

# HEALTH SECTOR BULLETIN

**December 2020**



## Libya

Emergency type: Complex Emergency

Reporting period: 01.12.2020 to 31.12.2020

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)	20.4 and 12.0	72.8 and 71.5

KEY ISSUES	2020 PMR (Periodic Monitoring Report) related indicators (November)	
Strengthening health information management system in Libya	Number of medical procedures provided (including outpatient consultations, referrals, mental health, trauma consultations, deliveries, physical rehabilitation)	<b>44,533</b>
Operational framework (the development imperative for further coordination between the MoH and Ministry of Planning)	Number of public health facilities supported with health services and commodities	<b>81</b>
“Deep dive” on humanitarian and development challenges	Number of mobile medical teams/clinics (including EMT)	<b>43</b>
Shortage of health and non-health personnel in COVID-19 isolation and case management facilities	Number of health service providers and CHW trained through capacity building and refresher training	<b>1060</b>
Detention centers in the east of the country	Number of attacks on health care reported	<b>4</b>
Cluster Coordination Performance Management 2020	Percentage of EWARN sentinel sites submitting reports in a timely manner	<b>71%</b>
	Percentage of disease outbreaks responded to within 72 hours of identification	<b>84%</b>
	Number of reporting organizations	<b>15</b>
	Percentage of reached districts	<b>100%</b>
	Percentage of reached municipalities	<b>83%</b>
	Percentage of reached municipalities in areas of severity scale higher than 3	<b>52%</b>

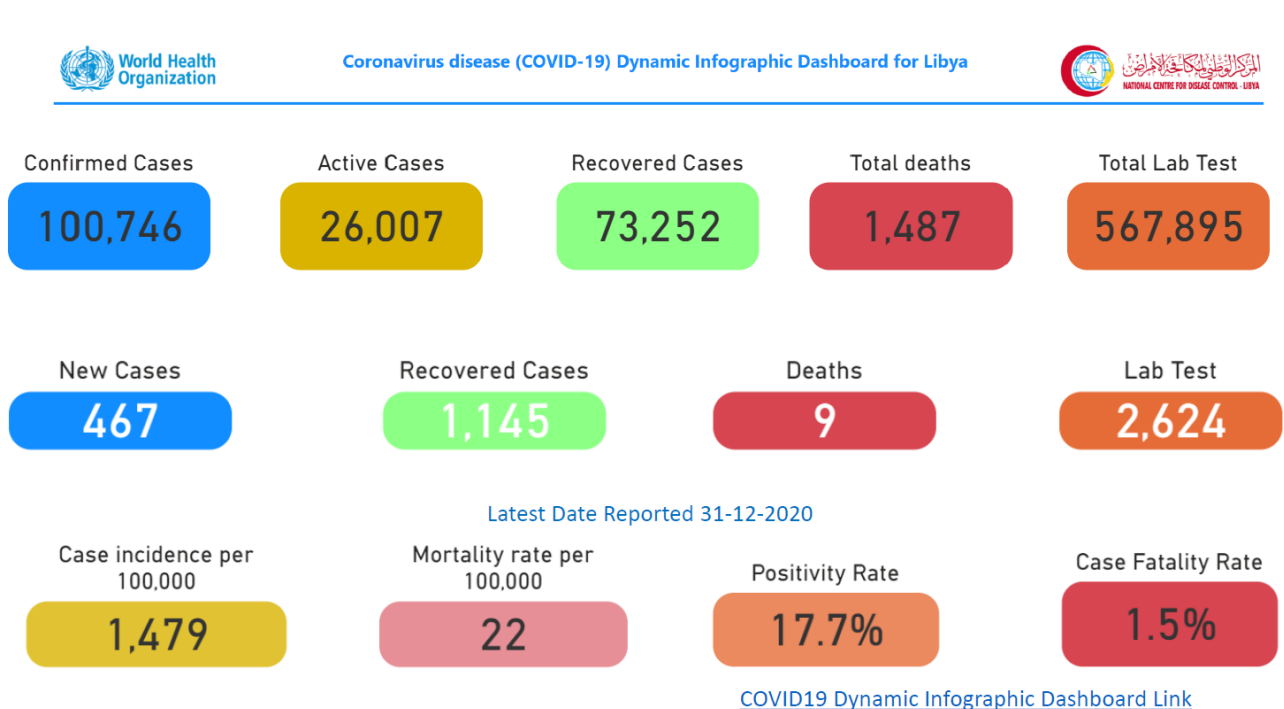
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## SITUATION OVERVIEW

- UNSMIL condemns brutal attack against school children, calls for perpetrators to be brought to justice.
- Pompeo: Russia continues to violate Libya's arms embargo.
- Oil production in Libya rose to 1.28 million barrels per day.
- 1 December 2020, in Tripoli, unidentified gunmen reportedly kidnapped Dr. Al-Siddiq bin Dallah, the head of orthopedic Surgery department in al-Khadra Hospital. The doctor was released a few days later following a massive campaign.
- 5 December 2020, a pediatric department (OPD) at Elmaqarif hospital was attacked by a drunk armed person. The person entered the hospital with his sick child in need of medical examination. The person kept threatening the medical personnel
- Statement, WHO condemns violence against health workers in Libya, <http://www.emro.who.int/lby/libya-news/who-condemns-violence-against-health-workers-in-libya.html>
- Having been inactive for five years, Central Bank of Libya (CBL) Board of Directors meets and unanimously decides to unify and devalue currency, with decision taking effect on 3 January 2021.
- United Nations Secretary General Antonio Guterres has called for the formation of an international committee to monitor Libya's ceasefire.
- Nickolay Mladenov, the newly appointed UNSMIL head will not after all take up the job.
- Egyptian delegation of foreign ministry and intelligence officials arrived in Tripoli and met with top Government of National Accord officials in a first visit for Egyptian government officials to Tripoli.
- The Libyan Foreign Minister of the Government of National Accord (GNA) Mohammed Sayala asked his Russian counterpart Sergey Lavrov for Russia's support for the withdrawal of foreign fighters from Libya.
- UN head appoints Canadian Georgette Gagnon as Humanitarian Coordinator for Libya
- The Ministry of Finance of the Government of National Accord (GNA) announced the release of over 60 thousand salaries in the public sector.

## PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS:



*Humanitarian situation and response (OCHA update)*

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*The cessation of hostilities and progress towards peace has led to increasing number of previously displaced families returned to their places of origin in western Libya:* The number of IDPs across Libya has dropped from 426,000 people in June to 316,000 people by the end of October – a 26 per cent decrease. A significant proportion of the returnees had returned to their houses in the previously conflict-affected municipalities of Qasr Bin Ghasheer, Espeaa, and Swani Bin Adam in Aljara, and Abusliem and Ain Zara in Tripoli. However, many face challenges returning to moderately or severely damaged homes and into areas with limited or intermittent public services, such as electricity and water. Furthermore, in many areas mine hazards remains a significant risk.

*The number of migrants present in Libya has also decreased from 600,000 individuals in June to 574,000 by the end of October – a 4 per cent decrease:* The number of migrants in Libya has been declining since the start of the COVID-19 pandemic and continues to decline, but at a slower rate compared to the last three rounds of data collection. An estimated 80,000 migrants have left Libya since the start of the pandemic, mainly to neighbouring countries. The economic downturn, including plummeting income-generating opportunities for migrant workers, tightened security controls and mobility restrictions due to COVID-19 are amongst the factors which have likely contributed to a number of migrants leaving Libya.

*By the end of November, more than 11,800 migrants and refugees trying to reach Europe have been intercepted at sea and returned to Libya, which is by all definitions not a safe port for return:* Migrants and refugees have continued to attempt the Mediterranean Sea crossing, with more than 1,700 people being intercepted at sea and returned to Libya in November. This is a significant increase compared to the same period last year where only 719 were reported to have been intercepted and returned to Libya. While good weather in early November is likely to have contributed to a higher rate of departure, global economic repercussions in countries of origin and in Libya are a contributing factor in the search for better livelihoods. Hundreds have paid the ultimate price, over 900 migrants and refugees drowned, or are presumed drowned, in the Mediterranean in 2020.

### Strengthening health information management system in Libya

- Today Libya is one of very few countries in the region incapable to report to the WHO response monitoring framework, including 20 indicators. Libya is poorly represented in a data collection tool and a dashboard. Libya has the lowest reporting rate of completeness by indicators (37%). In Libya, the weak capacity of the national

Average of Completeness	Column Labels									
Row Labels	Afghanistan	Iraq	Libya	Palestine	Somalia	Sudan	Syria	Yemen	Grand Total	
2020-01	73%	47%	37%	63%	43%	67%	73%	97%	63%	
2020-02	73%	47%	37%	63%	43%	70%	73%	93%	63%	
2020-03	73%	47%	33%	63%	43%	70%	73%	93%	62%	
2020-04	73%	43%	37%	63%	47%	77%	73%	90%	63%	
2020-05	73%	47%	33%	63%	43%	63%	73%	93%	61%	
2020-06	73%	47%	33%	67%	43%	63%	73%	93%	62%	
2020-07	73%	50%	37%	63%	43%	77%	73%	90%	63%	
2020-08	73%	47%	33%	63%	43%	77%	73%	90%	63%	
2020-09	73%	47%	37%	63%	47%	73%	37%	90%	58%	
2020-10	67%	40%	33%						47%	
<b>Grand Total</b>	<b>73%</b>	<b>46%</b>	<b>35%</b>	<b>64%</b>	<b>44%</b>	<b>71%</b>	<b>69%</b>	<b>92%</b>	<b>61%</b>	

health information system has hampered efforts to gather overall data on the burden of disease, the prevalence and main causes of morbidity and mortality, and the status (accessibility, availability) of health care services across the country. The review has indicated non-availability of most of the core indicators

except for performance indicators reported and captures through a standard 4W (by UN agencies and NGOs). There is a functioning Health Information Centre and a system of data collection and reporting from facility up to national level has been largely disrupted.

- The experts of the third Regional Health Cluster/Sector Coordinators meeting, 7-8 December 2020 indicated that in several countries, collecting data from ministries of health and other entities remained very challenging. For example, in Libya's case, the country is divided into an UN-recognized and non-UN-recognized government. Systems like DHIS and HeRAMS are not operational.
- In the current context of Libya, it is impossible to have meaningful discussions of “MoH” priorities and progress in health information management as both MoH do not recognize each other. High political fragmentation and vested interests affect institutional ownership.
- There is no system in place to track the performance (at a central level, either in Tripoli or Benghazi) of all public health facilities.

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- Despite all supported and provided technical support, there is no country-wide system to gather information and monitor and assess needs, response capacities and funding requirements. Absolute lack of population/health data and the lack of data culture.
- The health facilities' catchment areas and administrative boundaries are not defined.
- No information from Bureau of Statistics and Census and other partners about census and surveys is used.
- There is a growing demand for health-related information from senior programme managers, policy makers, donors, NGOs and other key players in the health sector.
- Libya lacks a comprehensive costed M&E plan and that country lacks a national health data dictionary, standardized guidelines for data management, institutionalized data quality assessments or even a functioning integrated web-based health information system.
- Also non-existent are mechanisms for review and action like for data (including for quality), linkages between health sector reviews and the disease and programme-specific reviews, and active engagement of civil society in country reviews.
- Furthermore, in parallel to HIS, National Centre for Disease Control within the MoH has an active information system to gather, transmit, consolidate and report data with regard to communicable and non-communicable diseases. There is a master facility list and a list of priority diseases for surveillance, including alert thresholds.
- Absence of essential IM products prevent a proper response planning and prioritization.
- Health sector do not invest yet proper time in data collection activities.
- Health sector aimed to overcome one of the key challenges of absence of health data and updated information from the side of the national authorities. Frequently quoted and largely invested DHIS tool has not yet yielded the expected results. HeRAMS has not been launched in Libya.
- Pandemic would be a major issue, with many initiatives remotely managed.
- Due to the precarious political situation, all the institutional achievements could be jeopardized if the crisis deteriorates.
- WHO and the competent Libyan authorities would have to define the future strategy to ensure the financial sustainability of HIS beyond 2021.
- Implementation of DHIS-2 was continuously delayed. IOM supported implementation in 21 municipalities while UNICEF is in the planning stages of implementing the DHIS-2 in 24 municipalities. There was no funding to support implementation in 50 remaining municipalities. Similarly, no funds are available to implement DHIS-2 vertical programme reporting.
- The lack of a reliable HIS raised the risk of communicable disease outbreaks with the potential to spread across borders, since many migrants transit through Libya on their way to Europe.
- Libya remains non ready for most of the regional initiatives (including SCORE <https://www.who.int/data/data-collection-tools/score> or Documenting and sharing lessons learnt from health service delivery in protracted emergencies during the COVID-19 outbreak) on information management. The only "credible" source of information for pre-COVID-19 time has been SARA 2017 study. The document is accessible at this link: [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/service\\_availability\\_and\\_readiness\\_assessment\\_final\\_12-03-2018.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/service_availability_and_readiness_assessment_final_12-03-2018.pdf)
- At present Libya lacks behind to produce a number of deliverables part of the Public Health Information Service (PHIS) Toolkit:
  - Tools for measuring the health status and threats for affected populations
  - Tools for measuring health resources and services availability
  - Tools for measuring health system performance

## Final 2021 HRP health sector projects

	Organizations	Name	Cluster / Sector	Requested funds
1	IRC	Conflict affected population in Libya including migrant and refugees have improved access to lifesaving and comprehensive primary, reproductive and mental health care services	Health	3,000,000
2	WHO	Scaling up primary health care services including Expanded Program of Immunization across Libya	Health	2,500,000
3	WHO	Strengthening secondary health services, including trauma, across Libya	Health	1,500,000

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4	WHO	Strengthen noncommunicable disease and mental health disorder with focus on GBV across Libya	Health	800,000
5	Emergenza Sorrisi	Health Care Assistance and Health Resilience Empowerment in Libya	Health	295,000
6	IOM	Syndromic and event based cross border surveillance and contact tracing of COVID patients	Health	954,200
7	IOM	Strengthening Core Capacity of Points of Entry for Emergencies	Health	1,715,638
8	UNFPA	Increase access to lifesaving sexual and reproductive health services to vulnerable population affected by Conflict and COVID19 pandemic in Libya	Health	4,801,544
9	HI	Inclusive Humanitarian Assistance, Health and Protection Response for the Most Vulnerable, Crisis Affected Persons in Libya	Protection, Health	1,144,000
10	Helpcode	Provisioning of lifesaving and primary reproductive health services to the most vulnerable population including IDPs, refugees, migrants and vulnerable nondisplaced, in southern Libya	Health	630,000
11	IOM	Closing Gaps in Essential Health Services for the Most Vulnerable Migrants, IDPs, and Host Communities in Libya	Health	2,475,600
12	WeWorld	Emergency Health support for the vulnerable community groups in West and South Libya	Health	700,000
13	INTERSOS	Protection and Multi Sectorial Assistance to IDPs, migrants and vulnerable host communities	Health	27,770
14	IMC	PEERS: Protection Enabling Environment and Resilience Services	Health	934,270
15	UNHCR	UNHCR Multi-Sectoral Project in Libya	Multi-sector	3,500,000
16	TdH Italy	Supporting health institutions and communities respond to COVID-19 in Aljabal Algharbi, Azzawya, Misurata, and Tripoli.	Health	300,000
17	IMC	Strengthening protection and resilience of vulnerable groups in COVID-19 emergency	Health	1,200,000
18	IMC	Expanding access to essential primary healthcare, respiratory care for severe COVID-19 patients, and comprehensive and lifesaving GBV services for Internally Displaced Persons (IDPs) and conflict-affected people in Libya	Health, Protection	2,309,598
19	WHO	Strengthening health sector coordination and information management in Libya	Health	720,601
20	UNICEF	Provision of Essential & Lifesaving Maternal and Child, Health & Nutrition and COVID-19 responsive services to vulnerable population in Libya	Health	4,000,000
21	WHO	Strengthening national disease surveillance with a focus on COVID19, TB and HIV	Health	550,000
22	WHO	Libya C-19: Strengthening Libyan authorities' capacity to address C-19 related challenges and ensure protection of Libya's population, including vulnerable groups	Health	3,431,017
23	CEFA	HEALTHS - Heightened and Enhanced Access of Libyans and migrants to Health Services in the Municipality of Zawiya	WASH, Health	229,500
24	AAH	Preventing and mitigating the spread of COVID-19 through an integrated WASH and Mental Health Psychosocial approach in Benghazi	Health, WASH	173,163
25	IFRC	Improving the health and well-being of vulnerable communities in Libya	Health	398,099
26	CEFA	Hand in Hand for better health and wash services for vulnerable populations in the South West	WASH, Health	500,000
27	PUI	Enhance access to health and essential services for conflict affected communities in Southeast of Libya	Health	700,000
28	PUI	Libya Equal Access and Development for Recovery	Health	1,500,000
<b>TOTAL:</b>				<b>40,990,000</b>

### *“Deep dive” on humanitarian and development challenges*

An overview of consolidated effort of health sector related issues to consider for planning and response while strengthening health system' development for Libya was completed with a focus on:

- Overall context
- 2020 major health system challenges of the collapsing health system

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- Priority planning and response
- Synergized approach of integrating humanitarian and development objectives in health
- Key development related organizations
- Priority response areas
- A way forward for humanitarian-development peace nexus in health
- Practical observations for next recommendation

### *Cluster Coordination Performance Management 2020*

Annual mandatory exercise related to the Cluster Coordination Performance Monitoring (CCPM) in Libya was completed. This exercise is part of systematic and transparent assessment and monitoring of health cluster/sector performance against its six core functions (as determined by the IASC) and its' accountability to affected populations. 36 health sector partners were requested to take part in the assessment. A final report will be prepared during the first week of January 2021 and shared separately.

### *Operational framework (the development imperative for further coordination between the MoH and Ministry of Planning)*

As part of the coordinated work between the Ministry of Health, Ministry of Planning and health sector, a consolidated operational framework was developed and costed at 62 million USD accordingly. The document is with the Ministry of Planning at this stage.

<b>Key priorities identified by the sector that require international assistance</b>	<b>Key objective</b>
Enhancing comprehensive primary care and family medicine by providing basic health services package and supporting capabilities, including mother and child health, reproductive health, immunization services, non-communicable diseases (with mental health), referral system, preparing human and information resources and the necessary requirements for this, and high quality services by ensuring safe, effective and patient centered needs.	<b>SERVICE DELIVERY</b>
Strengthening public health programs by early detection and response to epidemics, including national programs for infectious diseases, supporting epidemiological investigation, and expanding response and monitoring teams to combat them, including the COVID-19 pandemic.	
Support the adoption of centralized blood services.	
Development of public-private partnerships in key segments of public health.	
Production of knowledge and evidence generation related to Libya's education and health labor market and the use of such evidence to inform the policy dialogue on short, medium and long- term strategies and interventions.	<b>HEALTH WORKFORCE</b>
Conduct HRH mapping and initiate HRH data registry and develop job descriptions.	
Preparation and implementation of HR strategy based on the optimal development of all human resources in the sector (administrative, health or technical), including job, profession analysis and continuous professional training.	
Strengthening medical education systems (support with certification; evaluation of performance; review of key indicators).	
Establishing an advanced school for clinical disease training and education to establish good laboratory practices.	
Preparing projects and programs for twinning between the various health facilities, medical universities and faculties locally and internationally.	
Establishment of technical partnership with international training centers.	<b>INFORMATION</b>
Support in enhancement and implementation of developed Health Information Strategy, including:	
a. Improving data collection mechanisms, standardizing it, and expanding its base to include all public and private health facilities.	
b. Improve data processing at the local and national levels to provide the necessary information to evaluate the performance of the health system and to achieve the objectives required in the national plan.	
c. Enhancing capabilities and developing competencies for managing and operating the informatics system, including activating the DHIS2 application and adopting digital health applications that include electronic or mobile health.	
Completion of the National Cancer Registry Project and the creation of the National Diabetes Registry.	

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Activating the drug and supplies management system to include smooth supply, forecast consumption patterns, warehouse management, and more.	<b>MEDICAL PRODUCTS, VACCINES, AND TECHNOLOGIES</b>
Strengthening quality assurance of medicines according to international standards and reviving the FSP program.	
Ensuring the continuous availability of essential medicines, including adopting a published national list of essential medicines updated in the last 5 years	
Providing the supplies and technology necessary for neglected uncommon/rare diseases.	
Activating and developing research in health fields.	
Developing and supporting digital health programs to facilitate the provision of high-quality, accessible health services, especially in remote areas, in order to reach universal health coverage.	
Provide the necessary vaccinations against the COVID-19 pandemic.	
Support and accelerate the implementation of the health insurance program.	<b>FINANCING</b>
Provide technical assistance on establishing the health economics unit (HEU), unit, including its organizational and governance structure as well as building capacity to support budget planning system in Libya requiring major policy and institutional reforms at the national level to meet basic budgetary efficiency and transparency standards.	
Establishing and developing a system for managing finance in the sector and training workers in the sector on it to rationalize spending and link financing with the actual services provided.	
Preparing a long-term, announced, clear and agreed-upon health sector plan, which includes a vision, mission, goals, objectives, policies followed and directions for development, focusing on means of protection to ensure equitable access to health services based on quality.	<b>LEADERSHIP AND GOVERNANCE</b>
Enhance existing health coordination mechanisms (combining humanitarian and development imperatives).	
Conduct joint, comprehensive health system assessments.	
Reorganize the MoH organogram and related health institute in line with the national health plan and in coordination with district health authorities and Ministry of Local Governance (Municipality Health Office). All should have clear organogram in a harmonized structure.	
Re-mapping health facilities by developing a map of health services that operate on geographic distribution of population.	
Institutionalizing appropriate governance for the public or private sector, enhancing monitoring and evaluation tools, and creating appropriate legislation for this. Bolster monitoring and evaluation mechanisms.	
Adopting national emergency preparedness and response strategy.	
Finalize the national strategy plan to combat the COVID-19 pandemic and assist in its implementation.	
Supporting sector leaders to develop relevant work plans to improve health services and make the sector work more efficiently and effectively.	
Supporting the transition to decentralization in the provision of basic services, especially primary health care services.	
Mainstream conflict analysis and peacebuilding prioritization.	
Study potentials to switch to digital workflow system.	

### *Detention centers in the east of the country*

A necessary follow up was in place, including IOM, UNHCR and other stakeholders on the continuity of health care in east based detention centers.

### *Health workforce in Libya*

Technical discussions with the World Bank' team are carried out on the subject of strengthening health workforce in Libya.

Mental Health Workforce Study: modelling burden, and mental health worker needs
HRH supply, country epidemiological needs modelling, fiscal space modelling- potentially focusing only on nursing
Health Impacts of HRH investments to date modelling study: how to get more bang for the buck from HRH investments
Workforce employment and skill mix Efficiency Study: How does workforce allocation affect facility efficiency outcomes?
HW Education Market Assessment (electronic survey)- focusing on nursing (building on 2018 study to generate evidence for detailed plans to scale up registered nurses)
Systematic Lit Review on HRH evidence (compiling all existing evidence on HRH)

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Rapid Policy Priority Assessment: Rapid survey to identify policy priorities on HRH from stakeholders in health, education and finance
In depth Retention Policy Note
HRH Institutional organization and capacity Assessment: Towards recommendations of better organizing and capacitating HRH planning, coordination and implementation
TA for the development of a national HRH strategy/plan

### *Health priorities for 2021*

Health sector took part in WHO supported one-day consultative workshop organized by the Ministry of Health (MoH) to define health priorities for 2021. The focus of the workshop was on identifying ways to implement a whole-of-government approach to the COVID-19 response while at the same time maintaining essential health services. A total of 25 participants from different sectors and ministries attended the workshop in Tripoli.

The national COVID-19 preparedness and response plan has been drafted by the authorities with a remaining need to cover two pillars such as case management and logistics. The national level consultations continue to take place.

### *Shortage of health and non-health personnel in COVID-19 isolation and case management facilities*

There is a nationwide shortage of staff in remaining functioning COVID-19 isolation and case management facilities. The national authorities are working with WHO and other stakeholders to get a better understanding of the evolving situation, number of affected facilities, personnel, reasons for such shortage, including not payment of earlier committed salaries and incentives by the authorities.

### *Preparation of the monthly COVID-19 epidemiological bulletin*

The NCDC took a decision to start production and publication of a separate COVID-19 epidemiological bulletin on a monthly basis. Technical consultations take place within the established expert group.

## HEALTH SECTOR ACTION/RESPONSE

- Daily update and continuously improving Libya dynamic infographic Dashboard for COVID-19 [COVID-19 Libya dashboard](#).
- Updated the link for [Health sector interactive analysis for the 4Ws](#).
- Daily update and continuously improving Libya dynamic infographic Dashboard for COVID-19 COVID-19 Libya dashboard [COVID-19 Libya dashboard](#).
- Risk Communication and Community Engagement (RCCE) Working Group – November 2020 Bulletin" has been published: <https://reliefweb.int/node/3696566>
- Migration Health sub-sector health working group meeting took place on 21 December 2020. The minutes were disseminated.
- MHPSS sub-sector health working group meeting took place on 17 December 2020. The minutes were disseminated.
- South hub sub-national health working group meeting took place on 28 December 2020. The minutes were disseminated.
- TB operational working group meeting took place on 15 December 2020. The presentations were disseminated.
- Bi-weekly operational health sector update (1-15 December 2020) was disseminated.

## UPDATES FROM PARTNERS

GIZ

**Mental Health and Psychosocial Support (MHPSS)** *Participants show high level of commitment and interaction at MHPSS workshop, bringing back action plans to be implemented in 17 municipalities*



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During a one-week workshop in Tripoli, 20 Focal Persons (FPs, including 7 women) from GIZ's partner municipalities in the west and southwest of Libya learned about the fundamentals of MHPSS and were trained in MHPSS programming and coordination as well as community interventions. The workshop covered all layers of the IASC MHPSS Pyramid of Interventions. In cooperation with the Ministry of Health (MoH), GIZ's implementing partner Bila Houdoud facilitated the workshop after previously having supported the FPs in assessing the status of MHPSS in their municipalities. Bila Houdoud will supervise the implementation of the action plans that the FPs developed during the workshop. Additionally, the workshop aimed at establishing a network between the FPs. Together with the MoH MHPSS Coordinator and the Bila Houdoud colleagues, the FPs have created a WhatsApp group to strengthen the network and actively support each other in their new role. The high level of commitment and interaction and the ongoing sharing of experiences among the FPs indicate a strong interest in the topic and a successful implementation of the action plans in the upcoming months.

**This activity is part of the GIZ Primary Health Care Project, which also supports the MHPSS subsector working group through IMC.**

## IOM

### Primary Health Care Consultations and Referrals

IOM medical teams provided a total of **6,644 primary health care consultations** to migrants, IDPs and host community members and **referred 63 migrants** to secondary and tertiary health facilities for further medical investigation, treatment and management.

#### 1. DCs

IOM medical teams provided primary health care consultations for **1,143** migrants in detention (1,049 men and 94 women) in six detention centres: namely, Dahr Aljabal, Tariq Al-Sikka, Abu Issa, Ganfouda, Tokra and Kufra DCs. **26** migrants were referred from these detention centers to the secondary and tertiary hospitals for further clinical management.

#### 2. PHC clinics

Through its support in six primary health care centres (Shouhada Abduljalel PHC, 17 Feb Polyclinic, Wadi Qatara PHC, Zwetina PHC, Alsiraj PHC and Al-Aoeanea PHC), IOM provided **1,464** primary health care consultations (767 men and 697 women) to the IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19. **2** migrants were referred from these PHCs to the secondary and tertiary hospitals.

#### 3. Medical outreach

IOM mobile teams (Health program and Migrant Resource and Response Mechanism (MRRM) program) are providing primary health care services for migrants, IDPs and host communities in urban settings. Project locations cover Hai Al-Andalus, Ghot Alshaal, Ain Zara, Alsirraj, Souq Aljumaa, Abdulsalam, Janzour, Tajoura, Zwara, Sabha, Ubari, Qatroun, and Bani Waleed.

IOM medical outreach teams reached **4,037** migrants and IDPs (3,262 men and 775 women), out of which **35** migrants were referred to the secondary and tertiary health facilities for clinical management.

### Fitness to Travel Screening

IOM medical teams provided pre-departure medical screenings for **654** migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

### National Health System Strengthening



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IOM donated the necessary medical equipment, medical consumables and medications to **three medical hub hospitals in Tripoli** (Tripoli Central hospital, Abusaleem hospital and Tripoli University hospital), **Nalut COVID-19 isolation center, Bani Walid General Hospital, Misrata Medical Center** and **three polyclinics in Benghazi** (Wadi Qatara, Zwetina and Bersis) to support national health system for maintaining continuity of essential health care services across the continuum of care while managing the COVID-19 response.

### COVID-19 response

#### **1. Risk Communication and Community Engagement (RCCE)**

IOM medical team conducted 97 outreach campaigns and awareness raising sessions in Sebha, Ubari, Tripoli and Benghazi. A total of **4,508** migrants improved their awareness and knowledge of the COVID-19 prevention methods and health seeking behaviors when having the suspected symptoms.

IOM also provided life-saving hygiene kits including masks, hand sanitizer, gloves and soaps to **430** migrants in Benghazi.



#### **2. Points of Entry (PoEs)**

IOM Medical teams supported the NCDC staff at Ras Jedir and Wasen PoEs by providing medical check up to all passengers returning to Libya as part of IOM COVID-19 response plan. A total of **85,265** cross-border travelers (74,208 men, 7,166 women, 2,060 boys and 1,831 girls below 18 years old) were screened by checking temperature and general condition.

IOM provided the necessary furniture, PPEs, medical consumables and medications to the National Center for Disease Control (NCDC) to set up health screening stations and isolation units at Mitiga Airport, Misrata Airport, Benina Airport, Ras Jedir, Wazin and Amsaad land crossing border points.



#### **3. Surveillance, rapid response teams and case investigation**

IOM donated necessary PPEs, medical consumables and medications to NCDC to support the national COVID-19 rapid response teams.

IOM also conducted two capacity building training on IPC and COVID-19 case management for **26** RRT members of Gharian, Maya and Baniwaleed RRTs.



#### **4. Infection Prevention and Control (IPC) and Case Management**

IOM conducted three capacity building training on IPC, COVID-19 case management and migrant-sensitive health service provision for **29** health care workers from public health facilities in Gharian and Baniwaleed as well as for **9** IOM medical staff.

### **IMC**

**OFDA funded activities:** Despite all challenges around the pandemic, IMC maintained the schedule to support 25 PHCC with medical staff and the required medication and equipment. IMC staff rotating between those facilities on a fixed schedule to maintain essential services.

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Other patients suffered mostly from gastro-intestinal diseases, genito-urinary tract infections and cardiovascular



conditions. Those common diseases do reflect the overall health conditions in Libya and no specific outbreaks have been observed. In addition to the regular medical consultations, IMC received and followed up patients for mental health conditions in the PHCC that are supported through the mobile medical teams.

IMC, with the involvement of our community health workers, who are part of the mobile medical units, carried out regular health awareness sessions for the patients at the primary health care centers. These awareness sessions are held in groups but still taking the threat of COVID into consideration. The topics are not only decided by IMC staff but also by wishes of the beneficiaries. The range is from general hygiene to communicable diseases including the current threat of COVID19

related issues.

Our OFDA-supported doctors in 4 isolation units in Tripoli, Sabha, Benghazi, and Misrata continued working in hospitals currently seeing the highest number of COVID-19 cases in these cities. Earlier in December, IMC donated TV screens to these hospitals and other supported PHCs to allow them to disseminate COVID-19 information in their waiting rooms. These items were appreciated by PHC managers, since they can also be used to disseminate other information to waiting patients as well as during internal trainings for PHC staff.

**GIZ funded activities:** During the month of December-2020, IMC continued activities under GIZ supported project aiming to improve the provision of primary health care in Libya. In the Eastern region, the three-phase assessment entered its second phase, after the findings of phase-1 had been shared and discussed with the Ministry of Health in order to make an informed decision to select 2 municipalities out of the 4 municipalities included in the phase-1 of the assessment.

The MoH of the East selected Ajdabiya and Brega municipalities to be included in phase-2 of the assessment based on the current needs at both municipalities including shortages in essential health services in Brega and the increasing number of IDPs in Ajdabiya.

Phase-2 of the assessment was conducted in the period between the 16th and 20th of December-2020. Data was collected through a structured standard questionnaire based on electronic data capture tool, Commcare. All data will be analyzed and reported by IMC lead analyst to be shared with stakeholders to allow MOH to select 2 PHC facilities: one in Brega and one in Ajdabiya to receive full support from IMC.

In the Western region, the IMC team of medical specialists provided online trainings that aim to introduce health care providers in 5 western municipalities to the upcoming family practice training planned to happen during January and February-2021 and to create a rapport between trainers and targeted trainees. The municipalities targeted for these trainings were: Ghadamis, Jufra-Hon, Jufra-Waddan, Misullata, and Garaboulli. Training topics included the following: General Classification of Antibiotics and rules of safe Antibiotics prescription, Specific common infections empirical antibiotic therapy, Introduction to neonatal assessment, Basic Psychosocial Skills for COVID Frontline Responders, Danger signs in pediatrics and sick infant common presentations, Antenatal care and post-natal care basics per WHO guidelines.

**UNFPA funded programs:** IMC's UNFPA-supported medical teams have continued to provide Sexual and Reproductive Health services at Al Qadessia PHC in Tripoli as well as Al Jadeed PHC in Sabha. These services included Postnatal Care, Antenatal Care, Family Planning, and Gynecological Care. Along with the medical consultations, IMC's teams have conducted health awareness activities through one to one or group sessions to the beneficiaries at the PHCs on hand hygiene, respiratory hygiene, proper face mask usage, social distancing, COVID-19 and pregnancy, ANC, PNC, and the importance of Vitamin D. IMC's medical team are also providing several on-job trainings at Al Qadessia and Al Jadeed for the health care providers on PNC, Phlebotomy, and STDs, insertion of foley's catheters, and drug administration.

IMC's medical and GBV teams also conducted 2 weeklong trainings for health care providers at secondary health facilities on the Clinical Management of Rape. These trainings were supported by UNFPA and implemented by IMC staff in Tripoli.

Also in late December, IMC donated aprons, gloves, thermometers, and tissue rolls to the supported PHCs in our continuing efforts to prepare PHCs for the ongoing COVID-19 pandemic.

# HEALTH SECTOR BULLETIN

December 2020

IMC's MHPSS team has observed that many parents, especially mothers, are experiencing increased stress during the COVID-19 pandemic. To address this, the team is providing positive parenting awareness sessions in all four of its locations in Libya, at PHCs, IDP settlements, and in Al Bayan Center in Tripoli. These sessions help parents, especially mothers, understand basic techniques for communicating more clearly and effectively with their children and encourages mothers and parents to seek additional support from the counseling team.

**EUTF-funded activities under the PEERS project in consortium with CESVI:** Our medical team continues providing TB services and essential primary healthcare to all people seeking for medical assistance at Al Madina Al Qadima and Ghargour PHCs in Tripoli. TB services include identification, registration, referral to NCDC and finally following up treatment courses. PHC services include consultation, medication dispensing and if needed referral to secondary health facilities.

Currently, we have an effective referral process with NCDC OPD, as we are facilitating the beneficiaries' access to the OPD for specialist consultation and also guiding them to perform the needed investigation and imaging in order to either confirm or exclude TB infection.

IMC medical team continues running tutorial sessions on a regular basis to all the PHCC staff (doctors, nurses and technicians) to strength their capacity in tackling TB cases. On the 17th of December a tutorial was conducted in Ghargour PHCC targeting nurses.

Our CHWs are still delivering awareness session on TB and other medical issues commonly faced by migrant populations. These CHWs are also active in referring patients from their communities to the supported PHCs. As part of IMC support to enhance the health response in the PHCs, we facilitated the delivery of a CBC laboratory machine to Ghargour PHCC from the MOH-medical supply department. IMC is working with the MoH and NCDC to ensure a continuous supply of reagent for this machine.

**EUTF funded COVID-19 response activities:** During the first two weeks of December, IMC together with 5 specialist medical doctors, supported the intensive care units of Tripoli Central Hospital and Al-Qadisia as well as Al Madima Al Qadima PHCCs.

All patients presenting in these supported facilities have been screened and triaged for signs and symptoms of COVID-19. In the month of December, over 20 patients have been identified as suspected cases and referred to secondary level care accordingly.

During the reporting period, the main morbidities seen are diabetes (typ II), hypertension, musculo-skeletal complaints and urinary tract infections.

With EUTF funding under this grant, 320 people from migrant communities in Tripoli have been supported with hygiene kits. Among the 168 female and 152 male beneficiaries.

**AICS funded activities:** An introductory course on the practical use of ultrasound has been provided as a practical hands-on on-job training during the last two weeks of December for staff of Janzour Village Hospital. Training on the basic use of diagnostic ultrasound is one of the medical equipment trainings provided by IMC as part of our capacity building activities under the AICS project. It aims to build the capacity of medical doctors to perform the most commonly required ultrasound scans in daily clinical practice. The original target of the training was to train 20 medical doctors, but due to the great demand and high interest in the training, the number was increased to include 30 medical doctors divided into 4 groups. Comparison of improvement in knowledge through pre-training and post-training assessment for the first 2 groups shows significant improvement. Feedback received from trainees also showed enhanced self-confidence in conducting ultrasonographic studies independently.

IMC, with the support of AICS, also donated medical supplies to Janzour Village Hospital and Zwara's Al Marain Hospital this month, including surgical equipment sets and other disinfection supplies much needed during the ongoing COVID-19 pandemic. Janzour Village hospital also benefitted from the donation of several pieces of medical equipment under this project, including an autoclave, an echocardiogram machine, and endoscopy equipment.



TDH-Italy

# HEALTH SECTOR BULLETIN

## December 2020

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 as of December 31<sup>st</sup>, 2020. The procurement process was closed for the final evaluation of medical supplies and equipment in late-December 2020, and deliveries are expected to commence by mid-January 2021.

6 training packages have been prepared after site consultations, and to date, six training packages have been delivered in October 2020, November 2020 and December 2020:

- COVID-19 Basics
- Infection Prevention Control
- PSS Risks to Health and Safety
- Arterial Blood Gas Interpretation and Acid-Base Disorders
- Collection, Storage, and Transportation of Specimens for COVID-19 Diagnosis
- PPE for Suspected and Confirmed Cases of COVID-19

To date, training has reached ten of the fifteen health sites which will be supplied under the CERF project in Aljabal Algharbi, Tripoli and Misurata. Training packages have been delivered in-person and via remote Zoom presentations to staff from the following sites:

- Tawergha General Hospital
- National Cancer Institute
- Early Detection Center
- Misurata Hospital for Tuberculosis and Chest Disease
- General Hospital of Zintan
- Zintan Isolation Center
- Gharyan Rapid Response Centre
- Rejban Rapid Response Centre
- Tripoli Children’s Hospital
- Tripoli University Hospital

Further analysis of training results is still underway, and static online resources will be finalized and published by the end of January 2021. Sites not yet reached will continue to be engaged, but alternative delivery mechanisms are being prepared; COVID-19 Basics was released digitally in December 2020. The other 5 training packages are scheduled to be released in January and February of 2021.

RCCE activities launched in the second half of December 2020 and reached over 500 individuals. Activities planned for 2021 will include social media posts and promoted ads, distribution of printed materials, possible television/radio spots, and in-person sessions with students and caregivers returning to school, community groups, etc. TdH-It is planning to integrate these RCCE activities with hygiene promotion activities in schools starting in January 2021.

### **WeWorld-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, and stakeholders.

As the ongoing projects continue, over the past two weeks:

- The contract for the rehabilitation of the healthcare facilities has been signed and the rehabilitation works will start the first week of January, covering Al Hejara, Al Mahdya, Al Qurda, Al Manshya, Al Tahrir, Al Tayouri, Al Jaded clinics.
- Training on: protocols for screening and triage; IPC standard protocols; correct use of PPE; waste management process and cleaning of potential reusable medical devices; referrals and coordination with healthcare facilities to be undertaken in the seven abovementioned facilities and the Golden Polyclinic Isolation Center on mid-Jan 2021, along with PPE distribution. The IPC session has been designed following the Libyan MoH guidelines.

Western Libya: In the framework of the intervention funded by the EUTF, over the past two weeks:

- On the 21<sup>st</sup>, a meeting with officials from the Libyan Ministry of Health was held, presenting the ongoing project in Libya, both in the South and in the West. Particular attention has been paid in detailing rehabilitation plans, provision of medical equipment and supplies, and the type of training provided.

# HEALTH SECTOR BULLETIN

## December 2020

- On the 28<sup>th</sup>, assessment of the pre-selected clinics has begun. The first site visit was conducted in Al Mukhatat PHC in Al Maya. The outcome of the visit revealed the seriously bad conditions of the targeted facility (the whole building is sub-standard, as it is not fit for consultations: several areas destroyed, no furniture, no basic medical equipment...)
- On the 29<sup>th</sup>, a second site visit was conducted in Al Tina medical center in Al Maya, a facility in need of rehabilitation and medical equipment, but currently functional. Two field visits in Sabratha are planned on the 30<sup>th</sup> and 31<sup>st</sup> of December.

### MSF OCP-Libya

- Zliten DC: mobile clinic twice a week.
- A screening for malnutrition has been done. Report is available.
- Bani Walid: ANC/PNC and PHC at AL Medina health center. 6 days a week.
- Misrata: MC in the migrant community, 1 day/week.
- TB: 17-bed TB unit + support at the Misrata NCDC with OPD activity and laboratory support.
- Mobile clinic in 3 prisons in Misrata for PHC and TB.
- Zliten DC: continuation of the mobile clinics until final evacuation of the center + distribution of clothing for the winter.
- Assessment ongoing for activity in the migrant community in West Coast.

### IRC



*Mobile medical health teams-Tripoli:* With support from RDPP, the mobile medical team (MMT) supporting Elmgarief and Nasib Altidkari PHCCs conducted 828 consultations including general, reproductive and mental health consultation and have provided 80 referral cases. Medical equipment (including ultrasound and ECG) and PPE materials have been donated to Nasib Altidkari PHCC as well as renovations being conducted. 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 759 consultations (Tariq Asikka DC and Al Harat PHCC) with 61 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 768 consultations which include General, Reproductive and Mental health services, along with more than 214 referrals to public and private clinics. Amongst these were four open-heart surgery, two of them were infants. The IRC mobile medical team continued to conduct visits to Zawyet Aldhmani PHCC, with the support from UNHCR, and have conducted over 270 consultations which include General, Reproductive and Mental health services, along with more than 25 referrals to public and private clinics.

Furniture, medical equipment (such as ultrasound) and renovation have been conducted at Zawit Aldahmani and Kirkarish PHCCs during December.

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. On the 25<sup>th</sup> and 26<sup>th</sup> of December, medical assessment and Covid-19 tests were conducted for 135 POCs in order to be evacuated to Ronda City.

Abusleem DC clinic has been prepared with medical instruments and equipment after conducted assessment to all DCs. Regular visits are planned to begin as of 4<sup>th</sup> of January to Abusleem DC, Aboeesa DC and Zliten DC. On 29<sup>th</sup> and 30<sup>th</sup> December, IPC and Covid-19 case management training was conducted at Abo-Shousha center (covid triage center) for facility staff. There were 40 participants. From 27<sup>th</sup> to 31<sup>st</sup> of December, mhGap trainings was received by IRC medical team in order to promote mental health capacity.



# HEALTH SECTOR BULLETIN

## December 2020

*24/7 hotline and ambulance services:* Through partnership with the Libyan Red Crescent (LRC) in Tripoli, the IRC medical team continued to provide 24/7 hotline and ambulance transportation services. In December, the IRC assisted a total of 48 (22 Male and 26 Female) with 12 referrals (PoCs) to secondary and tertiary public and private hospitals (10 males and 2 females).

*HMIS ONA data collection piloting:* During the month of December, piloting of the use of new data entry tools has been carried out by HMIS team for the transition to ONA data collection. This is to ensure on time data collection and improve data precision and quality.

*Mobile medical health teams-Misrata:* During the month of December, the mobile medical team in Misrata, with support from UNHCR, continued to support beneficiaries in 3 PHCCs (Al Jazeera, AlSkirat and Sidi Mbarak). The IRC provided primary healthcare, reproductive healthcare and mental health consultations to people of concern (POCs), migrants, refugees, IDPs and local host communities.

A total of approximately 1196 consultations were provided and about 514 medical referral cases to secondary and tertiary public and private hospitals.

With support of UNHCR, the IRC continues to host 28 POCs at the Misrata-LRC shelter providing them with essential needs, accommodation, food, and primary and specialized health care along with referral of cases, protection and psychological support. They are staying in the shelter under our responsibility awaiting evacuation. The health team visits the shelter regularly on a weekly basis, and are also available at any time when needed. COVID 19 precautions are implemented by ensuring temperature checks at entry, hand wash stations and mandatory masks worn by visitors

On 1<sup>st</sup> of December, the total number of POCs was 35 and is now 28. This is due to the following evacuation of inhabitants: 3 Eritrean male and 1 Nigerian female resettlement by UNHCR to Ronda City on 16-12-2020; 3 Eritrean male resettlement by UNHCR to Ronda City on 20-12-2020.

*AICS2:* During the reporting period, lines of communication channels with MOH managers and the stake-holders were open and information has been exchanged regarding training, medical equipment donation and any updated work plans as well as minor rehabilitation needs.

*Service upgraded healthcare facilities and capacity building activities:* After preparation and assessment that has been done over the previous months, the donation of minor enhancement needs requested by the health facility managers to improve services has been done. 4 donations to 4 targeted health facilities have been conducted. These donations took place on the 16th to Qaser Ahmed polyclinic and on the 17th to Central blood bank and central dental outpatient clinic in the presence of a member of the Misrata local municipalities Dr. Hamida Almagoosh. Another donation took place on the 20th to Almahjoup Neuroclinic.

*Training and mentoring health facility staff:* Train and mentor health facility staff on pharmaceutical and stock management, HMIS, record keeping, and other management skills or other training needed from target health facility as identified: Training on pharmaceutical stock management is took place on the 30th and 31st of December.

*Train facility staff in PHCC and local NGOs staff on clinical standards, and Quality Assurance guidelines:* Two cascade training on basic IPC was held by the clinical mentors and the team leader as a facilitator to the health staff of the Almahjoup Neuroclinic on the 23rd and to the MMC staff on the 27th as a part of capacity building to the staff. Another training to the targeted health facilities in protection and humanitarian principals to the health facilities staff was held on the 28th.

As a part of building capacity program to upgrade the efficiency of the mentor-ship activities of the clinical mentors, training was conducted on the 30th and 31st of December on the pharmaceutical stock management to targeted health facilities members and clinical mentors as well as the NGO staff in order to raise capacity and conduct cascade training to the remaining health staff.

# HEALTH SECTOR BULLETIN

December 2020

**AICS 3: Service upgraded healthcare facilities and capacity building activities:** During December, IRC complete all Health care facilities medical equipment's and supply assessment also renovation specification needed to upgrade in Misrata\ Alkhoms\ Baniwalid Municipalities through the supply of equipment, and renovation, and approval from Municipalities to go to next step, which is start procurement process. A training plan for January was created like Humanitarian and protection principles, ToT Basic Life support and IPC TOT Covid-19 TOT to start capacity building through next period.

**Awareness raised among the target population on inclusive access to health services:** CHWs has been selected and they are going to start working with the team on the 4th of January, 2021.

**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 one rescue operations (Tripoli Naval Base) There was a total of 126 (115 Male and 11 Female) people rescued and 13 medical consultations conducted.



**The International Rescue Committee (IRC) is working with Libya MoH to Strengthen Primary Health Care (PHC) Services (HSS):** District Health Information System 2 (DHIS2) refresher training: With the support of the EU and in coordination with the Health Information Center (HIC)/ MoH, IRC has arranged for DHIS2 refresher training that targeted the DHIS2 focal persons (13 males, 10 females) at the twelve pilot health facilities in Tripoli, Gharyan, and Zlitan. The training was planned to be a kind of on job training, where participants have entered their respective health facilities' data directly into the DHIS2 platform.

**Pharmacist training:** With the support of the EU, the IRC conducted a capacity building training for pharmacists on warehouse management and good dispensing practices for 2 days, targeting 18 pharmacists (7 males & 11 females) from the 8 targeted health facilities in Zletin and Gherian.

**Rapid Response Teams (RRTs) training:** In response to COVID-19 pandemic, IRC in coordination with the National Centre for Disease Control (NCDC), conducted an RRT training in Misrata on COVID-19 Infection Prevention and Control (IPC), Case management & Triage system, for 2 days that targeted 20 participants (18 males & 2 females).



**Laboratory supplies donation:** With the support of the European Union and in coordination with the district health authorities, IRC has donated laboratory supplies to our NCDs project pilot facilities in Zletin, Tripoli and Gheryan to ensure the availability of essential laboratory investigations in the lab. The supplies are expected to operationalize the lab for the next 2 months on average.

**Health Promotion activities:** As part of the EU supported National NCD health promotion strategy (2020-2025) and in partnership with PHCI and NCDC/ MoH, IRC contracted Medical Aid Film that developed three live action films, which addresses three areas of Non-Communicable Diseases (NCDs), Asthma, Mental health, and general NCDs health seeking behavior and referrals. The educational videos included; GPs, nurses and CHWs, who gave insights and information on these topics guiding the role of the patients and care providers in setting and following up the care plans from NCDs.

**Distribution of electronic equipment to be used for the health promotion activities:** With the support of European Union and in the context of public health promotion, IRC donated tablets to Community Health Workers (CHW) to start their proposed health promotion activities.

**mhGAP-HIG Training:** With the support of the EU and in coordination with the National Centre for Disease Control (NCDC) and the Primary Health Care Institute (PHCI), IRC conducted mhGAP training for Souq Aljomma targeted health facilities for 5 days, which targeted 10 female GPs representing Arada, Alharat, Alheshan Aljanoupi and Bab Tajoura health facilities.



# HEALTH SECTOR BULLETIN

## December 2020

Effective communication skills during COVID19 pandemic training: With the support of the EU, IRC conducted the Effective communication skills during the COVID19 pandemic for community health workers in Gharyan & Zliten, the training was for 2 days and targeted 14 CHWs (8 males, 6 females).

Waste management equipment donation: Under the emergency response of the IRC to covid19 pandemic, IRC donated the second shipment of waste management equipment and supplies to the 12 targeted facilities within our HSS pilot sites.

Essential and Lifesaving medications and supplies' donation: Under the project of Essential Package of Health Services (EPHS), which is supported by the European Union and in coordination with the district health authorities and PHCI, IRC has donated a package of PHC essential and lifesaving medications and supplies to the targeted health facilities in Zliten area. The supplies are expected to meet the needs of the catchment areas (around 30,000 population per health facility) for those health facilities for at least 6 months.

Donation of IT equipment to RRTs: In response to COVID-19 pandemic, IRC in coordination with the National Centre for Disease Control (NCDC) and District Health Authorities, IRC has supported the RRTs in Misurata, Zletin, Gherian and Tripoli with some IT equipment to facilitate their communication and reporting. The equipment included; Laptops, Printers, Mobile phones and tablets. With this support, we are expecting the timely reporting and efficient communication among the RRT members and their central supervisors to facilitate timely decision making.

### UNICEF

#### Support for isolation and triage center

Dispatching of PPES medical equipment for Zwara and Sukalkhmis COVID 19 isolation and triage centres.

No	Material description
1	IEHK2017, complete kit
2	Stethoscope, binaural, complete
3	Thermometer, clinical,IR,non-contact
4	Oxygen concentrator/SET
5	Photometer, HemoCue Hb 301/SET
6	Resuscitation kit, basic
7	Mask, surgic, typeIIR, ear loop, disp. pack50
8	Mask, high-fil,FFP2/N95,no valve, nonster
9	Face shield, fog-resistant, fullface, disp



As preparation for the introduction of COVID19 vaccine UNICEF has dispatched 804 cold boxes and vaccine carriers for NCDC to be distributed for 278 vaccination sites

#### Risk Communication Community Engagement

# HEALTH SECTOR BULLETIN

## December 2020



With the start of the new academic year, UNICEF developed a colouring book to explain Covid-19 in a simplified and creative way to school children aged between 5-7 years old. So far 25,000 copies have been produced. The book provides an opportunity for girls and boys to learn about Corona Virus and how to protect themselves against the virus, at the same time having fun, colouring. UNICEF in cooperation with the National Centre of Disease



Control (NCDC) incorporated COVID-19 awareness messages into vaccination cards. UNICEF has so far produced 50,000 cards to be distributed in vaccination centers within 24 municipalities, covering the shortage of cards which has directly affected the continuity and consistency of the vaccination of the children. The trainings were conducted by



### DHIS2 implementation

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 , during December 2020, the DHIS2 team has concluded three training workshops for 57 health facilities' statistics focal points (20 officers at Azantzn, 17 at Alqraboli and 20 at Alkhomis municipalities).

### INFORMATION SOURCES:

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

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

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