

HEALTH SECTOR BULLETIN

November 2020



Libya

Emergency type: Complex Emergency

Reporting period: 01.11.2020 to 30.11.2020

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	28 (non-COVID) 16.7 (COVID)	20.4 and 12.0	72.8 and 71.8

KEY ISSUES	2020 PMR (Periodic Monitoring Report) related indicators (October)	
<ul style="list-style-type: none"> HRP 2021 Project Module is opened. Funding envelope for health sector is 40 million USD. Health sector target for 2021 is 450,000. Health sector field directory is produced. Health sector coordinator visit to the east of the country. Enhanced health sector information management system. COVID-19 vaccination. COVID-19 information materials. 21 health sector partners reporting to monthly 4W. 	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	39,280
	Number of public health facilities supported with health services and commodities	80
	Number of mobile medical teams/clinics (including EMT)	41
	Number of health service providers and CHW trained through capacity building and refresher training	763
	Number of attacks on health care reported	0
	Percentage of EWARN sentinel sites submitting reports in a timely manner	65%
	Percentage of disease outbreaks responded to within 72 hours of identification	82%
	Number of reporting organizations	21
	Percentage of reached districts	91%
	Percentage of reached municipalities	47%
	Percentage of reached municipalities in areas of severity scale higher than 3	45%

SITUATION OVERVIEW

- November 1, an unknown group of armed people attacked Bani Waleed general hospital' building (administration) in Misrata. Flash appeal was issued.
- Statement, UNICEF and WHO sound the alarm over 250 000 children at risk of vaccine-preventable diseases in Libya: <http://www.emro.who.int/lby/libya-news/unicef-and-who-sound-the-alarm-over-250-000-children-at-risk-of-vaccine-preventable-diseases-in-libya.html>
- Participants to the Libyan Political Dialogue Forum agreed that the national elections in Libya should take place on 24 December 2021.
- Humanitarian Coordinator for Libya, Yacoub El Hillo, strongly condemns the killing of a 15-year old Eritrean asylum seeker in a shelter in Tripoli, calls on Libyan authorities to investigate and bring the perpetrators to justice.
- The Joint Military Commission (5+5) held its 6th meeting in its HQ in Sirte to advance the implementation of the Ceasefire Agreement signed in Geneva on 23 October 2020 and to build on the progress achieved in Ghadames. The meeting attended by UNSMIL team.
- The Libyan Political Dialogue Forum (LPDF) took place, under the auspices of the United Nations, in the Tunisian capital.
- On 15 November, the LPDF adopted a political road map to presidential and parliamentary elections to be held on 24 December 2021, which marks the 70th anniversary of Libya's independence. The agreed document, entitled "The Preparatory Phase for a Comprehensive Solution" complements the Libyan Political Agreement and sets general principles and objectives guiding the transition period.
- 16 November 2020 - Acting Special Representative of the Secretary-General for Libya Stephanie Williams attended a meeting hosted by Sirte Oil Company in Marsa Brega, bringing together the Chairman of the National Oil Company Mustafa Sanallah and the Commanders of the Petroleum Facilities Guards (PFG) of the Eastern and Western regions. The meeting, which is the first of its kind, came as part of efforts to unify and restructure the PFG and to form a new oil facilities protection force, as stipulated in the ceasefire agreement signed on 23 October in Geneva.



- 19 November, the Acting Special Representative of the UN Secretary-General Stephanie Williams gave remarks to the Security Council
- 22 November, in Al Qatrun municipality, Murzug district, an attack (arson) on Al Bakhy PHC took place. Significant damage was incurred. No casualties.
- 22 November, ICU ambulance donated by WHO to the Benghazi Health Services Department was stopped on the route to Benghazi from Tripoli at one of the checkpoints in Abugrain area. The driver was allowed to leave the ambulance while the ambulance was taken by the armed group to an unknown location. The driver remains in Misrata area. This ambulance was one of three procured under the donation of the Government of Germany. Two ambulances were delivered to Tripoli and Benghazi.
- 23-25 November 2020 - The Acting Special Representative of the Secretary-General and Head of the United Mission Support Mission in Libya (UNSMIL) Stephanie Williams convened virtual meeting of the second round of the Libyan

Political Dialogue Forum (LPDF) for continued discussions and provided suggestions on selection modalities for the unified executive authority to implement the preparatory period leading to national elections to be held on December 24, 2021.

- The members of the Libyan House of Representatives (Tripoli and Tobruk seats) agreed in their final statement following their consultative meetings in Tangier, Morocco, to hold a session with full quorum in Ghadames inside Libya on 7 December. The statement says the constitutional headquarters of the convention of the HoR meetings is Benghazi, agreeing to hold a session in Ghadames to end the division of the Libyan Parliament.
- 28 November, The General Electricity Company of Libya (GECOL) has announced that the second turbine of Khums power station is connected to the public grid, with a capacity of 260 megawatts, after a hiatus of more than two years.

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

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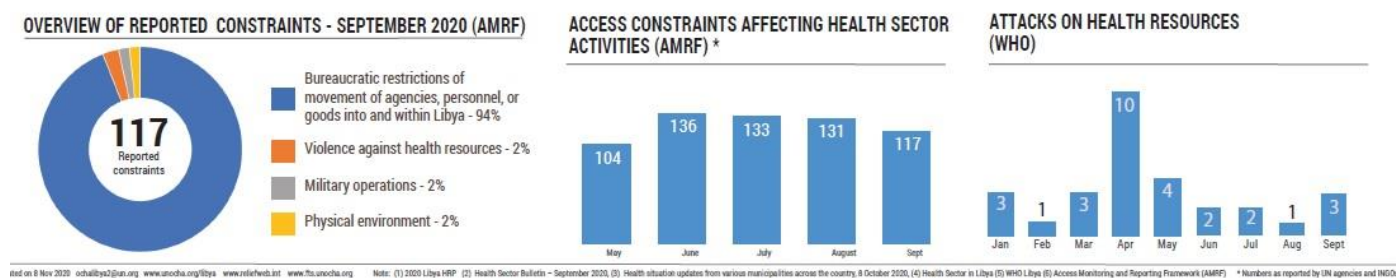
HRP 2021:

- A total 2021 HRP funding envelope is estimated at 190 million USD, including 40 million USD for health.
- The submission of project proposals started on 22 November. The Project Module will close down on 5 December. OCHA developed a daily updated dashboard. [Click here, please.](#) The dashboard can give the status of each of the respective sectors.

Population group	Health PIN	Health %	PIN OCHA	Health TARGET
Migrants	301,026	25%	303,740	104,664
Returnees	180,482	15%	228,084	61,196
IDPs	168,728	14%	172,871	97,847
Refugees	46,245	4%	46,245	44,003
Nondisplaced	498,908	42%	501,939	143,085
Total:	1,195,389	100%	1,252,879	450,795

Access for health sector organizations:

OCHA produced a thematic Health Access snapshot for September. In October 225 different types of constraints affecting service delivery were reported by 7 health sector organizations.



Health sector information management objectives for 2021:

Established and strengthened Health Information Management unit in WHO Libya:

- HIS workplan for 2021 (including WHO, health sector and national authorities) developed.
- Relevant IM national staff of WHO Country Office recruited and managed.
- Monthly WHO KPI snapshots (12)/interactive dashboard (COVID-19 and non COVID-19 response) and relevant maps developed.
- Monthly WHO inputs for 4W health sector (12)/interactive dashboard produced.
- Timely and relevant feedback on behalf of WHO Libya to health sector, RO and HQ if and when required, provided.
- Weekly EWARN epidemiological update via interactive dashboard developed and disseminated.
- Quarterly specific-theme health assessments via 10 WHO field coordinators conducted.

Strengthened health information management for health sector Libya (including UN agencies and NGOs):

- Monthly 4W health sector snapshot (12) and interactive dashboard produced.
- Technical working group of IM focal points of health sector lead.
- Monthly (12) health sector monitoring framework with OCHA and RO under 2021 HRP (including Periodic Monitoring Report) developed and shared.
- Health sector assessment registry maintained and updated.
- Flash Appeals on attacks on health care produced.
- Monthly inputs for COVID-19 response to inter-sector OCHA reporting tool on COVID-19 response produced.

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- Standardized assessment templates for facility- and community-based assessments by health sector developed.
- Health sector partners' list on a quarterly basis updated.
- IM support for production of monthly health sector bulletins provided
- Maximum number of IM deliverables under PHIS (Public Health Information Services) tool kit maintained.

Strengthened and supported health information management of national authorities:

- Technical guidance in the implementation of the routine health information system (at least 12 technical support meetings with HIS national team) provided.
- Coaching to HIS national team in the implementation and use of relevant health information system (at least 6 health information system trainings will be conducted) provided.
- Day-to-day technical support provided to the HIS center of the MoH and NCDC.
- Assessments/surveys of health facilities to identify the main needs of health resources and services (e.g. HeRAMS, etc.) provided.
- Quarterly public health resources and services monitoring gap analysis carried out.
- Visualization of the results including mapping and infographics (COVID-19 updates; DHIS-2; etc.) overseen and supervised.

Health sector assessments:

Health sector plans to carry out an assessment of availability, accessibility and functionality of health services at a hospital and PHC level. The following subjects will be covered through the developed questionnaire:

- Accessibility/inpatient capacity
- Human resources
- General clinical services
- Trauma and surgery
- Child health
- Communicable diseases
- Maternal and newborn health
- Non-communicable diseases
- Environmental health
- Community health
- Vital data collection and statistics

The health sector will be updated accordingly on the status of the assessment process.

Overall program strategy on COVID-19 vaccination, status of vaccine procurement and immunization structure in Libya

The national immunization program is led by the NCDC of the MoH across the country through the National Immunization Administration with support from the Technical Advisory Group (NITAG) and technical partners (Pharmacy, Medical Supplies, UNICEF and the WHO). The immunization program activities are implemented at the areas, towns and villages level under the supervision of the area/town EPI supervisors. The immunization activities are delivered through 700 fixed immunization post and outreach/mobile team strategy which support vaccination activities in school, far flung areas and without health facilities and nomadic population. Vaccine is supplied by the national cold store and distributed to four (4) regional cold rooms in Fazzan, Misrata, Benghazi and Tripoli.

The proper guidance on the introduction of new COVID-19 vaccine globally including Libya should be planned carefully to ensure high demand and not create any politicization either due to adverse reaction or failure to implement successfully due to lack of planning and resources including vaccination in conflict setting.

Based on vaccine development update/assumption, the earliest use of authorization of C19 vaccine is expected at the end of 2020 or early 2021, based on the availability of shipment to countries. It is important to note that allocation of

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vaccines in countries and prioritizing groups within each country is complemented on the characteristics of the available vaccines, the quantity and strides/pace of vaccine supply (Stage I (1-10%); Stage II (11-20%) and Stage III (21-50%)), current epidemiology (widespread or localized transmission), clinical management including socio-economic impact of the disease.

In order to establish an effective C19 vaccine deployment and coordination mechanism, the existing coordination mechanism are fully integrated in the C19 structure:

The national coordinating committee (NCC) will be responsible for successful planning, coordination and implementation activities based on the recommendations of the fully functional national immunization technical advisory group (NITAG), which advises the MoH on priority groups and vaccination strategies.

Libya has a well-established NITAG and in June 2020, has admitted 5 new members bring a total of 13 national experts providing independent evidence to policy makers. On 19 November 2020, the NITAG group has called a preliminary meeting to discuss the C-19 vaccine introduction readiness assessment tool (VIRAT), which is intended to be used by the MoH, with the support from WHO and UNICEF where relevant to provide a roadmap to plan for C19 vaccine introduction and structure framework to self-monitor their readiness progress against key milestones. A second meeting was convened as well to discuss the activities to be completed against time frame focusing on planning and monitoring tools, target groups and strategies, training and demand generation or advocacy.

The national advisory committee has selected optional purchase meaning Libya will have the ability to opt-out of candidates based on price only. Total estimated doses=Population (7 million) x elected coverage (20%) x two-dose vaccine regimen (2 doses) =2.75 million doses.

On 17 November, the Libya government has settled the upfront payment of \$ 9,619,400, which is 5 weeks after the deadline set by COVAX Facility on 9th October 2020 and hope because of late payment the timely distribution will not be affected.

The fair allocation mechanism for C-19 through COVAX facility is planned in 2 phases: Phase 1, initially 3% of the general population will be for health workers both from the government and private sector. If the health workers are less than 3% the additional doses can be used for the next priority group which is a further 17% of the country population to be followed and is anticipated likely for older people and individuals with underlying health conditions.

Phase 2 will receive doses to vaccinate population beyond the initial 20% included in the first phase and in addition there should be plans for humanitarian buffer to manage and to attend humanitarian situations, deployments and other emergency related situations-this is envisaged to serve vulnerable populations, e.g. refugees, and asylum seekers and those dedicated to relieving their sufferings.

Central repository of national health guidelines, policies, protocols and standards:

Health sector has to identify a solution to establish or identify a reference repository for all earlier developed national health guidelines, policies, health protocols and standards. There are parallel processes undertaken by the national authorities or in cooperation with international organizations to develop, revise and/or update them with no centralized mechanism in place to refer or address any interested party for further actions/steps

SDGs Accelerator Themed Working Group (WG) on Innovative Programming in Fragile and Vulnerable Settings:

The “SDGs Accelerator Themed Working Group (WG) on Innovative Programming in Fragile and Vulnerable Settings” has been established by WHO Regional Office in Cairo under the Regional Health Alliance. It is co-chaired by WHO and WFP with the membership of humanitarian and development partners. The main task of this WG is to identify opportunities for country-based collective actions that will contribute to enhancement of response capacities to humanitarian crises and outbreaks while expanding the essential health services with a humanitarian-development nexus approach. In this regard, a series of Deep Dive Country Discussions are planned, and Libya has been proposed by the WG members as one of the two priority countries. A 75-minute call will take place with in-country partners to

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better understand the opportunities for advancing progress on SDG 3 and perhaps subsequently developed a joined-up approach with partners, including possible subsequent technical and operational support. Interested health sector organizations will be invited to participate. Health sector coordinator will present on the situation in the country, including humanitarian and development programs.

HEALTH SECTOR ACTION/RESPONSE

4W and overall health sector response:

21 managing/implementing health sector organizations provided inputs to a monthly 4W 2020 HRP. The following updates were produced:

- Summary of 2020 HRP key indicators reported through 4Ws, October 2020
- Map of Health sector partners operational presence across Libya, October 2020
- Link for [Health sector interactive analysis for the 4Ws](#)

All health sector updates are available at: <https://www.humanitarianresponse.info/en/operations/libya/health>

In addition, an overview of health situation in selected municipalities across Libya for November was produced and distributed.

- 20 out of 22 districts were reached.
- 47 out of 100 municipalities were reached.
- 21 (45%) of 47 reached municipalities were in area of severity scale 3 or above.
- A total of 39,280 medical procedures were provided (including outpatient consultations, referrals, trauma, mental health, physical rehabilitation, vaginal deliveries and caesarian sections).
- Improvement in reporting is required as 59% of medical procedures are not disaggregated by age and gender.
- 71% of support mobile medical teams in areas of severity scale 3. 27% - in areas above 3.
- 48% of all supported medical supported are in areas of above 3 and 44% - in areas of severity scale 3.
- 21 health facilities and community centers providing MHPSS services are located only in Benghazi, Misrata, Sabha and Tripoli districts.
- There is a total of 41 mobile medical teams operational across the country with the largest concentration in Tripoli.
- Percentage of reporting sentinel sites remain low – 65%. Percentage of disease outbreaks responded to within 72 hours of identification is also low at 82%.
- 70 public primary and 10 secondary health facilities received support with health supplies and commodities.
- 1,316 different standard health kits were distributed across the country.
- 33 public health facilities supported by mobile medical teams.
- 152 pieces of different medical equipment were disseminated.
- 10 health facilities are being under reconstruction or physical rehabilitation.
- 6 IDP camps are covered by fixed health posts or mobile medical teams.
- 10 detention centers and 10 disembarkation points are supported regularly.
- 710 health workers and 53 community health workers were trained.



HEALTH SECTOR
FIELD DIRECTORY

LIBYA

Final edition
November 2020

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NN	NAME OF THE HEALTH SECTOR ORGANIZATION
1	ACF (Action Against Hunger)
2	ASCS (Italian Agency for Development Cooperation)
3	CEFA (The European committee for training and Agriculture)
4	Chemonics International Inc.
5	Emergency Services
6	Expertise France
7	GIZ (Gesellschaft für Internationale Zusammenarbeit)
8	Handicap International – Humanitarian & Technical
9	Helioside
10	IFRC (International Federation of Red Cross and Red Crescent Societies)
11	IMC (International Medical Corps)
12	IOIM (International Organization for Migration)
13	IRC (International Rescue Committee)
14	LPPM (Libya Public Financial Management Program)
15	MSF France
16	MSF Holland
17	PCT (Pressions Urgence Internationale)
18	TdR (Terre des Hommes – Italy)
19	UNFPA (United Nations Population Fund)
20	UNHCR (United Nations High Commissioner for Refugees)
21	UNICEF (United Nations Children's Fund)
22	Worldwide GVC
23	WHO (World Health Organization)

Health Sector Field Directory: Health sector field directory is produced containing detailed information about 23 health sector organizations (regardless of humanitarian and development imperatives), including general and contact information, operational response, key activities and covered locations.

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Health Sector Coordination meetings:

Sub-national health sector coordination meeting took place in Sabha on 11 November. The minutes were distributed. For further details please contact Radhia Shaban, shabanr@who.int.

Sub-sector mental health psychosocial rehabilitation group technical working group took place on 19 November. The minutes were distributed. For further details please contact MHPSS TWG co-chair coordinators, Sarah Rizk (sarizk@iom.int) and Olivera Novakovic (onovakovic@InternationalMedicalCorps.org)

COVID-19 updates:

COVID-19 daily and weekly updates are produced and disseminated, including:

- Daily [COVID-19 Libya dashboard](#) is updated and available.
- NCDC Facebook page <https://www.facebook.com/NCDC.LY/> is updated daily.
- Weekly COVID-19 situation reports are updated and available (dissemination via email and at this link: <https://www.humanitarianresponse.info/en/operations/libya/health>)
- WHO Libya bi-weekly COVID-19 situation reports are produced and shared.
- November health sector COVID-19 operational updates were not requested for the submission due to the priority to prepare and submit HRP 2021 project sheets and inputs for the Health Sector Field Directory.
- RCCE bulletin for September-October 2020 (led by UNICEF) was produced and disseminated.

November 11: There was COVID-19 National Response Plan review meeting organized by the MoH in Tripoli. The experts reviewed the epidemiological situation and the three plans (prepared by the National Centre for Disease Control (NCDC), the multi-sector Supreme Committee and the National Council of Planning, respectively) and agreed to prepare one consolidated plan to be endorsed by the end of November 2020. The review was structured around the nine pillars of WHO's operational planning guidelines and the five pillars of the United Nations' Socio-Economic Framework for Libya.

Visit to the east of the country, 4 November – 2 December 2020

Health sector coordinator joined WHO mission to the east of the country visiting Benghazi, Al Bayda, Derna, Tobruk. A visit to Sirte was cancelled due to security reasons. A separate report and key findings and follow up points will be disseminated. The visit included: Meeting on health situation, COVID-19 Supreme Committee, Benghazi; Visit to Al Kweifa chest hospital; Visit to Shahat city COVID-19 center (former PHC center); Meeting with the representative of Al Bayda Health Services Department and OMU (Medical University); Visit to Sousa rural hospital; Visit to PHC Ras Al Hilal; Visit to Al Mansura chest hospital; One day workshop for PHC staff on implementation of minimum



essential package of health services; Meeting with the Director of International Cooperation Office, Interim MoH; Meeting with the Director of Al Bayda teaching hospital and head of COVID-19 emergency committee; Meeting with the Health Services Department and COVID-19 emergency committee in Derna; Meeting with the mayor of Tobruk and COVID-19 emergency committee; Visit to Al Mawara polyclinic, Tobruk; Visit to Tobruk Medical Complex; Visit to NCDC branch Tobruk; Visit to Emsaad general hospital; meeting with COVID-19 emergency committee; IHR focal point; and senior security officials in charge of border crossing point (Libya/Egypt); Visit to the border crossing point (Libya/Egypt); Participated in Scientific Day 2020 – COVID-19 through the view of postgraduate students, University of Benghazi.

Selected health sector Libya achievements for 2020 as reported to the Global Health Cluster:

1) Coordination

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- In extraordinarily difficult circumstances, health sector expanded its work – transparently, independently and impartially – from “Tripoli-crisis” approach to “all-country and all-hazard” emergency response to help the most vulnerable in Libya based on health sector severity scale prioritization. For the first time health sector platform brought together 22 partners working across the country.



- Health sector was instrumental in helping Libya prepare its nine-pillar preparedness and response plan for COVID-19. Health sector successfully advocated for the inclusion of the ninth pillar, which addresses the need to keep essential health services running in the midst of the pandemic.

2) Multi-sectoral action

- In close coordination with protection and WASH sectors, health sector continuously raised the importance of access to diagnostic, treatment and follow for migrants, refugees, people detained in “formal” detention centers, prisons and smuggling facilities. Life-saving health services were made available in all detention centers regardless of areas of control and party to the conflict.

3) Information management

- Established a structured system of tracking health sector operational response against 30 key health indicators; built up a system of regular data collection, information sharing of 15 different types of mandatory sector reporting deliverables (<https://www.humanitarianresponse.info/en/operations/libya/health>)
- Enabled a synergy of humanitarian and development imperatives through consolidation (and consistent reporting and monitoring) of relevant key performance indicators and production of “Health Sector Field Directory” reflecting the work of humanitarian and development organizations.

4) Quality improvement

- Health sector operations are reaching all of Libya’s 22 districts and well over half of the municipalities within these districts. Almost half of the areas reached by health sector are classified as 3 or above on the severity scale – meaning that people living in these areas have acute and immediate humanitarian needs.

5) Advocacy

- Health sector consistently raised the alarm over vaccine shortages that threaten to lead to complete stockouts and will result in tens of thousands of children missing their scheduled vaccine doses. As a result, the necessary national funds were released for procurement of life-saving vaccines.
- In the beginning of COVID-19 pandemic health sector advocated at the highest levels of Libyan authorities to release the salaries of health workers (not paid in months) across the country and allocation for an adequate amount of Libya’s GDP and part of its huge assets to be spent on health (procurement of PPE and other COVID-19 related essential supplies).
- Health sector reached 72% of its funding requirement (both for COVID-19 and non-COVID-19 response).

UPDATES FROM PARTNERS

ICRC



ICRC: The 2020 International Diabetic Day celebrated in Misrata Diabetic Center (MDC) on the 11th of November. This event mainly organized by the MDC management with the financial support of ICRC. 120 persons attended in the event, including 55 diabetic children and their parents, with the presence of several TV channels.

Welcoming remarks were made by Dr. Adel the MDC manager. ICRC’s head of Misrata Sub-delegation said a few words detailing ICRC’s support of the

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center and continued collaboration. Children who had maintained the best HbA1C levels throughout 2020 were also presented with some presents to encourage them to maintain their lifestyle choices.

To close off the celebration, children with diabetes held a competition where they shared their knowledge about: diabetes as a disease; the management of its complications; diabetic diet; and how to properly inject insulin (proper technique was shown on a stuffed model). MDC had procured their own gifts to present to the participants of the competition who shared the correct responses.

To note: ICRC has been supporting Misurata, Benghazi, and Sabha Diabetic centers with Insulin, oral anti-diabetic drugs, testing

capacity and consumables for the last few years. This year, ICRC support reached around 85 000 diabetic cases from Jan to October 2020.

UNFPA



UNFPA continued supporting the provision of essential reproductive health services in Tripoli, Sabha and Ghat in partnership with LRC / IMC, assisting 593 women, 332 children, 45 men; also ensured the safe delivery of 32 newborns. The community health workers reached 192 individuals with awareness sessions on COVID-19 & pregnancy and conducted three MHPSS consultations.

In partnership with the Ministry of Health (MoH), UNFPA has been conducting training sessions on EmONC

(31 October to 12 November) in partnership with MoH and Tripoli's al-Jalaa Hospital. The training programme aimed to enhance EmONC services in remote and hard to reach areas throughout uplifting the clinical capacities for 25 midwives from Ghat and Awbari. Similarly, in collaboration with WHO and the MoH, UNFPA has been conducting a five-day training on Clinical Management of Rape (CMR), targeting 23 health care providers.



AICS

AICS - Facebook page of the [programme Baladiyati](#) ("Recovery, Stability, Socio-Economic Development in Libya"), implemented by AICS, UNDP and UNICEF with support from the European Union through its EU Trust Fund for Africa. The programme-dedicated Facebook page has been running since last April, providing regular updates (including texts, photos and videos) on programme activities and achievements pursued by the three implementing partners in the sectors of health, education and WASH, with health as the major component.

- Zawya: <https://www.facebook.com/EUbaladiyati/posts/400191328056668>
<https://www.facebook.com/EUbaladiyati/posts/318067489602386>
- Zwara: <https://www.facebook.com/EUbaladiyati/posts/359155662160235>
- Janzour: <https://www.facebook.com/EUbaladiyati/posts/380249636717504>
<https://www.facebook.com/EUbaladiyati/posts/342688357140299>
- Misurata: <https://www.facebook.com/EUbaladiyati/posts/380259046716563>
<https://www.facebook.com/EUbaladiyati/posts/370897480986053>
- Kufra: <https://www.facebook.com/EUbaladiyati/posts/328778991864569>
- Ghat / Tahala: <https://www.facebook.com/EUbaladiyati/posts/307364534006015>
<https://www.facebook.com/EUbaladiyati/posts/272816520794150>

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<https://www.facebook.com/EUbaladiyati/posts/324940628915072>

<https://www.facebook.com/EUbaladiyati/posts/364399271635874>

○ Maya, Garabulli: <https://www.facebook.com/EUbaladiyati/posts/281522683256867>

○ Khums: <https://www.facebook.com/EUbaladiyati/posts/277899186952550>



IMC MHPSS

IMC MHPSS counselors and psychiatrists are supporting IDPs, migrants/refugees, and host communities in PHCs and polyclinics in Tripoli, Misrata, Benghazi, and Sabha. Through its work at the Aljadeed Polyclinic in Sabha, IMC MHPSS counselors are providing stress management and mental health awareness sessions for frontline staff, including medical teams as well as essential support staff and cleaners. The team also supports the community with individual counseling and awareness raising sessions. For more information or referrals to the IMC MHPSS team, please contact Christine Rufener: CRufener@internationalmedicalcorps.org

WW-GVC

Southern Libya: WW-GVC is implementing an integrated Health (funded by AICS), WASH (funded by CERF) and protection (funded by SDC) response to COVID-19 in Sebha, in close collaboration with its local partner, MIGRACE. As the ongoing projects continue, over the past two weeks: The content of the IEC material has been finalized. Messages focus specifically on COVID-19 prevention, hand washing, safe reopening protocols and disinfection procedures; A ToT workshop for Hygiene Promoters was carried out. Cascade training for Community Mobilizers will follow. Content included Covid-19, hand washing, disinfection and IPC. The training was both theoretical and practical.

The rehabilitation of the selected health care facilities will start in early December, focusing on water storage, handwashing stations, safe management of infectious solid waste and minor sanitation interventions – as per SPHERE standards. Here the final list of facilities targeted Al Hejara Health care center; Al Mahdya Health care center; Al Qurda Health care center; Al Manshya Health care center; Al Tahrir Health care center; Al Tayouri Health care center; Al Jaded Health care center.

Western Libya: As part of a broader intervention funded by EUTF North Africa/AICS implemented in consortium with other INGO (IRC lead applicant, PUI, ACTED), WW-GVC intervention will focus on Maya, Mamoura, Sabratha, Sorman Municipalities, targeting seven health facilities for rehabilitation, equipment/medical supplies distribution and capacity building. As part of the initial stage of the project, relations and coordination with the municipalities, donor and other key stakeholders have been strengthened. The assessment tools have been finalized, including: Health facility technical assessment (to inquire about the infrastructural needs, equipment and capacity building); KII for local authorities, health facility management and CSOs representatives; exit/satisfactory surveys for patients. A training on the use of the aforementioned tools on KoBo have also been conducted to MIGRACE field staff. Mobile data collection will play a key role in the implementation of the tools.

IRC

The International Rescue Committee (IRC) is supporting primary healthcare clinics (PHCCs) in Tripoli:

With support from RDPP, the mobile medical team (MMT) supporting Elmgarief and Nasib Altdkari PHCCs conducted 856 consultations including general, reproductive and mental health consultation and have provided 28 referral cases.

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With support from SIDA, the IRC mobile medical team continued to conduct visits to Tariq Asikka Detention Center (DC) and Al Harat PHCC and have conducted a total of 829 consultations (At Tariq Asikka DC and Al Harat PHCC) with 35 medical referrals to secondary and tertiary hospitals.

With support from UNHCR, the IRC medical team in Tripoli operates daily at the CDC in Gurji and have conducted over 605 consultations which include General, Reproductive and Mental health services, along with more than 117 referrals to public and private clinics. The IRC mobile medical team continued to conduct visits to Zawyet Aldhmani PHCC and conducted a total of 244 consultations which include General, Reproductive and Mental health services, along with more than 15 referrals to public and private clinics. IRC medical team have supported the registration process at UNHCR office in Serraj by providing daily medical screening and when needed the medical team has also provided medical consultations at the registration time to Person of Concerns (PoCs) newly released from DCs.

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 November, the IRC assisted a total of 32 with 6 referrals (PoCs) to secondary and tertiary public and private hospitals as well as 26 with phone consultations.

The International Rescue Committee (IRC) is supporting primary healthcare clinics (PHCCs) in Misrata:

With support from UNHCR, the mobile medical team in Misrata continues to visit 3 PHCCs (Al Jazeera, AlSkirat and Sidi Mbarak) and provided a total of 820 consultations and 390 medical referral cases to secondary and tertiary public and private hospitals. The total number of beneficiaries assisted was about 480.

The IRC continues to host 44 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 waiting to be evacuated. The health team visits the shelter regularly on a weekly basis and are also available at any time when needed. COVID 19 precautions are implemented by ensuring temperature checks at entry, hand wash stations and mandatory masks worn by visitors. On 9th of November, vaccination program was continued for nine children in the shelter.

AICS2: During the month of November, lines of communication channels with MOH managers and the stakeholders were open, and information has been exchanged regarding training, medical equipment donation and any updated work plans as well as minor rehabilitation needs. Clinical mentors of our AICS supported team received a TOT full day training from the HIMS mentor, pharmacy mentor and clinical mentor of the EPSH team funded by EUTF.

From 22nd-24th November, three highly qualified IRC mentors arranged and facilitated MOH staff training. IRC mentors contacted and visited the health facility managers to deliver the invitations, introduce the training content and plan for the 6 health facilities (18 participants). The training was on "Basic Infection Prevention and Control." One of the AICS clinical mentors participated in 2 full day training about GBV for Non-GBV actors that was facilitated by the IRC protection sector. This training is considered as one of the fundamental training to be targeted by the mentors toward the MOH staff. From 2nd – 4th November, the IRC conducted a training program as part of the capacity building plan for CoVs about presentation skills, community and health development, non-communicable diseases, personal hygiene and Tuberculosis in addition to COVID-19 prevention measures. The CoVs remained active and delivered awareness health sessions reaching directly 133 beneficiaries. A total of 59 health education sessions were conducted during November. The CoVs referred 2 PWDs cases to Handicap International, and 40 beneficiaries to the nearest IRC supported primary health care facilities. The COVs started providing sugar and blood screenings during health sessions for beneficiaries.

Challenges include: Beneficiaries targeted by the awareness campaign might be difficult to reach in the current circumstances because of COVID-19 and flu season. The Syrian community is a bit reluctant and suspicious of providing contact details.

The International Rescue Committee (IRC) is providing Rescue At Sea (RAS) to survivors: The IRC continues to conduct Rescue At Sea (RAS) visits and have responded to 13 rescue operations (9 at Tripoli Naval Base, 3 at Tripoli seaport and 1 at Naggaza (Khoms) Shore). There was a total of 1445 (1295 males and 150 females) people rescued with 2 referrals.

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The International Rescue Committee (IRC) is working with Libya MoH to Strengthen Primary Health Care (PHC) Services:

Under IRC's EU funded program, the IRC Mentors continued to visit health facilities daily to provide coaching and support. In Zliten municipality, the IRC's RH Mentor, Nurse Mentor, HMIS Mentor, and Pharmacist Mentor conducted mentorship in Hei-Almohameen, Al Qasba, Algwaitat, and Ezdo Al-Janobia PHCCs. In Souq Al'Jooma municipality, the HMIS Mentor, Nurse Mentor, Health Promotion Mentor, Clinical Mentor, Reproductive Health Mentor, MHPSS Mentor and Pharmacist Mentor conducted activities in Arada, Alheshan, Alharat and Bab Tajoura PHCCs. In Gharyan municipality, the Nurse Mentor, Clinical Mentor and the team leader conducted activities in Gharyan polyclinic, Awlad ben Yaqub, Abu Zayan and Alqwassim.



The IRC conducted a capacity building training workshops for nursing staff at targeted pilot sites in Soq Aljooma. A total of 24 participants attended the various training sessions.

Distributed a second shipment of waste management equipment in Soq Aljooma area.

As part of the Health Promotion Strategy (2020-2025), the IRC has accomplished several activities. An effective communication skill training during the COVID-19 pandemic for CHWs has been conducted in Soq Aljooma area. A total of 8 participants attended the various training

sessions.

Reproductive health training has been conducted in Soq Aljooma and Gharyan with a total of 28 participants for 3 days.

The IRC conducted the first mhGAP training in cooperation with NCDC in Zliten. The main purpose of this training is to familiarize the primary healthcare staff on how to handle basic mental health issues.

IRC had the obligation to address the World Diabetes Day in all of the 3 pilot sites.

As a part of RCCE activities, the IRC supported trained community health workers with health awareness material to distribute around shops, bakeries, supermarkets and pharmacies in the municipalities of Zliten, Souq aljoomaa and Gharyan. 15,000 copies of posters on COVID-19 awareness measures have been distributed.



Six billboards were installed in main roads and vital areas in the heart of Tripoli.

PHCI / IRC conducted a joint meeting on Tuesday, 10th November, to discuss coordination of activities and project outline. Dr. Ghassan shared a word at the beginning, presentation was shared by HSS teams to outline activities that were organized in all pilot sites.

PUI

Through the month of November 2020, Première Urgence Internationale (PUI) provided primary health care services and organized health and hygiene promotion activities in Benghazi and Al Kufra.

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PUI medical teams provided 2,129 medical consultations in Benghazi and Al-Kufra regions, including 112 sexual and reproductive health consultations. The most prominent diseases that were recoded amongst the beneficiaries were upper respiratory tract infections, gastrointestinal diseases, Urinary tract infections and skin diseases.

As part of its health and hygiene promotion activities, PUI medical teams organized, on 04 and 05 November 2020, an awareness campaign in Alfowaihat and Boatni clinics in Benghazi about “cardiovascular diseases prevention” and the risk factors of hypertension and diabetes. The event aimed to raise awareness on the importance of early detection and treatment of cardiovascular diseases.

During the campaign, a medical screening was performed for 40 people and medical assistance was provided for the identified patient. Additionally, from 16 to 19 November 2020, PUI medical team in Al Kufra organized a series of health awareness activities on antimicrobial resistance for 23 health workers in the clinics of Bezima Al Jadida, Altallab, Gader Fai and Al Ajhar.

Within the context of PUI’s COVID-19 infection prevention and control activities, hygiene campaigns were organized on 10 November 2020 in Al Marj and Tolmaitha Detention Centers in Benghazi area. Besides, PUI continued disseminating COVID-19 awareness messages through individual and group sessions benefitting 321 people in Al Kufra.

PUI activities in the East of Libya are implemented with the support of EU DG ECHO, the EU Delegation, the UNHCR, the IRC and the AICS.



UNICEF

Three DHIS2 training workshops for Benghazi and Surman health facilities’ statistics focal points



UNICEF through the EUTF-funded project committed to support the Health Information Center (HIC)/ MOH to roll out the District Health Information System (DHIS2) in 670 health facilities within the targeted 24 municipalities through,

- Capacity building of the staff of the targeted health facilities on the DHIS software.
- Providing the health information system focal points with required equipment.
- Sponsoring the technical support for 3 years by HISP India (an international service expert).
- Sponsoring the capacity building of the DHIS2 national core team by HISP India.

The support is expected to positively impact the availability of credible data that can be processed to information that can be used by decision makers to ensure proper planning.

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During November 2020, the DHIS2 team has concluded three training workshops for 54 health facilities' statistics focal points (14 officers at Surman, and 40 at Benghazi municipalities).

Under the slogan 'Masks Protect', UNICEF together with the National Center for Disease Control (NCDC) launched the National Mask Campaign urging people to do their part and wear face masks in public settings and anywhere they will be around others. This campaign aims to offer resources on proper mask-wearing and care practices in addition to advice from health



leaders to better equip the nation with the information they need to keep themselves, their family, and their communities safe.

The Masks Protect campaign is also running across social media, Facebook, Twitter and Instagram and digital platforms, with over 40 billboards established in Sabha, Benghazi, Tripoli, Alkoms, Ajdabiya and Albaida.

Additionally, 75 billboards were established and reached 765,000 in Benghazi city, 170,000 in Ajdabiya, 123,250 in Albaida and 2,000,000 in six municipalities within Tripoli, promoting handwashing, wearing face masks and physical distancing and reaching approx.

IMC

OFDA funded activities: Mobile Medical Units (MMU) provided medical consultations in Tripoli, Misurata, Sabha, Alshati, Al-Murgub and Benghazi. IMC continued to provide medical doctors in 4 isolation centers in Tripoli, Benghazi, Misrata, and Sabha. The donation of Medical beds and mattresses took place in all 4 locations. IMC also conducted specialized training in COVID-19 case management for the medical staff of the supported isolation centers in Benghazi and Sabha this month.



UNFPA funded activities: IMC MMUs continue providing support and medical services with focus on reproductive health services at Alqadisia and Aljadeed health centers. Medical service provision has been suspended at Fashloun health center (since 2-11-2020). Total number of beneficiaries served through IMC MMUs are: 611. Total number of beneficiaries who have been reached through awareness sessions is: 1164. Awareness sessions for 61 women from community had been conducted at WGSSs sites in Tripoli and Sabha in cooperation with local NGOs, in conjunction with World Diabetes Day. Additional breast cancer awareness sessions were conducted at Janzour WGSS in Tripoli following the sessions provided on October for 38 women. IMC medical teams assisted supported PHC facilities in triage

all beneficiaries, by filling triage forms and filtering the cases. Implementing Primary Health Care-Based HIV Test Services (HTS) and Prevention of Mother-to-Child Transmission (PMTCT) Intervention online training course was provided in collaboration with NCDC, National AIDS program and PHCI, training targeted PHC providers at Sabha municipality. Total number of participants was 21, as well as IMC/UNFPA team members. The participants were nurses, midwives and doctors. Gender-Based Violence and Clinical Care for Survivors training was conducted successfully this month for the first group of 15 participants from NCDC, Aljalaa Maternity Hospital and Tripoli University Hospital, all participants were medical doctors. Diabetes in pregnancy and gestational diabetes training sessions were conducted at Sabha and Tripoli PHC facilities supported by IMC, educating health care providers about the latest WHO guidelines and how to manage cases at PHC facilities. Total number of participants was 16 nurses, midwives, and doctors. On- job training sessions were conducted. Topics covered include Sexually transmitted infections (STDS), Perinatal care (PNC) and breastfeeding for 22 participants. Donation of medical Alcohol to Aljadeed health center. 30 different posters were distributed at health facilitates and WGSS, containing information

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about breast cancer and diabetes in pregnancy.

GIZ funded project: PHC services assessment conducted by IMC at eastern region, covering 4 municipalities: Benghazi, Ajdabiya, Tobruq and Brega, the assessment is conducted through 3 phase study, Phase-I had been concluded, focusing on the perceptions and views of health officials and citizens on availability and quality of health services. Phase-I study studies the PHC facilities at mentioned 4 municipalities through: Quantitative-Retrospective disc review of available data and information from previous report; Qualitative Field study conducted through enumerators in the field, data collected from health officials through Key informant interviews(KIIs) and from citizens of each municipality through focus group discussions (FGDs). Preliminary findings of Phase-I assessment had been shared during November by IMC lead analyst through a short presentation at the ICO-office of the MOH, to be shared with other relevant departments in order to select 2 out of 4 municipalities to be the subject of Phase-2 of the assessment which will be in-depth assessment of PHC facilities through structured questionnaire using Electronic data capture tools (EDC). A pilot Phase-2 study had been started at Benghazi municipality during November, covered 6 PHC facilities and it aims to build the capacity of field enumerators to collect complete and accurate data during the actual study.

IMC finished the intervention at Zintan, Nalut and Bawanis municipalities after conducting required training and clinical mentorship period at targeted PHCCs, IMC specialists started preparing for the upcoming phase of capacity building activities at the western region which will cover 5 additional PHC facilities in 4 municipalities: Ghadames, Al-Jufra (Hun and Wadan), Misullata and Garaboulli.

Assessment of current status of targeted additional 5 PHC facilities in the western region in term of staff profile, staff pattern, availability of services under EPHS, also ability of HCWs to travel to attend starter theoretical training sessions at Tripoli and their ability to attend online training modules had been all assessed by IMC specialists. All training material had been finalized by IMC specialists, training targeting 50 medical doctors and 25 nurses is expected to start during January 2021, it will cover main areas under EPHS including: Child health, reproductive health and common communicable diseases.

AICS project: IMC continued to support 2 secondary health care facilities at municipalities of Jazour and Zuwara, namely: Jazour Village Hospital and Zuwara Marine Hospital through capacity building activities and donation of medical equipment and medical supplies required at secondary level of health care. IMC targeted staff from district health services offices at both municipalities, COVID-19 preparedness and response, aiming to improve the over-all response of HCWs to COVID-19 pandemic. Training targeted 60 health care providers, divided into 4 groups, from Jazour 30 health care providers targeted 15 from Jazour Village Hospital and 15 from PHC facilities – including Rapid Response Team, and the same for Zuwara, 30 HCWs were targeted; 15 from Zuwara marine hospital and 15 from District health services office staff working at PHC facilities and COVID-19 triaging and isolation facilities. Under the same support to Jazour Village hospital and Zuwara Marine Hospital, IMC delivered the second donation of medical equipment and supplies to both facilities, on 26th-November to Zuwara and on 29th-November to Jazour , equipment donated are essential to the diagnostic procedures required at secondary level of health care including: portable ultrasound, ECG machine, Glucometers and Autoclaves; in addition to dressing material and other basic consumables; Additional donation of equipment is expected to happen early December, this includes GIT-endoscopy, Echocardiography machine and CTG-Cariotocography machine.

EUTF- COVID project: IMC MMUs carried out 224 medical consultations in AL-Qadisiya PHCC (located in Hay AL-Andalus Municipality), AL-Madina AL-Kadima PHCC (located in Tripoli Central Municipality, and medical consultations in Suliman Khatir area (Located in Jazour Municipality) were carried out.

Hospital & PHC facilities readiness is ensured to deal with suspected COVID-19 cases and continue providing EPHS	Total
# of primary health care consultations delivered by mobile outreach teams (PHCCs)	224
# of beneficiaries referred to RH (PHC)	45
# of beneficiaries referred to MH (PHC)	3
# of patients screened for COVID-19 in IMC supported facilities (PHCCs)	363
# of patients screened for COVID-19 in IMC supported facilities (TCH)	401
# of patients identified as suspected COVID-19 cases in IMC supported facilities (PHCCs)	0

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# of patients identified as suspected COVID-19 cases in IMC supported facilities (TCH)	28
# of nasal swab test collected (TCH)	202

IMC Community Health Workers have conducted awareness sessions to 2,478, beneficiaries. 8 community Health Workers (CHWs) have conducted a follow up outreach visit (25) to the area that was previously reached out by the CHW team in the previous week.

IMC Mobile Medical Team have managed to distribute 55 HKs to the most vulnerable beneficiaries.

IMC donated IPC and PPE supplies to two PHCs and one hospital (Tripoli Central Hospital, AL-Madina AL-Kadima PHCC, AL-Qadisiya PHCC).

EUTF-CESVI project: IMC medical teams work at Almadina Alqadima and Gharghour PHCC. 130 beneficiaries have been reached through outpatient consultations and 7 for TB screening. IMC's Community Health Workers (CHWs) continued providing awareness sessions to 788 beneficiaries. 7 new consultations were conducted by IMC's psychiatrist in Misrata, and 4 follow up cases. As a way of strengthening the TB knowledge of the PHCC staff, IMC provided multiple clinical tutorials on specific TB-related subjects.

IOM



- IOM medical teams provided 7869 consultations to migrants, refugees and IDPs and referred 66 migrants to secondary/tertiary hospitals for further medical management. Following are further details:

- The medical teams provided medical consultations for 1396 (Male 1232, Female 164) detained migrants in Dahr Aljabal DC, Tariq Al-Sikka DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, all over Libya. Another of 21 migrants were referred from these detention centers to the secondary and tertiary health care hospital for further management.

- IOM handed over 2 mobile clinics to Souq Al Jomma and Tajoura Municipality.

- IOM medical team through Migrant Resource and Response

Mechanism (MRRM) program conducted medical consultations to 3193 migrants (2466 Males and 727 Female) in urban areas in Zwara, Sabha, Qatroun, Tripoli, Hay Al-Andalus Office and Bani Waleed. Moreover, IOM medical team referred 20 migrants to the secondary and tertiary health care hospitals. IOM medical team also conducted health awareness sessions and distributed IEC materials on COVID-2019.

- IOM through its support to four Primary Health Care Centers (Alawaineya, 17 Feb PHC, Shouhada Abduljalel PHC, Alsiraj PHC, Wadi Qatara and Zwetina) conducted medical consultations of 1812 (Male 947, Female 865) IDPs and migrants and referred 14 IDPs to hospitals. IOM also supporting these centers with medicines, medical consumables and IEC materials on COVID-2019
- Two-day IPC training for health care workers and case management were conducted for health care workers in Arazi in Nov 15-16,2020. A total of 16 health care workers were trained in this training under German donor.
- One- day training for protection staff who are working in the field on COVID prevention and IPC were conducted with participation 15 participants under Italian donor in November 16,2020
- Three-day training (two batches) was conducted on migrant's sensitive health care including IPC training with participation of 28 people under DFID project. Pre-and post- test showed significant improvement of knowledges of participants.
- Through its mobile outreach services, IOM's medical mobile team supported health care services for migrants, IDP's and conflict affected populations targeted in urban locations (Surbana Shelter (Hai Al-Andalus), Sudanese Shelter (Souq Al-Jumai) and Abdulsalam Shelter (Janzour Area), Janzour, Abu Salim, Ain Zara and Tojura urban locations) in Tripoli, which benefitted of total conducted 1468 (1300 male, female 168) and referred 14 cases from above shelters for hospital management.
- IOM health unit conducted 111 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli and Benghazi this month. A total of 6,333 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

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- IOM medical team supported the migrants rescued at sea at different disembarkation points and screened 1496 (Abusitta); during the screening 181 migrants provided medical consultation.
- IOM Medical teams supported the NCDC staff at Wazen, Ras Jadeer, Misrata Airport by providing medical check up to all passengers returning to Libya as part of IOM Covid-19 response plan. A total of 17004 were screened by checking temperature and general condition, while samples for PCR tests were collected. The travelers were also provided health awareness sessions at the airport.
- IOM also procured and donated
- IOM medical team conducted medical pre-departure medical screening for 849 migrants located in IOM Tripoli office, Shahada Alnasr DC to assess their fitness for Travel (FTT).



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/>
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<https://ncdc.org.ly/Ar/>

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