (H/M/L)	Impact (H/M/L)	Mitigating measures
External environment	Occurrence of an earthquake	**Medium**	**High**	The action will ensure flexibility in order to adapt activities in case an emergency (such as an earthquake) occurs. It will build on the lessons learnt of the disaster of February 2023 and an emergency preparedness plan will be prepared per building used under the action.
External environment	Significant COVID-19 related crisis	**Medium**	**High**	Based on the experience of SIHHAT II, the action should quickly respond through trained E/MHC staff, testing and vaccination services as well as the procurement of personal protective equipment for healthcare workers.
External environment	Increased number of refugees	**Medium**	**Medium**	The action would envisage to rapidly employ and/or re-allocate healthcare staff from different nationalities to the areas in need.
External environment	Increased social tensions during and after the election periods.	**High**	**Medium**	The action contributes to social cohesion. Close monitoring of the situation and communication shall be ensured for the action not to be impacted by the political rhetoric and mitigation actions taken at the local level.
External environment	A negative domestic context towards gender equality and LGBTQI+ people, reproductive health and rights, and to address gender-based violence	**Medium**	**Medium**	Close collaboration and advocacy towards the Turkish authorities shall be envisaged, together with increasing awareness and health literacy actions.

External Assumptions

The main necessary conditions for a successful action are:

- No major change in the density of refugees in the targeted provinces;
- The migrant health policy and security environment as well as cooperation with relevant Turkish authorities continue to allow for proper provision of health services across Türkiye;
- Refugees will wish to continue benefiting from the services provided and cultural differences will not negatively impact the use of services;
- Qualified staff remain available to provide healthcare support;
- Availability and accessibility of reliable statistics for meaningful monitoring and evaluation of the action;
- Willingness, ownership and sustainability is ensured by the relevant Turkish authorities, thereby ensuring long-term positive impacts of the action.

3.5. Indicative Logical Framework Matrix

	Results chain	Indicator	Disaggregation	Baseline (values and annual)	Target[17] (2026)	Source and means of verification	Assumptions
Impact (Overall objective)	OO: Improved health status of migrants in Türkiye	OO-1 % of migrants reporting having good health status	• Gender • Province	70 (2022)		SIHHAT III Survey	
		OO-2 % of migrants diagnosed with chronic diseases followed up by healthcare institutions	• Gender • Province	82 (2022)			
		OO-3 Maternal mortality rate (per 100,000 live births) among migrant women		21 (2021)		DG of Public Health MoH Respective Departments	
		OO-4: Under 5 mortality ratio (per 1,000 live births) among migrants		25 (2022)		DG of Public Health MoH Children and Adolescent Health Department	
Outcome 1	OC-1: Sustained availability and accessibility of quality healthcare services for the migrant population	OC-1.1: Number of Migrant Health Centres (MHCs)	• Province	190 (2022)		DG of Public Health SIHHAT Project Office	No new mass influx of refugees, or no new big disaster will occur in the upcoming years. No major change in the density of refugees in the provinces.

[17] Targets will be established during the contracting phase of the action.

		OC-1.2: Number of Migrant Health Units (MHUs)	• Province	848 (2022)		DG of Public Health SIHHAT Project Office	There will be sufficient number of and eligible applications for the positions.
		OC-1.3: Number of consultations provided to migrants in targeted provinces	• Province • Gender • Age group • Refugee category	12.243.197 (2022)		DG of Health Information Systems	Host population in relevant provinces will not increase more than the existing trend.
		OC-1.4: % of users expressing satisfaction with the quality of healthcare services they received	• Gender • Disability • Province	73,8 (2022)		SIHHAT III Survey	Current public health infrastructure including public health workforce will continue expanding at least in its current speed.
		OC-1.5: The proportion of migrant women of reproductive age expressing an unmet need for reproductive health services	• Province • Refugee category • Age • Disability	20 (2022)		SIHHAT III Survey	Target group will wish to benefit from the services provided.
		OC-1.6: Total number of doses administered to migrant children (0-59 months)	• Province • Gender • Refugee category	1.521.998 (2021)		DG of Health Information Systems DG of Public Health	Cultural differences will not negatively impact the use of healthcare services.
		OC-1.7: Percentage of contraceptive prevalence among migrants– modern and traditional methods	• Province • Refugee category	29 (2022)		SIHHAT III Survey	
Outcome 2	Improved literacy and health-seeking behaviour among migrants	OC-2.1: Average number of Antenatal care (ANC) received by migrant women	• Province • Refugee category • Age	3,7 (2022)		DG of Health Information Systems	
		OC-2.2: Percentage of surveyed migrants who demonstrate an 'adequate' level of health literacy (or better)	• Gender • Disability • Age • Province	34,7 (2022)		SIHHAT III Survey	

Outcome 3	OC-3: Strengthened capacities of the MoH in the generation and management of evidence and knowledge to support migrant health policy making	OC-3.1: Number of policy papers developed on migrant health and health care	N/A	0 (2022)		DG of Public Health SIHHAT Project Office	
Output 1.1	OT-1.1: Quality primary/specialised healthcare services are delivered in target provinces through E/MHCs	OT-1.1.1: Total number of consultations provided at E/MHCs to migrants	• Province • Gender • Refugee category • Age • PHC service type (Primary/specialised)	5.219.469 (2021)		DG of Health Information Systems	
		OT-1.1.2: Total number of doses (TD vaccine) administered to pregnant migrant women	• Province • Refugee category	82.541 (2021)		DG of Health Information Systems DG of Public Health	
		OT-1.1.3: Number of migrant children (0-2) born in Türkiye who completed the national vaccination calendar	• Province • Gender • Refugee category	84.979 (2021)		DG of Health Information Systems MoH Respective Departments	
		OT-1.1.4: The percentage of pregnant migrant women and migrant women of reproductive age (15-49) received TD vaccines	• Province • Refugee category	65 (2021)		DG of Public Health DG of Public Hospitals	
		OT-1.1.5: Total number of boxes of vitamin D distributed to migrants	• Province • Refugee category	773.756 (2021)		DG of Public Health PHDs	

		OT-1.1.6: Total number of boxes of iron supplements distributed to migrants	• Province • Refugee category	531.126 (2021)		DG of Public Health PHDs	
		OT-1.1.7: Number of migrants reached through mobile health services	• Province • Gender • Disability • Refugee category	108.670 (2021)		PHDs SIHHAT Project Office	
		OT-1.1.8: Number of migrant women screened for breast cancer	• Province	18.024		SIHHAT Project Office DG of Public Health	
		OT-1.1.9: Number of migrant women screened for cervical cancer	• Province	38.935		SIHHAT Project Office DG of Public Health	
		OT-1.1.10: Number of migrants screened for colorectal cancer	• Province • Gender	130.197		SIHHAT Project Office DG of Public Health	
		OT-1.1.11: Total number of laboratory tests conducted for E/MHCs	• Province	6.026.468		SIHHAT Project Office PHDs	
Output 1.2	OT-1.2: Quality secondary healthcare services provided in targeted provinces	OT-1.2.1: Number of migrants who received ambulance services	• Province • Gender • Refugee category	285.516		DG of Emergency Healthcare Services	
		OT-1.2.2: Number of cancer screening devices procured to strengthen the capacity of advanced diagnosis centres in 5 hospitals in 5 target provinces	• Province	N/A		DG Public Health Cancer Department SIHHAT Project Office	
		OT-1.2.3: Number of migrants who received mental health services in targeted CMHCs	• CMHC • Gender • Age • Disability	1.232		DG of Public Hospitals PHDs	

Output 1.3	OT-1.3: Healthcare staffing provided and capacity improved	OT-1.3.1: Number of healthcare staff employed through EU support	• Province • Gender • Nationality • Personnel category	3.937		PHDs, SIHHAT Project Office	
		OT-1.3.2: Number of healthcare workers trained in the delivery of healthcare services to migrants	• Province • Gender • Nationality • Personnel category • Training type	118		SIHHAT Project Office MoH Relevant Departments	
		OT-1.3.3: Total number of 'person training days' provided to healthcare workers	• Personnel category • Training type • Gender	354		SIHHAT Project Office MoH Relevant Departments	
Output 2.1	OT-2.1: Increased health awareness among the migrants through health literacy training in targeted provinces	OT-2.1.1: Number of health literacy sessions conducted at E/MHCs and other institutions (schools, public training centres etc.)	• Province • Gender	1.813 (2021)		SIHHAT Project Office	
		OT-2.1.2: Number of migrants attended health literacy sessions	• Province	12.844 (2021)		SIHHAT Project Office	
Output 2.2	OT-2.2: Increased health awareness among the migrants through outreach activities in targeted provinces	OT-2.2.1: Number of migrants reached through outreach activities	• Province • Gender • Refugee category	70.963 (2021)		DG of Health Information Systems SIHHAT Project Office	
		OT-2.2.2: Number of kits distributed	• Province • Gender • Refugee category • Type of kit	170.000 (2021)		DG of Public Health SIHHAT Project Office	
		OT-2.2.3: Number of communication events organised	N/A	0		SIHHAT Project Office	
		OT-2.2.4: Number of knowledge dissemination events organised	N/A	3		SIHHAT Project Office	

Output 3.1	OT-3.1: A programme of surveys developed to support evidence collection on migrant health	OT-3.1.1: Number of surveys on the quality of healthcare services	N/A	1		SIHHAT Satisfaction Survey	
		OT-3.1.2: Number of surveys on the health status of migrants	N/A	1		SIHHAT Survey	
Output 3.2	OT-3.2: Enhanced institutional migrant health policy-making mechanisms	OT-3.2.1: Number of Migrant Health Scientific Advisory Board Meetings	N/A	2		DG of Public Health SIHHAT Project Office	
		OT-3.2.2: Percentage of women representatives/board members participated in policy making meetings	• Gender	42		DG of Public Health SIHHAT Project Office	

4. IMPLEMENTATION ARRANGEMENTS

4.1. Financing Agreement

In order to implement this action, it is not envisaged to conclude a Financing Agreement with the Republic of Türkiye.

4.2. Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 72 months from the date of the adoption by the Commission of this Financing Decision.
Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3. Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures[18].

Direct Management (Grants)

(a) Purpose of the grant
The purpose of the grant is to contribute to migrant health services in Türkiye to improve the health status of migrants in the country (*cf* section 3.).

(b) Justification of a direct grant
Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to the Ministry of Health of Türkiye. Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified because the beneficiary has *de facto* monopoly situation for the implementation of the relevant components of the action, in line with article 195 (c) of the Financial Regulation. The Ministry of Health is the relevant Turkish governmental body tasked to provide health care services in Türkiye and has been benefitting of the financial support via grants awarded without a call for proposals by the European Commission in the past years in the framework of the Facility for Refugees in Turkey to support the migrant health services in the country.

4.4. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

[18] EU Sanctions Map. Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

4.5. Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)
Methods of implementation – cf. section 4.3	
SIHHAT III composed of:	210 000 000
Grants (direct management)	210 000 000
Grants – total envelope under section 4.3	**210 000 000**
Evaluation – cf. section 5.2 **Audit** – cf. section 5.3	It will be covered by another Decision
Communication and visibility – cf. section 6	It will be covered by another Decision
Contingencies	N/A
Totals	**210 000 000**

4.6. Organisational Set-up and Responsibilities

The implementation responsibility of the action lies with the Turkish Ministry of Health. The activities will be directly implemented by the relevant MoH directorate generals (DG) and departments at both central and local level through a Project Management Unit (PMU). The PMU will be composed of public officials and consultants, under the DG of Public Health.

The Steering Committee co-chaired by MoH and the EU Delegation will meet twice a year. It will be presented with a review of project activities' implementation, progress on communication and visibility aspects and the state of play regarding the execution of the project budget. It is the place to bring critical issues and implementation bottlenecks to the attention of management so that Steering Committee participants can discuss the strategic decisions needed for implementation progress, solving problems and future planning.

The Migrant Health Scientific Advisory Board and its sub-committees established in 2021 will meet twice a year to ensure inter-sectoral collaboration as well as sector collaboration. There will also be bi-annual sectoral monitoring meetings (e.g. on reproductive or mental health) to be conducted.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action.

4.7. Pre-conditions

Within the context of SIHHAT, the EU endorses the “continuum of operations” approach applied to contractually separate operations. There are therefore pre-conditions to ensure the uninterrupted healthcare service provision to refugees:

- All equipment, vehicles and supplies procured under previous actions of SIHHAT I and II should be transferred to this new action.
- This new action will also avoid any overlapping of activities with the current contract of SIHHAT II.

5. PERFORMANCE MEASUREMENT

5.1. Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner’s responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular (quarterly) progress reports and final reports to be approved by EUD. Every report shall provide an accurate

account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix.

Roles and responsibilities for data collection, analysis and monitoring: the implementing partner is the primary actor responsible for data collection, analysis, monitoring and reporting. Besides reporting on its specific components' logframe matrix as per General Conditions and contractual documents, the implementing partner will be collecting and submitting data to the Commission on a quarterly basis, on relevant indicators of the overall Results Framework that has been developed in the context of the Facility for Refugees in Turkey (and it is applicable to the continued EU refugee support in Türkiye implemented under this action).

The Commission may undertake additional project monitoring visits both through its own staff and/or through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Monitoring by the Commission will be also carried out, with the support of an external contractor, and will consist of activities such as:

- Analysis and feedback on the action's reporting documents and data;
- Assessment of the quality of the action's internal monitoring systems and where required, plans/provides support to improve them (e.g. provision for periodical "data cleaning"; check for mistakes and look for duplications, systematic misunderstanding, or missing data; support data users in understanding them: how they are collected, what they mean);
- Attendance to the action's Steering Committee meetings, quarterly monitoring meetings; monthly management meetings and other meetings, information sharing and discussion;
- Missions/visits to premises/action's sites where activities are taking place and on-the-spot checks.

Interim and final reports shall assess how the action is considering the principle of gender equality, human rights-based approach, and rights of persons with disabilities including inclusion and diversity. Indicators shall be disaggregated at least by sex, whenever relevant.

5.2. Evaluation

Having regard the importance of the action, an evaluation may be carried out. In case an evaluation is to be carried out and is to be contracted by the Commission, the Commission shall form a Reference Group (RG) composed by representatives from the main stakeholders at both EU and national (representatives from the government, from civil society organisations (private sector, NGOs, etc.), etc.) levels. If deemed necessary, other donors will be invited to join. The Commission shall inform the implementing partner at least 45 days in advance of the dates envisaged for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders following the best practice of evaluation dissemination. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the action.

Evaluations shall assess to what extent the action is taking into account the human rights-based approach as well as how it contributes to gender equality and women's empowerment and disability inclusion. Expertise will be ensured in the evaluation teams accordingly

The financing of the evaluation shall be covered by another measure constituting a Financing Decision.

5.3. Audit and Verifications

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 audit or verification assignments for one or several contracts or agreements.

6. STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

All entities implementing EU-funded external actions have the contractual obligation to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. To that end they must comply with the instructions given in the 2022 guidance document *Communicating and raising EU visibility: Guidance for external actions* (or any successor document).

This obligation will apply equally, regardless of whether the action concerned is implemented by the Commission, the partner country, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU Member States. In each case, a reference to the relevant contractual obligations must be included in the respective financing agreement, procurement and grant contracts, and contribution agreements.

Communication and visibility measures of this action may be funded from the amounts allocated to the action.

For the purpose of enhancing the visibility of the EU and its contribution to this action, the Commission may sign or enter into joint declarations or statements, as part of its prerogative of budget implementation and to safeguard the financial interests of the Union. Visibility and communication measures should also promote transparency and accountability on the use of funds. Effectiveness of communication activities on awareness about the action and its objectives as well as on EU funding of the action should be measured.

The implementing partner shall keep the Commission and the EU Delegation fully informed of the planning and implementation of specific visibility and communication activities before work starts. The implementing partner will ensure adequate visibility of EU financing and will report on visibility and communication actions as well as the results of the overall action to the relevant monitoring committees.

The financing of the communication and visibility activities for the overall EU support to refugees in Türkiye will be covered by another measure constituting a Financing Decision.

7. SUSTAINABILITY

SIHHAT I established a service provision model to Syrian refugees, focusing on primary healthcare. With lessons learned from SIHHAT I, the second phase was designed to extend its services to other refugees. In addition, reproductive health and mental health services were strengthened, mobile health services, and health literacy activities were initiated. To complement the service provision with policy making, SIHHAT II introduced policy meetings and the establishment of formal structures on migrant health.

SIHHAT III is designed to guarantee medium to long-term impacts thanks to its holistic approach, the strengthening of the MoH human capacity and infrastructure. In addition, the policy component (*cf* the Migrant Health Scientific Advisory Board) and the complementarity with other EU actions (such as SHIFA) should ensure that the results achieved by the action are likely to continue beyond its implementation period.

Nevertheless, the sustainability of the action relies on the commitment and full ownership by the Turkish authorities, regardless of external assistance. Further integration of MHCs and Syrian healthcare workers into the Turkish health system, as well as a review of the national migrant health policy will be required.