HEALTH SECTOR LIBYA

HEALTH SECTOR BULLETIN

May 2020

Libya

Emergency type: Complex Emergency
Reporting period: 01.05.2020 to 31.05.2020

Total population	People affected	People in need	People in acute need	
6.7 million	1.8 million	900,000	300,000	
IDP	**Returnees**	**Non-displaced**	**Migrants**	**Refugees**
216,000	74,000	278,000	276,000	48,000
Target Health Sector	**People in need Health Sector**	**Required (US$ m)**	**Funded (US$ m)**	**Coverage (%)**
203,137	525,992	30	3.6	12

KEY ISSUES

Killing of 30 migrants in Mezda

"Human trafficking and smuggling, which I condemn in the strongest possible way, constitute a grave violation of international human rights law and should not go unpunished. Authorities with influence on the ground in the area where this incident took place have the responsibility to ensure that human smugglers and traffickers are not allowed to continue with their inhuman and degrading acts. Such heinous and merciless crime against helpless individuals should be investigated immediately and those responsible must be brought to justice"

Yacoub El Hillo, Humanitarian Coordinator for Libya

2020 PMR (Periodic Monitoring Report) related indicators (April):	
Number of medical procedures provided (*including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation*)	**15,038**
Number of public health facilities supported with health services and commodities	**76**
Number of mobile medical teams/clinics (including EMT)	**42**
Number of health service providers and CHW trained through capacity building and refresher training	**796**
Number of attacks on health care reported	**9**
Percentage of EWARN sentinel sites submitting reports in a timely manner	**50%**
Percentage of disease outbreaks responded to within 72 hours of identification	**70%**
Number of reporting organizations	**12**
Percentage of reached districts	**82%**
Percentage of reached municipalities	**36%**
Percentage of reached municipalities in areas of severity scale higher than 3	**44%**

SITUATION OVERVIEW

The security situation in Libya witnessed a significant change in dynamics and tempo of the armed groups in terms of territorial gains or losses and "associated with the sustained use of new military hardware, sophisticated Air Defence Systems (ADS) and infiltration of foreign fighters/mercenaries across the borders. Determinedly, increasing civilian casualties, properties destruction and civilian displacement."

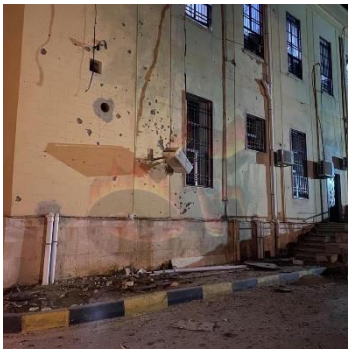
A total of 20 attacks on health care were registered in Libya during 1 January – 31 May 2020.

2 May, WHO urges the health authorities in Libya to remain vigilant in the face of the serious health threat posed by COVID-19 in the country. http://www.emro.who.int/lby/libya-news/keeping-vigilant-for-covid-19-in-libya.html

10 May, Armed group opened fire inside the intensive care unit in Al-Jalla hospital in Benghazi. Indiscriminate shooting. Panic between health workers. Doctors and nurses were assaulted. Medical equipment in ICU ward was damaged, including 7 respirators, monitors, ultrasound machine and other life-saving devices. Transferring all urgent cases to Benghazi Medical Center.

10 May, WHO delivers essential health supplies to Tarhouna, Libya, where 200 000 remain trapped due to ongoing hostilities http://www.emro.who.int/lby/libya-news/who-delivers-essential-health-supplies-to-tarhouna-libya-where-200-000-remain-trapped-due-to-ongoing-hostilities.html

13 May, A joint statement (OCHA, UNHCR, UNICEF, UNFPA, WFP, WHO, IOM) on Libya: Conflict and the COVID-19 pandemic present a significant threat to life in Libya
https://www.humanitarianresponse.info/en/operations/libya/document/libya-l-joint-statement-libya-conflict-and-covid-19-pandemic-present



14 May, As a result of continuous military activities around Tripoli city, the building (dermatology department, ENT department) of the Tripoli central hospital was hit by shrapnel of the ongoing shelling of the area close and around the hospital. The hospital is one of the city's main and largest health facilities, including the oldest trauma center. The shelling caused infrastructural damage to few hospital' buildings. No casualties were reported.

18 May, Joint WHO/UNICEF press release, Over quarter of a million children in Libya are at risk from vaccine-preventable diseases, http://www.emro.who.int/lby/libya-news/over-quarter-of-a-million-children-in-libya-are-at-risk-from-vaccine-preventable-diseases.html

22 May, Clashes between two armed groups reportedly took a place inside Albrayga hospital in Ejdabia district. Indiscriminate shooting took place inside the hospital. As a result, one hospital staff, and two patients were reported injured. A woman broke her leg while she tried to escape through the hospital windows. The director of the hospital was assaulted. A separate flash update was issued.

25 May, The United Nations Support Mission in Libya (UNSMIL) is extremely concerned about reports that residents of the Ain Zara and Salahuddin areas of Tripoli have been killed or wounded by Improvised Explosive Devices placed in/near their homes. https://unsmil.unmissions.org/unsmil-condemns-use-improvised-explosive-devices-against-civilians-ain-zara-and-salahudin-tripoli

28 May, IOM statement, IOM Deplores Killing of 30 Trafficked Migrants in Libya, https://www.iom.int/news/iom-deplores-killing-30-trafficked-migrants-libya

28 May, a doctor working with Tajoura field hospital (affiliated to the Field Medicine and Support Center (FMSC) was killed as result of the shelling targeting the area.

29 May, Statement by Yacoub El Hillo, Humanitarian Coordinator for Libya, on the killing of migrants southwest of Tripoli.
https://unsmil.unmissions.org/statement-yacoub-el-hillo-humanitarian-coordinator-libya-killing-migrants-southwest-tripoli

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

COVID-19:

- Despite the UN calls to lay down their arms and support country-wide preparations to deal with the COVID-19, these calls have been ignored: in fact, the fighting has intensified.
- Cases of COVID-19 remain pretty much stagnant, with 130 confirmed cases and 5 related deaths, but this is likely due to very low capacity to track, test and treat patients. Most confirmed cases are in Tripoli, followed by Sebha, Misrata, Benghazi, Zliten, Al-Jafara, Surman, Yefren, A Zawiya, Subrata, Bani Waleed and Alshatti.
- Information is not available whether home deaths are increasing as there is a very poor health information system.

- Some segments of the population – migrants and refugees in detention centres, and people in prisons – are particularly vulnerable to the disease. Access remains a challenge for all smuggling/trafficking facilities. Latest killing of 30 migrants is of evidence.
- Many factors hamper the health response. There is very little coordination between the health authorities in the east and west of the country, and this has led to a leadership, management and information vacuum. Hospitals and other health care facilities are attacked regularly, and many of them have been forced to close or suspend their services.
- Despite available national resources, the situation with health service provision deteriorates. The country has a collapsing health system. Latest WHO assessment illustrated that child health services are only available in 55% of communities. Only 53% of communities have available emergency services and 45% - general clinical services. Reproductive health, non-communicable diseases, communicable diseases' services are available only in 28% and 21% of communities accordingly. Mental health services are basically non-existent.
- The situation across the south of the country is of high concern, characterized as follows:
  - Shortage of medical staff, medical supplies, medicines and equipment.
  - 75% of the health facilities in the south are not functioning due to shortage of staff, maintenance, repair, accessibility.
  - Only 2 municipalities prepared an isolation center with bed capacity that cannot cover the expected need in case of ongoing community transmission of COVID-19.
  - Weak disease surveillance system.
  - Shortage of fuel and recurrent shutdown of electricity affecting the provision of medical services, including vaccination.

  - Thousands of migrants' health status and needs are to be assessed and there is pressing requirement to provide them with food, NFIs and health services. Most of these people lost their daily wages.
  - The first 32 confirmed cases detected and reported in the period of 26-29 May illustrated the levels of unpreparedness by local authorities. Panic, confusion, absenteeism of health workers, lack of governance to enforce full lockdown, absence of essential PPE or even agreement of distribution of these are the words to describe the current situation.
- The COVID-19 crisis has in some ways exacerbated the national polarization and challenges implementing the conclusions of the Berlin conference. The governments in the east and west have introduced separate measures to combat the pandemic. Both sides of the conflict have attempted to make political capital out of the crisis by discrediting the opposing side and declaring that they have the capacity to respond on their own.

- Inter- and intra-communal tensions are increasing – in large part due to the lack of clear communication around COVID-19.

Health sector does see opportunities to use health to promote peace. The response to COVID-19 should open the door to the possibility of cooperation across rival authorities and communities, both nationally and locally. The response must be transparent, fair and impartial in all parts of the country but essential prerequisites must be in place as highlighted and raised by WHO with the political leadership of GNA:

1. ***Absence of national COVID-19 response plan:*** Although the original NCDC plan had been developed in February 2020 and shared with WHO, it had still not seen a copy of the final national preparedness and response plan.
2. ***Facilitation of approvals for importation of health supplies:*** WHO asked the authorities for support to expedite approvals to import humanitarian health supplies (COVID and non-COVID) into the country. Allowing the unrestricted movement of humanitarian health supplies is a matter of the utmost importance. Several countries in the region had waived or reduced normal customs clearance processes; some countries were now taking only one day to process approvals.
3. ***Release of salaries and provision of PPE to health workers:*** Health care workers had not been paid since February. Moreover, health care workers were reluctant to report for duty in the absence of PPEs.
4. ***Vaccine shortages:*** Resumption of vaccination programmes is essential, as was the requirement to provide PPE for vaccination workers but no procurement orders had been placed for vaccines; as a result, some vaccines are likely to run out by mid-June. Currently there were acute shortages of hexavalent, PCV13 and oral polio vaccines.
5. ***Global COVID-19 Supply Chain Portal:*** The Libyan authorities were informed about the establishment of the global Supply Chain portal, which gave national authorities an opportunity to procure COVID-19 supplies.

Killing of 30 migrants in Mezda:

A tragic event occurred on Wednesday, 27 May, in Mezda, near the city of Gharyan, south of Tripoli. According to the report of the Ministry of the Interior, 30 migrants – 26 Bangladeshi and 4 believed of African origin – were killed in a shooting that took place in a smuggling/trafficking warehouse in Mezda. IMC sources informed that up to 200 migrants were held in this structure when the incident happened. IOM staff has identified 28 bodies in Mezda hospital. The area however is unsafe and very difficult to reach and therefore verifying exactly what unfolded and how is very difficult. During the incident, 11 Bangladeshi nationals suffered injuries, some of them severe. IOM ensured the hospitalization of all the injured who were brought to a private hospital in Tripoli (4 cases) and to government hospital (7 cases) in Tripoli. Among the 7 cases at the public hospital, 2 are stable. IOM is following up on all of them and in close contact with the Embassy of Bangladesh. The IOM protection team is aiming to conduct an assessment of those in Tripoli and the teams provide appropriate assistance including food, NFIs, clothing, shelter (once discharged), MHPSS and continuing medical attention. Assessments will be conducted with care because the victims are deeply traumatized following the event. IOM have been informed that the warehouse where migrants were held is now empty and the remaining migrants have been relocated by the traffickers. There is no indication of their whereabouts. This information is very concerning. There is no any information about any arrests having been made. This tragedy has only confirmed IOM longstanding concerns about migrants kept and held by criminal networks in Libya for the purpose of being sold or for ransom in structures where human rights violations are widespread and criminals act with impunity. IOM's press release on this tragedy was published.

MSF-H responded also to the immediate needs after reported shooting that resulted in a murder of 30 migrants involving a trafficker in Libya. MSF provided Mezda general hospital with surgical kits, dressing materials, IV Fluids, gloves, syringes and body bags.

Mine action:

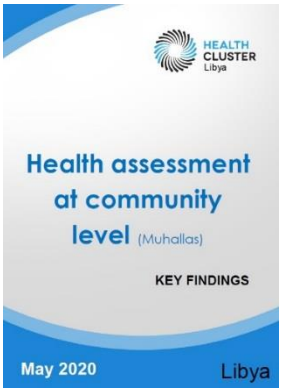
Following a series of large explosions at an Ammunition Storage Area (ASA) near Misrata Airport, reports of large amounts of ammunition "kick-outs" were received. UMAS disseminated information that these kick-outs were extremely dangerous and have been found up to 1 km from the explosion site. Items are expected to be found even further away. UNMAS partners HALO Trust and Free Fields Foundation (3F) are working closely together with the

Libyan Mine Action Centre on an emergency response, including inspection of the ASA, contamination survey and clearance, and risk education messaging via mass media. Contacts: LibMAC (091 88 08 236), 3F (092 47 53 909 or 021 73 15 052), HALO Trust (092 44 05 317).

Situation with TB:

Situation with TB services remains of concern. Data suggests that there has been a serious worsening of TB burden. In 2017 foreign/non born Libyan citizens accounted for 15% of the TB cases while this figure increased up to 26% in 2018 and 36% in 2019. The number of TB cases registered increased from 1,118 in 2016 to 1,357 in 2017, 1,991 in 2018 and 2,209 in 2019. As of May 2020, there are 28 MDR-TB-cases (16 – Libyan and 12 – non-Libyan). As of May 2020, there had been six deaths from MDR-TB due to lack of appropriate treatment. 367% migrants were being treated for TB. 136 TB cases among migrants finished their treatment. 18 patients discontinued their treatment. 70% of registered cases are reported from one Hay Andalus municipality which is illustrative of absence of real coverage with TB detection.

Health assessment at a community level, WHO:



The purpose of this assessment was to find out the health situation of selected 100 communities (out of total of 667) in any of 100 municipalities across Libya, describe the main health conditions, demographic characteristics, water, electricity, pesticides, (EPI) routine immunization services, communicable diseases, medical evacuation, water borne disease, most common diseases, causes of death, most needed drugs, availability of health facilities, availability of HR, and availability of health services provided.

A total of 79 communities were assessed in the following districts: Ejdabia, Ubari, Al Jabal Al Gharbi, Misrata, Murzug, Alkufra, Zwara, Aljufra, Azzawyia, Ghat, and Sirt.

43% of assessed communities were in areas ranked as 3 under severity scale and 49% in areas higher than 3.

Water: 47% of communities report main pipeline as the source of drinking water followed by 43% of communities using well. 37% of communities find source of drinking water as slightly enough and 28% as insufficient. Water sources are accessible in 67% of communities while ranked as hard to reach in 33% of communities.

Electricity: 99% of communities report public grid as the main source of electricity. Electricity is slightly enough in 76% of communities and insufficient in 10% of communities.

Fumigation: 69% of communities do not report any fumigation activities. Fumigation takes place in 23% of communities.

EPI: 100% of communities report availability of routine immunization services and provided at a fixed health facility. At the same time data is unavailable on the last immunization activities, dates and details.

Communicable diseases: 77% of communities report about “outbreaks” of diarrhea, lice and scabies during the last 3 months. 61% of communities experienced influenza like illnesses.

Medical evacuation: 69% of communities did not have urgent medical cases that required medical evacuation while evacuation was necessary in 30% of communities (mainly in Ejdabia, Alkufra and Al Jabal Al Gharbi).

Water borne diseases: 54% of communities reported some kind of water borne diseases (it is necessary to better understand the situation in Al Jabal Al Gharbi, Al Kufra, Ejdabia, Ghat, Ubari).

Most common diseases: 100% of communities name hypertension and diabetes as two the most common reported diseases. 52% of communities cite cancer, 43% - stroke, followed by influenza, gastroenterology, psychiatric, renal failure, cardio, etc.

In most of instances local treatment is being prioritized (63% of communities report local treatment) and then treated within the same area (29% of communities treated within Benghazi, 18% - within Ejdabia, 10% - within Sabha). When referral is required, 40% of communities refer to Tripoli, 30% - to Benghazi, 27% - to Sabha, etc.

Causes of death: The most reported causes of death are diabetes (63% of communities); hypertension (44% of communities); cancer (42% of communities); pneumonia (32% of communities) and trauma (24% of communities).

Most needed drugs: 98% of communities need diabetes medicines, 88% require antibiotics, 80% of communities need allergy treatments, cardiac/vascular medicines, antiseptics. In 73% of communities medicines are being provided by a health professional/specialist. It is essential to understand practices of accessing medicines in other communities.

Availability of health facilities: 96% of communities report having at least one health facility in the community. 65% of communities report having access at night to health facilities. Situation in Aljufra, Alkufra, Ejdabia and Murzuh needs to be further assessed.

Average distance to travel to the nearest health facility is 14 km, varying from 38 km in Alkufra to 1.3 km in Al Jabal Al Gharbi.

Availability of HR in the health facilities in the community: The situation with HR across communities vary significantly with clear signs of either shortages and understaffing or overstaffing. 14% are doctors, 83% are nurses, 3% are midwives. There is an obvious disproportionate approach, including doctor or nurse' ration. In many instances the health facilities do not remain functional and open while health staff remain being reported.

Health services provided (available) in the communities: Of serious concern the reported information that child health services are only available in 55% of communities. Only 53% of communities have available emergency services and 45% - general clinical services. Reproductive health, non-communicable diseases, communicable diseases' services are available only in 28% and 21% of communities accordingly. Mental health services are basically non-existent.

Gaps and weaknesses of health sector response for April 2020 (based on 4W analysis)

Strategic objective 1: Increase access to life-saving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks.

Provide a minimum package of integrated health services at primary and secondary levels (integrated services cover emergency and trauma care, management of Communicable and Non-Communicable Diseases, Maternal, Neonatal and Child Health (MNCH), Mental Health and Psychosocial Support (MHPSS) and clinical rehabilitation).

- Health sector does not have service delivery coverage in the following districts: Al Jabal Al Akhdar, Aljafra, Almarj, Murzug, Sebha, Tobruk and Ubari. No service provision was registered in terms of support with outpatient consultations, referrals, trauma/injury related, mental health and disability related consultations, vaginal and caesarian support.
- Number of outpatient support is at minimum in Almargeb, Wadi Ashhsati and Zwara.
- No trauma response is provided in Al Jabal Al Gharbi, Aljfara, Almarj,Derna, Ejdabia, Misrata, Murzug, Sebha, Sirt, Tobruk, Ubari, Zwara.
- Referral system should be enhanced in Al Jabal Al Akhdar, Aljfara, Al Jufra, Al Kufra, Almarj, Ejdabia, Derna, Murzug, Nalut, Sirt, Tobruk, Ubari and Wadi Ashati. No referral services are available in these districts.
- Mental health consultations are not provided in most of districts (with the exception of Al Jabal Al Gharbi, Al Margeb, Ghat, Tripoli, and Zwara).

- Disability support is only focused on Ghat, Nalut, Sirt, Tripoli.
- Reproductive Health services are not being reported (with 5 supported vaginal deliveries only).

Provide continuous and interrupted immunization services to children

- There is no data available or shared by the authorities for coverage by Hexa and/or MMR.

Expand the reporting capacity of the early warning system and support health authorities to carryout timely response to disease outbreaks

- There is a need to scale up and increase not only the number of new sentinel in different districts but make sure the current ones (126) are all active while 50% provide regular reports. This is a serious situation while COVID-19 surveillance activities were prioritized and sidelined all other disease surveillance activities.

Strategic objective 2: Strengthen health system capacity to provide the minimum health service package and manage the health information system.

Coordinate the humanitarian health response

- There is only 1 reported assessment.

Provide health facilities with essential medicines, medical supplies and equipment

- There are only 53 PHC facilities which were assisted with no support in the following districts: Al Jabal Al Gharbi, Aljufra, Almarj, Azzawiya, Derna, Murzug, Tobruk, Ubari, Zwara.
- 23 hospitals received assistance while hospitals in All Jabal Al Gharbi, Almarj, Benghazi, Derna, Ejdabia, Ghat, Misrata, Murzug, Sebha, Sirt, Tobruk, Ubari and Wadi Ashshati did not receive support.
- Response with assistance with medical equipment is nonexistent or not being reported properly. 11 items of medical equipment were reported to be donated to Tripoli based hospitals.
- Standard health kits were not provided in Al Jabal Al Gharbi, Aljufra, Almarj, Derna, Ejdabia, Ghat, Misrata, Murzuq, Sirt, Tobruk, Ubari and Wadi Ashshati.

Increase access to health services by establishing functional health facilities and mobile medical teams (including EMT)

- Mobile medical teams should be introduced in Al Jabal Al Akhdar, Aljfara, Almarj, Derna, Nalut, Sirt, Tobruk, Ubari, and Wadi Ashshati.
- Minimum response is in place with rehabilitation/refurbishment of health facilities. 1 facility is being supported.
- It is essential to receive a standard list of camps and settlements in order to evaluate the impact and coverage of these locations by mobile medical teams and fixed health clinics.14 IDP sites are being covered only.
- Not clear the reason of covering only 4 disembarkation points if there are other remaining functioning similar points.

Health sector does not reach any public health facilities (PHC centers and hospitals) with different types of support (services and supplies) in Al Jabal Al Akhdar, Almarj, Derna, Murzuq, Tobruk, Ubari.

Strategic objective 3: Strengthen health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.

- Capacity building events covered 796 health service providers with coverage only in Al Jabal Al Akhdar, Al Jabal Al Gharbi, Alkufra, Nalut, Sebha, Tripoli and Wadi Ashshati.
- The highest number of covered health workers by trainings is in Tripoli (450), Nalut (129) and Sebha (65).
- No training courses targeting community health workers were reported.
- No health workers were trained on CMR (clinical management of rape).

HEALTH SECTOR ACTION/RESPONSE

COVID-19

Funding situation (COVID-19)

Estimated funding requirements (by organizations)	TOTAL (USD)	Funding Available (USD)	Funding Gap (USD)
WHO	3,265,000	3,010,550	254,450
UNFPA	1,215,800	0	1,215,800
UNICEF	1,827,000	0	1,827,000
UNHCR	600,000	600,000	0
IOM	2,440,000	376,300	2,063,700
UN Habitat	260,000	0	260,000
TDH	555,000	0	555,000
IMC	2,724,000	724,000	2,000,000
Emergenza Sorrisi/Naduk	697,000	45,000	652,000
HI	350,000	350,000	0
IRC	450,000	450,000	0
PUI	430,000	430,000	0
UN Women	60,000	60,000	0
Emergency Telecom Sector	120,000	0	120,000
TOTAL:	**14,993,800**	**6,045,850**	**8,947,950**

Pillar 1: Country-level coordination

WHO conducted a VTC with the Chairman of the Presidential Council of Libya and Prime Minister of the Government of National Accord of Libya, Fayez Mustafa al-Sarraj.

WHO, UNICEF, IOM, UNFPA, MSF-H participated in a series of COVID-19 health sector coordination meetings organized by the MoH on all 9 pillars of the COVID 19 preparedness and response.

WHO followed up with the MoH on the issue of updated earlier developed NCDC COVID-19 preparedness and response place. The revised plan with technical comments received from WHO Regional Office was shared with the MoH.

On forecasting models, there is yet not progress reached at the level of national authorities to coordinate with each other.

As part of the discussion and agreement reached during the inter-sector coordination group meeting and the process led by OCHA Libya, there is a need to report response based on the COVID-19 health sector PRP and the 8 pillars. The information from the Kobo tool will be “downloaded” weekly. Kobo tool for COVID-19 response activities (https://ee.humanitarianresponse.info/x/#4rEvl7vj).

Health sector representatives on the ground (UN agencies and INGOs) remain to be active participants of municipality-based emergency coordination committees.

The United Nations Framework for the Immediate Socio-Economic Response to COVID-19 was launched by the DSG. The framework sets how the UNS will implement socio-economic support in response of COVID-19. It will

look into the framework and in particular to share socio-economic assessments underway or planned and identify agencies focal points to map responses under way or planned along the five streams set by the framework: health services, social protection and basic services, economic response and recovery, macroeconomic response and social cohesion and community resilience.

Peaceful Change Initiative (PCi) continues peacebuilding responses to COVID-19 in Libya; shared an overview of the locations in which they operate and are in a strategic position to support and coordinate with humanitarian and public health interventions. A rapid assessment of municipal-level responses to COVID-19 in Libya conducted by PCi's Social Peace Partnerships (SPPs) across 14 locations was carried out. PCi is currently finalizing our local level analysis framework/ reporting template.

OCHA Libya issued regular COVID-19 Situation Reports No. 4 and 5 (12 and 27 May 2020).

Health sector published 2 regular COVID-19 Situation Reports (1-15 and 16-31 May 2020).

Pillar 2: Risk communication and community engagement

RCCE WG meeting with MoH was supposed to take place on 28 May but postponed. Agenda includes: Progress made by the RCCE WG; Update from RCCE - WG members on ongoing activities and future plan (brief update by relevant agencies/organization); Update RCCE from MoH, Capacity building on RCCE at national and sub-national level; and Behavior' assessment. The Behavior Assessment questionnaire and concept note were endorsed by the MoH. All working group materials are at this link: RCCE WG DOC 2020 (Password: COVID2019).

PUI reports about sensitization sessions on prevention measures (door to door through the partnership with LCR volunteers in Al-Kufra; in IDP's camps in Benghazi (11 HCW / 167 people individually sensitized though 129 sessions); in detention centers Ganfouda and Ajdabya DCs (247 people individually sensitized); distribution of IEC materials for HCW and public.

IOM is supporting sensitization sessions in all its operation areas through medical and non-medical teams. IOM is in the process of translating the earlier developed materials in to six languages (French, English, Arabic, Hausa, Sawaili, Tigrin etc).

UNFPA works on the development of IEC/BCC material package to support MoH on public awareness raising through dissemination of key SRH related information and the COVID-19 prevention, precaution guidelines and measures.

UNHCR shared COVID-19 awareness materials used in the urban settings, those materials were issued by WHO and NCDC and translated by UNHCR to refugees and asylum seekers languages.

IOM (MRRM) continued implementing information sessions targeting the migrant communities in Baniwaleed, Zwara, Sabha and Gatroun jointly with migrant community leaders.

Pillar 3: Surveillance, rapid response teams and case investigation

WHO participated in the National Steering Committee advocating in improving the strategy of testing with inclusion of ILI/SARI, ethical discussion on using convalescent plasma therapy.

Following WHO advise the NCDC agreed on a plan to increase the rate of detection and testing through expanding the case definition of suspected cases; expanding the contact tracing to include close contacts and the second contacts; conduct PCR test for health workers at ICU and emergence departments, migrants at DCs, IDPs, and prisons; enhanced coordination between surveillance and laboratory to increase detection and testing rate.

WHO advised NCDC on EPI modeling practical tool to conduct epidemiological projection, supplies and HR. The Regional Office is ready to validate the results afterwards.

WHO continues technical discussions with NCDC as COVID-19 was included into EWARN forms to facilitate notification and data collection. There are overall concerns that weekly EWARN bulletins were stopped to be produced and number of sentinel sites continues to be decreasing (70% in March, 50% in April).

WHO works with NCDC to organize sensitization virtual workshop led by the Regional Office on the use of Go.Data field data collection platform (focusing on case data (including lab, hospitalization and other variables though case investigation form) and contact data (including contact follow-up) - https://openwho.org/courses/godata-en/

PUI teams supported the surveillance campaign held by the advisory committee in Benghazi among vulnerable groups (IDP's camps, Ganfouda and Ajdabya Detention Centers). Around 600 samples were taken.

IMC provided support to NCDC to conduct an expanded testing survey in 4 different municipalities. IMC supported trainings on COVID-19 to RRTs and PHCC staff in supported municipalities. Trainings covered Zintan, Nalut, Ghadamis, Zilten Misullata, Jufra. Trainings on clinical case management with a focus on reproductive, maternal and child health, mental health were provided as well.

IOM team in Azzawiya jointly with the RRT of NCDC conducted the screening of the migrants and guards at Shuhada Al Naser DC. IOM (TC/IBM) implemented the fumigation, disinfection and cleaning campaigns at 6 DCs benefitting a total of 1,112 migrants in detention.

Pillar 4: Point of entry

IOM supported the NCDC/MOH at the point of entry (POE) at Wazen in establishing health post/clinic at the POE, all the needed equipment and supplies were provided. This is in addition to earlier supporting the establishment of such clinics at Ras Aljadir POE and at Misrata airport. IOM also conducted site assessment of the three POE – Misrata airport, Ras Aljadir border and Wazen border through join visits if IOM medical and engineering team for fixing prefabricated structures for temporary stationing the suspected cases at POEs, before conducting any tests or referrals. IOM also supports the NCDC team at Misrata airport with doctor and nurse for screening of incoming travelers and would also support Wazen and Ras Aljadir with trained human resources.

WHO participated in weekly NCDC steering committee meetings to discuss return of Libyan outside Libya particularly from Egypt, Turkey and Tunisia, follow up, quarantine.

WHO conducted field visits to quarantine locations along the border with Egypt.

Pillar 5: National laboratory

The MoH and COVID-19 Scientific Committee were briefed by WHO on pillar 5 "national laboratory" update during a technical coordination meeting in Tripoli.

WHO followed up with NCDC on population survey in four municipalities in Tripoli to enhance detection rate and to detect asymptomatic cases.

Coordinated with NCDC Tripoli to send one of WHO earlier donated Genexpert machines to Tobruk.

Pillar 6: Infection prevention and control

WHO/EMRO has reviewed Libya's national IPC guidelines and recommended adding a summary annex on special IPC precautions, including disinfectant for environmental cleaning and its preparations and concentrations. The guidelines have been approved by the national Technical Advisory Committee and endorsed by the office of the Prime Minister.

Pillar 7: Case management

WHO provided the MoH technical advice during a separate coordination meeting on WHO progress on pillar 7, to review the status of home care management, strict implementation isolation measures and IPC, PPE supplies and dissemination of guidelines to the health facilities.

The national case management guidelines for COVID-19 have been reviewed by the WCO and EMRO, approved by the Technical Advisory Committee and endorsed by the Office of the Prime Minister.

WHO shared with the NCDC the guidelines on the cause of death COVID-19.

REACH team is in contact with the MoH on the way forward to conduct planned "Rapid Health Facilities Assessment" aiming to provide information about health facilities' capacity to respond to COVID-19.

WHO shared with the MoH the inquiry from its Regional Office to provide the information on current figure/capacity of COVID-19 critical care in a country and enhancing critical care capacities.

WHO facilitated a simulation exercise on the triage and referral mechanisms between the triage clinic and the isolation centre in Sabha.

UNHCR handed over to health authorities in the east 4 prefabs to be used as COVID-19 triage points. The handover took place in Benghazi Ministry of Health HQ. The 4 sites include Alkweyfia clinic, Zwawa clinic, Guwarsha clinic, and Benghazi COVID-19 detection emergency room.

Pillar 8: Operational support and logistics

Following the recent launch of the Global COVID-19 Portal which will facilitate and expedite the procurement of COVID-19 supplies for countries. UNICEF to take the lead as Procurement Coordinator with some provisions in place, including full support from and cooperation with WHO and the Health Sector, and all others concerned stakeholders. A letter from the Resident Coordinator is sent to the GNA introducing the COVID-19 Portal, how it functions and the access it has to the global market of the standard COVID-19 supplies, inviting the GNA to consider using the Portal.

WHO works to find logistical solution to bring into the country the following supplies, containing PPE, lab reagents and emergency health kits:20,000 surgical masks, 300 goggles, 50,000 gloves, 2,000 gowns, 2,000 N95 respirators, 1,000 face shields, 200 thermometers, 4 packs of VTM, 100 SARBECOV E-Gene screening test kit, 20 MODULARDX COVID-19 RdRP, 60 trauma kits, 5 complete NCD kits.

WHO provided 500 tests and 24,000 viral transportation media with swabs to the NCDC laboratory. Dispatched Nasopharyngeal Swabs for COVID 19 with VTM distributed to the RRTs in Sabha, Ashshatti, Murzuk, Wadi Etba,

Um Al Araneb, Tragen, Al Gatroun, Ubari and Ghat. Facilitated the transportation of 60 extraction kits from NCDC Tripoli to COVID-19 laboratory in Benghazi.

WHO raised the following procurement plan (the supplies expected delivery date (EDD) is July):

SR	Category	Description	UOM	1st PR	2nd PR
1	diagnostic	Oxygen concentrator ++	Each	650	0
2	diagnostic	Patient ventilator ++	Each	8	0
3	diagnostic	Pulse oximeter ++	Each	300	0
4	diagnostic	Automated test - Cepheid	Each	800	0
5	PPE	Face shield	Each	70,500	87,000
6	PPE	Gloves, Examination	Each	200,000	190,000
7	PPE	Goggles	Each	9,000	8,000
8	PPE	Gowns	Each	19,600	19,000
9	PPE	Mask, Medical	Each	400,000	350,000
10	PPE	Mask, N95 Respirator	Each	50,000	100,000

Pillar 9: Essential health services maintained

UNFPA/UNICEF as Pillar leads collect the requested information (found here) to map assistance to the potentially supported health facilities by health sector organizations. In parallel, there is a dialogue with the Health Information Center to establish a weekly reporting for operational health facilities and the services provided.

UNFPA led action developed a draft of the guideline on maintaining essential services. This document is prepared to provide generic coordination and operational guidance to Libya in preparing and continuity plan for maintaining good quality and equitable essential health services including sexual, reproductive, maternal newborn, child, and adolescent health (RMNCAH) services during the COVID-19.

WHO informed the MoH about the request of the Regional Office to conduct a rapid assessment of the country situation with regard to current status of provision of RMNCAH services. A questionnaire was designed to gather the mentioned information from all 22 countries including Libya.

WHO provided inputs to the second draft of the "Essential Health Services" document. The purpose of the document is to provide coordination and operational guidance on preparing a continuity plan for maintaining good quality, equitable essential health care services including sexual, reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services during the pandemic.

UNDP: Awareness stickers were distributed in the busy areas around the city (Sabha and Brak Ashati); protection and sterilizing materials were delivered to the municipality (Tripoli center); Disinfection and sterilizing materials were delivered to the municipality (Abu Slim); sterilization and hygiene materials were delivered to the municipality that included: Chlorine 20 lt, Hand wash 5 lt, hygiene gel 30 pc, gloves 500pc, masks 500pc, Sterile clothes 30pc (Esbea); sterile clothes (60 pieces) were delivered to the municipality (Sabratha).
https://www.facebook.com/AbuSalimHealthServicesOffice/posts/3956565441050668
https://www.facebook.com/AbuSalimHealthServicesOffice/posts/4004652192908659
https://www.facebook.com/Press.office.brack/posts/2600852926903711

- Story published on UNDP website and UNDP Global and Regional websites: https://www.ly.undp.org/content/libya/en/home/stories/A-Libyan-entrepreneurs-online-platform-delivers-supplies-during-the-COVID-19-lockdown-and-the-ongoing-conflict.html
- Press release on Resilience 3: https://www.ly.undp.org/content/libya/en/home/presscenter/pressreleases/2018/The-European-Union-increases-funds-to-EUR-18-million-for-UNDP-Resilience-programme-in-Libya-targeting-20-new-municipalities.html
- Blog on Accelerator Lab: https://www.ly.undp.org/content/libya/en/home/blog/Is-technological-innovation-the-key-to-improve-Solid-Waste-Management-An-ingredient-that-the-Accelerator-Lab-in-Libya-is-testing.html
- New UNDP Libya page on COVID-19: https://www.ly.undp.org/content/libya/en/home/coronavirus.html

- Video on Sirt response to COVID-19 in health center supported by SFL: https://youtu.be/cg35uRloSWg

WHO completed in May 34 dispatches (64 tons) targeting 33 health facilities delivering 32 NCD kits, 19 trauma kits, 549 IEHK kits, 6 cholera kits, medicines for acute respiratory infections, and laboratory supplies (Over the past few months, WHO has dispatched over 136 tons of essential health kits to 45 hospitals and health facilities throughout Libya. Items distributed include enough emergency health kits and noncommunicable disease kits to treat almost 650 000 people for 3 months, trauma kits to treat over 4000 wounded patients, surgical kits to treat 850 patients and diarrheal disease kits containing enough medicines and supplies to treat up to 7000 people. WHO has also dispatched laboratory supplies and medicines to treat acute respiratory infections. http://www.emro.who.int/lby/libya-news/who-supplies-address-urgent-health-needs-in-libya.html)

MSF Holland continued COVID-19 psychosocial activities for patients of MOH Zawit Al-Dahmani polyclinic/triage center. MSF tent was setup to be used for the activities and help with the flow and be under strict IPC measures. Team comprises mental health counselor and MD, who conduct the activities. Almost 600 health care workers were trained through MSF-H support (main hospitals in Tripoli, main polyclinic complexes, primary health care, dialysis and dental services). MSF-H continues TB related support in Abusetta hospital and collaboration with the national TB program.

IRC continued to provide assisted people with primary healthcare services and conducting outpatient consultations in 8 locations (4 locations in Tripoli and 4 in Misrata). A major challenge faced has been the curfew imposed by municipality authorities which has limited IRC access to facilities and detention centers. The IRC has prioritized continuity of essential services at the PHCs including care of patients with NCDs as well as supporting the MoH to address the impact of COVID-19 pandemic:

- Sooq Al-Jooma to reorganize patient flows, initiate triage and scale up awareness among healthcare workers. Implementing triage system at the targeted health facilities.
- Arada Polyclinic by providing tents and chairs for the outside triage area at Arada Health facility.
- Supported COVID-19 prevention and control orientation to health facilities staff on weekly basis by IRC mentors at the targeted health facilities.
- Installed TV screens at four health facilities for health awareness message to the people accessing these health facilities.
- Conducted training courses for RRT members, IPC, etc.
- Participated in regular COVID-19 coordination and review meetings chaired by NCDC. to ensure harmonized approach to the response.

WHO coordinated with the MoH to resume immunization activities. Of alarming concern is the fact that the immunization services resumption is still challenged by unavailability of PPEs for immunization staff at the vaccination centers and reported stock outs of some essential vaccines with varying magnitude in different municipalities. WHO developed questionnaire on assessment of availability of vaccines in the health facilities during the last three months and began data collection through the network of WHO field coordinators.

Technical discussions are carried out to revitalize the MHPSS sub-sector working group. Protection sector, health sector, HI, IMC, IOM are working on the way forward.

HEALTH SECTOR BULLETIN
May 2020

UNHCR agreed to support Garagrish PHC center (via IRC) as located in highly populated area of refugees and asylum seekers. The needs were identified. In coordination with Hai Alandalus health directorate, the PHC will be opened on May 31st. UNHCR donated PPEs and infrared thermometers. Infection prevention and control training was provided to the PHC staff.

Health sector provided requested feedback to MSNA (multi-sector needs assessment) 2020 on health-related questions. Vaccination questions were tailored and revised as per Libya' context following inputs from WHO and UNICEF.

UNFPA in partnership with IMC deployed 2 mobile medical teams in 2 HF in Tripoli (Al-Qadessia/Fashloum), 1 HF in Sabha (Aljadeed) to ensure provision of essential integrated SRH/GBV services (ANC, Family Planning, STI, HIV testing and counselling) to 135 migrants, IDPs and host communities with referral services to higher level health facilities. UNFPA, in partnership with the Human Resources Directorate, MoH, delivered a training on COVID-19 for 76 healthcare workers, with a focus on reproductive health from 4 HFs in Tripoli, 1 in Sebha. A total of 361 healthcare workers were trained by UNFPA on COVID-19. Recognizing International Day of the Midwife, in partnership with the Libyan Midwifery Association, UNFPA conducted a virtual advocacy campaign along with its partners, through 4 local media agencies, radio and social media to uplift the status and the role of midwives in delivering good quality SRH and safe delivery services. Conducted a training for 25 midwives on safe motherhood in Tripoli and 15 in Sabha.

Helpcode is progressing with implementation of long-term project "Restoring quality health care services in Zawya and Ghat District in Libya". Conducted detailed Health Facility Assessment in first facilities. Simultaneously Helpcode is investing in capacity building of its Libyan NGO partner, ODP. The plan for near future is to engage in further coordination and cooperation with other health actors in targeted areas as well as with local communities, please contact us if you operate in these areas.

In response to the confirmed cases in Sabha, WHO and IOM dispatched a joint shipment of the following PPE from its current stock in Tripoli:

Description	UoM	WHO	IOM	Total
Examination gloves	each	9,000	8000	17000
Surgical Mask	each	0	8000	8000
Surgical Gloves	each	10,000	0	10000
Surgical Gown	each	8,000	0	8000
Surgical Cap	each	2,000	0	2000
Apron	each	3,000	0	3000
Antiseptic Liquid Soap	each	50	0	50

Health sector updated the list of planned May-June training courses/workshops with Libyan health and non-health workers.

IMC medical teams provided 1556 OPD consultations and 2188 awareness sessions to beneficiaries with special focus on COVID-19 and ensuring social distance and infection control measures in the community. IMC trained 320 health workers on COVID-19 preparedness and response. IMC supported 25 PHC centers to ensure continuation of essential health services in Tripoli, Misrata, Sabha, Garaboulli, Janzour, Nalut, Zintan and Zwara.

Health sector response (4W, April, 2020):

- 12 health sector organizations are operational (6 UN agencies: UNFPA, IOM, UNHCR, UNICEF, UNDP, WHO; 6 INGOs: IRC, GIZ, IMC, PUI, HI and CEFA)
- 18 (82%) out of 22 districts were reached by health sector partners.
- Most of health sector assistance was provided in 36 (36%) of 100 municipalities.
- 16 (44%) of 36 reached municipalities were ranked as higher than 3 severity scale.
    - 5,289 (95%) of medical procedures (HRP funded) took place in areas higher than 3.
    - 6,556 (51%) of medical procedures (HRP funded) and 2,017 (49%) of medical procedures (non HRP funded) took place in areas ranked as 3.
    - 912 (100%) of medical procedures (non HRP funded) took place in areas ranked less than 3.
- A total of 15,038 medical procedures (including 12,439 outpatient consultations, 132 referrals and 2,299 trauma related consultations,73 mental health consultations, 90 disability related consultations, 5 vaginal deliveries attended by a skilled attendant) were provided by health sector organizations.
- The gender breakdown of patients who received medical procedures: 38% - men, 62% - women. 16% of medical procedures were provided to children under 18 years old and 84% to people older than 18 years old.
- 6% of all medical procedures were provided in severity scale areas less than 3 while 57% - in areas ranked as 3 and 37% - in areas higher than 3.
- Out of 42 operational mobile medical teams, 8 (19%) are in areas of severity scale higher than 3, 32 (76%)– in areas ranked as 3 and 2 (5%) in areas of severity scale less than 3.
- 19 health facilities and community center provide MHPSS services.
- 42 mobile medical teams/clinics are deployed across the country.
- 50 health facilities (including detention centers, collective centers, and community centers) are supported by mobile medical teams/clinics across the country.

- 50% of EWARN sentinel sites report in a timely manner with 70% of disease outbreaks responded to within 72 hours of identification.
- There are 126 EWARN sentinel sites across the country with the highest concentration of them in Al Margeb, Benghazi, Eljdabia, Misrata, and Zwara.
- 53 public PHC centers received support with health services and commodities.
- 23 public secondary health facilities received support with health services and commodities.

- A total of 76 public health facilities supported with health services and commodities.
- 1 public health facility received support with physical rehabilitation/refurbished.

- A total of 158 standard health kits were distributed. The majority of kits were distributed to Tripoli, Alkufra, Azzawya, Aljfara, Zwara, Al Jabal Al Gharbi, Nalut,Almargeb, Benghazi and Sabha.
- Health sector partners cover 14 IDP camps in Benghazi, Misrata and Tripoli.
- 10 official detention centers in Al Jabal Al Gharbi, Alkufra, Almargeb, Azzawya, Benghazi and Zwaraare covered by fixed health points and/or mobile medical teams.
- 4 disembarkation point in Tripoli, Zwara and Almargeb are covered by fixed health point and/or mobile medical team.
- 76 public health facilities (PHC centers and hospitals) are supported some kind of assistance including services and supplies.
- A total of 796 health service providers were trained.
- 9 flash updates on attack on health care was produced. The highest number in 4 months of 2020.

UPDATES FROM PARTNERS

GIZ: *Communication coaching for NCDC COVID-19 hotline operators*

In the beginning of May, in cooperation with the National Center for Disease Control (NCDC) in Libya two coaching sessions on communication and soft skills were designed and organized for 30 NCDC medical doctors and operators of the COVID-19 hotline of the NCDC. The coaching sessions were provided through dialogue facilitators, who have been trained themselves through the Libyan-German cooperation project "Socioeconomic Dialogue in Libya". Strengthening the hotline operators' communication skills will enable them to professionalize their workflow and react empathically and appropriately to questions about the adequate behavior in the context of the COVID-19 pandemic, even in challenging calls. The sessions were recorded on video and are also available to other hotline operators or other people working on COVID-19 in Libya.

PUI: Great Benghazi: movements restrictions due to the epidemic and administrative blockages - 2 Mobile Health Teams (MHT) covering usually urban settings including 1 PHCC in 8 IDP's camps in Great Benghazi (1 MHT has been redirected as sites intervention outside Benghazi are not possible to reach); 1 MHT covering DCs, mainly Ganfouda but Ajdabya has been reached once at the end of the month; 1 mentor team ensuring the strengthening the skills of ministry staff in dealing with NCDs in al-Fwihat and Boatni PHCCs. Al-Kufra: 1 MHT covering rural settings in Al-Jawf and surroundings. A partnership has been developed for outreach activities (especially sensitization, screening and referral) with volunteers from Libyan Red Crescent in order to increase the covered population in the area. MHTs deliver comprehensive package of curative (including SRH) and preventive care at primary level for communicable and non-communicable diseases, free of charge for both adults and children. PSS support activities are also included. Services offered are completed with health and hygiene promotion, and referral pathways financially covered by PUI.

UNFPA: *Midwives are the backbone of healthy communities: the story of Nuam'a*

In June 2019, amidst ongoing conflict in Tripoli, UNFPA inaugurated a newly rehabilitated and equipped maternity ward in Weryemma polyclinic,* to provide quality reproductive health services to mothers and newborns in Libya. Since then, 54 women had safe deliveries and more than 8,765 were supported with medical consultations at the polyclinic, which served as the only the only Primary Healthcare Center providing Emergency Obstetric and Newborn Care (EmONC) in Tripoli.

Nuam'a Moahmed is a 33-year-old midwife at Weryemma polyclinic, she has been working in the maternity ward since it was inaugurated in June 2019. "I was born in Cairo, and I moved to Libya with my family in the early 90s, when I was only 3 years old. I grew up in the west of Tripoli, where my father used to work. I never felt like a stranger in the community and I always loved this country as mine. When I was 12, my father's contract was terminated and we were forced to return to Egypt. I was very sad, but something in my heart told me we would be back again.

As a kid, I loved a lot of things, one of them was sports and particularly basketball, regardless of the fact that I was one of the shortest kids in my school and between my friends. But I surely loved something more than all of that: I loved medicine and I loved kids, so I always wanted to do something that combines the two. This is why I have chosen to study nursing and I specialized in gynecological medicine. When I was on my 4th year, my father was offered a job in Libya again, he really loved it here, so he took the job and moved back with my mother and sisters, while I stayed in Egypt to finish my studies and follow them later, as studying was very interesting, particularly when they assign us to do practical work. It was my first time to witness a delivery, I was expecting in my thoughts for it to be easy, but I came to my senses when I saw it. I even

doubted myself to become the midwife I wanted to be, to be scared is normal, but I'm glad it didn't stop me and I finished doing what I have always wanted to do.

In 2005, I was reunited with my family after I was done with school, and I was looking for a job for few months when a friend of mine recommended me for a job in a private clinic, and that's when I started my profession for real. At first I was bit worried that I would be received differently because I'm not a Libyan staff, but I found that all my colleagues were supportive to me and all the people I helped were very nice, so this has given me a lot of motivation to do the job I love. If you are not a midwife, you will probably not understand the feeling of helping a mother deliver. When you hold the baby for the first time ever and give it to the mother, the look she has on her face and that moment when all the pain turns into happiness, that's why midwives keep doing their job, not only to help other women, but also for the peace that comes with it.

I came to motherhood for the first time in 2009, being a mother has indeed helped me to understand my job better, especially when I talk to women who are expecting normal delivery. In my opinion, there is not enough information and awareness raising for women about the normal delivery. With the right education and training, a midwife is capable to provide 80% of essential reproductive maternal health services. I remember as I was talking to a pregnant woman here in Werryema polyclinic about the normal delivery, I found out that she was internally displaced due to conflict, with nowhere to stay, and me and my nurse colleagues managed to find her a suitable shelter for her and her family. Few weeks after, she has given birth to an adorable and healthy baby. This is what it really means to be a midwife, it's to serve the community and help families get the chance they deserve.

This career path has been exciting and I still see myself doing it for the years to come. I still see myself in Libya for years to come, I never left it in this hard time and probably will not leave it when peace come back to it again, I love it as much I love Egypt and I consider it to be my home also."

UNFPA is improving the capacity and resilience of health systems for the provision of integrated sexual and reproductive health services, including for the most vulnerable. With the support of the European Union in Libya, UNFPA is assisting the Ministry of Health to improve retention and motivation of midwives and specialized nurses in Libya, while focusing on developing evidence-based policy framework to enhance quality, affordable and accessible midwifery and nursing care and education.

Since its inauguration, UNFPA's supported Weryemma polyclinic in Tajura Municipality has served an average of 60 women and children with daily lifesaving reproductive maternal and newborn health services. The health facility was hit by grad rockets on 29 April 2020 and is now closed for rehabilitation due to damages to the building. The health facility is the only reproductive and maternal health facility for a population of 48,000 in Tajura municipality of Tripoli. UNFPA echoes UNSMIL in strongly condemning the attack as a violation of international humanitarian law. Closure and damage to healthcare facilities in the context of COVID-19 pandemic puts all people in Libya at greater risk.

* *The Weryemma polyclinic was inaugurated and supported thanks to the generous contributions of the Government of Canada and the Italian Agency for Development Cooperation.*

UNICEF: Distribution of integrated Maternal Child Health and Nutrition Package related supplies to 6 municipalities

UNICEF has launched the distribution of its integrated Maternal Child Health (MCH) and Nutrition Package related supplies to 6 municipalities (Zwara, Sorman, Subratha, Almaya, Azzawiya and Janzour) and is continuing the distribution to all the other targeted municipalities. The package has all the essential and lifesaving medicines and supplies to ensure the availability of PHC and emergency MCH services. Also, UNICEF has communicated with the municipality health services and the health sector partners to ensure that this support will serve the pillar 9 of the COVID-19 response. Accordingly, the support will ensure that quality primary health and lifesaving Maternal, New-born & Child Health Care and Nutrition services are strengthened to avoid preventable morbidity and

mortality among vulnerable populations, especially women and children and will serve to minimize the indirect impact of COVID-19. The supplies are expected to serve at least 20,000 population per municipality.

This support will target: 1 health facility per municipality with a comprehensive package; All the health facilities within the targeted municipalities with First aid and basic resuscitation equipment; All the vaccination centres within the targeted municipalities with cold chain equipment (cold boxes and vaccine carriers).

IOM medical teams provided 2273 medical consultations to migrants and IDPs, including responding to emergency cases, referral to secondary and tertiary health care facilities, conducted regular medical visits and follow ups in different locations: Dahr Aljabal DC, Tariq Al-Sikka DC, Al-Sabaa DC, Shouhada Alnasr DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, Souq Alkhoums, Alawaineya and 17 Feb PHC centers, Alsiraj PHC, Abduljalel PHC. 541 medical consultations were provided through mobile clinics in urban locations in Tripoli, including Surbana Shelter (Hai Alandalus), Sudanese Shelter (Souq Aljumaa) and Abousalim Shelter (Janzour Area). IOM established the Migrant Resource and Response Mechanism (MRRM) program strategically positioned along the migratory route in Zwara, Sabha, Qatroun, Tripoli, Hay Alandalus and Bani Waleed. IOM doctor provided a total of 1619 medical consultations. IOM MHD gynecologist and obstetrician provided antenatal follow ups to 38 pregnant women with provision of nutritional supplements. IOM doctors responded to 83 emergency related cases with surgical cases referred to secondary and tertiary health care facilities. This included 11 injured migrants from Mezda. IOM MHD Psychiatrist provided medical consultations to 28 migrants. IOM medical team responded to rescue at sea operations where 729 migrants were rescued (triage was conducted at disembarkation point where 38 medical consultations were provided).

INFORMATION SOURCES:

The health sector Libya web page was reactivated: 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/

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