

HEALTH SECTOR BULLETIN

October 2020



Libya

Emergency type: Complex Emergency

Reporting period: 01.10.2020 to 31.10.2020

Total population	People affected	People in need	People in acute need	
6.7 million	1.8 million	900,000	300,000	
IDP	Returns	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)	13.1 and 9.1	46.7 and 54.6

KEY ISSUES	2020 PMR (Periodic Monitoring Report) related indicators (September)	
<ul style="list-style-type: none"> Libya continues to witness an increase of COVID-19 cases. Preparation of the COVID-19 National Response Plan meeting in Tripoli. Libya has signed COVAX Facility agreement. Health sector identified 1,195,389 people in need of health assistance (health PIN and target and affected population), including nearly 1,016,839 people in acute and immediate humanitarian needs (in 72 municipalities, classified as 3 or above on the severity scale – meaning that people living in these areas have acute and immediate humanitarian needs (58 municipalities classified as 3, 12 municipalities as 4 and two municipalities as 5). Health sector narrative for 2021 HRP is developed. Proposed health sector envelope for 2021 is 40 mln USD. 	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	35,131
	Number of public health facilities supported with health services and commodities	76
	Number of mobile medical teams/clinics (including EMT)	41
	Number of health service providers and CHW trained through capacity building and refresher training	523
	Number of attacks on health care reported	4
	Percentage of EWARN sentinel sites submitting reports in a timely manner	60%
	Percentage of disease outbreaks responded to within 72 hours of identification	80%
	Number of reporting organizations	10
	Percentage of reached districts	82%
	Percentage of reached municipalities	41%
	Percentage of reached municipalities in areas of severity scale higher than 3	41%

SITUATION OVERVIEW

- Despite all the efforts made on the international and local levels, both LNA and GNA remained on high alert for any possible escalation.
- Acting Special Representative of the UN Secretary-General and Head of the United Nations Support Mission in Libya Stephanie Williams announced the resumption of inclusive intra-Libyan talks, based on Security Council resolution 2510 (2020), which endorsed the conclusions of the Berlin Conference on Libya.
- The EU Council imposed targeted restrictive measures on one person engaged in and providing support for acts that threaten the peace, security or stability of Libya, including through violations of the UN arms embargo.
- The Office for the Coordination of Humanitarian Affairs says humanitarian partners are concerned about the fragile situation and a possible humanitarian disaster should the current escalation and mobilization around Sirte lead to military operations. The lives of more than 125,000 people in and around Sirte remain at great risk.
- Lavrov accuses US of hindering appointment of new UN envoy to Libya.
- The internationally recognized Libyan government based in Tripoli discussed the draft public budget proposed by the Ministries of Finance and Planning for the year 2020-2021.
- A Libyan armed group is holding hostage at least 60 migrants, including two dozen children, in “appalling” conditions after abducting them almost two weeks ago, MSF issued a statement.
- The United Nations High Commissioner for Refugees (UNHCR) announced that it has secured, in coordination with the Libyan authorities, the release of 141 refugees in Libya who were being held at the Souq Khamis Shelter.
- Tripoli Revolutionaries Brigade arrested the Head of the Libyan Media Foundation Mohammed Bayo who was appointed by the Head of the Presidential Council Fayez Al-Sarraj. UNSMIL deplores the recent unlawful arrest of the Head of the Libyan Media Corporation, Mr Mohamed Omar Baaio. The Mission calls for his immediate and unconditional release.
- UNSMIL Convenes First Virtual Session of the Libyan Political Dialogue Forum.
- ‘5+5’ Joint Military Commission Agrees on Permanent Countrywide Ceasefire.
- The members of the Security Council welcomed the permanent ceasefire agreement signed by the 5+5 Joint Military Commission on 23 October in Geneva following talks facilitated by the United Nations.
- UNSMIL continues to receive reports on violations and abuses against migrants and asylum-seekers arrested from smugglers’ locations or intercepted/rescued at sea and handed over to detention centres (DCs) under the Directorate for Combatting Illegal Migration (DCIM).
- As of 25 October, 9,389 refugees and migrants have been registered as rescued/intercepted at sea by the Libyan Coast Guard (LCG) and disembarked in Libya. Currently, over 2,500 persons are held in DCs, out of whom 713 are persons of concern (POCs) to UNHCR.
- Libya’s High Council of State, Tripoli-based Parliament urge Al-Sarraj to delay resignation.
- The General Authority of Searching for the Missing has discovered four more mass graves in the city of Tarhuna
- UNSMIL welcomes the National Oil Corporation announcement of 23/10 lifting force majeure on Sidra and Ras Lanouf ports. This decision is a result of the confidence building measures agreed and implemented through the Joint Military Commission.

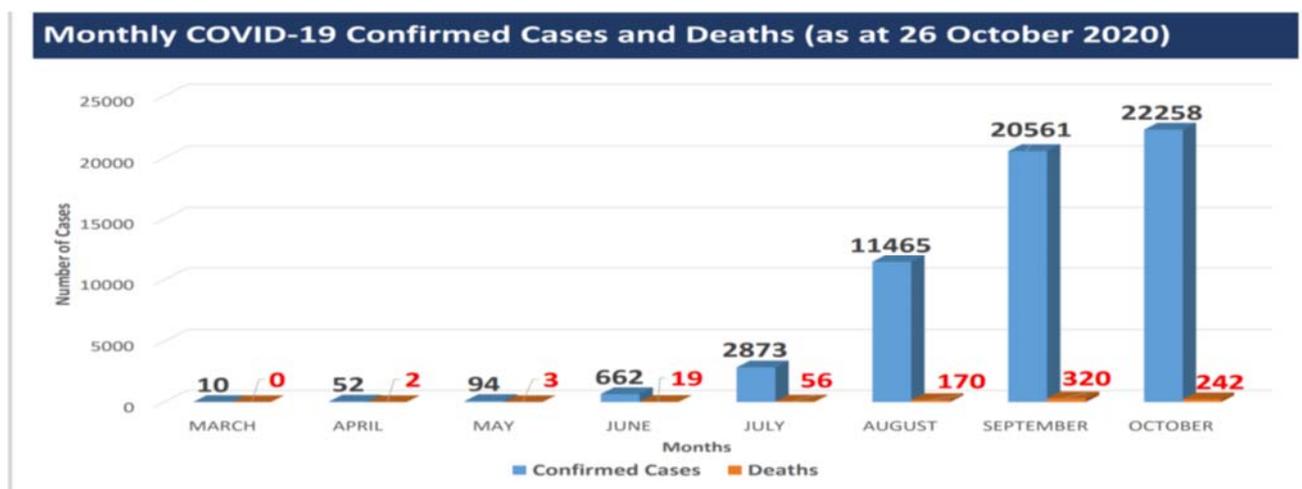
PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:

Libya has witnessed a 22% increase in the number of cases of COVID-19 over the past two weeks.

Under WHO’s transmission scenarios, Libya remains classified as “community transmission”. Since the first case of COVID-19 was reported in Libya on 24 March 2020, a total of 57,975 people have been infected with the virus (28 October). Of this number, 24,910 people remain actively infected, 32,253 people have recovered, and 812 people have died. The national case fatality rate (CFR) is 1.40%. The municipalities reporting large numbers of confirmed cases over the past two weeks include Tripoli (6,308), Misrata (885), Benghazi (504) and Janzour (392). Thus far, a total of 323,766 specimens have been tested. This number includes 237,319 in Tripoli, 28,287 in Misrata, 19,923 in Benghazi, 9,894 in Sebha, 10,419 in Zliten and 6,825 in Zawiya. All four designated isolation centres in the south remain closed because of shortages of staff, PPE, equipment and supplies. A temporary isolation facility has been opened in the respiratory clinic in Sebha.

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The results of a recent WHO/UNICEF/National Centre for Disease Control (NCDC) assessment of vaccines in Libya showed that supplies of BCG vaccines ran out five months ago and supplies of hexavalent vaccines were forecast to run out by the second week of November 2020. Similarly, OPV and measles vaccines were forecast to run out by the end of December 2020. WHO has classified all four vaccines as critical. Although national and regional warehouses have buffer stocks of these vaccines, the country is likely to face a huge shortfall in vaccines if no immediate measures are taken to procure and distribute additional supplies. This will be Libya's second vaccine stockout in 2020 and the third in two years. This means that many children have missed or may miss their scheduled vaccine doses, which increases the risk of outbreaks of vaccine-preventable diseases.

Overview of COVID-19 case management health facilities in Tripoli

There are 8 health facilities in Tripoli assigned for COVID-19 case management. 7 out of 8 health facilities are reported as functional. 4 out of 8 facilities are public hospitals. Overall capacity for case isolation is 277 beds (177 functional). Overall ICU bed capacity is 129 beds. 7 out of 8 health facilities have the required HR personnel. 7 facilities are reported for treatment of severe patient (129 beds). 5 facilities are reported for treatment of critical patients (107 beds). At least 1 health facility (Tripoli university hospital) is classified as 1st, 2nd, 3rd level COVID-19 facility.

Municipality	Facility name	Facility type	Bed capacity isolation	Bed capacity ICU	Human Resources	status	COVID Lab
Ain-Zara	Tripoli university hospital	Public hospital + Triage center	12	14	Available HR	Functional	GeneXpert
Tripoli center	Ophthalmology hospital Tripoli	Public hospital	35	15	Available HR	Functional	No
Tripoli center	Souq-Altulataa isolation center	Adapted building	20	10	Available HR	Functional	No
Tripoli center	Central Tripoli hospital	Public hospital	20	10	Available HR	Functional	GeneXpert
Souq-Aljumma	Mitiga isolation center	Adapted building	60	60	Available HR	Functional	GeneXpert
Souq-Aljumma	Ibn-Aouf battelship	Adapted battelship for quarantine	100	0	Pending for HR	Ready	No
Souq-Aljumma	Mitiga general hospital	Public hospital	20	12	Available HR	Functional	No
Abuslim	Mowasafat	Private (service payed by MoH)	10	8	Available HR	Functional	No

Review and update of the COVID-19 National Response plan (Invitation from House of Representatives and the Ministry of Health (ICO)

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The health and environment committee at the House of the Representatives and the International Cooperation Office of the Ministry of Health are planning to organize a scientific workshop to evaluate the current epidemiological situation, plans for an updated COVID-19 National Response Plan (NRP). The plan should include and clarify the roles and responsibilities assigned to all concerned parties. The plan would be comprised two basic directions; health and non-health measures and interventions.

Health sector provided the following technical feedback to the organizers of the workshop:

1. The concept note is mainly focused to revise and update the national response plan in order that the pandemic is contained.
2. It would be useful to undergo and comprehensively review the actions taken. WHO recommends an intra-action review with 4-fold objectives:
 - a. *to provide an opportunity to share experiences and collectively analyze the ongoing in-country response to COVID-19 by identifying challenges and best practices;*
 - b. *to facilitate consensus building among and the compiling of lessons learned by various stakeholders during the response to improve the current response by sustaining best practices that have demonstrated success and by preventing recurrent errors;*
 - c. *to document and apply lessons learned from the response efforts to date to enable health systems strengthening;*
 - d. *to provide a basis to validate and update the Country COVID-19 strategic preparedness and response plan and other strategic plans accordingly.*
3. As in any program implementation, it will be prudent the actions/interventions taken against objectives and planned activities and not limit in revising and updating national plan-let alone there is no officially endorsed plan
4. The IAR tool kit for reference and guide were shared.
5. If the national response plan will be reviewed, based on the draft form made available during March-April, the desk recommendations were shared for improvement of national response plan which has been communicated to the MoH and NCDC on 4 April, 2020 and subsequently a review meeting was held on 13 April. In earlier communication on 13th April, it was also emphasized the inclusion of 9th pillar-maintaining essential health services. The national response plan referring here is the one developed by NCDC also did not include the case management strategy, where the MoH and Scientific Committee developed the clinical Case Management and IPC guidelines.
6. Another very important aspect recommended in the WHO intra-action review (IAR) is to review the cross cutting issue of non-pharmaceutical social and public health measures, including physical distancing measures, movement restrictions, business or school closures-related documents were also forwarded to MOH and NCDC separately (attached). This cross-cutting topic is linked to the discussion of non-health (socio-economic) impact.
7. COVAX must be discussed as part of essential health services and comprehensive strategy.
8. The government has also been issuing several resolutions/edicts/decrees. This must also be reviewed.
9. Respective representatives of UN agencies, pillar leads, will be present in all proposed working groups including V (social protection, cohesion and community resilience) and VI (response to economy).
10. The national response plan should include public health criteria (indicators) in 3 domains epidemiology, health system and public health surveillance to measure and adjust public health measure and social health measures.
11. The preparedness and response plan is very much tied up with the projected mathematical/epidemiological projections of cases which is further linked supplies forecasting, where the government have not been able to project-this is not about acute crisis but rather a medium to long haul intervention with second wave in place, the existing health services and economy will further collapse. The revised plan should include and clarify the roles and responsibilities assigned to all concerned parties.
12. On 24 September, with UNDP, co-facilitated the C19 policymakers discussion, participants (mainly managers of health care facilities in the east, west and south) reviewed the initial findings of C-19 response in the country and discussed how to improved cooperation and enhance the efficiency and effectiveness of the national response. It will be important to follow up on those findings and recommendations.

Signing the COVAX Facility by Libya

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As of 23 September 2020, Libya has signed commitment agreement to the COVAX Facility and has submitted non-binding confirmation of intent to participate in the COVAX Facility. 64 higher income economies have now joined the COVAX Facility, with a further 38 economies expected to sign in the coming days. These self-financing economies, which include 29 from 'Team Europe' participating as part of an agreement with the European Commission, join 92 lower income economies eligible for financial support through the Gavi COVAX Advance Market Commitment. This means a total of 156 economies, representing nearly two-thirds of the global population, are now committed to or eligible to receive vaccines through the Facility.

WHO informed Libyan authorities on the next steps to be completed to ensure Libya is able to fully participate in COVAX. Following this, Libya completed the upfront payment to GAVI. This will allow vaccine manufacturers to calculate advance purchase commitments as well as cover their risk mitigation and operating costs. WHO's country office in Libya will continue to support the Libyan national authorities in preparing guidelines, policies and tools such as the attached country readiness assessment tool which has the following 10 components:

- Planning and coordination
- Resources and funding
- Regulatory
- Prioritization, targeting and COVID-19 surveillance
- Service delivery
- Training and supervision
- Monitoring and evaluation
- Vaccine, cold chain and logistics
- Safety surveillance (adverse event following immunization)
- Demand generation and communication

The Libyan authorities are expected to assign focal points for each of the above components, under the coordination of a central body. The necessary documents were shared with the MoH.

Key points for Libya to take action to ensure the safety and health of migrants and refugees:

- Access to diagnostic, treatment and follow for migrants, refugees, people detained in "formal" detention centers, prisons and smuggling facilities. Authorities are advised to advance the provision of universal health coverage, including for migrants, and to provide timely and accurate disaggregated data on migration status.
- Thousands of migrants' health status and needs are to be assessed and there is pressing requirement to ensure their access to basic and essential health services. E.g. call for access to blood donation services for refugees and asylum-seekers without regard to status and residency permit.
- The health condition of migrants is also used to support their deportation. Any government should create the necessary conditions for migrants and returnees to be able to seek health care without fear of legal repercussions, including deportation, so they can protect themselves, their community and the host community from infection.
- Many migrants and displaced people live in crowded conditions where physical distancing and access to clean water, sanitation and hygiene are luxuries, creating a ripe environment for COVID-19 outbreaks. The pandemic is also exacerbating threats to migrants' mental and psychosocial health, as many have now lost their jobs and are unable to provide for themselves or their families back home.
- The health and livelihood of migrants and displaced people continue to be affected by border closures, travel restrictions and internal lockdowns.
- They are also often subject to discrimination and stigmatization.
- Sexual exploitation and abuse remain high among female temporary contractual workers, and displaced populations, while their access to support services for gender-based violence is very limited.
- It is recommended that during the COVID-19 pandemic, migrants and displaced people have voluntary access to testing as well as isolation and treatment, in the case of positive diagnosis, with full respect for their dignity, human rights and fundamental freedoms. To avoid the further spread of the disease, all migrants set to return should be tested prior to their departure and, if found positive for COVID-19, treated. Only once a patient no longer tests positive should they be sent to their country of origin.

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- Consideration for COVID-19 Vaccine: ensure access of IDPs and refugees, asylum-seekers to COVID-19 vaccine once available
- Any migrants detained without sufficient legal basis are released immediately.
- There is a need for recognition of UNHCR issued certificates to facilitate access to government health facilities.
- Support access of refugees and asylum seekers to health services issuing “fit to work” certificates required for the purpose of employment and call for the use of UNHCR certificates for this purpose. (Instances are recorded when PoCs are required to demonstrate that they have a residency permit to access these services).
- Establishing a health screening system at disembarkation points with the presence of Libyan health authorities working in cooperation with humanitarian organizations.
- Sign a blanket waiver for all COVID-19 supplies arriving at Libyan ports.

Access in health

- In health, access is defined by capabilities to reach a specific area by different means and modalities, including a) direct presence of UN and INGO staff (international staff); b) capabilities to deliver health supplies by any means; c) presence of field coordinators and focal points; c) presence of implementing partners
- Health sector reaches all 22 districts; 40-50% of 100 municipalities; 35-40% of reached municipalities are in areas of severity scale classified 3 or above.
- Health sector response involves an estimated of 28 different type of activities.
- 46 communities in 3 districts (Al Jufra, Misrata, Sirte) remained non-accessible due to a mix of reasons.
- The nature of restrictions has been changing throughout 2020: security related; COVID-19 related; and governance related.

2021 HRP Strategic Objectives and 2021 HRP Health Sector Strategic Objectives

2021 HRP Strategic Objectives:	2021 HRP Health Sector Strategic Objectives:
<p>Strategic Objective #1- Physical and Mental Wellbeing: Prevent disease, reduce risks to physical and mental well-being, and strengthen the protection of civilians in accordance with international humanitarian law, human rights laws and other international legal frameworks.</p> <p>Strategic Objective #2- Living Standards: Facilitate safe, equitable and dignified access to critical services and livelihoods to enhance people’s resilience and ensure they meet their basic needs.</p>	<p>1) Increase access to life-saving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable (including IDPs, migrants, refugees and returnees) and on improving the early detection of and response to disease outbreaks.</p> <p>2) Strengthen health system capacity to provide the essential package of health services and manage the health information system.</p> <p>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.</p>

Affected population (inter-sector pin and health sector pin), 2021 HRP

Population group	Affected population	Inter-sector PIN	Health PIN	Health %
Migrants	538,264	303,740	301,026	25%
Returnees	273,756	228,084	180,482	15%
IDPs	392,241	172,871	168,728	14%
Refugees	46,245	46,245	46,245	4%
Nondisplaced	1,224,935	501,939	498,908	42%
Total	2,475,441	1,252,879	1,195,389	100%

Health sector identified 1,195,389 people in need of health assistance (health PIN and target and affected population), including nearly 1,016,839 people in acute and immediate humanitarian needs (in 72 municipalities, classified as 3 or

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above on the severity scale – meaning that people living in these areas have acute and immediate humanitarian needs (58 municipalities classified as 3, 12 municipalities as 4 and two municipalities as 5).

The health sector 4W for 2021 will be tracking 31 health sector specific indicators, of which 2 will be reported monthly to OCHA for inter-sector purposes:

- Number of medical procedures
- Number of public health facilities supported with services and commodities

It is essential to consider that health sector will not report against people/beneficiaries for inter-sector level.

Medical procedures: as health sector does not report on beneficiaries/people, inter-sector target for the indicator is 1.2 million medical procedures. This indicator will be monitored through the disaggregation of population types (IDPs, returnees, refugees, migrants and non-displaced). This indicator is related to the number of 1,195,389 people in need of health assistance (health PIN affected population).

Note: On average, 1 person (health PIN affected population) can receive 2-3 medical procedures but having no means of verification it is agreed to consider a ratio of 1:1 (for internal sector reporting). Health PIN is already calculated out of affected population figures. Health Target will be equal to health PIN.

Public health facilities supported with services and commodities is 650 (including 50 hospitals and 600 PHC centers). This indicator will not be monitored through the disaggregation of population types but represented through the distribution of all targeted facilities at a district/municipality levels. 50 hospitals are in different municipalities classified as 2 or above, while 600 PHC centers are in municipalities classified as 3 or above.

Mantika	Baladyia	Current facilities				Health Sector Severity	Estimated health sector targets		
		Hospital	PHC	Other facilities	Total		Hospital	PHC	Total
Derna	Umm arrazam		13	1	14	3		10	10
Derna	Derna	2	18	5	25	2	1		1
Derna	Alqubba	1	10	2	13	2	0		0
Derna	Alqayqab		3		3	3		3	3
Derna	Labriq		2		2	3		2	2
Almarj	Jardas Alabeed		8	1	9	2			0
Almarj	Almarj	1	12	2	15	2	0		0
Almarj	Assahel	3	28	2	33	2	0		0
Benghazi	Alabyar	1	19	3	23	2	0		0
Benghazi	Toukra		7	2	9	3		7	7
Benghazi	Suloug	1	5	1	7	3	1	5	6
Benghazi	Benghazi	12	43	11	66	3	1	20	21
Benghazi	Gemiensis	1	11		12	3	1	7	8
Tobruk	Emsaed		6		6	3		6	6
Tobruk	Bir Alashhab		8		8	3		8	8
Tobruk	Tobruk	3	44	3	50	2	1		1
Ejdabia	Ejkherra		4	2	6	3		4	4
Ejdabia	Jalu	1	9	4	14	2	0		0
Ejdabia	Aujala		8	2	10	3		8	8
Ejdabia	Ejdabia	1	17	4	22	3	1	10	11
Ejdabia	Marada		3	1	4	2			0
Ejdabia	Albrayga	1	6		7	3	1	6	7
Al Jabal Al Akhdar	Shahhat	1	26	3	30	3	1	10	11
Al Jabal Al Akhdar	Albayda	2	30	7	39	2	1		1
Alkufra	Alkufra	1	18	4	23	4	1	18	19
Alkufra	Tazirbu	1	1	2	4	4	1	1	2
Sirt	Khaleej Assidra		11	2	13	5		11	11
Sirt	Hrawa	1			1	5	1		1
Sirt	Sirt	1	25	4	30	4	1	25	26
Nalut	Ghadamis	1	2	2	5	2	1		1
Nalut	Alharaba	1	6		7	3	1	6	7
Nalut	Kabaw	1	5	2	8	3	1	5	6
Nalut	Alhawamid	1	3		4	3	1	3	4
Nalut	Nalut	1	4	3	8	2	1		1
Nalut	Wazin		1		1	3		1	1
Nalut	Daraj		8	3	11	3		8	8

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Nalut	Baten Aljabal	1	10	2	13	2	0		0
Almargeb	Alkhums	1	36	5	42	2	1		1
Almargeb	Msallata	1	14	1	16	3	1	7	8
Almargeb	Qasr Akhyar		13	2	15	3		13	13
Almargeb	Garaboli	1	19	3	23	3	1	15	16
Almargeb	Tarhuna	1	51	2	54	3	1	15	16
Tripoli	Suq Aljumaa	2	23	2	27	3	1	8	9
Tripoli	Tajoura	2	18	1	21	3	1	12	13
Tripoli	Ain Zara	2	13	2	17	3	1	10	11
Tripoli	Tripoli	6	13	4	23	3	1	10	11
Tripoli	Abusliem	2	16		18	3	1	5	6
Tripoli	Hai Alandalus	1	19	2	22	3	1	6	7
Aljfara	Sidi Assayeh		2		2	3		2	2
Aljfara	Suq Alkhamees	1	6		7	3	1	6	7
Aljfara	Qasr Bin Ghasheer		5		5	3		5	5
Aljfara	Espeaa	1	5		6	3	1	5	6
Aljfara	Swani Bin Adam		14		14	3		14	14
Aljfara	Janzour		19	3	22	3		5	5
Aljfara	Al Aziziya		17	1	18	3		5	5
Aljfara	Al Maya		10		10	3		7	7
Aljfara	Azzahra	1	17	3	21	2	0		0
Azzawya	Azzawya	1	37	7	45	2	1		1
Azzawya	Surman	1	14	6	21	3	1	7	8
Azzawya	Gharb Azzawya		14		14	3		14	14
Azzawya	Janoub Azzawya		3		3	3		3	3
Misrata	Misrata	4	29	11	44	3	1	15	16
Misrata	Zliten	1	27	7	35	2	1		1
Misrata	Abu Qurayn		6		6	4		6	6
Misrata	Bani Waleed	1	17	3	21	4	1	17	18
Zwara	Al Ajaylat	1	24	1	26	2	0		0
Zwara	Sabratha	2	21	3	26	2	1		1
Zwara	Zwara	2	7	4	13	2	1		1
Zwara	Aljmail	1	18	2	21	2	0		0
Zwara	Rigdaleen		7		7	3		7	7
Zwara	Ziltun		7	2	9	2			0
Al Jabal Al Gharbi	Nesma	1	6		7	2	1		1
Al Jabal Al Gharbi	Azzintan	2	18	5	25	2	1		1
Al Jabal Al Gharbi	Alasabaa	1	21	1	23	3	1	10	11
Al Jabal Al Gharbi	Al Qalaa		4	1	5	3		4	4
Al Jabal Al Gharbi	Yefren	2	11	3	16	2	1		1
Al Jabal Al Gharbi	Ghiryan	1	53	3	57	2	1		1
Al Jabal Al Gharbi	Kikkla		11	2	13	3		5	5
Al Jabal Al Gharbi	Arrajban		10	1	11	3		5	5
Al Jabal Al Gharbi	Jadu	1	10	3	14	2	0		0
Al Jabal Al Gharbi	Arrhaibat		6		6	3		6	6
Al Jabal Al Gharbi	Arrayayna		5		5	3		5	5
Al Jabal Al Gharbi	Ashshgega		3	1	4	3		3	3
Al Jabal Al Gharbi	Ashshwayrif	1			1	3	1		1
Al Jabal Al Gharbi	Thafer Aljabal		5	1	6	3		5	5
Aljufra	Aljufra	2	14	3	19	4	1	14	15
Wadi Ashshati	Brak		1	1	2	3		1	1
Wadi Ashshati	Edri		2		2	3		2	2
Wadi Ashshati	Algurdha Ashshati	3	37	3	43	3	1	15	16
Sebha	Sebha	2	21	11	34	2	1		1
Sebha	Albawanees		6		6	3		6	6
Ubari	Bint Bayya		13		13	3		13	13
Ubari	Alghrayfa		11		11	3		11	11
Ubari	Ubari	1	6	1	8	3	1	6	7
Ghat	Ghat	1	13	2	16	4	1	13	14
Murzuq	Alsharguiya		11		11	4		11	11
Murzuq	Algatroun		7	1	8	4		7	7
Murzuq	Taraghin	1	13		14	4	1	13	14
Murzuq	Murzuq	1	29	4	34	4	1	29	30
Murzuq	Wadi Etba		13		13	4		13	13
		97	1355	204	1656		50	600	650

HEALTH SECTOR ACTION/RESPONSE

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

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AFP updates: Weekly AFP updates are being published.

Bi-weekly operational updates: Regular biweekly (1-15 October) health sector operational update was produced. Bi-weekly COVID-19 operational updates (17 and 18) were produced by WHO Libya.

Operational assessment of selected municipalities was conducted across Libya.

Migrant health: an overview of health response to migrants and refugees in Libya was produced.

Coordination meetings: Sub-national health sector meeting was conducted in Al Baida.

Health Information Management materials produced:

- Health sector Libya, 4W snapshot, September 2020
- Map, health sector Libya operational presence in Libya, January – September 2020
- Operational presence/response of health sector organizations by municipality level (based on 4W inputs, January – September 2020)
- Link for interactive dashboard: [Health sector interactive analysis for the 4Ws](#)
- Draft COVID-19 interactive dashboard is shared with WHO and NCDC.

Health Sector 2021 HRP materials produced:

- Final narrative of Health Sector HRP 2021
- Final list of districts and municipalities ranked by Health Sector Severity Scale (disaggregated by population groups)
- Health sector inputs to inter-sector operational monitoring framework
- Health sector costing (per activity/per unit)

Current HDP-nexus developments

The first draft of “HDPN for Health Profile: Libya” was produced. The following are proposed recommendations for advancing the HDPN for health in Libya:

- Strengthen existing health coordination mechanisms
- Conduct joint, comprehensive health system assessments
- Define health sector development objectives and identify HDPN for health collective outcomes
- Shift towards multi-year strategic planning
- Bolster monitoring and evaluation mechanisms
- Create HDPN-related resource and financing records
- Mainstream conflict analysis and peacebuilding prioritization

Health sector planning and response includes both, “humanitarian” and “development” partners. The existing reporting and coordination platforms enable the required synergy.

UPDATES FROM PARTNERS

GIZ: Supporting the COVID-19 response of Hospitals and Laboratories in eight municipalities

In light of the rapid aggravation of the COVID-19 pandemic in Libya, the German Federal Ministry for Economic Cooperation and Development (BMZ) has mobilized additional funds to support the Libyan COVID-19 response. In cooperation with MoH, GIZ will support eight municipalities in strengthening the capacities of their hospitals and laboratories. The eight municipalities that were selected in consultation with MoH and WHO are Al Shate, Al Zintan, Benghazi, Garabulli, Nalut, Tarhouna, Tobruk and Zliten. Together with the municipalities, GIZ will determine the hospitals and laboratories’ requirements to ensure that the management of COVID-19 testing, treatment and care in their municipalities follow WHO guidelines and are accessible for those who require the services. The support to the hospitals and laboratories will, furthermore, comprise training and mentorship programs for doctors, nurses and

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laboratory technicians, and the provision of essential equipment and supplies, as well as capacity building in Asset Life Cycle Management. An inception meeting regarding this support was held with the mayors from Al Shate, Al Zintan, Garabulli, Nalut, Tarhouna and Zliten. The inception meeting in Benghazi and Tobruk was conducted with representatives from the Municipality COVID-19 Coordination Committees and the Medical Centres. Preliminary assessments have been conducted in all eight municipalities and the procurement of essential equipment and services has been initiated.

UNDP

On 13 October, UNDP Stabilization Facility For Libya delivered 12 ventilators to the Ministry of Health and WHO as a support to national response to COVID-19 in Libya. The equipment will be further distributed to 12 municipalities across Libya.



On 22 October, UNDP Stabilization Facility For Libya delivered five COVID-19 testing machines to the National Center for Disease Control (NCDC) in Misrata. The medical equipment will be further distributed to five municipalities across Libya.

On 22 October, UNDP Stabilization Facility For Libya handed over the cold chain refrigerator building to contractors for renovation. The infrastructure was damaged during violent clashes in 2016 and is not working to its full capacity. After maintenance, more patients in Sirt and neighbouring cities will have better access to medicines and vaccines that need cold chain.

Renovation work is due to start officially on 29 October 2020.

! Testing machines, <https://www.ly.undp.org/content/libya/en/home/presscenter/pressreleases/2018/The-National-Center-for-Disease-Control-counts-with-new-COVID-19-testing-machines.html>

Ventilators: <https://www.ly.undp.org/content/libya/en/home/presscenter/pressreleases/2018/COVID-19-Response-The-Stabilization-Facility-for-Libya-delivers-ventilators-to-health-authorities.html>

COVID-19 cartridges: <https://www.arabstates.undp.org/content/rbas/en/home/presscenter/pressreleases/2020/the-stabilization-facility-for-libya-delivers-second-batch-of-co.html>

Première Urgence Internationale (PUI)

As part of its programs aiming at strengthening the resilience of the most vulnerable populations affected by ongoing conflicts, Première Urgence Internationale (PUI) has been operating in the East of Libya, particularly in the regions of Benghazi and Al Kufra. PUI activities target both Libyan and non-Libyan populations including internally displaced people (IDPs), the host communities, migrants, refugees and asylum seekers in IDP camps, Detention Centers (DCs) and urban areas.

The organization's activities in the country are based on an inclusive integrated approach and include the provision of health care services, mental health and psycho-social support, WASH, and protection to promote health and well-being amongst the targeted populations. PUI projects are implemented with the support of EU DG ECHO, the EU Delegation, the UNHCR, the IRC and the AICS.



Through the month of October 2020, PUI provided primary health care services, including medical screening, medical consultations and MHPSS services. Specialized health care was also provided for the cases needing further management through referrals to public and private hospitals. Medical screening was performed for a total number of 2,144 individuals, including 1,369 primary health care consultations provided through regular and follow-up medical visits in Benghazi and Al Kufra Mantikas. The most prominent diseases that were recorded amongst the medical

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assistance beneficiaries were gastrointestinal diseases, non-communicable diseases (mainly diabetes and hypertension), Upper Respiratory Tract Infections (URTI), Urinary Tract Infections (UTI), and skin infections.



On health and hygiene promotion, PUI continued to disseminate health awareness messages amongst migrants in the targeted detention centers in Benghazi (Ganfoda, Tolmaitha, Shahat, Al Marj, Albayda, and Ajdabiya) and in the sites of intervention in Al Kufra during each medical visit conducted by PUI health teams. Besides, in order to improve access to personal hygiene, PUI distributed hygiene kits for migrants in the detention centers of Tolmaitha, Ganfoda, Ajdabiya and Al Marj. In addition, over the mentioned period, PUI organized 473 health and hygiene promotion sessions in Al Kufra Mantika targeting 618

beneficiaries (481 women – 137 men) through individual and group sessions.

As a component of its psychosocial support activities, PUI organized an awareness campaign for migrants at Ganfoda Detention Center in celebration of the World Mental Health day. The event aimed at shedding the light on the importance of mental health and anxiety management with a specific attention to the fragile situation imposed by the COVID-19 Pandemic. The campaign was organized on 15 October 2020 and benefited 103 migrants, including 77 men, 14 women and 12 children, at Ganfoda Detention center. Psychosocial support and recreational activities as well as awareness sessions on coping with the stress caused by the COVID-19 crisis were organized for children, youth and adults. Personal hygiene tips were also provided for the beneficiaries.

Besides, within the specific context of the COVID-19 Pandemic, and to sensitize the community about COVID-19 preventive measures and medical management, PUI continued to disseminate awareness messages amongst all beneficiaries and targeted communities in PUI's areas of intervention during all the activities that were implemented over the month of October 2020.

Helpcode

Libya: courses begin with Gaslini Paediatric Hospital to train local medical staff

Girls and boys in the Zawya and Ghat districts in Libya will have access to better medical care thanks to better training for local medical and nursing staff.



Doctors and nurses working in these areas are acquiring new skills in the management of techniques for paediatric care through training courses held by doctors from Giannina Gaslini Paediatric Hospital in Genoa.

Gaslini Hospital is Helpcode's technical partner for implementation of the project "Restoring quality health care services in Zawya and Ghat District in Libya within the framework of the "Baladiyati – Recovery, stability and socioeconomic development in Libya" program financed by the European Union through the EU Trust Fund – North Africa Window and implemented jointly by AICS, UNDP and UNICEF to improve access to basic services in 24 municipalities all over Libya.

Helpcode, with local partner ODP (Organisation of Development Pioneers) and the technical support of Gaslini Hospital, is working on this project to rehabilitate a number of medical centres in the Zawya and Ghat districts and train local medical and nursing staff. This will make it possible to supply quality healthcare services to all residents in the municipalities involved in the project and in nearby marginal areas.

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The first course was held on Wednesday, 7 October via videoconferencing with Professor Andrea Moscatelli, Head of the Newborn and Paediatric Intensive Care Unit at Gaslini Hospital, to discuss mechanical ventilation for adolescents and paediatric patients. The session saw the participation of 13 doctors, including 7 women and 6 men, from the Al Harsha and Abu Sorra centres in Zawya municipality.

Two more courses were held in the month of October: use of diagnostic tools (X-rays, CT, US) in paediatric clinical medicine, held by Professor Nicola Stagnaro of the Radiology Department at Gaslini Hospital; and management of septic shock in children and newborns, held by Professor Moscatelli.

With the same goal of ensuring quality care and staff training, in September the project initiated the training on the job of the health staff in Ghat with a team composed of two doctors (a paediatrician and a general practitioner) and a nurse to Ghat to provide training on the job, working alongside local medical staff.



Libya, AL-Harsha, steps forward on the ground

Since OCT 10, 2020, the rehabilitation work for Al Harsha Health Center in Zawya, has started after handing over the center to the construction company which was selected after a competitive bid. By this implementation work, plans have been transferred into actions, and the project of “Restoring quality health care services in Zawya and Ghat districts of Libya” has entered actual implementation on the ground for its rehabilitation component. The rehab work will include maintenance of the entire structure of the building, changing windows and doors, installation and maintenance of latrines and water cycles and rehabilitation of sewage systems.



At the end of the work, which will last approximately for three months, the Health Center will be returned to the Municipality and fully functioning, and it will provide quality health services to 42,000 people in Al-Harshas. This center is one of three health facilities in Zawya municipalities which are being targeted by the project of restoring quality health care services in

Zawya and Ghat districts of Libya within the framework of the “Baladiyati – Recovery, stability and socioeconomic development in Libya” program financed by the European Union through the EU Trust Fund – North Africa Window and implemented jointly by AICS, UNDP and UNICEF to improve access to basic services in 24 municipalities all over Libya.

WeWorld-GVC



For the Global Handwashing Day, an awareness session to promote good handwashing practices to prevent COVID-19 transmission has been conducted in Gardah Garden, a new public park of Sabha inaugurated Sunday 11 October, 2020. WWGVC, with the support of MIGRACE as Implementing Partner, is active in Sabha for the rehabilitation of seven health facilities, provision of medical equipment and supplies, as well as Hygiene Promotion sessions and capacity building for key stakeholders. For the Global Handwashing Day and with consideration to the ongoing COVID-19 pandemic, MIGRACE hygiene promoters have installed four Hand-Washing-Stations and soap distributors in the park and provided awareness session on the following topics:

- Germs/Virus/Oral-fecal transmission route
- How does COVID-19 spread
- Critical times for handwashing
- How to wash hands correctly

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MSF OCP Libya Mission

1. Mobile clinic to Zinten DC, Zawia Nasser DC, Zliten DC, Misrata Nigerian community and to disembarkation points; Services: PHC and referrals, Protection monitoring, Psychological counselling, PSS activities, psychiatric referrals, protection monitoring, NFI distributions, food distributions. > All migrants. Souq Alkhamis DC and Zwara DC: Activities suspended since the closure of the DC.
2. OPD for TB at NCDC Ras Ali Areal, Misrata - Sunday to Thursday: 9 AM to 2 PM; Services: TB diagnostic, registration, counseling and follow up. Free of charge > All target groups.
3. MSF TB Unit with 17 beds in Misrata, address: (Tripoli street, Misrata Medical Center) – 24/7/; Services: TB and MDR patients (10 Medical staff) > All target groups.
4. TB Laboratory activities: support to NCDC: TB diagnosis either for drug sensitive or drug resistant and it's running by microscopy and by GeneXpert techniques; X-ray facility at NCDC; Biochemistry lab.
5. In Bani Walid, MSF is providing primary health and MH care for host communities and migrants; Services: OPD in Safe House, Mobile clinic in Souk Camp, El Medina-OPD, (1 GPD, 1 Nurse Aid) 09:00-14:00 From Saturday to Thursday, El Medina ANC/PNC (1 Gynecologist, 2 Nurses, 1 Medical interpreter) 09:00-14:00 From Saturday to Thursday.
6. OPD for TB at Yefren NCDC- Tuesday- 9 AM to 2 PM; Services: TB follow up. Free of charge > All target groups.

TDH Italy

With funding from the CERF-Health project “Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli” the procurement of medical supplies and equipment, training, and other activities were completed in October 2020.

TDH concluded recruitment and induction for the final Health Team members required to carry out the activities under CERF. The team is comprised of doctors from across West Libya who are in charge of providing supplies, equipment, and training for a growing number of health sites - 17 health sites are being engaged as of the end of October 2020. Final consultations with health sites for supplies and equipment were concluded in Aljabal Algharbi, Azzawya, Misurata and Tripoli and a call for tender was launched on 20/10/2020 on Libyan Investment, Relief Web, and TDH Italy's website. A final site is still under assessment for supplies and equipment in Al Khoms after referral from CERF-WASH agency Alemdad.

5 Training packages have been prepared after site consultations and two training packages have been delivered to two health sites on 27/10/2020 and 29/10/2020; development of online, remote training packages is still underway. Training reached staff in Tawergha General Hospital and Misurata Hospital for Tuberculosis and Chest Diseases. 4 doctors, 27 nurses, and 36 support staff received 'COVID-19 Basic Training' and 'Psychosocial Risk to Health and Safety' training packages. Additional training has been requested by each site to accommodate staff unable to participate in October 2020 with another round already scheduled for 01/11/2020 in Tawergha General Hospital.



IRC

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

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With support from DFID, the mobile medical team (MMT) supporting Elmgarief and Nasib Altidkari PHCCs conducted 572 consultations including general, reproductive and mental health consultation and have provided 21 referral cases. With support from SIDA, the IRC mobile medical team continued to conduct visits to Tariq Asikka Detention Center (DC) and Al Harat PHCC and conducted a total of 660 consultations (at Tariq Asikka DC and Al Harat PHCC) with 24 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 conducted over 434 consultations which include General, Reproductive and Mental health services, along with more than 91 referrals to public and private clinics. The IRC mobile medical team resumed work at Zawyet Aldhmani PHCC as of October 1st and conducted over 167 consultations which include General, Reproductive and Mental health services, along with more than 21 referrals to public and private clinics. IRC medical team have supported the registration process at UNHCR office – Serraj by providing daily medical screening and when needed the medical team has also provided medical consultations at the registration time of the Person of Concerns (PoCs) newly released 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 October, the IRC assisted a total of 36 (21 Male and 13 Female) with 2 referrals (PoCs) to secondary and tertiary public and private hospitals.

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 1283 consultations and 360 medical referral cases to secondary and tertiary public and private hospitals. The IRC continues to host 44 POCs at the LRC shelter providing them with essential needs, food, and primary and specialized health care and referral of cases as needed, protection, psychological support and they are staying in the shelter under our responsibility waiting to be evacuated. IRC health team along with UNHCR team took DNA samples on the 8th of October as part of a resettlement procedure. During October, IRC team funded by AICs conducted meetings with MOH managers of targeted health facilities to discuss challenges, upcoming plans related to equipment donation and trainings. The COVs supported by AICs have delivered approximately 25 health awareness sessions and have reached about 230 beneficiaries (59% female and 41% male). Sessions topics include COVID-19 awareness, personal hygiene, NCDs and more. The COVs attended training on community inclusion for people with disabilities (PWDs) while training on NCD and Covid-19 awareness is planned for November.

The International Rescue Committee (IRC) is providing Rescue At Sea (RAS) to survivors:

With support from UNHCR, the IRC continues to conduct Rescue At Sea (RAS) and have successfully responded to six (6) rescue activities in October (5 in Tripoli Naval base and 1 in Tripoli commercial port) There was a total of 865 (796 Male and 69 Female) people rescued.

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 on a weekly basis to provide coaching and support to the health staff at the pilot sites. In Zliten and Gharyan municipalities, the HMIS Mentor, Nurse Mentor, Health Promotion Mentor, Clinical Mentor, Reproductive Health Mentor, MHPSS Mentor and Pharmacist Mentor conducted activities in Ezdo, Alghwailat, Al-Qusba and Hi almohalameen PHCCs in Zliten. In addition to Gharyan Poly Clinic, Awlad ben Yaqup, Alwasat alqwasem and Abu Zayan PHCCs in Gharian. The IRC Team in Gharyan has conducted its duties of following up on the health facilities and data collection remotely most of the time for this month because the entire staff was on quarantine during the first two weeks. The IRC team accompanied third party (Haider El Saieh) for evaluation of the primary health care facilities in Both Gharyan and Zliten. This evaluation was conducted on October 25th in Zliten and on October 27th in Gharyan.

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Training sessions:

Reproductive health capacity building

The IRC team in Misrata office conducted the first reproductive health training in Capacity building event in cooperation with DoH in Zliten. The main purpose of this training was to familiarize the PHCC staff (gynecologists and obstetricians) on antenatal, postnatal and family planning cases and manage them properly. This training was conducted between October 13th and 15th, 2020.



Covid-19 Trainings

IRC teams continue supporting the health facilities in term of capacity building training to all health staff from all pilot sites in order to strengthen their capacity to face COVID-19 challenges. These capacity building training included the following training on separate occasions during the month of October:

- Infection prevention and control (IPC) and waste management training for pharmacists, lab technicians and managers in all targeted facilities in Zliten including Ezdo, Alghwailat, Al- Qusba and Hi Almohalameen PHCCs. This training was conducted on October 25th.
- Infection prevention and control (IPC) and waste management training for nurses in all targeted facilities in Zliten including Ezdo, Alghwailat, Al-Qusba and Hi Almohalameen PHCCs. This training was conducted on October 26th.
- Triage system implementation training for nurses in all targeted facilities in Zliten including Ezdo, Alghwailat, Al-Qusba and Hi Almohalameen PHCCs. This training was conducted on October 17th.



National health day celebrations:

- National Mental Health Day Celebration - (13th and 14th of October)
- National Breast Cancer Awareness Day Celebration - (21st of October)

The IRC team in Misrata office celebrated the national mental health and breast cancer awareness days by conducting education sessions and distributing educational brochures to patients and their companions in the health facilities of Zliten for both celebrations.



The donation of 2100 vials of insulin and 70,000 tablets of hypoglycemic medications to support MoH have been made.

The IRC has continued the RCCE activities directed towards the COVID-19 Pandemic. As part of health awareness activities, the IRC has installed a total of 8 billboards in Sabha Municipality.

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UNHCR

Through IRC and PUI, UNHCR continues to provide healthcare in west and east of Libya also to refer urgent medical cases from urban, detention centers and disembarkation points to secondary health facilities/ The 24/7 medical emergency hotline team continue to support PoCs with primary healthcare and referrals to secondary health facilities also providing COVID-19 PCR swabs in coordination with LRC and NCDC. this hotline is operated by UNHCR partner IRC and Libyan red crescent.

COVID-19 Response



As COVID-19 cases rapidly increase across Libya, UNHCR continues to support activities aimed at mitigating the impact of the virus, providing necessary equipment to healthcare facilities. During the month of October UNHCR provided three fully-equipped ambulances to Hay al Andalus municipality, Tajoura municipality, and the Ministry of Health's emergency unit in Tripoli. The ambulances were delivered in presence of UNHCR Chief of Mission in Libya, Mr. Jean-Paul Cavalieri, and Mr. Yacoub El Hillo, Humanitarian Coordinator for the United Nations Support Mission in Libya.

UNHCR provided eight hospital tents to four health facilities across the country Sebha medical center, Zliten COVID-19 isolation center, Ministry of Health's emergency unit in Tripoli and Tobruk medical center. Each facility received 2 hospital tents to increase the capacity of COVID-19 triage and treatment. Mindful of the acute needs in terms of protective equipment and sanitary items, UNHCR also distributed some 300 hygiene kits and sanitary cloth to three isolation centres in the cities of Gheryan, Zintan and Zawia, where suspected COVID-19 cases are quarantined and monitored.



UNHCR provided medical screening and COVID-19 PCR tests for 153 refugees before evacuation to Niger and all results were Negative.

IMC Success Story

OFDA funded activities: With OFDA (BHA) funding, IMC supplied urgently needed iv fluids to the Isolation Center at the Tripoli Medical Center. Altogether, 6000 bottles of various formulation of IC fluids could be delivered to support life-saving activities at that center to fight the consequences of COVID-19. Further intensive training on COVID-19 case management was given at Tripoli, Misrata, Sabah and Benghazi for IMC supported medical staff. 80 participants successfully completed those training units.

EUTF-funded COVID-19 response activities: IMC completed the procurement process for life-saving medical equipment, such as injection pumps, defibrillators and syringe pumps for emergency medical treatment th the Isolation Center of Tripoli Central Hospital. ICU personnel was trained on the appropriate use and simple maintenance procedures that can be carried out at the department.

GIZ funded activities: Medicines and medical supplies were distributed to the GIZ supported facilities In Zintan (Alquawasim PHCC), Nalut (Sidi Khalifa PHCC) and Albuwanis PHCC (Tamanhent)

UNFPA funded programs: IMC carried out the minimum, initial service package (MISP) training in Tripoli and Sabah with all in all 24 medical doctors attending and passing the post-test successfully

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AICS funded activities: The BLS and ACLS training started last month has reached the final stage and was completed with the last round at Zuwara Marine Hospital with 15 medical doctors, nurses and medical technicians passing the tests successfully.

IMC MHPSS



The IMC MHPSS team honored World Mental Health Day on October 11, 2020 by holding small, socially distanced awareness sessions regarding stress and COVID-19 throughout their working locations at PHCs in Tripoli, Misrata, Benghazi, and Sabha. Pictured here is the team at work. The IMC Libya COVID Response Facebook page also featured the team and shares important MHPSS messages on a weekly basis. The IMC MHPSS team continues to deliver free individual MHPSS counseling sessions to frontline workers, IDPs, migrants and refugees, and host communities in these four cities in Libya. Referrals are welcome and anyone can contact IMC MHPSS Specialist, Dr. Christine Rufener: crufener@internationalmedicalcorps.org or IMC MHPSS Coordinator Dr. Tahany Bilkhair:

tbilkhair@internationalmedicalcorps.org

IOM

IOM medical teams provided 6091 consultation services to migrants, refugees and IDPs and referred 83 migrants to secondary/tertiary hospitals for further management. The medical teams provided medical consultations for 1458 (Male 1277, Female 181) detained migrants in Dahr Aljabal DC, Tariq Al-Sikka DC, Shouhada Alnasr DC, Abu Issa DC, Ganfouda DC, Tokra DC, Kufra DC, Souq AL Khamees DC, Zwara DC all over Libya. Another of 11 migrants were referred from these detention centers to the secondary and tertiary health care hospital for further management.



IOM medical team conducted 71 outreach campaigns and awareness raising sessions in Sabha, Ubari, Tripoli and Benghazi this month. A total of 3,353 migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

IOM medical team through Migrant Resource and Response Mechanism (MRRM) program conducted medical consultations to 1873 migrants (1257 Males and 616 Female) in urban areas in Zwara, Sabha, Qatroun, Tripoli, Hay Al-Andalus Office and Bani Waleed. Moreover, IOM medical team referred 31 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 for 1960 IDPs (Male 1008, Female 952), along with supporting these centers with medicines, medical consumables and IEC materials on COVID-2019, IOM medical team referred 11 migrants to the secondary and tertiary health care hospitals.

IOM medical team conducted two days training (2 batches) for health workers in Detention centers on COVID-19 Case Management Infection Prevention and control supported by Italy in October 4-7, 2020. A total of 25 health care workers trained. Pre- and post- test results showed significant improvement of knowledges of participants of the training.

IOM medical team conducted two days training (3 batches) for health workers in on COVID-19 Case Management Infection Prevention and control supported by PRM in October 4-5 and 12-13, 19-20,2020. A total of 41 health care workers trained.

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IOM medical team conducted two days training (2 batches) for RRT in on COVID-19 Prevention and contact tracing and control supported by German in October 11-14, 2020. A total of 28 health care workers trained. 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 800 persons (males 724, female 76) and referred 28 cases from above shelters for hospital management.



IOM medical team supported the migrants rescued at sea at different disembarkation points and screened 487 migrants (Abusitta, Tripoli main port and Qaminis DP)); during the screening 51 migrants provided medical consultation. IOM medical team referred 2 migrants to the secondary and tertiary health care hospitals.

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 873 travelers (Male 455, Female 254, Boys 69, Girls 95) 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 hospitals beds, IV stands, bed sheets to Wazen and Ras Jadeer PoE to equip prefabs under CERF project.

IOM medical team conducted medical pre-departure medical screening for 457 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 active: <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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