

HEALTH SECTOR BULLETIN



March 2021

Libya

Emergency type: Complex Emergency

Reporting period: 01.03.2021 to 31.03.2021

Total population	People affected	People in need	People in need Health Sector	People in acute health need
7,400,000	2,470,000	1,250,000	1,195,389	1,010,000
PIN (IDP)	PIN (Returnees)	PIN (Non-displaced)	PIN (Migrants)	PIN (Refugees)
168,728	180,482	498,908	301,026	46,245
Target Health Sector	Required (US\$ m)	Funded (US\$ m)	Coverage (%)	
450,795	40,990,000	TBC	TBC	

KEY ISSUES	2021 PMR (Periodic Monitoring Report) related indicators	
Weaknesses in health sector reporting against COVID-19 response	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	21,006
COVID-19 situation across the south	Number of public health facilities supported with health services and commodities	24
IOM: Economic Impact of COVID-19 on Migrants and IDPs in Libya	Number of mobile medical teams/clinics (including EMT)	34
Operational issues for consideration of additional support by international organizations for overall COVID-19 response	Number of health service providers and CHW trained through capacity building and refresher training	504
EWARN evaluation	Number of attacks on health care reported	0
Health Sector (UN/INGOs) COVID-19 Preparedness and Response Plan	Percentage of EWARN sentinel sites submitting reports in a timely manner	TBC
Health sector coverage by mobile medical teams	Percentage of disease outbreaks responded to within 72 hours of identification	TBC
Health sector 2021 annual workplan	Number of reporting organizations	11
	Percentage of reached districts	82
	Percentage of reached municipalities	34
Overview of training courses supported by health sector partners	Percentage of reached municipalities in areas of severity scale higher than 3	18

SITUATION OVERVIEW

- Statement by the President of the Security Council on Libya 12 March 2021, https://unsmil.unmissions.org/sites/default/files/20210313_prst_6_e.pdf
- A new interim unified Government was approved by the House of Representatives (HoR).
- The UN Secretary-General's Special Envoy and Head of the United Nations Support Mission in Libya (UNSMIL), Ján Kubiš is in Tripoli to continue his engagements with the new interim Government of National Unity and various Libyan actors to fast-track the implementation of the Libyan Political Dialogue Forum (LPDF) Roadmap.
- Professor Ali Al Zanati is the newly appointed Minister of Health of the Government of National Unity (GNU).
- A re-organization of the MoH organogram is expected.
- The new Minister of Health undertakes visits across the country (including east, west and south), checking health facilities (COVID and non-COVID), meeting with health personnel and patients. Key recommendations are being issued.
- The Ministry of Health follows up on the issues of pending salaries to staff in Libya.
- Electronic registration for COVID-19 vaccination was launched, www.eservices.ly.
- The Minister of Health conducted a meeting with the Chairman of the Central Bank of Libya on the release of funds for procurement of health supplies.
- The Minister of Health participated in the National Technical Working Group (NTWG) for COVID-19 vaccine introduction.
- Among other priorities the Minister of Health highlighted to address the needs of oncology patients, shortage of specialized medical personnel, lack of hospital supplies.
- A joint meeting of COVID-19 responsible authorities (including east and west), it was reported that a total of 72 isolation centers (including 15 in the east) and more than 1400 beds were made available; all opened facilities should be managed by the responsible MoH structures. Pending salary payments, need for further capacity building of Libyan health personnel, standardization of the planning and response system, lack of oxygen, need for continuous maintenance and service of essential equipment, emphasis on prevention interventions were highlighted.
- The Minister of Health dissolved all previously created COVID-19 committees at the national level.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Weaknesses in health sector reporting against COVID-19 response

Integration of health sector COVID-19 response with a standard monthly 4W 2021 HRP remains a challenge. Key performance indicators of health sector COVID-19 response were agreed upon. Interactive dashboard is to be produced containing enhanced features illustrating ongoing COVID-19 response. The analysis of January-February 2021 data shows a remaining need to enhance the reporting standards by most of health sector partners. A high number of relevant indicators remain unanswered.

COVID-19 situation across the south

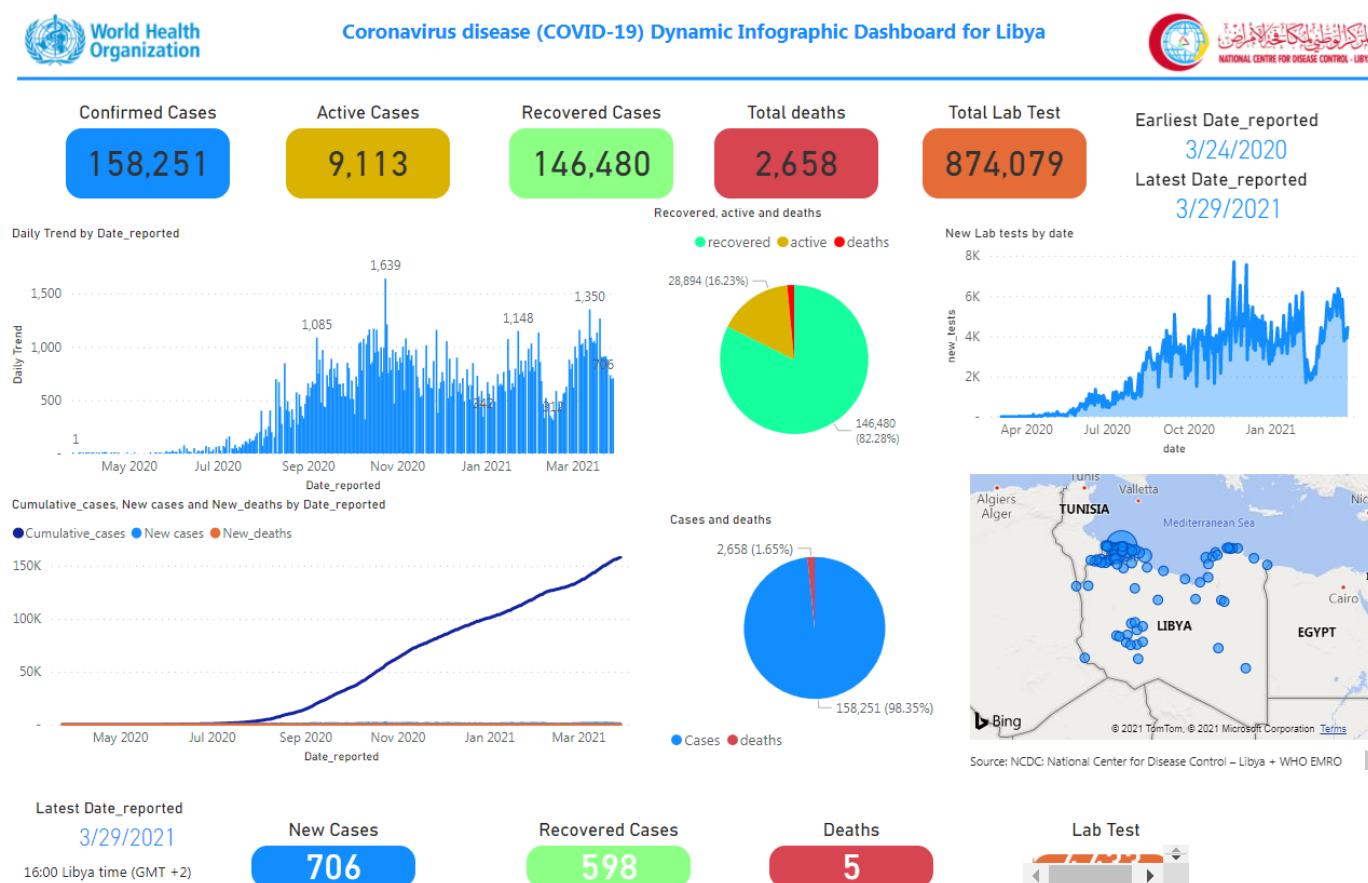
4.3% (6728) of the cumulative COVID-19 cases and 8% (214) of the cumulative deaths, since the start of pandemic, have occurred in South. Only 2.4% (21,185) of the total testing done since the start of the pandemic, has been done in South, with weekly positivity rates ranging from 30% to 50% and situation still deteriorates. Health sector was updated on the deteriorating situation with COVID-19 across the south. Following the increase of several COVID-19 cases, reported mortality, low levels of compliance with the necessary public health and social measures, a partial curfew was put in place during 2-20 March 2021. All public places were to remain to be closed. Sabha medical center reported a number (24) of COVID-19 cases among its staff which affected the provision of medical services in the center. Several gaps were reported, including lack of PPE and supplies. The epidemiological situation on the ground is estimated to be worse due to multiple factors, including decrease testing capacity of the PCR labs in the south due to shortage of supplies; absence of a comprehensive surveillance system, and social stigma which prevent patients from testing. Many cases with symptoms are treated in private clinics; poor data management system in the south in all

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health facilities, including those involved in COVID-19 response; PCR Lab in Sabha is working 24/7, yet not included in the daily updates of NCDC; alternative locations were considered for opening emergency isolation center. One of the identified locations is NCDC branch in Sabha. The situation in the region was reported to be under a special control by the Minister of Health. Of note, WHO provided a comprehensive briefing to the Minister on the overall health situation, current gaps and priorities. Health sector received a list of gaps/challenges and priority actions as per key pillars of COVID-19 response.

COVID-19 situation



For more information: please refer to Libya COVID-19 Surveillance Weekly Bulletin.

IOM: Economic Impact of COVID-19 on Migrants and IDPs in Libya

This assessment was commissioned by the International Organization for Migration (IOM) in partnership with Voluntas Policy Advisory, with financial support of the European Union Emergency Trust Fund for Africa under the project 'Protecting Vulnerable Migrants and Stabilizing Communities in Libya'. The launching workshop was carried out on 24 March.

The socio-economic consequences of the spread of COVID-19 in Libya have negatively affected the lives of IDPs and migrants. Restrictions on movement and reduced labour demand have adversely affected access to livelihoods through mass layoffs and a drop in employment opportunities. In addition to rising prices, restrictions have led to difficulties in securing food and other basic needs. Access to healthcare has also been limited due to a mix of personal and institutional issues. Meanwhile, the closure of formal and informal schools has limited access to education for both IDPs and migrants.

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Since the beginning of the pandemic, 38% of both IDPs and migrants reported facing challenges in their access to healthcare. The biggest barriers include its affordability and fears of contracting the novel virus. Public health facilities are described as lacking PPE, staff, and in some cases, not taking preventive measures. This, along with the obligation of presenting official documentation at public facilities, has led to several respondents resorting to private treatment facilities, which present a significantly higher cost. The economic consequences of catching the virus and the lack of treatment and testing centres were the main causes of concern cited by IDPs and migrants.

2021 MSNA

Health sector provided a set of standard questions and responses for the planned 2021 MSNA by REACH. A review of questions used in 2020 exercise illustrated the necessity to revise the questions to highlight the health needs among the Libyan and non-Libyan population.

Operational issues for consideration of additional support by international organizations for overall COVID-19 response

Pillar 2: Risk communication, community engagement and infodemic management: Considerable work done in terms of Risk Communication, but more emphasis needs to be placed on community engagement and infodemic management strategies. The implementation of public health and social measures (social distancing and use of mask) is not in line with the transmission classifications. People's behaviours, and their willingness and ability to follow public health and social measures remain the most powerful means to stop the spread of the virus and needs to be scaled up.

Pillar 3: Surveillance, epidemiologic investigation, contact tracing, and adjustment of public health and social measures: Data from municipalities remains poorly aggregated or analyzed centrally, not disaggregated on age gender and not being reported through IHR focal point; Inadequate syndromic surveillance of ILI/ARI/SARI cases, weak contact tracing mechanisms and reporting, non-availability of ICU and bed occupancy rates data, leading to inability to trace chains of transmission. Transmission rates and health system capacity data should inform application of local tailored Public Health and Social Measures (PHSM) including lockdowns instead of firefighting and reactive measures.

Pillar 4: Points of entry, international travel and transport, and mass gatherings: Inability to measure the contribution of PoE in the epidemiology and implementation of closure of border and its impact and significance of a particular PoE and unofficial borders. Unavailability of data on travel volumes and quarantine of international travellers, lack of risk mitigation measures and risk assessments based on real time epidemiology of departure and destination countries is leading to unsustainable capacities at Points of Entries. Diversion of testing resources to international travellers in presence of fragile communities and humanitarian settings also poses difficulties in prioritizing POEs.

Pillar 5: Laboratories and diagnostics: Persistent shortage of supplies and reagents - this is related to absence of forecasting; 93% of the laboratory testing done and capacity concentrated mainly in the west; there is no endorsed national guideline on testing strategy especially on Antigen Rapid Diagnostic Test; no structural capacity on genomic sequencing for variants of concern (VoCs) and bioinformatics (machines and supplies).

Pillar 6: Infection prevention and control, and protection of health workforce: Non implementation of national IPC plan and mainly focused on 2 components (supply and training), lack of institutionalized IPC programs in health facilities, frequent shortages of PPEs in isolation centers, unavailability of data for COVID infections in COVID and non COVID Healthcare workers.

Pillar 7: Case management, clinical operations and therapeutics: Poor follow up of home isolated patients. Low number of case management health facilities across the country, unclear COVID referral pathways, frequent critical oxygen supply shortages in COVID isolation centers especially in East and West, lack of monitoring, oxygen therapy and advanced respiratory support equipment in isolation centers, unavailability of basic COVID therapeutics like corticosteroids and heparins. Need for continuous support for under pressure staff, facilities and supplies due to high volume of cases.

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Pillar 8: Operational support and logistics, and supply chains: COVID-19 supplies are not equally distributed in the country and no clear information on availability and distribution plans from engaged stakeholders, under usage of COVID-19 supply chain system (CSCS) platform, non-availability of essential supplies forecasting and trained staff for the country.

Pillar 9: Strengthening essential health services and systems: Support to the public health facilities across the country, especially in remote and hard to reach areas (severity scale applicability). Many routine and elective services have been suspended, and in some cases, restarted and resuspended. Unavailability of country specific or context relevant list of essential services, unavailability of EHS monitoring data.

Pillar 10: COVID-19 vaccination: see below

Operational space for additional support by international organization for roll out of COVID-19 vaccination:

- Optimizing service delivery: IPC and PPE for vaccinators and related costs; vaccine delivery for 426 vaccination centres and outreach in remote areas across the country, logistics and managing cold chain; service delivery to migrants and delivery.
- Training and supervision: Training plan and adapting training materials and associated costs; supportive supervision tools and costs for supervisory visits.
- Putting in place M&E mechanisms: Monitoring framework; third party monitoring; independent monitoring firm; gathering information from health facilities, data collection, integration into existing HMIS system in NCDC; electronic monitoring tools.
- Cold chain logistics, infrastructure: Investment in VLMIS (Vaccine Logistics Management Information System) in Libya if not present; challenges of Ultra Cold Chain; power backups for cold chain in remote areas; waste management.
- Vaccine safety surveillance mechanisms AEFI (adverse event following immunization): Training, government structures, data reporting and data collection mechanisms.
- Demand creation, risk communication, community engagement (continue promoting precautionary measures and enhancing acceptance for vaccine).

Various ad hoc requests for support as received by health sector

- Sabha respiratory clinic (generator)
- Ubari, Baya rural hospital (enhancement of services)
- Sebha oncology center (rehabilitation and supplies)
- Jabal Al-Akhdar (overall COVID-19 needs)
- Health facilities across the south (lack of PPEs)
- Municipality of Kabaw/Nalut (COVID-19 needs)
- Ejdabiya, Tawergha IDP needs (health needs)
- Health facilities across the country (oxygen support; delays in salary payments)

Follow up point of inter-agency (UNHCR, UNDP, IOM, UNICEF, OCHA) mission to Ghadames

Agency	Location	Sector	Planned Intervention
UNHCR	Ghadames	Health	Provision of medical equipment for the PHC - based on standard equipment list of MOH
	Dirj	Health	Provision of medical equipment for selected PHCs - based on standard equipment list of MOH
			A concern to be addressed is COVID-19 vaccinations for persons who are not registered with authorities.

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			Another concern are Libyan female-headed households who were previously married to foreign nationals and whose children are not registered, resulting in no access to services and documentation
IOM	Ghadames		Any health interventions, if funding can be secured, will focus on capacity building teamed up with IOM's health programme.
UNICEF	Ghadames/Derj	WASH/Health	To be followed up depending on needs

Availability of COVID-19 vaccine in Libya

COVAX allocated 292,800 doses of AstraZeneca vaccine as part of February to May allocation. First shipment reduced from 96,000 to 57,600 doses. No confirmed info regarding date of arrival of first shipment.

COVID-19 Vaccine Introduction Readiness Tool is being regularly updated.

EWARN evaluation

Since the establishment of EWARN no formal evaluation has been done. Moreover, the COVID-19 pandemic and escalation of conflicts in 2019 have severely affected the fragile health systems including the surveillance system. A systematic evaluation of surveillance system was required to identify technical and operational gaps, address challenges and provide recommendations to strengthen the effectiveness and operational efficiency of surveillance system.

WHO has supported the Regional Office mission to Libya (3 weeks: March-April) with the main objectives:

- Describe the EWARN system and how it operates;
- Assess the effectiveness and usefulness of EWARN to meet system objectives;
- Assess EWARN attributes;
- Assess rapid response team capacity and operation;
- Provide recommendations and practical measures for improvement.

The United Nations Strategic Framework for Libya (2019-2021)

The UN Strategic Framework (SF) for Libya was originally planned to cover the period of 2019-2020. However, the implementation of the SF has been highly constrained due to the heavy armed clashes between April 2019 and June 2020, compounded with the COVID-19 pandemic. The SF was thus extended once until the end of 2021 and is in the process of extending an additional period of 12 months, including an update to the result framework. While developing a new CF starting in 2023, the UNCT aims at supporting the Libyan transition towards stabilization and peace consolidation. One of key pillars of the UNSF is "Basic Services", including health priorities and response. There is a process in place to conduct the UNSF evaluation to generate evidence and lessons learned based on the assessment of the current performance of the SF results and to guide formulation of the next UN Cooperation Framework (CF) and related Country Programmes of the agencies. Health sector will be updated accordingly.

HEALTH SECTOR ACTION/RESPONSE

Daily and weekly COVID-19 updates produced by WHO Libya.

AFP updates: Weekly AFP updates published by WHO Libya.

Weekly EWARN bulletins are being produced by NCDC.

Mid-month (1-15 March) health sector operational update produced with the inputs from GIZ, ICRC, IMC, Helpcode, IOM, IRC, MSF-H, TDH, UNDP, UNICEF, UNFPA, WeWorld-GVC.

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Operational assessment of selected municipalities is to be continued. Last update was sent out covering January 2021.

Coordination meetings:

- Finalized health sector meetings schedule for 1st quarter 2021.
- PHC sub-sector working group took place on 8th March.
- MHPSS sub-sector working group took place on 16th March.
- IPC working group meeting took place on 17th March.

Health Information Management materials produced:

- Health sector Libya, 4W snapshot, February 2021.
- Map, health sector Libya operational presence in Libya, February 2021.
- Health Information Management Annual Workplan.
- Links to interactive dashboards:
 - [COVID-19 Libya dashboard](#)
 - [Libya Health sector 4Ws 2021](#)
 - [COVID-19 health facilities Libya](#)
 - [COVID-19 response Key indicators 2021](#)

Health sector coverage by mobile medical teams

The latest overview of various locations across Libya by mobile medical teams was completed and disseminated. A total of 91 teams are supported by health sector partners.

Name of organization	Total number of teams
ICRC	1
IMC	11
IOM	31
IRC	21
MSF Holland	4
UNFPA	3
WHO	20
TOTAL:	91

Health Sector (UN/INGOs) COVID-19 Preparedness and Response Plan

A consolidated final Health Sector (UN and INGOs) Strategic Preparedness and Response Plan for COVID-19 was prepared following the received inputs from different UN agencies and INGOs.

This health sector COVID-19 operational plan for 2021 is developed based on 2020 health sector plan, for operational UN agencies and INGOs to support Libyan authorities' (national and sub-national) led efforts with practical and high-level actions under each of ten preparedness and response pillars in order to achieve the SPRP 2021 six strategic objectives:

- suppress community transmission;
- reduce exposure;
- counter misinformation and disinformation;
- protect the vulnerable;
- reduce death and illness;
- accelerate equitable access to new tools, including vaccines, diagnostics and therapeutics.

Pillar	Lead agencies
Pillar 1: Coordination, planning, financing, and monitoring	WHO
Pillar 2: Risk communication, community engagement, and infodemic management	UNICEF

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Pillar 3: Surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures	WHO
Pillar 4: Points of entry, international travel and transport, mass gatherings and population movement	IOM
Pillar 5: Laboratories and diagnostics	WHO
Pillar 6: Infection prevention and control, and protection of the health workforce	WHO, UNICEF
Pillar 7: Case management, clinical operations, and therapeutics	WHO
Pillar 8: Operational support and logistics, and supply chains	WHO
Pillar 9: Strengthening essential health services and systems	UNICEF, UNFPA, WHO
Pillar 10: Vaccination	UNICEF

This health sector COVID-19 operational plan is a living document and will be updated regularly to incorporate new technical guidance in response to the constantly evolving epidemiological situation. It is highlighted that this plan should be implemented, in accordance with the principles of inclusiveness, respect for human rights, and equity.

Name of international organization	Estimated funding requirement (USD)	Funding available (USD)	Estimated funding gap (USD)
WHO	20,429,495		20,429,495
UNICEF	11,780,000		11,780,000
UNHCR	2,000,000.00	1,243,979.00	756,021.00
IOM	13,400,000		13,400,000
ACF	604,203	550,970	53,233
GIZ	1,000,000		
IMC	4,643,916	2,971,699	2,017,600
IRC	2,658,600	0	2,658,600
PUI	166,500	116,500	50,000
WeWorld-GVC	1,250,000	1,067,000	183,000
TOTAL:	57,932,714	5,950,148	51,982,566

Health sector 2021 annual workplan

Health sector 2021 annual workplan was developed and aligned against seven core functions (global health cluster).

Supporting Service Delivery
<i>Provide a platform to ensure that service delivery is driven by the agreed strategic priorities</i>
Contact list of national and sub-national health partners, observers, etc. is developed and updated.
Conduct monthly (and ad hoc, when necessary) national health sector, sub-national, sub-sector working group meetings (Tripoli, Benghazi, Sabha).
Regular support to sub-sector working groups (MHPSS, migration health, SRH, PHC, TB, RCCE COVID-19, IPC COVID-19, Basic Services).
Quarterly schedule of all health sector meetings is produced.
Produce the minutes and share agenda before each meeting.
Prepare a quarterly updated snapshot on attendance of national and sub-national health sector meetings.
Elect co-coordinator from international NGO (upon agreement).
Participation in HCT (Humanitarian Country Team) or AHCT and ISC (Inter-Sector Coordination) meetings.
Updating the health sector on their roles and responsibilities following the IASC Cluster functions.
Health sector email distribution list is updated and remains opened.
The health sector humanitarian response web page is updated.
Separate comprehensive workplan on strengthening health information management system in Libya is produced reflecting funding requirements.
Jointly with WHO Libya operationalization of Emergency Operation Centers across the country and integration with planning and response are in place.
<i>Develop mechanisms to eliminate duplication of service delivery/activities</i>
Introduction of reporting tools (4Ws) to the IMOs of the health partners (via workshop).
Collection of monthly updates on 4Ws (2021 HRP), production and dissemination of monthly snapshots, interactive dashboard.
Monthly and quarterly analysis and review of 4Ws health sector indicators.

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Integration of COVID-19 specific response indicators into 4W health sector.
Regular review of health sector severity scale and its integration in planning and response.
Provision and consolidation of bi-weekly operational updates.
Ad hoc COVID-19 operational updates are prepared (including interactive dashboard of COVID-19 situation).
Bi-monthly operational review of supported capacity building activities is prepared.
Bi-monthly operational review of physical rehabilitation and reconstruction activities is prepared.
Monthly cross check of health sector access related updates with Access Working Group
Informing Strategic Decision Making for the Humanitarian Response
<i>Needs assessment and gap analysis</i>
Harmonization and standardization of health need assessment tools.
Review and update health section for MSNA by REACH
Review and technical support of all health sector led assessments and surveys (all stakeholders).
Preparation of health sector HNO.
Preparation and consolidation of health sector assessment registry (quarterly updates).
Dissemination of NCDC produced weekly EWARN surveillance bulletins is in place.
Creating conducive environment for increased participation by national NGOs in health sector activities.
Jointly with WHO to engage its network of 25 field coordinators to collect data and produce monthly situation reports on availability and accessibility of health services in all districts.
<i>Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.</i>
Monthly update on gaps and coverage of operational response by health sector is prepared.
Ad hoc situation reports on health situation in various municipalities are produced.
Prepare and disseminate 4Ws indicators' reports for rapidly evolving conflicts (if and when appear) across the country.
Analyse, prepare and disseminate monthly MVH reports (Attacks on Health care), SSA.
Quarterly review on integrated nature of "humanitarian" and "development" imperatives in place (including national priorities).
Roll out a mechanism of collection information on national level response across the country.
"Deep Dive" health sector update is prepared.
Support to the World Bank' led initiatives (COVID-19, PHC, human workforce, health finance) is provided.
Mapping of health sector services in detention centers as well review of health assistance to migrants and refugees are developed.
Prioritization to the development of "Essential Package of Health Services" is placed for all engaged stakeholders.
Continued roll out of "health diplomacy" initiatives across the country (COVID and non-COVID response).
<i>Joint analyses supporting response planning</i>
Operational emergency response plans (national and municipality levels) are developed (if and when situation develops).
Joint health sector field missions are conducted (mix of UN and INGO partners).
Planning and Strategy Development
<i>Develop sectoral plans, objectives and indicators directly support realization of the HC/HCT strategic priorities</i>
Develop health sector response plan (HRP), objectives, activities, indicators, targets.
Enhance participation and contribution of health sector partners (100%) with projects for HRP.
Annual update of health sector COVID-19 preparedness and response plan.
<i>Adherence to and application of standards and guidelines</i>
Identifying and sharing national and international standards, guidelines and protocols.
Key identified standards, guidelines and protocols are adapted in consultations with the authorities.
Standardization of costing for health sector supported activities (e.g. HRP process, capacity building, etc.) is in place.
<i>Clarifying funding needs, prioritization, and sector contributions to sector funding needs</i>
Funding support for key sector/sub-sector and IM HR functions is secured.
Strategic and technical review of 28 health sector projects submitted to HRP.
Monthly and quarterly update (FTS) of health sector funding situation.
Preparation, submission, regular updates of health sector projects for various resource mobilization activities, if and when called.
Tailoring health sector objectives, priorities and response within UN Strategic Framework
Mandatory reflection of health-related issues in all key donor/resource mobilization platforms and events.
Bi-annual overview of the impact of underfunding of health sector is prepared.
Advocacy
Develop the list of health sector advocacy issues for Libya (updated on a quarterly basis, based on 2020 initiatives).
Regular updates of health advocacy points with the engaged stakeholders (HCT, UNSMIL, UN Security Council, Government of Libya, key donors, etc.)
Regular review of the situation on importation with health supplies is in place.
Update on impact on health planning and response by visa restrictions for key UN and INGO staff.

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Regular face to face meetings and briefings with key donors are in place.
Health sector annual report 2021 is produced.
Monitoring and Reporting on implementation of sector strategy and results
Monitoring and reporting on implementation of cluster strategy and results
Production and dissemination of 4W key performance indicators' monthly snapshots and interactive dashboards.
Preparation and dissemination of monthly health sector bulletin, Libya.
Preparation and dissemination of situation updates based on the evolving situation across the country (West, South, East, Central).
Annual Health Cluster Coordination Performance Monitoring (CCPM) is done.
Health Sector Field Directory is produced twice a year.
Mid-year and review of the health sector workplan and HRP (PMR) is done.
Report on the roll out of COVID-19 vaccination in the country and coverage of health workers, migrants and refugees.
Contingency Planning/Preparedness
Develop/update contingency plan for anticipated emergencies ("scenario based": displacement, outbreaks, etc.).
Monitor/update the preparedness status of the HC members for sudden onset emergencies.
Overview of pre-positioned health supplies across the country is prepared.
Technical inputs provided to the inter-sector (inter-agency) updates on the situation (assistance) with migrants.
Accountability to Affected Population
Identify KPI on engagement of authorities and beneficiaries in planning, implementation and monitoring of health activities.

Overview of training courses supported by health sector partners in January-February 2021

Overview of training courses supported by health sector partners in January-February illustrated that some 45 different capacity building events were reported by GIZ, ICRC, IMC, IRC, IOM, MSF-H, UNFPA, WW-GVC.

WASH sector

The first assessment of national water systems in Libya was completed assessing WASH services and the 3 service provider institutions (MMRP, GDC, GCWW), 4 most affected municipalities (Tawergah, Benghazi, Zintan, Abueslem in Tripoli). It has a lot of reliable information and data about institutional capacity, legal, financial, human resource and technical aspects of the service providers. It has also a development plan with estimated budget for immediate, mid and long-term interventions. You can find it in below link:

https://drive.google.com/drive/folders/1CwVjbt_rJSf1251MN7hOLIOcq7mNcs?usp=sharing

Integration of national NGOs into the health sector

Health sector remains to be one of the sectors with minimum operational presence and response by national NGOs. The latest P2P Action Plan included a recommendation: "Implement a process for inclusion of national organizations in the national and subnational humanitarian response architecture wherever appropriate. Where suitable partners are not currently available, work with local actors to develop time-bound approaches to develop this capacity."

Being part of the working group established to provide follow up points to this recommendation, health sector participated and shared its views.

UPDATES FROM PARTNERS

UNDP

Oxygen facility for Bent Baya Hospital

<https://www.ly.undp.org/content/libya/en/home/presscenter/pressreleases/2018/The-Stabilization-Facility-for-Libya-responds-to-COVID-19-with-a-Medical-Oxygen-Plant-at-Bent-Baya-hospital0.html>

Delivery of ambulances and PPE in Sebha

[https://www.facebook.com/undp.ly/posts/5466243310114646?_xts__\[0\]=68_ARCvdUccvefq2YRehWNfS7ExLHiBpJBdb1bpfBt6YoaLpV2Pf11RDdWZw6NyBGKADg4uhM7I2nH3843Z0REgdsRKMZIBO_uqx_yzePXiCfaQp9TvhPbkbDEoEJsW2RnIcnou6DIRTf0ldBJWQrAVU0](https://www.facebook.com/undp.ly/posts/5466243310114646?_xts__[0]=68_ARCvdUccvefq2YRehWNfS7ExLHiBpJBdb1bpfBt6YoaLpV2Pf11RDdWZw6NyBGKADg4uhM7I2nH3843Z0REgdsRKMZIBO_uqx_yzePXiCfaQp9TvhPbkbDEoEJsW2RnIcnou6DIRTf0ldBJWQrAVU0)

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UNFPA

UNFPA organizes training workshop to meet health needs of women in crisis: To strengthen the provision of reproductive health services in the humanitarian context of Libya, UNFPA, in cooperation with its partner Safwa charity, organized a workshop on minimal initial service package (MISP). The 3 days workshop targeting 25 healthcare providers & Managers was held in Tripoli from 16 to 18 March 2021. “For the past few years, we have



been in difficult situations. Many displaced mothers and young girls are in dire need of reproductive health services as health facilities in their hometowns have been destroyed. Such training is instrumental in preparing us for responding to women’s needs in crisis situations,” says Dr Huda Melood, a participant, who is working as a health care provider in a primary healthcare centre in Tripoli.

A migrant’s journey of hope in Libya: “I came to Libya 5 years ago in the hope of finding a better future. However, surviving as a migrant and providing for yourself and your family is a continuous struggle. Recently, when I found that I have got pregnant, the fear of the future overcame the feelings of happiness”, says Hawa, a 28-year-old migrant during her prenatal visit to AlQadsia Primary Health Centre (PHC) in Tripoli.

Migrants and refugees facing challenges: The story of Hawa, a migrant from Mali, is one of the many untold stories of migrants and refugees in Libya. According to the 2021 Libyan Humanitarian Response Plan, there are an estimated 585,000 migrants and refugees in Libya who are exposed to natural and man-made calamities. The most at risk include women severely affected by gender-specific vulnerabilities including gender-based violence (GBV) and access to sexual and reproductive health (SRH) services. Recently, in the wake of the COVID-19, migrants and refugees have to bear the major brunt of the worsening socio-economic situation in Libya.

PHCs providing much needed support: “At first, I was following up with a doctor in a private clinic, but we could not afford it and also the services at the facility were not adequate. When I came to know about the free of cost services UNFPA and IMC are providing at this PHC, I started coming here and was very happy to know that everything including pregnancy tests, routine examinations and medicines have no charges. Most importantly, the warm welcome and care I receive from the staff and doctors makes me feel as equal to others,” says Hawa. The PHC is one of the few facilities where



UNFPA and IMC have deployed trained mobile health teams to deliver basic reproductive, maternal and newborn health services to migrants, refugees and vulnerable members of host communities living in remote and conflict-affected areas, especially on the routes commonly used by migrants and refugees. Discrimination towards migrants and refugees: Dr. Radna Al-Zanati, a Gynecologist at Alqadsia PHC says, “most of the women who come here cannot afford treatments at private clinics or they find all the services they need here free of cost. We provide services for medical examination, investigation, ultrasound and medication, which other PHCs do not offer. We take care of all the patients irrespective of their origin and nationality. Many migrants and refugee women come to us as they feel welcomed, treated equally as others and receive quality guidance and services.” Previously, severe barriers such as discrimination in accessing healthcare services were reported by refugees and migrants. Along with that, a lack of qualified SRH workforce and inadequate skill mix, shortage in medicines and medical equipment and mismanagement of medical supplies and security issues were putting extra health and associated financial pressures on vulnerable communities. Against this backdrop, UNFPA partnered with IMC and identified government health facilities to enhance the provision of safe and timely access to comprehensive integrated GBV and SRH services for migrants and refugees.

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There is a hope for the future: “In the 8th month of my pregnancy, I feel relaxed and at the meantime enthused with the feelings of becoming a mother soon. This facility has been a remarkable support for me and my family. Many women from migrant and refugee communities are coming to this PHC and getting excellent care and treatment. This has brought us many hopes for a better future.” Said Hawa while stepping out of the PHC building.

The EUTF support is yielding results: The medical facilities and services provided at Alqadsia PHC are part of the programme aimed to continue to support interventions for vulnerable migrants, refugees and their host communities by the European Union Emergency Trust Fund (EUTF) in Libya. The overall objective of the programme is to strengthen protection and resilience of vulnerable migrants and migrants at risk, refugees and host communities including IDPs in Libya, while supporting efforts to improve migration management along the migration routes in the country. This includes basic services such as health, psycho-social support, as well as specialized protection services such as integrated sexual and reproductive health (SRH) and GBV prevention and response services. In 2020, with the support of EUTF, 4,878 people, including 4,444 women, 454 migrants and 140 IDPs, were provided with essential reproductive, maternal health services through mobile medical teams deployed in support of three primary healthcare centers in Tripoli and Sabha.

GIZ

Strengthening the coordination of municipal response to the pandemic

In cooperation with the Ministry of Health (MoH), GIZ together with TEAM Libya for Training and Development launched the first of sixteen municipal workshops to disseminate the recently revised National COVID-19 Response Plan to the respective Municipal Emergency Committees (MECs) from sixteen municipalities. The objectives of the workshops are twofold. The first is to support the MECs to strategically coordinate municipal COVID-19 response



measures and ensure that the needs of disadvantaged population groups are considered. The second is to gain recommendations from the MECs towards improving coordination between municipal and national level. The MECs will present their recommendations to the national coordination committee upon completion of the workshops.

In specific, the municipal workshops provide an update of the pandemic and Libya's upcoming national vaccine rollout plan, emphasize key methods to stop the spread of the virus and inform participants where they can access surveillance data and how to interpret the data. The participants, furthermore, are encouraged to map key municipal actors and institutions that play a central role in responding to the pandemic.



Under the guidance of the moderators, most of whom are MoH representatives, the participants then explore the eleven pillars of the National COVID-19 Response Plan to identify their coordination functions within each of the pillars. The first workshop was successfully conducted in Hay Al-Andalus, during which the MEC members expressed interest to further build their capacities to strategically fight against the COVID-19 pandemic. The next workshops will be conducted in Janzour, Zliten and Misrata.

PUI

Through the month of March 2021, Première Urgence Internationale (PUI) provided primary health care services and organized awareness activities in the Al Kufra region. PUI Mobile Health Teams provided a total number of 970 primary health care consultations – including 608 GMC, 52 SRH consultations, and 189 nursing consultations. Mental health and psychosocial support counselling was also provided for 61 individuals. The most prominent diseases that were recorded during the month of March 2021 were hypertension, musculoskeletal disease, and upper respiratory tract infections.

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As part of its Infection prevention and control activities in response to the COVID-19 outbreak in the country, PUI collaborated with its community health network as part of PUI's partnership with the Libyan Red Crescent (LRC) to disseminate health awareness messages across Al Kufra mantika. A total number of 779 individuals attended the health and hygiene awareness sessions. This included 467 individuals at health facilities and 312 individuals located at individual households.

In addition, in order to support to the technical and operational capacity of public health workers, PUI organized training sessions for 10 community health workers covering different health topics such as non-communicable diseases, health screening and referrals at community level. Following these trainings, PUI will collaborate with the community health workers to provide medical assistance and to organize awareness campaigns on health and hygiene topics in Al Kufra.



UNICEF

Emergency respond to support COVID-19 case management: To respond to the demanding humanitarian needs under the COVID-19 pandemic UNICEF provided Interagency basic Health kits which will provide essential medicine and supplies, PPEs (goggles, hand sanitizers, masks, etc.), thermometers and sphygmomanometers. These will ensure availability of COVID-19 responsive quality and safe service to: Ghat Hospital/ COVID-19 Isolation Unit, Kabaw general hospital/ COVID-19 isolation center; BaniWalid isolation center; Aljufra Triage Center.

Support to ongoing maternity services: Suk-Alkhamis Maternity hospital - dispatchment of urgent essential medicine and supplies to ensure continuous function of reproductive health services including basic kits, PPEs and supplies.



Capacity Building: DHIS training: Scale up of DHIS2 training for municipalities in the south including Sabha, Murzug and Alghatroon, where 33,14 and 9 participants respectively were trained targeting all PHC facilities from these municipalities.



IMNCI and IYCF training: Ongoing training for Almenshia, Samno and Ghodoa health facilities in the Municipality of Sabha on Integrated Management of Neonatal and Childhood Illnesses (IMNCI).

Strengthening of essential health services: dispatchment of essential medicines and supplies to ensure continuous Reproductive, Maternal, newborn and child services are provided to PHC facilities: Algharbi PHC (Zwara Municipality), Benghazi old city (Madina).

COVID-19 Vaccine roll out support: Led by NCDC, in coordination with WHO and IOM, UNICEF co-facilitated Training for nationwide vaccine supervisors from all across the country, the training took place on the 11th March

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2021. UNICEF provided the participants with tablets for continuous training purposes and data collection. Additionally, 1000 copies of COVID-19 vaccine technical field guide were distributed.



UNICEF is supporting Cascade training is ongoing by vaccine supervisors for the roll out of the COVID-19 vaccine. The training benefitted 104 vaccinators and health staff in the Municipality of Souq Aljuma and 107 in the Municipality of Abuslim. Scale up support for the training is expected to continue nationwide.



IOM

Primary Health Care Consultations and Referrals:

IOM medical teams provided a total of 8,119 primary health care consultations to migrants, IDPs and host community members and referred 92 migrants to secondary and tertiary health facilities for further medical investigation, treatment and management.

DCs: IOM medical teams provided primary health care consultations for 1,638 migrants in detention (1,467 men and 171 women) in ten detention centres: namely, Abu Rashda, Tariq Alsikka, Abu Issa, Ganfouda, Tokra, Albayda, Shahat, Alqubba and Kufra DCs. IOM also provided health consultations at Mabani, Batin Aljabal, Almarj and Ejdabya DC upon ad-hoc request. 31 migrants were referred from these detention centers to the secondary and tertiary hospitals for further clinical management.

PHC clinics: Through its support in four primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic, Alsiraj PHC and Al-Aoeanea PHC), IOM provided 847 primary health care consultations (391 men and 456 women) to the IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19.



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Medical outreach: IOM mobile teams (Health program and Migrant Resource and response Mechanism (MRRM) program) are providing primary health care services for migrants, IDPs and host communities in urban settings. Project locations cover Hai Al-Andalus, Ghot Alshaal, Ain Zara, Alsirraj, Souq Aljumaa, Abdulsalam, Tajoura,



Zwara, Sabha, Qatroun, and Bani Waleed. IOM medical outreach teams reached 5,634 migrants and IDPs (4,239 men and 1,395 women), out of which 92 migrants were referred to the secondary and tertiary health facilities for clinical management.

Rescue at Sea: IOM medical team responded to rescue at sea operations where 1,709 migrants (1,564 adult male, 92 adult females and 53 minors) from Abusitta, Subrata, Zwara disembarkation point. 113 migrants received the medical screening and triage upon arrival and 3 migrants were referred to the secondary health facility for clinical management.

Fitness to Travel Screening: IOM medical teams provided pre-departure medical screenings for 594 migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

National Health System Strengthening

Capacity building training on TB contract tracing: In close collaboration with the National Tuberculosis Program (NTP), the National Center for Disease Control (NCDC), IOM supported organizing a two workshops (2 days each) on “Contact tracing and follow up of TB cases”. These trainings were conducted on 29 Feb -1 March 2021 and 10-11 March 2021. The trainings facilitated by three experienced NTP/ NCDC staff aimed to enhance capacity of stakeholders in tuberculosis cases contact tracing and adherence to the treatment among the migrants. A total of 37 health professionals participated in the training.

Infection Prevention and Control (IPC) and First Aid: IOM conducted a 3-day training workshops on 15-17 March 2021 and 21- 23 March. The training focused on First Aid and Infection Prevention Control (IPC) for the DC workers in the East. A total of 17 DC guards (all men) from four detention centres (Qanfouda, Toukra, Almarj, Albayda, Shahat, Darna, Toubrok, and Alkufra) participated the training.

IOM conducted a 2-day training workshops on 21-22 March 2021 and 23- 24 March for the DC workers in the west in which the participants were trained on First Aid and Infection Prevention Control (IPC). A total of 17 DC guards (all men) from (Abusalim DC and Metiga Airport) participated the training.

TB screening campaign in detention centre: IOM also conducted a five-day tuberculosis screening campaign at Mabani detention centre on 8-15 March 2021. In close collaboration with the NCDC and Directorate of Combatting Illegal Migration (DCIM), the campaign screened 771 migrants and 13 staff members for the tuberculosis, out of which one case was confirmed positive and 102 suspected cases are currently under the laboratory investigation. IOM also conducted a one-day tuberculosis screening campaign at Sharaa Alzawia DC detention centre on 30 March 2021. In close collaboration with the NCDC and Directorate of Combatting Illegal Migration (DCIM), the campaign screened 72 (14 men and 48 women) migrants and 10 staff members for the tuberculosis, 5 suspected cases are currently under the laboratory investigation.

Prefabrication: IOM finalized the donation of the prefabricated medical isolation units to six medical hub hospitals in Zelten, Tajour, Alkhoms, Zliten, Gharyan and Nalut. The donations included the necessary medical equipment, furniture and personal protective equipment (PPEs) to support national health system for maintaining continuity of essential health care services across the continuum of care while managing the COVID-19 response.

Anti-scabies campaigns: IOM conducted an anti-scabies and fumigation campaign at Alkufra DC on 18 March 2021, reaching a total of 235 migrants (213 Male, 17 Female and 5 Children). The campaign provided the migrants in detention during the campaign awareness raising on scabies prevention and treatment was also provided to the migrants.

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Celebration of International Women's Day: On International Women's Day, IOM health teams, including a gynecologist, midwife and social mobilizers organized health checks and group discussions with migrant women in detention centres in Tripoli and Benghazi. The sessions related to women's health, coping mechanisms, the importance of antenatal care and prenatal care, breast self-examination and a Q&A on women's health. IOM also conducted an immunization



campaign (polio, tuberculosis and hepatitis) for nine migrant children under the age of five, in collaboration with the National Centre for Disease Control (NCDC) Zwara branch. The campaign supported migrant mothers and children who have limited access to legal documents, including birth certificates, health information and health-care services.

COVID-19 response

Risk Communication and Community Engagement (RCCE): IOM medical team conducted 122 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli, Zwara, Bani Waleed and Benghazi. A total of 11,300 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

Local NGO Women's Union and IOM organized a day of celebration for International Women's Day at the public theatre in Sabha where IOM team provided COVID-19 awareness information and distributed flyers on preventative measures for more than 100 women and children from migrant, displaced and host communities.

Points of Entry (PoEs): IOM Medical teams supported the NCDC staff at Misurata airport, Ras Jedir and Wasen PoEs by providing medical check up to all passengers returning to Libya as part of IOM COVID-19 response plan. A total of 99,592 cross-border travelers (88,232 men, 5,939 women, 2,832 boys and 2,589 girls below 18 years old) were screened by checking temperature and general condition.



Mental Health and Psychosocial Support (MHPSS) services

Mental Health and Psychosocial Support (MHPSS) services were provided to 363 migrants (214 men, 45 women, 68 boys, 36 girls) in IOM center in Hay Alandalus and urban locations in Tripoli and Zwara, including shelters, collective houses, labor migrants gathering points, IOM mobile clinics, detention centers, health facilities, and at disembarkation points following interception/rescue at sea operations in Tripoli.

During the reporting period, the MHPSS teams accompanied IOM medical teams to different locations and conducted a varied set of activities, including individual basic counselling and psychological first aid, psychosocial awareness sessions, art-based psychosocial activities, group readings of IASC MHPSS COVID 19 storybook for children and their families, facilitation of recreational activities for children, psychoeducation sessions, psychosocial assessments and referrals to protection and specialized mental health care services. Also, the MHPSS teams conducted 25 follow up psychosocial support sessions throughout the month, including sessions for migrants with mental health conditions and their caregivers and migrants following distressful events in Tripoli and Zwara. Concurrently, the MHPSS teams conducted 31 referrals to other IOM teams for migrants in need of assistance in different locations in Tripoli.

Through the MHPSS helpline, and as a response to COVID 19 mobility restrictions, migrants living remotely continued to access mental health and psychosocial support services. The MHPSS helpline received 19 calls from Jadu, Tripoli and Zwara, where migrants from Ethiopia, The Gambia, Guinea, Mali, Nigeria and Sudan were provided

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with remote counselling and psychosocial support services. To mark national children's day in Libya on 21st March, IOM team (MHPSS, child protection & MRRM) planned and conducted joint activities in Children's day week in IOM center in Hay Alandalus, Multakana CSO center and the Sudanese school. The team facilitated art-based psychosocial activities for adolescent, and recreational & awareness activities for children on COVID19 that included reading of IASC MHPSS COVID19 booklet for children and IOM COVID19 games. The activities targeted 58 children and adolescent from Eritrea, Ivory Coast, Libya, Nigeria, Sierra Leone and Sudan. Moreover, IOM continues supporting the national coordination mechanism through chairing the MHPSS technical working group (MHPSS TWG) with IMC (International Medical Corps) and in close coordination with the Ministry of Health, where the TWG conducted their monthly meeting on 16th of March with active participation of 35 members. The MHPSS TWG published and disseminated its first quarterly newsletter for October – December 2020 shedding light on MHPSS actors' activities in different Libyan regions. Furthermore, The MHPSS TWG continues to provide technical support and guidance to MHPSS actors in Libya.

WW-GVC



Western Libya: In collaboration with IRC, WW-GVC has started the implementation of the planned Training of Trainers (ToT) in the framework of the EUTF/AICS project in West Libya. Indeed, the first training was delivered in Tripoli with the participation of key stakeholders from the 7 targeted facilities and the Departments of Health of Al Maya, Al Maamoura, Sabratha and Sorman municipalities, on Infection Protection and Control (IPC). The IPC ToT lasted 3 full days from 30 March to 1 April 2021, and included sessions and workshops on Hand Hygiene, PPE, Sterilization, Disinfection, Aseptic Tech, Cleaning Environment and Waste Management. A second ToT will also be conducted from 6 to 8 April 2021 on the Pharmaceutical Stock Management targeting mainly the pharmacists and the paramedics of the

targeted Health Care Facilities. As a continuation of the capacity building activities targeting the Health Workers, in the coming months WW-GVC is planning to deliver ToT covering the following topics: Health Management Information Systems (HMIS); Working with Migrants and Refugees - humanitarian principles and right to health; Protection Risk Analysis and Gender Based Violence.

Southern Libya: In the framework of a Health and WASH integrated response to COVID-19 in Sebha, in close collaboration with the local partner MIGRACE, WW-GVC started the WASH infrastructures rehabilitations to increase water storage and handwashing points for 7 healthcare facilities in Sebha Municipality. The targeted facilities are: New Hajarrah Health Center, Jadeed Health Care Center, Mahdia Health Center, Mansheya Health Center, Tahrir Health Care Center, Al-Qardah Health Center, and Tayouri Health Care Center. Furthermore, the same healthcare facilities benefited from two rounds - out of four - of PPE kits under CERF grant, composed as follows: 50 masks, 50 gloves, and 1 bottle of hand sanitizer of 100ml. Each round of distribution consists in a total of 833 PPE kits for the HCFs personnel. In addition to that, two rounds of distribution of hygiene products, cleaning materials, and tools to ensure proper environmental cleaning have been conducted in the targeted facilities. Moreover, the HCF has been supplied with color-segregated garbage bins for sharp, normal, and infectious waste as well as posters and stickers for solid waste management. Additional posters on IPC, Disinfection, and Handwashing have been hanged in all the structures. Distributions and rehabilitations of WASH infrastructures in the HCF have been particularly appreciated by staff members and management of the facilities. Notably, the director of the Jadeed Health Care Center stated that the HCF would have probably been forced to close without WW-GVC intervention.



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IRC

Mobile medical health teams-Tripoli: The IRC medical team in Tripoli, with support from UNHCR, operates daily at the CDC in Gurji and have conducted over 793 consultations which include those for General, Reproductive and Mental health services, along with more than 272 referrals to public and private clinics. The MMT continue to follow Covid-19 preventive protocols and continue to rely on phone call appointments while giving exceptions to emergencies. In addition, two mobile medical teams (MMTs) continue to conduct regular visits to Abu Issa DC every Monday and Thursday as well as an emergency visit conducted on the 31st. 76 consultations have been made during March. With support from RDPP, the MMT supporting Elmgariief, Nasib Altidkari and Zawit Aldahmani PHCCs have conducted over 1,093 consultations including general, reproductive and mental health consultation and have provided over 120 referral cases. The medical team received training on mhGap in order to improve mental health services provided to beneficiaries. With support from SIDA, the IRC mobile medical team continued to conduct visits to Tariq Al Sikka Detention Center (DC) and Al Harat PHCC providing medical services to detainees and beneficiaries. About 690 consultations have been conducted with over 49 medical referrals to secondary and tertiary hospitals. The IRC renovated both Al Sikka DC and Al Harat PHCC during the reporting period. A 45 KVA generator was installed and two clinical containers were provided at Al Harat PHCC.



24/7 hotline and ambulance services: Through partnership with the Libyan Red Crescent (LRC) in Tripoli, the IRC medical team continued to provide 24/7 hotline and ambulance transportation services. In March, the IRC assisted over 38 (14 Male and 24 Female) with over 4 referrals to secondary and tertiary public and private hospitals (2 females and 2 males).

Mobile medical health teams-Misrata: With support of UNHCR, the IRC continues to host 29 POCs at the Misrata-LRC shelter providing them with essential needs, accommodation, food, and primary and specialized health care along with referral of cases, protection and psychological support. They are staying in the shelter under our responsibility awaiting evacuation. The health team visits the shelter regularly on a weekly basis and are also available at any time as needed. COVID 19 precautions are implemented by ensuring temperature checks at entry, hand wash stations and mandatory masks worn by visitors. A total of 11 consultations were provided and about 3 medical referral cases to secondary and tertiary public and private hospitals were made.



On the 23rd of March, a new baby was welcomed at the shelter. An Eritrean woman gave birth to a baby boy. Both mother and son are in good health and well taken care of. The baby was vaccinated (birth vaccine) on March 25th. On the 28th, an Eritrean family (husband, wife and daughter) left the shelter for departure to Norway.

AICS 2 Project: During the month of March, the IRC continued mentorship and capacity building activities to 6 health facilities. On March 8th a meeting was held in Misrata Municipality Diwan and included all health facility managers and municipality members. Project updates, achievements, challenges and plans for medical equipment donation and installation were discussed. One TOT training in addition to four cascade trainings have been conducted as following:

- Leadership and management training on the 7th and 8th of March targeting eleven employees from MMC, DOH, blood bank, central dental OPD and LMSA. This training covered Leadership and management, Role of leader, Team development and Team management.
- Infection and prevention control training on the 15th of March for DOH in manpower office. Eleven employees attended the training from different PHCCs working under DOH supervision. This training covered Hand hygiene, Donning and doffing PPE, Nosocomial infection and Injection safety.

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- Pharmaceutical and Stock Management training on the 18th. Ten employees attended the training from (MMC) and Zawiat Al Mahjoob. This training covered the Role of the pharmacist in PHC centers, good dispensing practices and good storage practices.
- Humanitarian and protection principal training on the 21st. Eight employees attend the training from (MMC). This training covered GBV principles, protection principles, humanitarian response and Right to health.
- Pharmaceutical and Stock Management training on the 27th. Thirteen employees attend the training from (MMC), Qasr Ahmed, DOH and Zawiat Al. This training covered the Role of the pharmacists in PHC centers, good dispensing practices and good storage practices.

IRC began donation of medical equipment and devices to 4 health facilities as first batch of donation on the 25th of March. The community outreach (COVs) remained active and have delivered 28 health awareness sessions to targeted communities, reaching approximately 337 beneficiaries directly (97 males and 240 females). The health education sessions included (but not limited to): non-communicable diseases such as diabetes mellitus and hypertension, COVID-19 awareness prevention and control; personal hygiene and tuberculosis, in addition to disseminating information about IRC health services. The COVs have also begun distributing awareness flyers and posters related to COVID19, hypertension, diabetes mellitus.



AICS 3 Project: Within the reporting period, the IRC team in Alkhoms continued to conduct meetings with the managers of the selected health facilities. A meeting with the manager of Souq-Alkhamese hospital, Dr. Yusef Alremali, was conducted where the plan of action for the health awareness sessions in the selected health facilities was discussed. IPC TOT training was conducted on the 27th, 28th and 29th of March in Tripoli. Additionally, health facility managers received information about upcoming supply chain TOT planned for April. On the 23rd of March, the tender envelopes were opened for the supply of four garbage cars and a sewage collection vehicle (three garbage cars for the Zintan municipality, a garbage collection vehicle and a sewage collection vehicle for the municipality of Bani Walid) and in the process of completing the procedures after the completion of the assessment and building health capacities during the past months. Two Basic Life Support cascade trainings were conducted in Souq-Alkhamese Hospital and Alkhoms Polyclinic on the 3rd and 4th of March respectively. Thirteen females of the Medical-staff attended the first cascade training in Souq-Alkhamese Hospital while 10 medical staff of Alkhoms Polyclinic, 6 males and 4 females, attended the second cascade training. These cascade training were provided by the IRC Clinical Mentors with support from trainers from the medical staff who attended the BLS TOT in January 2021. Infection prevention control (IPC) TOT training was conducted from the 27th to 29th of March in Tripoli and was attended by the municipality of Bani Walid. Sixteen trainees from different targeted health centers in addition to two of our clinical mentors and a leader of the medical team. The CHWs and COVs remain active and delivered awareness health sessions to target communities. The sessions this month were conducted in several settings such as Alkhoms education hospital, Souq Alkhamese hospital, homes, group migrants' housings, cafes/restaurants, community centers and schools. A total of 140 healthcare education sessions were conducted during the reporting period which included Covid-19 awareness prevention, control and Major NCDs in addition to dissemination information about the IRC health services. Total number of beneficiaries of these sessions were 1145, 399 females and 746 males. CHWs in Bani waleed began conducting health awareness sessions in many public and private locations within the municipality including health centers, schools and homes. About 70 sessions were conducted reaching about 771 beneficiaries, 56% females and 44 % males. The benefits of the outreach campaign have been tangible, for instance, more beneficiaries decided to screen for NCDs after attending awareness sessions & started treatment soon after detection.

IRC is providing Rescue At Sea (RAS) to survivors: The IRC continues to conduct Rescue At Sea (RAS) visits and have responded to 10 rescue operations (Tripoli Naval Base and Tripoli seaport). There was a total of 94 medical consultations conducted.

IRC, Health System Strengthening (HSS)

South Deployment: With the support of the EU and in coordination with the Ministry of Health and local health authorities in the south, IRC has deployed: One Medical Mobile Team to Shoura Alkufra in the South, the team is

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composed of 1 orthopedic surgeon, 1 Gynecologist/ Obstetrician, 1 medical practitioners, 2 Pediatricians and 1 general surgeon. The team was sent to fill in the health human resource gap in the health facilities to ensure the availability of emergency and essential health services in the targeted areas.

Trainings:

Psychological First Aid (PFA) Training: With the support of the EU and in coordination with the primary Healthcare Institute (PHCI), IRC conducted a PFA training targeting nursing staff and paramedics in all 3 pilot site (Tripoli - Souq Aljummoa, Gharyan, Zlitan). The training was for one day for each site with a total of 49 participants (43 females and 6 males).

Emergency Obstetric and newborn care (EmONC): With the support of the EU and in coordination with the Primary HealthCare Institute (PHCI), IRC conducted an Emergency Obstetric and Newborn Care (EmONC) training in Tripoli from 6th to 8th of March. Sixteen gynecologists attended the training, all females.

Ultrasound training: With the support of the EU and in coordination with the Primary HealthCare Institute (PHCI), IRC conducted an Ultrasound Training in Tripoli- souq aljommua, and Zlitan. The training focused on the basics of US scan examination and in Zletin focused more on ANC use of the Ultrasound. The training targeted 30 general practitioners (29 Females and 1 Male).



DHIS2 PHCs Managers Training: With the support of the EU, IRC supported the Health information center (HIC) to implement DHIS2 by conducting several trainings for the health facilities supported by the IRC in three pilot sites (Tripoli – Souq Aljommua, Gharyan, and Zlitan), the previous trainings were to train data collectors on how to collect data and enter it to the system. For this training, IRC focused on training of health facility managers and health officials including (DHO and PHCI) on how to monitor data flow, generate reports and data visualization. The training targeted 22 health care staff (7 Females and 15 Male).

Non-Communicable Diseases (NCDs) Training: With the support of the EU and in coordination with the Primary HealthCare Institute (PHCI), IRC conducted an NCDs training targeting 20 nursing staff (16 Females and 4 males) for Gharian targeted health facilities for 4 days.

Health Promotion activities: In coordination with the DHOs, District Education offices and with the support of the EU, IRC Continues the CHW activities in the schools surrounding the PHCCs that were supported by IRC in Gharyan, Souq Aljuma and Zletin. The activities were planned to ensure that students and school staff are fully aware and compliant with the Public Health and Social Measures for the control of COVID19 spread and support the right of education for children.



Community Health Workers (CHW) Training for Ghat & Ubari Districts: In collaboration with the Primary HealthCare Institute (PHCI) and with the support of the European Union, the International Rescue Committee (IRC) conducted a CHW training for Ghat & Ubari cities. This training aims to implement the community health approach and elevate the capacity of the workers in this field, it was a comprehensive training over 3 days, which used the WHO- MOH adopted CHW training package. Additionally, the CHWs were introduced to the Community Based Surveillance and COVID-19 related health messages. The training targeted 56 participate (50 females and 6 males).

Joint IRC-PHCI-MoH monitoring visits to the south: IRC has coordinated with the PHCI team and the ICO/ MOH and conducted a joint monitoring visit to the areas and cities supported by the medical mobile teams in the south, where they covered; Edri, Murzuk,

Wadi Etba, Bent Baya, Ubari and Ghat.

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TdH Italy

With funding from the CERF-Health project “Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli”, the following activities were completed as of March 31, 2021.

Deliveries of supplies and equipment to 15 sites in Aljabal Algharbi, Almargeb, Azzawya, Misurata, and Tripoli are scheduled to begin on 03/04/2021.

6 training packages have been prepared after site consultations, and to date, six training packages have been delivered in October 2020, November 2020, December 2020, January 2021, February 2021, and March 2021: COVID-19 Basics, Infection Prevention Control, PSS Risks to Health and Safety, Arterial Blood Gas Interpretation and Acid-Base Disorders, Collection, Storage, and Transportation of Specimens for COVID-19 Diagnosis, PPE for Suspected and Confirmed Cases of COVID-19.

Training will continue again in April with the delivery of the supplies and equipment to each site. Training has reached eleven of the fifteen health sites and health providers, which will be supplied under the CERF project in Aljabal Algharbi, Tripoli, and Misurata. Training packages have been delivered in-person, published on Facebook, and delivered via Zoom presentations to staff from the following sites: Tawergha General Hospital, National Cancer Institute, Early Detection Center, Misurata Hospital for Tuberculosis and Chest Disease, Misurata Medical Center, General Hospital of Zintan, Zintan Isolation Center, Gharyan Rapid Response Centre, Rejban Rapid Response Centre, Tripoli Children’s Hospital, Tripoli University Hospital.

Static online training materials were released in December 2020 (COVID-19 Basics), January 2021 (Infection Prevention Control), and March 2021 (Arterial Blood Gas Interpretation and Acid-Base Disorders). The other three training packages are still scheduled to be released in April of 2021.

RCCE activities launched in the second half of December 2020 and have reached 1,763 individuals on social media and 7,394 individuals at in-person info sessions organized in the community.

Continuing activities planned for 2021 will include social media posts and promoted ads, distribution of printed materials, possible television/radio spots, and integrated hygiene promotion and RCCE in-person sessions with students and caregivers returning to school, community groups, etc.

UNHCR

UNHCR continue the provision of primary health care services through partner (International Rescue Committee) including General, Reproductive and Mental health consultations and referral cases to public hospitals and private clinic. during the reporting period of March Tripoli (Gurgi -CDC) had received 651 POC for medical consultations, 179 mental health consultation and had referred 204 medical cases to secondary health facilities.



A 24 hours medical consultations were provided 24/7 through the IRC medical hotline to 57 with emergency referrals to secondary facility of 69 through ambulance services. During the reporting period (IRC) mobile team has provided over 110 beneficiaries with primary healthcare services in Azzwaya Abu Issa DC.

Through IRC, UNHCR continues to conduct Rescue At Sea (RAS) visits and have responded to 2 rescue operations at Tripoli Naval Base and Tripoli Commercial port DP. There was a total of 204 people were assisted with primary health services.

UNHCR has been closely following up with the National COVID Committee on the inclusion of refugees in the COVID vaccination program by attending the committee meetings and providing the total Number and mapping PoCs.

HEALTH SECTOR BULLETIN

March 2021

The Abu Dhar Algaftary and Aldwes Primary Health Care Centres in Abu Sliem, have reopened after more than a year of closure, due to serious structural damages during fighting in Tripoli in November 2019.

Working with UNHCR partner DRC, the Danish Refugee Council - Libya, UNHCR carried out repair work to damaged water tanks and pipes, doors and windows, built new toilet facilities and repaired exterior walls. It also provided a new generator to make sure that the health centre can have electricity around the clock. The work is part of ongoing Quick Impact Projects in Libya, programmes that can benefit communities by strengthening their access to essential services, such as health and education, enhancing living conditions and promoting social cohesion. Over 60,000 persons, including displaced Libyan families and refugees, live in the area of Abu Sliem and can benefit from medical services offered at the newly reopened facility.

UNHCR handed over 6 fully equipped ambulances, and 3 ICU ventilators to the Libyan Health Authorities in the East, as part of UNHCR's commitment to stand by the Libyan people in our common fight against the COVID-19 pandemic. Representatives from the Ministry of Health and from different health facilities attended the ceremony including in addition to representatives of six hospitals who have received the ambulances, including AlWehda Derna, Msousses, Taknas, Kasr Al Jadi, Tokra, and Bu Mariam. All mentioned hospitals are located in different cities of the Eastern Region, and some of them in locations as far as 700 km away from Benghazi.

The ventilators were received by the supply warehouses and will be dispatched to the COVID-19 isolation centers.



IMC

Health Systems Strengthening

During the month of March 2021, **18** primary health care centers (5 Tripoli, 5 Sabha, 3 Benghazi, 8 Misrata) and **2** hospitals (Tawergha Central Hospital, Benina Village Hospital) were supported through **14** medical mobile teams (7 Tripoli, 2 Sabha, 2 Benghazi, 3 Misrata), each composed of a medical doctor, nurse and midwife. The teams are assisted by dedicated community health mobilizers, pharmacists and medical coordinators. Aside from augmenting health care service capacity in the static health facilities, the mobile teams have regularly visited 6 IDP locations. Cumulatively, the teams conducted **4,268** general medical consultations, **438** antenatal care consultations and reached **4,411** community members with key health messages. Three (3) mobile teams will be phased out by the end of March as funding for IMC's health services from UNFPA will end on March 31st.

Five (**5**) hospitals (Tripoli Central Hospital, Ophthalmology IU Center - Tripoli, Oncology Isolation Center - Misrata, Respiratory IU Center – Sabha, and Alamal Benghazi IU Center) were also supported in March 2021. Support includes deployment of ICU medical doctors and nurses dedicated for infection prevention and control. The supported hospitals are currently identified isolation units for moderate – critically ill COVID-19 cases. It is, however, noteworthy to mention that the supported isolation unit in Benghazi (Alamal Benghazi Medical Center) have stopped receiving new admissions as of the 3rd week of March due to reduced number of staff available as some have been affected by COVID-19. A similar situation arose in Sabha (Respiratory IU Center) earlier during the month whereby no new admissions were received and patients were re-directed to Sabha Medical Center as the isolation unit also has had reduced staff due to COVID-19 as well as absenteeism from other MOH staff who have not received salaries in the recent months. In contribution to the COVID-19 response, **5,013** beneficiaries utilizing health care services in supported health facilities have been screened for COVID-19.

Aside from support for the isolation units, assistance for the ongoing national tuberculosis program continued in March 2021, in Tripoli and Misrata. The support in collaboration with the National Center for Disease Control, includes screening and identifying beneficiaries who may be suffering from tuberculosis to facilitate continued medical management and follow up. By the end of March 2021, there had been **128** beneficiaries registered for TB management since the start of the project while **429** patients were provided with free diagnostic services as part of the

HEALTH SECTOR BULLETIN

March 2021

support to the laboratories at the Tripoli and Misrata NCDC laboratory and four primary health centers (Ghargour PHCC, Almadina Alqadima PHCC, Ras Friedekh (Shuhada Armela) PHCC, Alaswak PHCC).

Capacity Building

Infection prevention and control trainings have started during the last week of March in Sabha targeting **100** participants and is planned to be rolled out to the other program locations targeting participants from supported health facilities.

Forty -three (**43**) medical doctors and Twenty five (**25**) nurses, all assigned at the primary health care level in the municipalities of Ghadamis, Jufra-Hon, Jufra-Waddan, Misullata, Garaboulli, Zintan, Nalut, Janzour received training on the essential package of health care services, conducted in Tripoli.

There is ongoing recruitment for facilitators that will be conducting trainings on COVID-19 triage, diagnosis and case management.

Rehabilitation of Health Care Facilities

The rehabilitated medical warehouse of Al Marain Hospital in Zuwara municipality was handed over to the hospital authorities as of March 21st, 2021. The rehabilitation included the installation of ventilation and air conditioning systems, re-wiring of the electrical network to accommodate for the installation of CCTV, fire alarm, generator power, and other civil works to ensure security and safety of the building.

Donor Support

Interventions provided by International Medical Corps have been made possible with the generous support of USAID – BHA, the EU Trust Fund, GIZ, AICS and in partnership with CESVI as well as UNFPA.

INFORMATION SOURCES:

The health sector Libya web page is activated: <https://www.humanitarianresponse.info/en/operations/libya/health>

<https://www.who.int/health-cluster/countries/libya/en/>
<https://www.humanitarianresponse.info/en/operations/libya/health>
<https://www.facebook.com/Ministry.of.Health.Ly/>
<https://www.facebook.com/NCDC.LY/>
<https://ncdc.org.ly/Ar/>

CONTACT INFORMATION:

Mr Azret Kalmykov, Health Sector Coordinator, kalmykova@who.int
Mr Elamein Boshara, Mohamed Abdalla, Health Information Management Officer, elameinm@who.int
Mr Diyaeddin Natuh, Focal point, Surveillance System of Attacks on Healthcare, WHO Libya, natuhd@who.int