

CASE STUDY

SNAPSHOT REVIEW_TWO WORLD BANK COVID-19 HEALTH SUPPORT PROGRAMS IN EGYPT

Based on implementation status and information
available till August 27th 2021

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Abstract

The study aims to provide a snapshot review of status of implementation of two World Bank COVID-19 loans, the first as part of the “Transforming Egypt’s Healthcare System” project, under its contingent emergency response component (CERC), and the second is the “COVID-19 Emergency Response” loan which is part of a world series of fast-track loans granted by the World Bank to help countries combat the pandemic. The study focuses on the latter project significantly more than the former, as the former lacks information beyond the initial press release. The study relied on a methodical comparative approach, grievance trials and evaluation, a desk review aided by cross-referenced media monitoring, and an initial contextual study. The study found that Egypt was comparatively behind other countries that received similar loans world-wide. Recommendations include intensifying the information sharing process with civil society as per the SEP.

Study questions

The COVID-19 pandemic arrived in Egypt during the emergence of a newly ratified law on health insurance.

In its quest to support the Egyptian government in its health sector response to COVID-19, the World bank activated the Contingency Emergency Response Component of its Transforming Egypt’s Healthcare System project that was approved in 2018, with \$7.2 million to fund emergency response activities related to COVID-19.¹ A month later, in May 2020, the Bank also approved \$50m for Egypt’s COVID-19 response².

Understanding how these programs are progressing, the effects of these programs, the repercussions on the health and wellbeing of their target stakeholders and drawing lessons from these stories will help in ensuring an **accountable implementation** of the programs and identifying future challenges, opportunities, and pitfalls to avoid during the realization of the health insurance law that promises a comprehensive health insurance coverage to all Egyptians and as the COVID-19 pandemic progresses.

This study therefore aims at addressing the following questions regarding these two World Bank support programs:

¹ “Egypt: World Bank Provides US\$7.9 Million in Support of Coronavirus Emergency Response,” April 2, 2020. World Bank. <https://www.worldbank.org/en/news/press-release/2020/04/02/egypt-world-bank-provides-us79-million-in-support-of-coronavirus-covid-19-emergency-response>.

² “Egypt: World Bank Provides US\$ 50 Million in Support of Coronavirus Emergency Response under New Fast-Track Facility,” May 17, 2020. World Bank . <https://www.worldbank.org/en/news/press-release/2020/05/17/egypt-world-bank-provides-us-50-million-in-support-of-coronavirus-emergency-response-under-new-fast-track-facility>.

Regarding Data Availability:

- 1) What is the information made available to civil society regarding the interventions planned in these 2 World Bank health support programs?
- 2) What are the implemented interventions?

Regarding Stakeholder Engagement Plans/Mechanisms

- 1) What are stakeholder engagement mechanisms?
- 2) Are stakeholders meaningfully engaged in World Bank's projects?
- 3) How does the World Bank ensure that the Egyptian Health Ministry engages with the stakeholders?
- 4) What steps does the World Bank usually take to ensure the engagement of the stakeholders in any project before approving it? Are the World Bank' staff working on these two projects aware of those steps? To what extent did the staff apply those steps? How well are those steps documented?
- 5) What is the World Bank's role in identifying stakeholders?
- 6) What stakeholders' engagement activities took place after The World Bank had approved the project?

Regarding the Grievance Redress Mechanisms (GRM)

A. GRM in project preparation:

1. Does the World Bank use GRMs in its projects in Egypt?
2. How does this happen in relation to the country's GRMs?

B. GRM in project implementation

1. Are GRMs used in practice? Why or why not?
2. Does the World Bank systematically review and evaluate the GRMs' reports and evaluate its effectiveness?

Methodology

The programs' review was designed to be based on the following:

A. A desk review of data available on the 2 world bank support programs:

In assessing stakeholders' engagement, the status of the project in terms of implementation, external and internal grievance redress mechanisms (GRMs), and access to information, the researchers relied on publicly disclosed documentation. The assessments conducted through a desk review helped with identifying the key gaps in information **available** to the public. However, it could not be relied on as a comprehensive means for holistic review. Hence, the importance of the contextual backdrop of the study, as it relied on media monitoring as a cross-referencing method to assess the extent to which the information available could be validated.

B. Solicitation of additional information, assessment of data accessibility and transparency

Upon the identification of the gaps within the information publicly available, the researchers attempted to directly contact the World Bank country office with specific questions regarding the gaps in information. The purpose behind this was to assess whether information not made publicly available, was **accessible** upon deliberate request.

C. Practical trials related to the Grievances Redress Mechanisms (GRMs)

With regards to the GRMs, an assessment of the previous World Bank GRM systems was carried out, coupled with the review of the stated GRM for these projects in the Stakeholder Engagement Plan (SEP). The specified GRM was tested out by carrying out a grievance trial and assessing the response (or lack thereof) and the process that follows it. Since no information was made available on the specific locations where the projects were implemented, the review covers the general process of the unified GRM system operated by the government and, on which the World Bank is resorting for its GRM process.

If the collected information was deemed insufficient:

D. A comparative analysis including other World Bank supported COVID-19 programs in comparable countries.

The comparative approach included the methodological rigor that aimed to produce an assessment of the status of the World Bank COVID-19 Egyptian project in tangent with the various loans of the same nature. In order to carry out this comparative analysis in a valid manner, a set of criteria were developed that aimed to hold some variables constant, so that they hold a plausible comparative weight in analysis. The analysis started with a MENA regional analysis, which held the most importance, as most of the countries in the region are more likely to hold similar socio-economic, cultural, and political conditions. The criteria selected for comparative analysis were the following:

1. The loan had to be a COVID-19 response in the health sector

2. The loan had to have an active status.
3. Countries outside the MENA region must be in the “lower middle income” bracket.
4. The loan had to have an approval date that preceded or succeeded the Egyptian loan approval date by two months.

This meant that some COVID-19 loans aimed at combating the negative effects of the pandemic on social welfare were excluded from the analysis. Countries that had funding similar to the activation of the contingent emergency response component (CERC) of the “Transforming Egypt’s Healthcare System” project were also excluded. This was because those did not have sufficient information available regarding the implementation of these components. The first two conditions guaranteed the contextual comparative weight. Whilst the third condition derived its importance from the fact that a wide variance in the approval dates of loans meant comparing loans in different stages of the loan life cycle; potentially yielding an inaccurate/invalid analysis.

Information used in the data set was all extracted from the World Bank website for each project.

Most of these factors were important in establishing foundational comparative grounds for analysis. However, the two factors utilized for the comparative analysis, mainly through visual representation through bar graphs, were a) the amount disbursed is represented as a percentage of the commitment amount (as the commitment amounts granted to countries vary based on population size), and b) the progress in the Project Development Objective (PDO) indicators, which are the outlined measurable end targets for each project. These two were selected for the purpose of examining the progress of the Egyptian loan in relation to other loans. The analysis took into account other factors that were included in the raw data table, but not the chart.

A third factor was examined and that was “access to information”, this was assessed through the criterion of document availability. The two documents selected were procurement plans and implementation and status results report. The former as it allows us access to fund utilization and the latter for its self-explanatory label.

If the collected information was deemed sufficient for field impact evaluation:

E. Field community assessments and interviews regarding the implemented interventions (based on the collected data) with key stakeholders. In practice however, the collected information was highly insufficient to be able to verify the status of implementation of the interventions on target populations or beneficiaries.

Limitations and Challenges

Due to the absolute lack of needed information, components of the methodology involving field reviews or stakeholders consultations were excluded. Beneficiary consultations are important pillars in health-oriented research, especially when it is patient / stakeholder oriented. Therefore,

the methodologies adopted aimed to abide by the methodological rigor and embody the spirit of patient centered research in answering the study questions.

Limitations and challenges pervaded this research from the outset, due to the unavailability of information. There is practically no literature on this topic and the information provided by the world bank was most limited, non-specific and outdated. The unavailability of information left the researchers unable to map different on ground efforts/implementation of the World Bank project or to even verify any of the data provided. Compounded by the dilution caused by multilateral COVID-19 response funding, it becomes impossible (see Appendix A).

Upon request for these basic yet absent information from the World Bank country office, no additional information was provided. As explained in the study's findings, the delayed response to request for information only referenced the documents available on the website. When contacted again, with the response that this information was not available, no response was received. This was fruitful in highlighting inefficiencies of the "Access to Information Policy".

Furthermore, after communication of an earlier draft of this document to the World Bank, a meeting was requested by the World Bank to discuss the draft, present clarifications and shed the light on key areas that may need revisions. Held on June 30th 2021, the meeting was positive in providing critical needed clarifications and information that were not available to the researchers, however, the World Bank representatives referenced recently disclosed reports and soon-to-be-published documents that would include updates on the projects. 2 months later, and till the date of last update to this document, no updated data were made available through the World Bank projects portal and the most limited information available do not contain any actual updates about the project except the amounts disbursed by the "COVID-19 Emergency Response".

Regarding the comparative country analysis, while establishing criteria for the comparative analysis was necessary, it also limited the size of data sets, sometimes leaving them too small to include. As such, Latin America, Europe and Central Asia were all excluded from the analysis as their data sets were too small, hence not allowing them to be representative for the whole region. It is not just because of the criteria, but also because some regions' economic status allows them to go without loans when an emergency situation arises, as they do not occupy a lower income bracket like Egypt. Oftentimes, data sets were smaller because countries had later approval dates despite comparable socio-economic conditions.

Reasons for loan progress lagging or advancing vary from one country to another. Countries having other sources of funding played a factor in the disbursement rate of loans. Some countries lagged behind in the PDO indicators progress because the need for implementing certain objectives did not arise, and so not accounting for these objectives could potentially skew the data. On the other hand, accounting for them inaccurately may lead to even more progressively skewed results. Some data sets for some regions were larger than others, South Asia, for example, was significantly smaller than both East Asia/Pacific and Africa, making it less reliable. Consequently, it held less weight in the comparative analysis.

The measurement of progress through the PDO indicators in a uniform way not accounting for differences in progress within each objective, leaves us liable to having inflated or deflated representations. To combat this, it is accounted for in the further notes. Moreover, more broadly

worded PDO indicators can make recording possibly inflated “progress” possible. Lastly, the difference in frequency of implementation and status reports (ISRs), with some more recently updated than others means that some representations are more accurate than others. This dependency on project managers to update country documents accordingly is a definite limitation.

Findings

A. Access to Information

As of June 27, 2018, the “Transforming Egypt’s Healthcare Project” was approved by the World Bank with a loan amounting to 530M USD, due for a closing date in 2023. The project’s stated objectives were outlined by the World Bank as follows³:

- “ (i) improve the quality of primary and secondary health care services,
- (ii) enhance demand for health and family planning services, and
- (iii) support the prevention and control of Hepatitis C.”

According to the documents available on the World Bank website, the project’s finances were mainly used to combat the ongoing spread of Hepatitis C with a national campaign screening 50 million people and treating 1,073,586 people.⁴ The project held a “contingent emergency response component” (CERC), aimed at providing emergency funding to public health crises, should the need arise. Less than two years later, on April 2nd, 2020, the World Bank published a press release announcing the activation of the CERC with an amount of 7.9M USD. Following the press release, there has been no information available online provided by the World Bank or any other institution regarding the utilization of this loan in Egypt’s COVID-19 response. Since the date of announcement in April 2020, 2 Implementation Status and Results report were published on the “Supporting Egypt’s Universal Health Insurance System” program⁵ and a Project Appraisal Document, however, none of the documents include any information about the usage of the Contingent Emergency Response Component. In accordance with the World Bank’s access to information policy, information was requested about further details of the activation of the CERC, however it was not provided. 2 months following the meeting with the World Bank representatives on June 30th 2021, no additional documents or further information were provided about the CERC.

On May 14, 2020, the “Egypt COVID-19 Emergency Response” loan was approved with a closing date in June 2022. The loan went through all stages of approval in Egypt, receiving parliamentary

³ World Bank, *Egypt: World Bank Provides US\$7.9 Million in Support of Coronavirus Emergency Response*

⁴ World Bank, Supporting Egypt’s Universal Health Insurance System, Project Documents page, last viewed on August 27th 2021, <https://projects.worldbank.org/en/projects-operations/document-detail/P172426?type=projects>

⁵ As above

approval on 5/7/2020 (as well as from the committee)⁶. The loan amounts to 50M USD, the maximum amount given for COVID-19 emergency loans. The utilization of funds was clearly outlined as measurable end targets broadly listed below⁷:

1. Procuring and distributing medical equipment and supplies
2. Health worker training
3. Operations of specifically designated quarantine, isolation, and treatment centers
4. Mobilization of rapid response teams in contact tracing of COVID-19 cases
5. Development of contextualized messaging platforms and tools to improve public awareness of COVID prevention
6. Innovative monitoring and evaluation of social distancing strategies including community mobilization”

Since the approval of the program, two implementation and status reports were published, the first on August 27, 2020⁸ and the second on March 8, 2021⁹. The later indicates in the implementation status section that “Effectiveness is expected before April 1, 2021”. Till the end of August 2021, no information about implementation was found.

The 2 published reports rated progress towards achievement and overall implementation progress as satisfactory. However, in both reports results sections, all indicators are provided null or no progress data and the amount disbursed from the loan is still marked as null. It is to be noted that the project’s closing date is June 30, 2022.

Upon inquiry to the Egypt World Bank officer, we received a reply on request to information with a reference to the documents available on the World Bank website. Subsequently, upon clarifying that the information requested was not available in the documents, we received no response. This is despite a clause in the official signed loan agreement that stipulates that all stakeholders are to be guaranteed access to information regarding the project. It is stated as a fact in the

⁶ “البرلمان يوافق على اتفاق قرض من البنك الدولي بـ50 مليون دولار لمكافحة كورونا [The Parliament Approves World Bank Loan Worth 50M USD to Combat Corona].” *Youm7*, August 18, 2020. <https://www.youm7.com/story/2020/8/18/%D8%A7%D9%84%D8%A8%D8%B1%D9%>

⁷ “Egypt: World Bank Provides US\$ 50 Million in Support of Coronavirus Emergency Response under New Fast-Track Facility,” May 17, 2020. World Bank . <https://www.worldbank.org/en/news/press-release/2020/05/17/egypt-world-bank-provides-us-50-million-in-support-of-coronavirus-emergency-response-under-new-fast-track-facility>.

⁸ The World Bank, Egypt COVID-19 Emergency Response (P173912), Implementation Status and Results Report, August 2020, <https://documents1.worldbank.org/curated/en/677831598558940879/pdf/Disclosable-Version-of-the-ISR-Egypt-COVID-19-Emergency-Response-P173912-Sequence-No-01.pdf>

⁹ The World Bank, Egypt COVID-19 Emergency Response (P173912), Implementation Status and Results Report, March 2021, <https://documents1.worldbank.org/curated/en/868321615208895774/pdf/Disclosable-Version-of-the-ISR-Egypt-COVID-19-Emergency-Response-P173912-Sequence-No-02.pdf>

“Stakeholder Engagement Plan” with the World Bank stating that “equal access to information is provided to all stakeholders” as part of their “openness and life cycle approach”¹⁰.

As mentioned earlier, a meeting was conducted between the researchers and the World Bank representatives and general clarifications about the functioning of the project were provided. It was also stipulated that full information about the status of the implementation and the targeted intervention areas will be published, however, no information were published after the meeting and till the end of August 2021.

In accordance with a clause in the loan agreement guaranteeing “Stakeholder Engagement and Information Disclosure” effective as of October 2018. The World Bank found, from the preparation phase of this project, that the government represented by the MoHP and the cabinet of ministers “are intensifying the information sharing process and the engagement with stakeholders through the various established and existing platforms”¹¹.

Following the presentation of key findings of an earlier version of this study at the Spring Meetings 2021 held in March 2021, the researchers received an invitation to participate in a Community Discussion online session on the CERC. Held on April 2021, this session included a presentation of the CERC and its different components. With the exception of half a dozen exceptions, participants were practically all from local MOHP administrators and reached more than 800 participants. This is a definite step in the right direction when it comes to stakeholders engagement and availability of information, however, due to the large number of the invited participants, the session was mostly a unilateral webinar with little to no discussion or interaction from the attendees. It was also quite clear that this large attendance was due to direct instructions given by the MOHP.

Although a step in the right direction, beyond the number of attendees, the representation and value of their attendance remains highly questionable. Critically important groups of stakeholders were sadly not included (including the medical syndicate for example), a very limited attendance of civil society representatives and a lecture-styled session makes more of a unilateral information session than an actual community discussion platform.

On another note, access to information provided by the MOHP remains highly controversial. Accuracy of the information provided regarding progress of the COVID pandemic in Egypt is heavily critiqued and the government’s aggressive response to any voices that do not perfectly adopt the official narrative makes this area largely defective.

Al Husseinia Hospital- A Case Study

The MoHP’s facebook page is indeed sharing awareness messages almost daily to citizens and providing updates on the Minister’s visits to hospitals, continually releasing statements assuring citizens that the pandemic response is well under control¹². However, and especially in consideration of the loan agreement clause stating that the government of Egypt (GOE) must

¹⁰ World Bank, *Egypt COVID-19 Emergency Response Stakeholder Engagement Plan*

¹¹ Ibid.

¹² “[Egyptian Ministry of Health and Population] وزارة الصحة والسكان المصرية.” Facebook. Facebook. Accessed March 1, 2021. <https://www.facebook.com/egypt.mohp/>.

provide “immediate response to an eligible crisis or emergency, as needed”, we assess the extent to which this statement stands.

A recent case that has been widely publicized in independent media (Mada Masr and The New York Times) reveals a possible counteraction to the aforementioned assertion of the World Bank that Egypt is intensifying its information sharing process¹³. The spread of a video shot in the ICU of Al- Husseinia Hospital in the governorate of Sharqiyah showcases the death of four COVID-19 patients to what is alleged as the result of defects in medical oxygen supply. Al-Husseiniya hospital is a designated COVID-19 treatment and isolation hospital. This designation was a recent development according to a nurse that works at the hospital. She asserts that the hospital was designated a COVID-19 isolation hospital during the first wave, then subsequently removed in September, only to be added onto the list on December 25, 2019. This development, she alleges, which happened with no forewarning, left hospital workers overwhelmed with cases beyond their capacities¹⁴. The “Egypt COVID-19 Emergency Response Loan” was meant to support operations of designated isolation hospitals in Egypt, however, with the lack of information about the project process, it is impossible to ascertain whether the project was involved in this incident. Witnesses, medical staff, and external doctors all found that the deaths were a cause of oxygen shortage; however, the statements provided by the ministry counteracts this claim. The ministry and the governor of Sharqiyah both declared that the deaths were unrelated to oxygen shortage. This was followed by banning filming or photography of any kind inside COVID-19 medical facilities.

There are two narratives with regards to this case, publications like the New York Times (NYT) and Mada Masr allege that this demonstrates a lack of transparency on the government’s part. However, the GOE denies this, publishing the quantities of oxygen available to combat the virus, as well as many other articles. It is notable that the GOE disclosed that their death toll could be inaccurate. These discrepancies illustrate the difficult task that the World Bank has in aligning its policies within the active projects in the country. NYT, for example, points out that the arrest of doctors at the beginning of the pandemic is a challenge to the Bank; pertaining to the statement that they “would not tolerate ‘reprisals and retaliation against those who share their views about Bank-financed projects’”. In response, a spokesperson declined to comment on whether this would have a possible impact on funding to Egypt¹⁵. It is unclear whether this is the reason for the delay in disbursement, as parliamentary approval was granted as early as July 2020.

A clear statement cannot be made on which narrative is the more accurate one, however the existence of such discrepancies demonstrates a possible impact that it could have on the implementation of the Bank’s projects in the country.

¹³ El-Naggar, Mona, and Yousur Al-Hlou. “Egypt Denied an Oxygen Failure Killed Covid Patients. We Found That It Did.” *The New York Times*, January 18, 2021. <https://www.nytimes.com/2021/01/18/world/middleeast/egypt-hospital-oxygen-covid.html>.

¹⁴ Mamdouh, *Video of ICU Deaths Shines Spotlight on Struggling Healthcare System amid Coronavirus Surge*

¹⁵ Walsh, Declan. “Sisi Promised Egypt Better Health Care. Virus Exposed His True Priority.” *The New York Times*. November 11, 2020. <https://www.nytimes.com/2020/11/11/world/middleeast/egypt-sisi-coronavirus-healthcare.html>.

B. Grievance redress mechanisms in the COVID-19 Emergency Response project

“ The Borrower shall, through the MOHP, establish, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Bank.” - Extracted from the official loan agreement between the GOE and the World Bank, July 5th, 2020¹⁶.

As outlined by the World Bank representatives, the World Bank has in place a number of Grievance Redress Mechanisms about its programs. The grievance redress mechanism used for this project is an extension of the already established system put in place by the MoHP. This grievance mechanism functions through a hotline (105) that receives an estimated 40,000 calls a day. It is part of a wider GRM system entitled “Shakawy” under the auspices of the Cabinet of Ministers, meant to receive all grievances in all sectors. The hotline is not just dedicated to grievances, but also for information, queries and different areas of support. Therefore, the COVID-19 hotline is not actually a hotline dedicated to COVID-19 grievances but is integrated into a wider grievance system.

The World Bank has declared that this mechanism is meant to be the most widely used one in relation to its alternative. Additionally, the alternative outlined GRM is an extension of the GRM established for the «Transforming Egypt’s Healthcare System» project.

Data is not available about the specific hospitals or isolation facilities supported by the World Bank program, therefore, it is impossible to assess the response of the World Bank to grievances by patients in the facilities it supports. However, since the World Bank is integrating its GRM with the unified mechanism adopted by the government, we have carried out grievance trials in order to assess its capacity in addressing stakeholder grievances. This should only give an initial idea of its actual functioning and does not necessarily reflect the GRM of the World Bank.

We carried out trials over 3 days, placing calls to the grievance component of the hotline at different times of the day. Further details on each call (time and details of the responses) are attached in a table within Appendix B.

After 11 calls, 4 of which were automatically disconnected, we were finally able to reach a representative to record and register our grievance on January 13, 2021. The grievance was carried out on behalf of a stakeholder, a pregnant woman not receiving proper care at a COVID-19 ward. The hotline often looped voice messages until disconnection, and in the instances where the line rang, an automatic voice message thanked the caller and subsequently disconnected. The automated voice message often refers callers to the grievance website dedicated to receiving citizen grievances. As aforementioned, this website is part of a centralized GRM system dedicated to grievances regarding all government and non-governmental bodies, not just the health sector,

¹⁶“Loan Agreement Egypt COVID 19 Emergency Response Project.” World Bank , July 5, 2020.

and not particular to the COVID-19 virus. Also, this grievance online portal requires the creation of an account, the submission of the personal ID of the citizen and a considerable degree of computer literacy. This naturally markedly limits the amount of people capable to go through such processes.

Back to the COVID-19 hotline, the last reported number of employees in the call center was 300 in March 2020¹⁷. That means that each employee receives approximately 133 calls per day, explaining the inconsistency in response. Notwithstanding that the grievance system has various heavy traffic due to the system not being focused on grievances related to the pandemic only.

As of March 2, 2021, the grievance filed on January 13 was still processing and has been referred to the relevant governmental body identified as the health municipality in Giza. The relevant follow up form is attached under Appendix C. An update development took place following the end of the study period indicated below.

GRM Trial Update - March 11, 2021:

Nine days after the end of the study on March 2, 2021, and 57 days after the grievance was filed, the researchers received a call from the local health authority. The call was four minutes in duration. During which, the operator posed basic questions about the nature of the complaint, most of which were details already present in the originally filed form. The operator asked about whether the patient in question is alive or deceased, and as a follow up asked how she managed to deal with the grievance on a personal level. After reassuring the operator that the patient was alive and her pregnancy was not terminated due to the incident, despite the risk it posed. The operator responded by asking what the purpose of the complaint was and continued by asking in a sarcastic tone whether our end goal was to shut down the hospital. It was clarified that this was not the purpose of the grievance and that redress did not mean escalating a response as a form of retribution, but in the interest of improving care.

There are a few issues to highlight from this trial, most likely as a result of the traffic imposed as an implication of a widely centralized multi-sectoral complaint system. The most obvious issue is with regards to the delayed response to the initial complaint, which was a little over two months. Moreover, the nature of the follow up was not to inform the complainant of the status of the investigation or the steps taken in the GRM process. Rather, it was a preceding step to launching an investigation, posed in a light that would discourage the complainant from following through with the process it entails. The operator also asked the complainant about their desired outcome without addressing the complaint or studying it. Suggesting that the complainant wanted a retributive escalation like closing down a reputable private hospital. This was most likely an attempt to deter the complainant from following through with the grievance process.

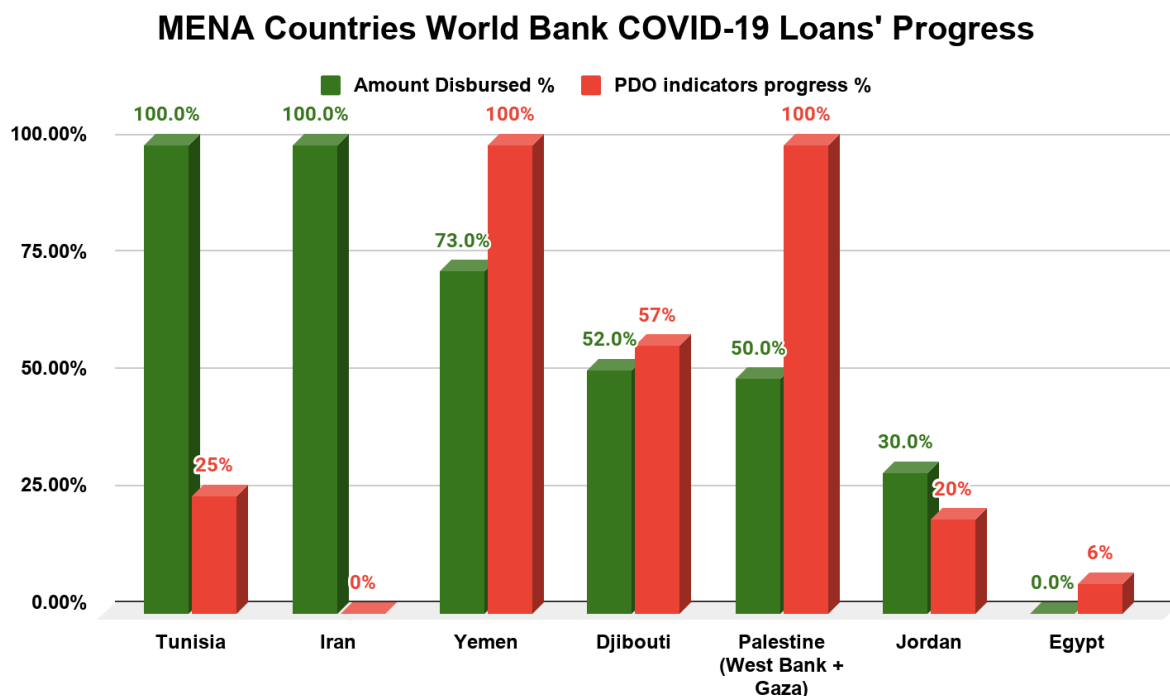
The alternative GRM meant to be possibly implemented in the COVID-19 response project is an extension of the implemented GRM for the «Transforming Egypt's Healthcare System» project which, according to the implementation and status report of the latter is fully established and operational. The GRM was based on the aforementioned Technical Assistance Strategy (TAS),

¹⁷ World Bank, *Egypt COVID-19 Emergency Response Stakeholder Engagement Plan*

the result of which was the production of a user manual for health workers/professionals for the established protocols and steps to addressing grievances.

C. Comparative analysis of World Bank COVID-19 Loans

MENA Regional Analysis ^{18 19 20 21 22 23 24}



Two MENA-region loans, that of Morocco and Lebanon, were not included as the COVID-19 loans response pertained to social safety nets, not the health sector. Both of these loans have not had disbursements yet. This could allow us the room to believe that Egypt does not stand as an exception in the MENA region. However, the Lebanese and Moroccan loans were both approved

¹⁸ “World Bank Project : Tunisia COVID-19 Response Project - P173945.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173945>.

¹⁹ “World Bank Project : Iran Covid-19 Emergency Response Project - p173994.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173994>.

²⁰ “World Bank Project : YEMEN COVID-19 Response Project - P173862.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173862>.

²¹ “World Bank Project : Djibouti COVID-19 Response - P173807.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173807>.

²² “World Bank Project : West Bank and Gaza Covid-19 Emergency Response - P173800.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173800>.

²³ “World Bank Project : Jordan Covid-19 Emergency Response - P173972.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173972>.

²⁴ World Bank, *Egypt COVID-19 Emergency Response Project*

6-7 months after the Egyptian loan. This time variance makes comparison unviable, as the former can be considered to be in the pilot phase.

As shown in the chart, the Yemeni and Jordanian loans were both approved at a marginal one month before the Egyptian loan and have made palpably more progress.

Yemen could be classified as the most successful in loan progress, which is dubious given the context of ongoing armed conflict in the country causing frequent blockades, and difficulties in procurement. With no disclosed procurement plans, it is unclear how this exceptional progress was possible given how precarious the current situation is. A closer look at the ISR shows that PDO end targets were significantly smaller than any goal set by any other country. For example, they have 6 out of 8 labs designated for COVID-19 detection, and the end target for health workers trained in infection prevention and control per WHO protocol is set at only 2,000, in a country with a population of approximately 29 million. This shows that these significantly higher numbers/percentages are inflated when compared to their counterparts.

Of the MENA countries that showcase progress, Jordan has 20% progress in implementation and 30% disbursement. Notably, the Jordanian loan was approved approximately 1 month before the Egyptian loan. Two months later, another COVID-19 loan (not targeting the health sector, but social welfare) worth 350M USD was approved for Jordan²⁵. The MENA region exceptions, with seemingly better progress, are Palestine (identified as the “West Bank + Gaza” on the World Bank website) and Djibouti. The former has 50% disbursement of the loan and 100% progress, denoted by progress made in all objectives despite lack of completion. Whilst the latter, has had 52% of the loan disbursed and 57% progress in PDO implementation. Notably, these countries had significantly smaller loans than the rest of the MENA countries, both standing at 5m USD. Moreover, there is significantly larger document availability, with the former having 5 procurement plans and 2 ISRs; and the latter having 3 procurement plans and 2 ISRs. Both were approved approximately one month before the Egyptian loan. Considering the smaller loan amount, as well as the lack of other sources of funding (unlike Egypt), they are more likely to request disbursement and follow through with the loan. Djibouti, for example, only has one other source of funding, the IMF, which is not only designated for COVID-19 response but for debt relief²⁶.

Conversely, Iran has 100% disbursement but 0% progress in implementation. Given US and NATO sanctions towards Iran, it is within reason that they have requested exponential disbursement. On the other hand, Tunisia has 100% of the loan disbursed with 25% progress, the 25% account for one implemented objective which only has 3% progress. Similarly, Tunisia

²⁵ “World Bank Project : Jordan Emergency Cash Transfer COVID-19 Response Project - P173974.” World Bank. World Bank. Accessed March 1, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173974>.

²⁶ “IMF Executive Board Approves a US\$ 43.4 Million Disbursement to Djibouti Under the Rapid Credit Facility and Debt Relief Under the Catastrophe Containment and Relief Trust to Address the COVID-19 Pandemic,” May 8, 2020. International Monetary Fund. <https://www.imf.org/en/News/Articles/2020/05/08/pr20211-djibouti-imf-executive-board-approves-disbursement-under-the-rcf-to-address-covid-19>.

has other sources of funding like that of the Arab Monetary Fund (AMF)²⁷. The only other country in the MENA region, besides Egypt, that has relatively multilateral sources of funding is Jordan, hence the lower rate of disbursement.

With exception to Yemen, Djibouti, and Palestine, in all the MENA countries, there is an ongoing pattern of little progress in implementation when compared with non-MENA countries; even given the ones with 100% disbursement. This could be attributed to the difficulty in achieving the objectives which involve the procurement of highly coveted medical supplies during a surge in global demand. One consideration is that Jordan, Tunisia, Yemen, and Morocco have a revised SEP, which Egypt does not.

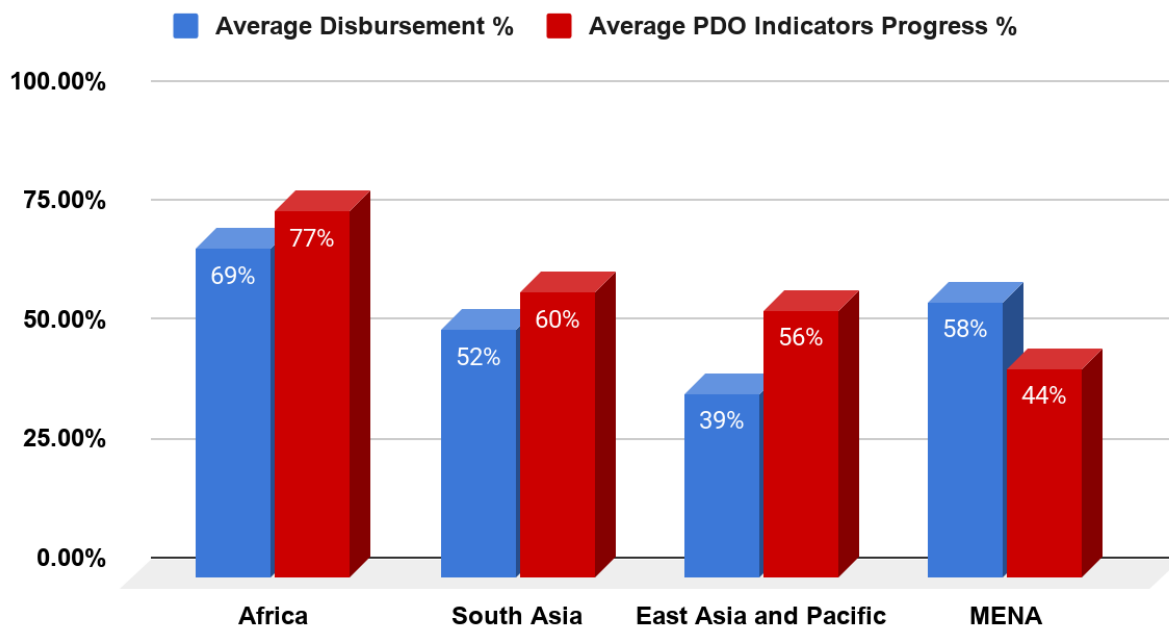
However, Egypt, given the numbers, can be considered in the minority without disbursement, as more than 85.7% of the COVID-19 MENA region loans had some amounts disbursed, if not all. This does not account for Morocco and Lebanon, as their loans are not targeted at the health sector. Moreover, if we compare Egypt with MENA countries that have had similar approval dates like Iran, Jordan, Tunisia, Yemen, Djibouti, and Palestine (1 month before or after); they have all had considerably more progress. On the other hand, the countries that Egypt can compare to with regards to status in progress are Morocco and Lebanon, both of which have respectively been approved 6-7 months later, and so less comparable with regards to loan life cycle.

From that, we can discern that on a regional level, Egypt is lagging behind with regards to loan progress, accounting for implementation and disbursement.

²⁷ Rahman, Fareed. "Arab Monetary Fund Grants \$59m Loan to Tunisia to Ease Covid-19 Economic Impact." *The National News*, June 3, 2020. <https://www.thenationalnews.com/business/arab-monetary-fund-grants-59m-loan-to-tunisia-to-ease-covid-19-economic-impact-1.1028317>.

General Global Regional Analysis 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44
45 46 47 48

Average Disbursement and PDO Indicators Progress



²⁸ “World Bank Project : BENIN COVID-19 Preparedness and Response Project - p173839.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173839>.

²⁹ “World Bank Project : Ghana Covid-19 Emergency Preparedness and Response Project - P173788.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173788>.

³⁰ “World Bank Project : Lesotho Covid-19 Emergency Preparedness and Response Project - p173939.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173939>.

³¹ “World Bank Project : Senegal COVID-19 Response Project - p173838.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173838>.

³² “World Bank Project : Eswatini Covid-19 Emergency Response Project - p173883.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173883>.

³³ “World Bank Project : Kenya COVID-19 Health Emergency Response Project - P173820.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173820>.

³⁴ “World Bank Project : Cote D'ivoire Covid-19 STRATEGIC Preparedness and Response Project (SPRP) - p173813.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173813>.

³⁵ “World Bank Project : Republic of Congo Covid-19 Emergency Response Project - P173851.” Accessed February 28, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173851>.

The performance of the MENA region COVID-19 loans contrasts with its African counterparts (see Appendix D). The countries in the chart are those of the same income level as Egypt, and many share vastly similar socio-economic conditions. To begin with, Ghana has had 100% disbursement (with the disbursement exponentially ahead of schedule) of its initial loan, with 92% progress in its overall objectives. Most of the end targets were exceeded/fully met, with only a few unmet. Comparatively, there is a wealth of available documents including 7 procurement plans and 2 ISRs. Ghana has also requested an additional loan of 130 million USD, which has been approved. The initial loan was approved approximately only one month before the Egyptian loan.

The MENA region averages perform well in this chart; however, the MENA dataset is more skewed than the other displayed regions. The disbursement percentage is neatly in range and is

³⁶ “World Bank Project : Sri Lanka Covid-19 Emergency Response and Health SYSTEMS Preparedness Project - P173867.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173867>.

³⁷ “World Bank Project : Bhutan: Covid-19 Emergency Response and Health SYSTEMS Preparedness Project - P173787.” Accessed February 28, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173787>.

³⁸ “World Bank Project : India Covid-19 Emergency Response and Health SYSTEMS Preparedness Project - P173836.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173836>.

³⁹ “World Bank Project : NEPAL: Covid-19 Emergency Response and Health SYSTEMS Preparedness Project - P173760.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173760>.

⁴⁰ “World Bank Project : Bangladesh: Covid-19 Emergency Response and PANDEMIC Preparedness Project - p173757.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173757>.

⁴¹ “World Bank Project : STP COVID-19 Emergency Response Project - P173783.” World Bank. World Bank. Accessed March 1, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173783>.

⁴² “World Bank Project : Papua New GUINEA Covid-19 Emergency Response Project - p173834.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173834>.

⁴³ “World Bank Project : Kiribati Covid-19 Emergency Response Project - P174219.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P174219>.

⁴⁴ “World Bank Project : CAMBODIA Covid-19 Emergency Response Project - P173815.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173815>.

⁴⁵ “World Bank Project : Lao PDR COVID-19 Response Project - P173817.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173817?lang=en>.

⁴⁶ “World Bank Project : Myanmar Covid-19 Emergency Response Project - p173902.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173902>.

⁴⁷ “World Bank Project : Philippines Emergency COVID-19 Response Development Policy Loan - P174120.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P174120>.

⁴⁸ “World Bank Project : MONGOLIA Covid-19 Emergency Response and Health System Preparedness Project - P173799.” Accessed February 22, 2021. <https://projects.worldbank.org/en/projects-operations/project-detail/P173799>.

relatively close to the median (55%). However, this sharply contrasts with the region's ranking in regard to the PDO indicators' progress. The MENA region is last in loan progress (in terms of PDO indicators implemented). Within the chart, East Asia and Pacific region have a lower average disbursement than the MENA region, however their dataset is much larger, and the range is wider (see Appendix F). Overall, when examining each region, the data sets are less skewed, and none of the individual countries compare with Egypt's lack of progress within the loan (See Appendix E for South Asia).

Conclusion and Recommendations

Egypt secured extensive funding for COVID-19. The highest was a 2.772 billion USD loan. The access to these funds, many of which outline a broad criteria, could be the reason why Egypt is comparatively lagging behind in the implementation of the loan objectives. Moreover, they might have needed to make a disbursement request with other, more flexible funds at their disposal, since funds from the World Bank have to closely adhere to an outlined plan, containing several components. This is plausible especially given the fact that parliamentary approval as early as July 2020. Hence, Egypt lagging behind in the MENA comparative analysis. This is also despite the fact that the Egyptian Ministry of International Cooperation published the World Bank Project as part of its “Projects in Action”, with the project on the forefront of many other funds secured for the COVID-19 response. Moreover, there is a complete lack of information on the activation of the CERC within the “Transforming Egypt’s Healthcare” project, with no relevant valuable status and results reports or press releases beyond its activation.

The methodological difficulty in conducting this study, the lack of access to sufficient information, especially in tracking activities in relation to the Bank’s funding, is a hindrance to stakeholder engagement as a whole. Without being able to track the activities, proper identification of stakeholders for field analysis becomes malignant. It poses a hindrance to those who are affected and want to make use of a GRM system, as well as for civil society in holding Bank projects accountable to communities. Above that, the SEP was stated as a preliminary version without any further updates. The listed stakeholders within the preparation/consultation phase of the SEP were all government bodies, following an ongoing pattern identified by BIC in their 2013 report “Impact of World Bank Policy and Programs on the Built Environment in Egypt” when it comes to the bank’s stakeholder identification lacking civil body representation. Most stakeholders are representatives of higher governance institutions.

The lack of document disclosure makes it difficult for stakeholders to discern how the project is affecting their community. If stakeholders do not know how to trace the project’s activities, they will not be able to address their adversities in tangent with the GRM system in place. This is doubly compounded by the dilution of the project’s activities due to the other sources of funding, making it difficult for stakeholders to hold the World Bank accountable. No matter how well functioning the grievance system is, and no matter how many checks and balances are in place, if stakeholders are not able to identify World Bank projects, the system becomes inept. Furthermore, an added issue is the question of responsibility, when these documents are lacking, what system of checks and balances exist to ensure that country officers and project managers are clearly following through with World Bank guidelines and protocol?

An additional exacerbating factor to these limitations is the reliance on the government GRM platforms which lack operational efficiency, especially with regards to accessibility. The grievance trial carried out shows how difficult it is to file the grievance initially via telephone. The alternative route requires an extensive amount of computer literacy, barring many from utilizing this tool. Furthermore, the SEP fails to outline the ways in which the World Bank assessed these GRMs and deemed them appropriate to incorporate into the project-level GRMs.

Through the contextual study, we observe that the World Bank has historically had two approaches to their projects in Egypt, following two different development strands. While the World Bank states in their Country Partnership Framework (CPF) that long term development through institutional capacity building is their approach, this is only observed through the GRM workshops carried out in 2016. The workshops are a good example of long-term institutional building, which is a more effective development strategy as it is a better prescriptive approach to systemic inefficiencies. However, as observed in the “Transforming Egypt’s Healthcare System” project, much of the progress was targeted towards the fulfillment of objectives, instead of long term eradication. This translated into relatively successful national campaigns, that are not aimed at a long term institutional remedy. This approach is reflected in the procurement plans of the project, which are mostly garnered towards the purchase of drugs which are a one-time perishable instead of medical equipment and supplies that will serve as a long term investment. Certainly, the purchase of medical drugs in fighting viruses is of high importance, but the sole focus on their procurement offsets the balance of health reform. Additionally, with the expected shift of funding to be directed towards the emergent vaccines, it is plausible that COVID-19 response measures will take a backseat. This approach would be prescriptive to symptoms, especially since a variety of measures adopted to counter COVID-19 were generally good capacity building measures for the health sector, especially with increased training of health workers. Therefore, while the emergence of the vaccine certainly sheds light unto a new direction, neglecting measures previously mandated COVID-19 measures would be a missed opportunity in the direction of healthcare reform, especially in consideration of Egypt’s ambitious universal health care law. The World Bank’s projects in the health sector present a real opportunity aiding Egypt in steering this new direction, Egypt has promising foundational structures, despite some systemic inefficiencies.

Recommendations:

The study recommends that the World Bank reconfigures a system of checks and balances that ensures that the cycle of information sharing is an ongoing process at all levels of the project. That the different components and on-ground activities of the projects are visible to stakeholders/civil society so that they can work on better project-related issues and ensure the wellbeing of involved communities. Moreover, a further recommendation is the revision of the SEP, as well as the GRM system adopted at the project level. It is encouraged that regular assessments are made about the real effectiveness of the GRMs in place. Lastly, periodic reports disclosed on the World Bank portal, though important, need to include actual information about where program activities are beyond implemented and how accountability and community monitoring can be carried out.

Appendixes

Appendix A: Covid-19 funding for Egypt

Country/ Organization	Amount given (aid, loan, or grant)	Objective of funding
IMF	2.772 billion USD	“To address the COVID-19 pandemic”
EU	89 million euros (grant)	Part of the amendment made to Health Sector Policy Support Program II: Combat COVID-19’s effect on the health sector through: <ul style="list-style-type: none"> - Preventive measures - Improving case detection - Establishing institutional infrastructure
French Development Agency	15 million euros (grant)	Purchasing medical and protective equipment.
Japan	9.5 million USD (grant)	Support to the health sector in combating COVID-19
United Nations Children’s Fund	7.74 million USD (grant)	Providing support to the health sector for combatting COVID-19
US Agency for International Development	3.2 million USD (grant)	Funding the Egyptian Red Crescent in providing hygiene kits to rural areas as well as vulnerable urban demographics. Support in expanding awareness, initial fever screening, and referral services, providing psycho-social support services to healthcare workers.
Arab Fund for Economic and Social Development	3.2 million USD (grant)	Providing support to the health sector for combatting COVID-19
South Korea	900,000 USD (grant)	PCR testing kits and medical masks
Canada (through the UNDP)	500,000 USD (grant)	For the purchase, delivery and installment of equipment to diagnose COVID-19
African Development Bank	500,000 USD (grant)	Food supplies for informal workers affected by COVID-19

China	4 shipments of preventative and medical supplies	N/A
India	2 shipments of medical supplies	N/A
US Agency for International Development	250 Ventilators (aid)	To aid the response to COVID-19

Appendix B: Grievance Trial Attempts

Date	Time	Description
11/1/2020	9:00	Voice message went on loop until the line disconnected
11/1/2020	9:45	Pressed on the line for GR 2 times, ringer went off until disconnection
11/1/2020	11:32	As soon as I pressed the line for GR the line disconnected
11/1/2020	13:00	Voice message went on loop until the line disconnected
12/1/2020	11:40	As soon as I pressed the line for GR the line disconnected
12/1/2020	13:33	Pressed on the line for GR 2 times, ringer went off until disconnection
13/1/2020	10:16	The voice message looped 2 times before it rang, a man answered asked for the national ID number, full name, address, the complaint and the relation to the complainant, he sarcastically commented on the speed of relaying information then did not provide any assistance: complaint no.: 3481434

Not accounted for:

Number of calls disconnected	4
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Appendix C: Grievance Redress Tracking

الرئيسية | أسئلة متكررة | خريطة الموقع

English | الرئيسية | أسئلة متكررة | خريطة الموقع

البوابة الإلكترونية لمنظومة الشكاوى الحكومية الموحدة
المواطن أولاً

الرئيسية | عن البوابة | تسجيل | حماية السرية

رمة على تويتر: <https://twitter.com/EgyptShakwa> | حساب المنظومة على الانستغرام: <https://www.instagram.com/shakwa.egypt>

عن منظومة الشكاوى الحكومية

تعد منظومة الشكاوى الحكومية واجهة عصرية للحكومة تعبر عن رغبتها الأكيدة في تحقيق التواصل المباشر مع المواطن المصري بالوسائل المتاحة عبر تكنولوجيا المعلومات والاتصالات لتخفيف المعاناة وسعيًا للارتقاء بمستوى الخدمات المقدمة له.

تسجيل للشكاوى جديدة أو متابعة للشكاوى سابقة

متابعة للشكاوى سابقة

دخول

اسم المستخدم
كلمة السر

دخول

نسيت كلمة السر

مستخدم جديد
انقر هنا للتسجيل

تنبيهات

أهم أرقام الطوارئ

أهم أرقام الطوارئ
29/4/2018

الخط الساخن لوزارة الصحة 105 أو 15335 - التعليم العالي 15311 - النجدة 122 - الكهرباء 121 - المياه 125 - الصرف الصحي 175 - الغاز 129/149 - الصحة 137 - الاسعاف 123 - المطافئ 180 - الامن العام 115 - السياحة 126 - السكة الحديد 15047

الخط الساخن لوزارة الصحة 105 أو 15335 - التعليم العالي 15311 - النجدة 122 - الكهرباء 121 - المياه 125 - الصرف الصحي 175 - الغاز 129/149 - الصحة 137 - الاسعاف 123 - المطافئ 180 - الامن العام 115 - السياحة 126 - السكة الحديد 15047

متابعة الشكاوى

يمكنك متابعة موقف الشكاوى التي تقدمت بها والإجراءات التي تم اتخاذها بشأنها من خلال رقمك القومي ورقم الشكاوى كما يلي

الرقم القومي
رقم الشكاوى

3481434

بحث

حقوق النشر © الإصدار 3.0 - 2019 مجلس الوزراء المصري - جميع الحقوق محفوظة

الشكاوى

طباعة

ضد مستشفى

رقم الشكاوى: 3481434

موقف الشكاوى: جاري

نوع الشكاوى: فردية

استكمال

المواطنه تشكو من مستشفى السعودي الالمانى حيث ان المستشفى يوجد بيها افعال متواصل حيث ان قريبه الشاكيه دخلت المستشفى وهيا حامل وكانت تعاني من كورونا ولم يتم تلقي العلاج المناسب ويوجد افعال عنوان المستشفى: مصر الجديده اسم المريضه: ميرنا احمد

مقدم الشكاوى

المحافظة

العنوان

مواطن

طبيعة الشاكي

الرقم القومي

المدينة

التليفون

تاريخ التسجيل: AM 10:25 13/1/2021

الجهة المسنولة: وزارة الصحة والسكان

القطاع: الخدمات الصحية

تاريخ بدء: 13 يناير 2021

المصدر: مركز إتصال

شكاوى الخدمات الطبية

الخدمة

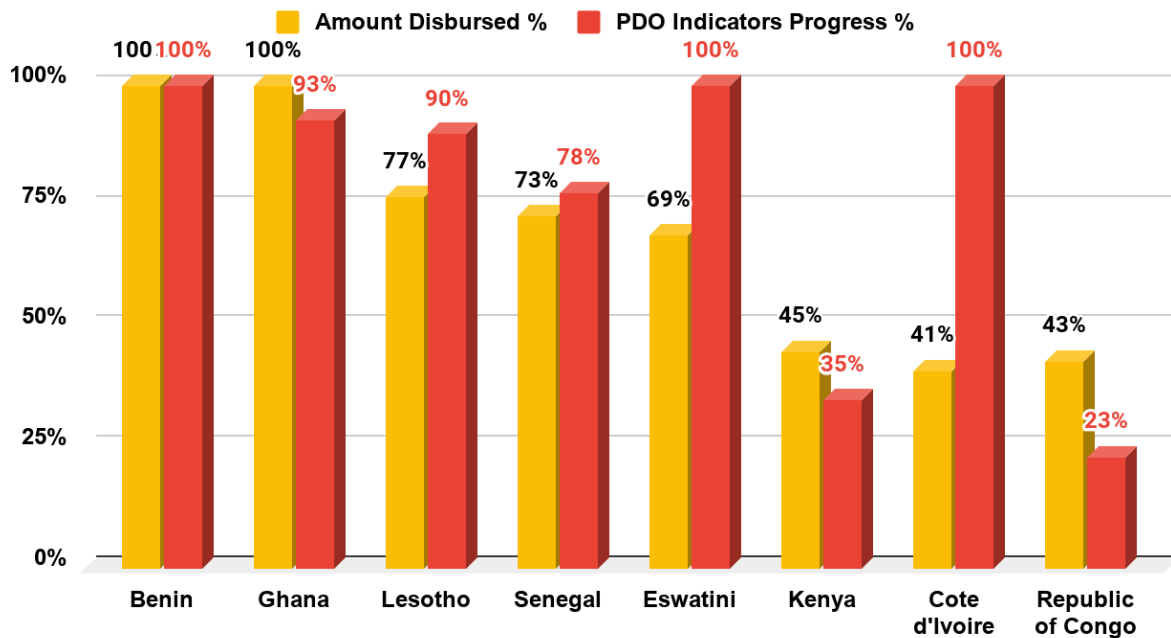
الإجراءات المتعلقة بالشكوى :

العرض الحالي يمثل مجموعة الإجراءات التي تم إتخاذها من الجهة المسؤولة عن متابعة الشكوى مرتبة من الأحدث إلى الأقدم.

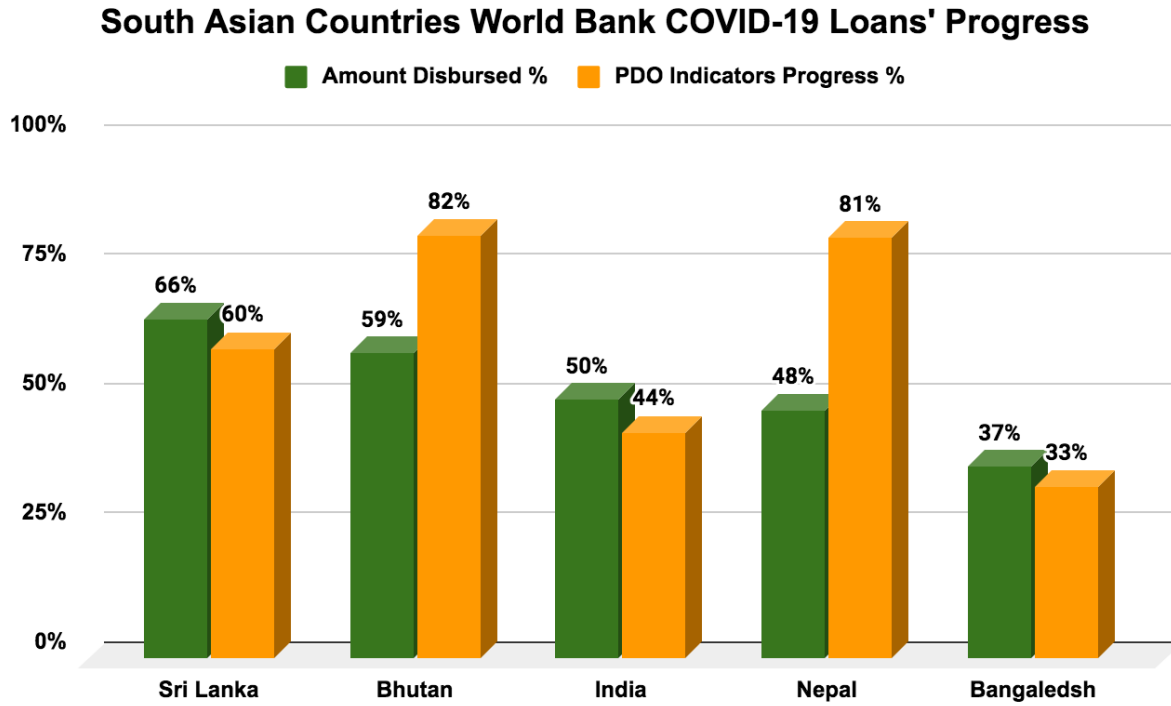
وزارة الصحة والسكان	13/1/2021
تم إحالة الشكوى إلى مديرية الشئون الصحية بالقاهرة وسيتم اتخاذ الإجراءات اللازمة لحل الشكوى وموافاتكم بها	PM 2:08
وزارة الصحة والسكان	13/1/2021
تم إحالة الشكوى إلى مديرية الصحة بالجيزة وسيتم اتخاذ الإجراءات اللازمة لحل الشكوى وموافاتكم بها	AM 11:22

Appendix D: African Regional Analysis

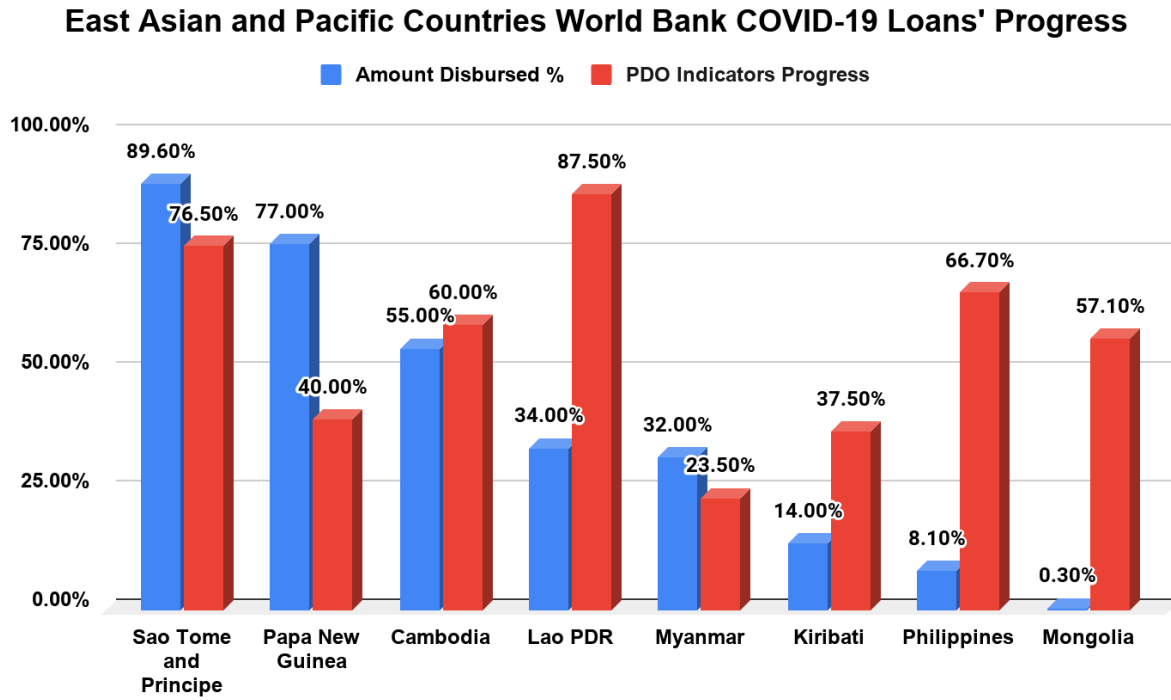
African Countries World Bank COVID-19 Loans' Progress



Appendix E: South Asia Regional Analysis



Appendix F: East Asia and Pacific Regional Analysis



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