

- [Libya — IDP and Returnee Report 41 \(February - April 2022\) | DTM \(iom.int\)](#)
- [Libya — Detention Centre Profile Generator \(June 2022\) | DTM \(iom.int\)](#)
- [Libya — Weekly Migrant and Host Communities COVID-19 Vaccination Update - Phase 3 \(12 - 25 June 2022\) | DTM \(iom.int\)](#)

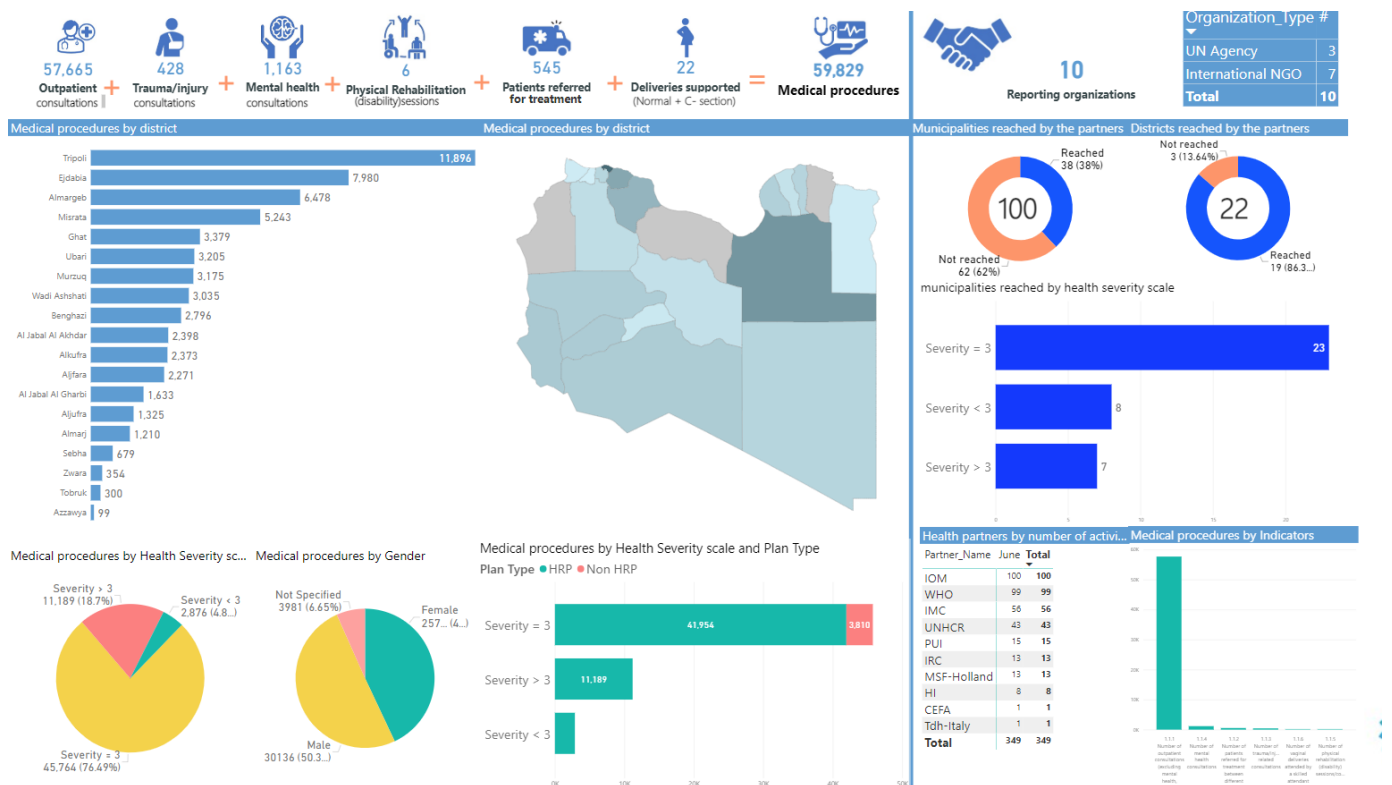
SITUATION UPDATE

- Week 31 reported a decrease in case incidence and Lab weekly testing rate as compared with Week 30. At the national level, transmission classification for Libya remained at a very high incidence of community transmission (CT4) in week 31, with the circulation of Variants of Concern (VOC). The limited lab weekly testing, with a 34.3% weekly test positivity rate and 11.6 cases/100,000 population/week. Moreover, Libya had a low testing rate at the national level, with 34 persons tested/100,000 population/per week. (See Table III)
- All districts in the West (except Aljara) are in a very high incidence of community transmission (CT4) with Tripoli having the highest case incidence in the country. The testing rates in East and South are limited to assess to the level of community transmission.
- Twelve COVID-19 labs (out of 42) reported 2,357 (2,179 PCR and 178 Ag-RDT) tests done in epi week 31. Thus, out of the 2,525,273 tests in Libya since the beginning of the response, 505,805 (20.0%) were confirmed positive for SARS-CoV-2 (COVID-19).
- The overall number of new cases reported in Week 31 shows a 20% decrease (808 cases) as compared to Week 30, with West reporting a 19% decrease in new cases. The South reported 1 case, and the East reported no cases.
- In Week 31, two deaths were reported across Libya, one each in West and South.
- Compared to Week 30, there was a 20% decrease in overall national testing: by regions, West (2,329 tests; 19% decrease), East (no tests; 100% decrease), and South (28 tests; 58% decrease). Thus, **98.8%** of national testing was performed in the West as compared to both East (0%) and South (1.2%) Regions. (-see Table. 1). West represents 64%, East represents 28%, and South represents 8% Libyan population.
- For Week 31, the national weekly positivity rate compared with week 30 decreased to 34.3%; West, East, and South had 34.7%, 0% (no testing done), and 3.6% weekly positivity rates. WHO recommends that positivity rates be kept below 5% in all districts in a country.
- [COVID-19 EPI Weekly Libya 07 Aug 2022 | HumanitarianResponse](#)

HEALTH SECTOR 4W INDICATORS FOR JUNE 2022

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INDICATORS

	June
1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)	57,665
1.1.11 Number of children aged 6-59 months (girls & boys) received emergency nutrition services	2
1.1.2 Number of patients referred for treatment between different levels of care and locations	545
1.1.3 Number of trauma/injury related consultations	428
1.1.4 Number of mental health consultations	1,163
1.1.5 Number of physical rehabilitation (disability) sessions/consultations	6
1.1.6 Number of vaginal deliveries attended by a skilled attendant	12
1.1.7 Number of caesarian sections supported	10
1.1.8 Number of health facilities and community centers providing MHPSS services	16
1.1.9 Number of mobile medical teams/clinics (including EMT)	52
1.4.2 Number of EWARN sentinel sites	4
2.2.1 Number of public PHC facilities supported with health services and commodities	12
2.2.4 Number of provided standard health kits	24
2.2.5 Number of provided PPE (personal protective equipment) materials	36,544
2.3.1 Number of health facilities supported with mobile medical teams	56
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams	2
2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams	5
2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams.	4
3.1.1 Number of health service providers trained through capacity building and refresher training.	272

INDICATORS	CEFA	HI	IMC	IOM	IRC	MSF-Holland	PUI	Tdh-Italy	UNHCR	WHO
1.1.1 Number of outpatient consultations (excluding mental health, trauma consultations, physical rehabilitation)			1,364	13,547	706	2,732	132	917	1,879	36,388
1.1.11 Number of children aged 6-59 months (girls & boys) received emergency nutrition services									2	
1.1.2 Number of patients referred for treatment between different levels of care and locations				171	64	128			182	
1.1.3 Number of trauma/injury related consultations			75	346			4		3	
1.1.4 Number of mental health consultations		501	129	323	12				198	
1.1.5 Number of physical rehabilitation (disability) sessions/consultations									6	
1.1.6 Number of vaginal deliveries attended by a skilled attendant									12	
1.1.7 Number of caesarian sections supported									10	
1.1.8 Number of health facilities and community centers providing MHPSS services			11						5	
1.1.9 Number of mobile medical teams/clinics (including EMT)			3	18	3		1		4	23
1.4.2 Number of EWARN sentinel sites									4	
2.2.1 Number of public PHC facilities supported with health services and commodities							12			
2.2.4 Number of provided standard health kits										24
2.2.5 Number of provided PPE (personal protective equipment) materials										36,544
2.3.1 Number of health facilities supported with mobile medical teams			14	3	3				5	31
2.3.3 Number of IDP camps/settlements covered by fixed health points and/or mobile medical teams										2
2.3.4 Number of official detention centers covered by fixed health points and/or mobile medical teams				3					2	
2.3.5 Number of disembarkation points covered by fixed health points and/or mobile medical teams.				2					2	
3.1.1 Number of health service providers trained through capacity building and refresher training.	95						124			53

HEALTH SECTOR BULLETIN

July 2022

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS

- **EWARN**

EWARN updates in July 2022 (week 27 to week 30) period (4 July to 30 July 2022)

- Average completeness of reporting (89) 49%
- Total number of consultations is 73,242 as follows:
 - 7,331 in week 27
 - 21,686 in week 28
 - 21,436 in week 29
 - 22,789 in week 30
- Out of the 73,242 total consultations, a total of 13,809 EWARN notifiable cases were reported; the breakdown was as follows:
 - **Respiratory illness**
 - AURI: 7,875 cases
 - ALRI: 2,508 cases.
 - COVID-19 (confirmed): 360 cases.
 - **Water borne disease**
 - Acute Diarrhoea (AD): 2,808 cases
 - Bloody Diarrhoea (BD): 36 cases.
 - Acute Jaundice Syndrome (AJS): 19 cases
 - **Vaccine preventable disease**
 - Suspected Measles (SM): 19 cases
 - Acute Flaccid paralysis (AFP): 5 cases
 - Pertussis 15 cases
 - Meningitis (suspected) 42 cases
 - **Other diseases**

110 cases were reported, with the most reported cases:

 - C. Leishmaniasis; 2 cases
 - Food poisoning; 108 cases

- **COMMUNICABLE DISEASES**

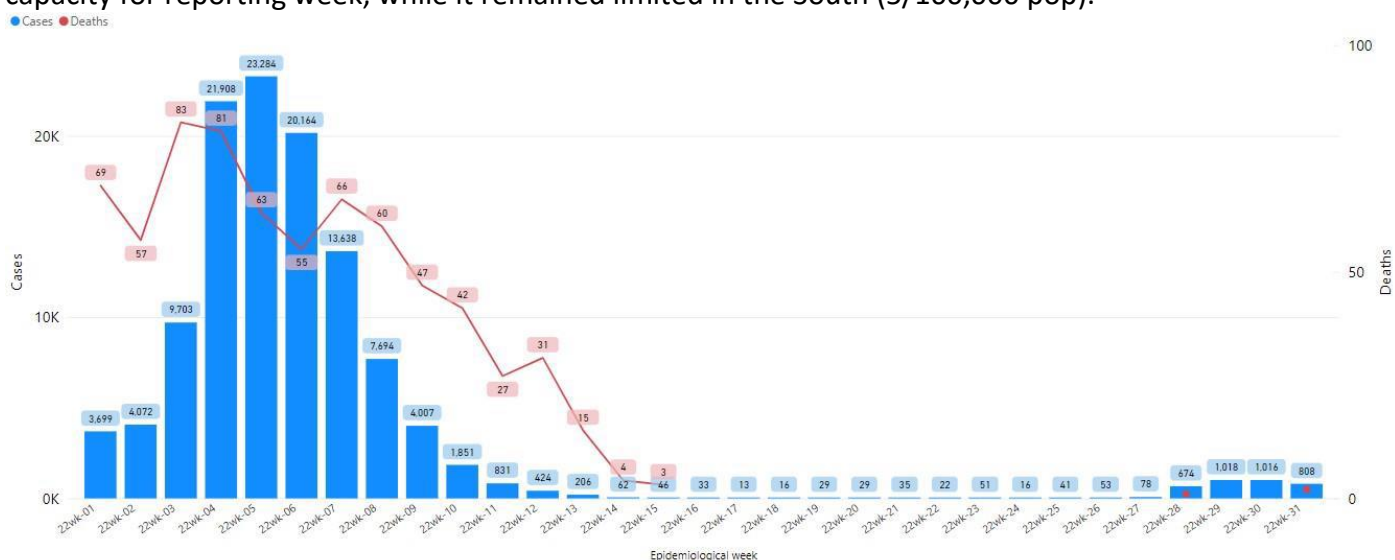
COVID-19

Week 31 reported a decrease in case incidence and Lab weekly testing rate as compared with Week 30. At the national level, transmission classification for Libya remained at a very high incidence of community transmission (CT4) in week 31, with the circulation of Variants of Concern (VOC). The limited lab weekly testing, with a 34.3% weekly test positivity rate and 11.6 cases/100,000 population/week. Moreover, Libya had a low testing rate at the national level, with 34 persons tested/100,000 population/per week. All districts in the West (except Aljara) are in a very high incidence of community transmission (CT4) with Tripoli having the highest

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case incidence in the country. The testing rates in East and South are limited to assess to the level of community transmission. Twelve COVID-19 labs (out of 42) reported 2,357 (2,179 PCR and 178 Ag-RDT) tests done in epi week 31. Thus, out of the 2,525,273 tests in Libya since the beginning of the response, 505,805 (20.0%) were confirmed positive for SARS-CoV-2 (COVID-19). The overall number of new cases reported in Week 31 shows a 20% decrease (808 cases) as compared to Week 30, with West reporting a 19% decrease in new cases. The South reported 1 case, and the East reported no cases. In Week 31, two deaths were reported across Libya, one each in West and South. Compared to Week 30, there was a 20% decrease in overall national testing: by regions, West (2,329 tests; 19% decrease), East (no tests; 100% decrease), and South (28 tests; 58% decrease). Thus, 98.8% of national testing was performed in the West as compared to both East (0%) and South (1.2%) Regions. West represents 64%, East represents 28%, and South represents 8% Libyan population. For Week 31, the national weekly positivity rate compared with week 30 decreased to 34.3%; West, East, and South had 34.7%, 0% (no testing done), and 3.6% weekly positivity rates. WHO recommends that positivity rates be kept below 5% in all districts in a country. In Week 31, Sirte district showed increased cases, conversely Sebha, Tripoli. Azzawya and Zwara showed decreased cases compared to Week 30. The three districts reporting the highest number of new cases are Tripoli with 547 cases (20% decrease), Misrata with 94 cases (1% decrease), and Azzawya with 69 cases (22% decrease). The highest weekly case incidence per 100,000 was recorded in Tripoli (45), Azzawya (18), and Zwara (16). The case incidence for all districts in the country is underestimated for reporting week, especially in Est and South. The recommended levels of twenty and less than 20 cases per 100,000 population signify low incidence levels of community transmission in an adequate lab testing capacity. The lab response in the West (53/100,000 pop) remained limited, due to testing happening in Tripoli. East (0/100,000 pop) had a limited capacity for reporting week, while it remained limited in the South (5/100,000 pop).



MONKEYPOX

No cases were identified in Libya. As of 13 July 2022, Libya's National Center for Disease Control (NCDC) has confirmed that Libya is free of monkeypox. WHO has published rapid interim guidance on Surveillance, case investigation and contact tracing for monkeypox, Laboratory testing for the monkeypox virus and public health advice for gay, bisexual and MSM. Information in Arabic can be found [here](#). Following is the tentative plan for activities under monkeypox.

- Two teams from Zoonotic disease control directorate with 2 surveillance officers will visit south region and will conduct training on Monkeypox case definition and case investigation.

- Agreed on NCDC awareness workshop or scientific day target NCDC staff about Monkeypox
- Conducting 4 training workshops (based on 4 regions) targeting dermatology and pediatric physicians on clinical diagnosis and case management of MP.

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- Conducting one-day training targets all surveillance officers on case definition, filling case investigation forms and reporting on suspected cases.
- Include Monkeypox as a training topic in the next RRTs training.
- Request WHO support by the updated information, WHO guidelines and recommendations also request communication with EMRO on sharing any available EMRO country MP preparedness plan.
- NCDC informing specific scientific committees to follow up on MP activities and develop a country preparedness plan.
- NCDC will support lab supplies to develop the NCDC reference lab by MP detection reagent.

MEASLES

There is a considerable risk for measles. Libya is in the measles elimination phase. The latest significant measles outbreaks were reported in Libya in 2017-2018, with more than 1,000 cases. The national vaccination campaign was conducted in 2018. However, the measles virus still circulated in Libya. The measles surveillance system has been affected by the COVID-19 pandemic. The measles programme suffers from HR turnover, and no action plan has been developed for the last two years. In 2021, Libya reported 105 suspected measles cases, out of which 14 cases were lab-confirmed while 11 cases were lab-confirmed for Rubella. In July 2022, total suspected cases reported for measles/rubella were 46. Samples were collected and tested at National Measles Laboratory (NML). Measles lab-confirmed were 2 cases. Rubella lab-confirmed were 7 cases. No reported of measles/rubella outbreak. No reported of CRS, but it was reported that a pregnant woman was tested positive for rubella. Urgent support is needed for speeding up the delivery process of measles/rubella reagents to be delivered to NML as soon as possible. Starting workshops on measles/rubella surveillance system to enhance capacity of surveillance officers. The data is based on report that has been issued by National Measles Elimination Program, Surveillance and Rapid Response Administration, National Center for Disease Control (NCDC), Libya.

Measles/rubella distribution by month in 2022

	Total suspected cases	Total tested samples	Lab confirmed	Jan	Feb	Mar	Apr	May	June	July
Measles	186	172	9	0	0	0	1	3	3	2
Rubella	186	172	28	0	2	0	2	9	8	7

TUBERCULOSIS

According to WHO's [Global Tuberculosis Report 2021](#), Libya is a moderate TB burden country, with an estimated 4000 cases recorded in 2020 (59 per 100 000 population). Of this number, only 1748 people were enrolled for treatment. The remaining 2250 people diagnosed with TB could not obtain treatment because health facilities were closed or unavailable in



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remote or hard-to-reach areas. In addition, vulnerable population groups such as migrants and refugees had minimal access to health care. 46% of notified TB cases were offered Rapid Diagnostic Testing like GeneXpert testing in 2020.

In 2019, only approximately 70% of patients in Libya completed their treatment regimens. Patients who do not complete treatment are at significantly increased risk of developing multidrug-resistant TB (MDR-TB). MDR TB treatment services are not fully operational in all the country's regions, and TB HIV coordination is yet operationalised. In addition, there is no National Strategic Plan to prioritise the high impact interventions to achieve TB elimination in the country. The 2021 TB data update is expected by the end of March 2022.

HIV /AIDS

According to WHO's HIV country profile for Libya, the HIV prevalence rate in 2021 was 0.1%, translating into 6700 people living with HIV (PLHIV)¹. However, fewer than half of these patients were on ART. The decade-long conflict has disrupted the National AIDS Programme (NAP) and led to frequent stockouts of antiretroviral medicines (ARVs). Although adhering to an ART regimen can result in a near-normal lifespan for HIV/AIDS patients, interrupting treatment increases the risk of their developing resistance to conventional ART. The situation is compounded by an insufficient capacity to test for ART resistance or diagnose HIV. As a result, people living with HIV in Libya have made urgent international appeals for ARVs, both to international organisations and people living with HIV in other countries.

WATERBORNE DISEASES

It is one of the leading causes of morbidity in Libya. Most cases are acute diarrhoea, bloody diarrhoea, and acute jaundice syndrome, especially among children. There are hot areas for mentioned diseases with poor sanitation and pure water supply infrastructure. A majority of regularly assessed communities report a high incidence of diarrhoea, lice, and scabies. The absence of data highlights the seriousness of the actual situation on the ground.

No cholera cases have been reported in Libya, but cholera outbreaks have been reported in neighbouring countries. Last October 2724, acute and bloody diarrhoea were reported cases from EWARN sentinel sites. In Jul 2022, EWARN reported the following cases

- Acute Diarrhea (AD): 2,808 cases
- Bloody Diarrhea (BD): 36 cases.
- Acute Jaundice Syndrome (AJS): 19 cases

RIFT VALLEY FEVER

In recent years, cases among animals have been reported detected in an animal survey conducted by the Animal health control centre in Alkofra, Alshati, Ubari and the southern area. In December 2021, 12 animal samples were serologically positive for Rift Valley Fever in Libya's Misurata, Wadi Etba and Bani Waleed areas.

LEISHMANIASIS

NCDC Surveillance officers throughout the country are reporting data on the incidence of Cutaneous Leishmaniasis (CL) to the EWARN for inclusion in the NCDC's weekly epidemiological bulletins. Most CL cases in Libya are recorded between November and January each year. Transmission of the disease occurs during the sandfly season from May to October, but the lesions only begin appearing several months later. In 2021,

¹ National AIDS Programme Libya report and update, 2021

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the number of cases of CL dropped sharply compared with the previous year (171 between January and November 2021 compared with 549 cases in the same period in 2020).

Tawergha town was one of the most affected areas. The dire conditions in the town meant that hundreds of returnees were sleeping on the ground, where they came into direct contact with the sandfly that transmitted the disease. Leishmaniasis is endemic in the western mountains and the northwest border districts. 71 cases of leishmaniasis were reported from EWARN across Libya for April 2022.

CHOLERA

No cholera cases were reported from Libya from the 2020-to 2022 time period.

MALARIA

Libya is a malaria-free country, but there is an elevated risk of rollback after 50 years of control. If NCDC reports confirm the presence of vectors in Libya, the infection cycle will be completed, and local transmission will start. Recently, the surveillance and Rapid response team administration at NCDC announced the record of 19 cases of Malaria in Libya since January 2021, with some cases with an unclear history of travel which increases the possibility of local transmission. In addition, on 16 Dec 2021, a new case of cerebral malaria was diagnosed in the intensive care unit of IbnSina Hospital / Sirt for a resident of Waddan city in the municipality of Al-Jufra.

POLIOMYELITIS

Libya has a significant migrant population and circulating vaccine-derived poliovirus Type 2 outbreaks (cVDPV2) in the last 12 months, especially in Nigeria, Niger, Somalia, and Sudan/South Sudan pose a risk to Libya's importation of virus due to this high-risk mobile population. In preparation for the introduction of nOPV2, the first document submitted by Libya to meet the nOPV2 approval readiness verification requirements – B1 is verified. The verification is confirmed by the global Readiness Verification Team (RVT), and Libya has been added to the Regional nOPV2 Dashboard.

As of EPI week 31 2022, AFP indicators are as follows.

- A total of 53 AFP cases were reported since the start of 2022 and this is higher compared to 50 AFP cases reported for the same period of 2021.
- Total AFP cases reported this week = 0.
- National Annualized NP-AFP rate is 3.4/100,000 U15 years old children.
- Stool adequacy was 100%, the same compared to the same period of 2022.
- From the total 53 AFP cases reported in 2022, 44 (83%) cases were notified within 7 days from the date of onset of paralysis, and 51 (96%) cases were investigated within 48 hours from the date of notification.
- Of the 53 stool specimen samples collected, 44 (83%) are discarded as NP/AFP and 9 (17%) case samples are pending classification.
- Zero OPV dose for AFP case reported = 0 (0%).
- Non-Libyan Nationality AFP cases reported = 2 (4%) from Syria.

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AFP Surveillance Performance Indicators by Province, Epi week 31, 2022

Province	Population 2022 Under <15 yrs	Total AFP cases Reported	Non-Polio AFP Rate	Number of AFP cases with Adequate Stool sample	Stool Adequacy (%)	Number of discarded cases	Number of pending cases	VPDV
TRABULUS	691,071	6	1.5	6	100	5	1	0
SABHA	222,420	5	3.8	5	100	4	1	0
BENGHAZI	450,034	18	6.7	18	100	14	4	0
AL ZAWIYAH	224,112	6	4.5	6	100	6	0	0
AI-JABAL ALAKHDAR	255,070	3	2.0	3	100	2	1	0
AI-WASTA	513,870	9	2.9	9	100	8	1	0
JABAL NAFUSA	237,048	6	4.3	6	100	5	1	0
NATIONAL	2.593,625	53	3.4	53	100	44	9	0

OTHERS

Cyclical (almost once a decade) outbreaks of plague are reported from Tobruk. The last outbreak (diagnosed in Benghazi) was in 2009. Other diseases of importance are influenza, diarrhoea, hepatitis B, amoebic dysentery, hepatitis C, chickenpox, mumps, food poisoning, typhoid and paratyphoid fevers, extra/pulmonary tuberculosis, amoebiasis, Malta fever and H1N1 flu.

• CHILD HEALTH

As per official sources, Hexa3 (including DPT3) Coverage was 96% in 2019. As per current UNICEF estimates, in Libya, the percentage of surviving infants who received the third dose of the DTP-containing vaccine is 73%, while the percentage of children who received the second dose of measles-containing vaccine, as per administered in the national schedule, is 72%. As a result, 321,430 children require humanitarian assistance, particularly in health services. UNICEF has planned to target 120,000 children and women accessing health care and 269,253 children/ caregivers accessing mental health and psychosocial support. The main priorities include children and women accessing primary healthcare, health care facility staff and community health workers trained in infection prevention and control and IMNCI and MHPSS support to children and their caregivers.

Generally, vaccine availability is getting worse compared with February. MMR & bOPV vaccines are not available in (14%) & (40%) of assessed Municipalities, respectively (with a significant shortage in East) and would be considered as the top priority vaccines to be offered to address the critical gap, avoid future nationwide shortage and sustain high routine immunisation coverage. [Availability of vaccines at HF level March 2022 | HumanitarianResponse](#)

• TRAUMA AND INJURY

The risk of trauma and injury remains moderate because of the volatile security and political situation. However, as per IOM Libya, migrants in Libya (both in detention centres and in urban settings) face additional challenges and protection concerns linked to their status in the country and the vulnerable situations many find themselves in, including their higher risk of exposure to violence, exploitation, hazardous living conditions, and abuse at the hands of smugglers and traffickers.

• REPRODUCTIVE HEALTH

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As per UNFPA Libya, Women and girls are more likely to face challenges in accessing health services due to the lack of documentation required by many public health facilities. Therefore, the main priorities for 2022 include improving the capacity and resilience of health systems with the provision of integrated reproductive health services by building the capacity of frontline health care providers in the face of conflict and COVID-19 restrictions by providing essential reproductive health (RH) kits throughout Libya and to provide direct consultations, counselling, and awareness sessions on SRH issues, especially to women and girls of reproductive age (15-49).

- **NON-COMMUNICABLE DISEASES AND MENTAL HEALTH**

With regards to **non-communicable diseases**, 78% of the overall burden of disease is attributable to non-communicable diseases in Libya Cardiovascular diseases account for 43%, cancers 14%, respiratory diseases 4% and diabetes mellitus 5% of all deaths, and 18% of adults between the ages of 30 and 70 years are expected to die from one of the four major non-communicable diseases. Risk behaviour is typical in Libya. The incidence and prevalence of NCDs in Libya continue to increase due to changing lifestyles and the increasing prevalence of risk factors, particularly obesity. Steps are being taken to tackle non-communicable diseases (NCDs).

- **FUNCTIONALITY OF HEALTH FACILITIES**

There is no country-wide system to gather information and monitor and assess needs, response capacities and funding requirements due to a lack of population/health data and data culture. In addition, there is no data available with the health authorities on many functioning and non-functioning health facilities due to a lack of HeRAMS and HMIS systems. Therefore, plans of rolling out DHIS-2 across Libya must be achieved. As per the SARA survey in 2017, following the number of health facilities were present across the country: Tertiary Care Medical Centers (5); Secondary Care (97) (Rural Hospitals (32), General Hospitals (23), Teaching Hospitals (31), Specialized Hospitals (11); Primary Health Care (1355) (PHC Units (728), PHC Centers (571), Polyclinics (56).

As per HeRAMS PHCI Report, 66% (19) reported fully functioning, while 31% (9) were partially functioning, and one facility was non-functioning. Lack of finance, lack of equipment, and lack of staff were the main reported reasons for partial functionality. 59% (17) reported Partially Damaged buildings, while 41% (12) reported no damaged buildings. [HeRAMS PHCI Summary Dec 2021 \(English\) | HumanitarianResponse](#)
[HeRAMS PHCI Report Dec 2021 \(Arabic\) | HumanitarianResponse](#)

- **AVAILABILITY OF ESSENTIAL SERVICES**

Very few public health facilities offer a standard package of essential health care services. In addition, closure of health facilities and COVID isolation centers and labs is frequent across the country due to increased transmission of covid-19 among health workers, lack of PPE and supplies and sometimes non-payment of dues to the health workforce.

Libya needs revision, harmonisation and costing of the Libyan Essential Package of Health Services (including sexual, reproductive, maternal, and newborn health; child health and immunisation; public nutrition; communicable and non-communicable diseases; mental health and psychosocial support mainstreaming in all health-related services).

- **AVAILABILITY OF HEALTH STAFF**

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The core HWF density is adequate (7.6 per 1,000 population). Most of the HWF are female and young, aged between 30 to 40 years. Hence the workforce is stable. However, the severe maldistribution of the HWF, with gaps across geographical regions, districts, and municipalities, has led to unequal access to essential health services. Moreover, some health facilities are overstaffed while others are understaffed. Libya has severe deficiencies in the mix and distribution of skills across the geographical regions (SARA 2017), worsened by compromised professionalism, integrity, leadership, and discipline in applying existing regulations and guidelines. Even amid an abundance of doctors, dentists and pharmacists, there are shortages of these disciplines in the South, where they tend to receive more nurses and midwives than doctors. The distribution of health personnel is haphazard and not guided by norms and standards, resulting in some health facilities being overstaffed while others are understaffed (WHO study 2018). The HWF shortages in Libya are not about availability but the need to better manage the existing HWF.

- **AVAILABILITY OF ESSENTIAL DRUGS, VACCINES AND SUPPLIES**

There are chronic shortages and acute stockouts of medicines, equipment, and supplies. For example, 80% of PHC centres did not have essential medicines that remained to function. Although Libya is a resource-rich country, it must work on the regular supply of essential drugs, essential vaccines and medical products and workforce training and supportive supervision based on a data-driven approach in its governance and decision-making processes. In addition, there are current reports of stockouts of BCG and bOPV in vaccination centres across the country.

HEALTH SECTOR ACTION



SHAMS Project

In coordination with the MOH, a kick-off meeting has been done for the SHAMS Project supporting the solar power in the south of Libya among Dialysis and Oncology centres, supporting also the access for people with disabilities.

Health Needs Assessment

TDH, with partners (WW-GVC, PUI, and Helpcode) is conducting Health and Protection assessments in 4 locations in Libya (Al Kufra, Benghazi, Tripoli, and Sabha). The purpose of the assessment is to support the Health response planning for future projects across Libya.



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Helpcode, in partnership with TDH and ODP, continued its DG ECHO funded action on COVID-19 response in the West and South of Libya.

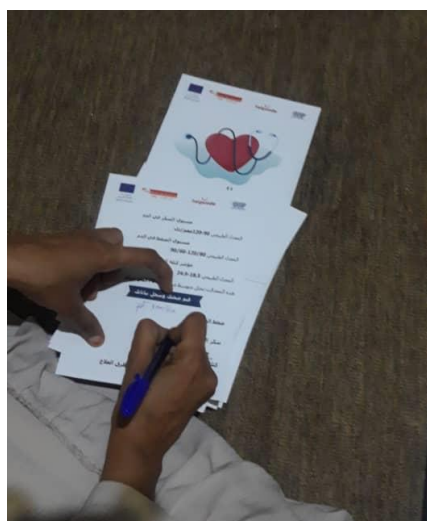
In particular, Helpcode continued its Risk Communication and Community Engagement (RCCE) campaign to fight COVID-19 misinformation and increase vaccine acceptance through awareness sessions in the communities and events, notably in schools. The school campaign is ongoing in approximately 40 schools, and students of all ages are being informed about COVID-19 with different age-appropriate activities.



In April 2022, approximately 3000 people were reached through the RCCE activities, and 500 IPC kits were distributed to attendees of students and events.



In addition, special events took place on April 7th for World Health Day in Ghat and Ubari. These events included basic screening for blood sugar, height and weight and COVID-19 prevention. In addition, community Health Workers and Volunteers conducted regular awareness sessions and events in the community.



Helpcode is also in the implementation phase of an AICS project: Integrated Health and Protection intervention in Southern Libya to ensure access to quality primary health care and protection services in Ubari Municipality/ Ubari Al-Mashrouh Primary Healthcare Unit/ Alghrayfa Municipality/ Al-Gaerat Primary Healthcare Center /Bint Bayya Municipality/ Gabroun Monthrah Primary Healthcare Unit.

The rehabilitation works of the targeted facilities in the South are ongoing.

Community awareness sessions have been conducted in the clinics and municipalities

mentioned above to increase awareness of COVID-19 prevention, hygiene and vaccination (EPI), reaching over 1000 people in April 2022.





Demand Creation, Risk Communication, and Community Engagement (DRCCE)

With 16% and 30% of Libya population fully and partially vaccinated respectively and a WHO target set at 70%, the MoH and National Center for Disease Control rolled out a national immunization campaign, in collaboration with UNICEF. RCCE activities were conducted in several municipalities, including Beer Alashab, Benghazi, Sirt, Tubruk, Imssaed, Ajdabya, Alwihat, and Alkufra, estimated to have reached 1,878 people through distribution of flyers.



UNICEF continued the series of capacity building workshops on Risk Communication and Community Engagement (RCCE) for key media focal persons and health promotion staff from line ministries and partners in collaboration with NCDC. In July, workshops were held in Ajdabiya, Jkhra, Benghazi, Tobruk, Emsaed, and Bir al-Ashhab for a total of 63 key media focal persons (48 males, 15 females).

UNICEF dispatched the following supplies to NCDC to strengthen RCCE initiatives:

Material description	Qty
Headphone with mic	5
Set of multimedia equipment	2
Microphone	3
Camera, digital	2
Tripod	2
External hard drive	2

Capacity building

Cold chain and vaccine management: UNICEF, in close collaboration with NCDC, is conducting a nationwide cascade training on Cold Chain and Vaccine Management (CCVM) for vaccinators. In July, 346 people (295 females, 51 males) were trained.

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Safe delivery in emergency: A three-day training on “safe delivery in emergency” was conducted in close coordination with the Libyan Midwifery Association in the municipality of Dirj. The training combined practical and theoretical sessions and a total of 24 people (all female) were trained.

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Integrated Management of Newborn and Childhood Illnesses (IMNCI): A five-day IMNCI workshop was conducted in Albayda hospital, with participants from the municipalities of Algubah and Albayda. A total of 19 participants (17 female, 2 male) attended the training.



Supplies and equipment

In July, UNICEF dispatched the following cold chain equipment: 130 vaccine carriers, 22 solar refrigerators, 12 cold rooms, 20 combined refrigerator/freezers, 26 refrigerators, 148 electronic refrigerator logger, 128 cold boxes, 63 fridge tag 2 devices with internal sensor for temperature monitoring, and 20 fridge tag devices for ultra-low temperature monitoring.

UNICEF is supporting the ongoing installation of cold rooms across Libya. In July a total of 14 cold rooms were installed in 14 different municipalities (Mezda, Zwara, Zawia, Tarhouna, Oubari, Darg, Baten Aljabal, Tajoura, Gmines, Sirte, Bani Waleed, Murzuq, Kikla, Al-Rujban municipalities). UNICEF is also supporting the installation of solar panels to provide solar power to the solar refrigerators for climate friendly and sustainable vaccine storage (Mezda, Tarhouna, Darg, Ganzure, Tripoli, Murzuq, Haj Hajil, Om al-Arabni, Gizaw, Clinic of Mashrou'a Barak, Barak PHC, Yefren, Al-Asabaa, and Aljamil). In addition, UNICEF supported the installation of generator in Tajoura, Tarhouna, and Zawuraa.

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Nutrition

SMART Survey

UNICEF is supporting the Bureau of Statistics and PHCI in undertaking of the first ever SMART nutrition survey in Libya. In July, an eight-day training of managers (ToT) for the SMART nutrition survey was conducted in Tunis, jointly with ACF facilitators (ACF global and country team). The training was attended by 25 participants (21 males, 4 females) from Bureau of Statistics and PHCI. The training combined practical and theoretical elements; with a practical session including children from the Tunis scouts and the general population to enable trainees to practice undertaking anthropometric measurements (height, weight, and MUAC).

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Infant and Young Child Feeding (IYCF)

UNICEF's virtual IYCF training programme continues, and an online lecture about breastfeeding was held and attended by 34 people. The following areas were discussed: the benefits of breastfeeding for the mother and child, the dangers the child could face when not breastfed, proper positions for breastfeeding, and timing and frequency of breastfeeding for children under 1 year old.

IYCF focal persons at UNICEF-supported PHC facilities conducted 905 nutrition assessments in July (504 males, 401 females), with 41 cases diagnosed with malnutrition. Common causes for malnutrition were rickets, insufficient daily requirements, among others. Additionally, the IYCF focal persons provided counselling services about breastfeeding and supplementary feeding to 599 caregivers.

Leaving no one behind

Access to health services and health information through Baity Centers: Through Baity Centers, UNICEF is supporting the strengthening of access to lifesaving and life-sustaining health assistance with an emphasis on the most vulnerable. In July, in collaboration with UNICEF's implementing partner INTERSOS, a total of 33 people were reached through INTERSOS operated Baity Center in Sebha, whereof 1 (male) was an internally displaced person and 32 were non-displaced (12 male, 20 female).

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Vaccinations in detention centres: UNICEF supported nutrition and vaccination activities in Ain Zara detention centre, conducted by PHCI's mobile health team. Nutritional assessments were done for six children (5 girls, 1 boy), with nutritional supplements provided to all to prevent malnutrition. One child (female) was vaccinated.



No feedback submitted



- UNHCR provide health services through its partner IRC using public PHCCs in different municipalities in the capital; Tripoli. During the reporting period, IRC provided 1422 general, reproductive and mental health consultations, and referred 185 cases to public hospitals and private clinics. Phone consultations and appointments continue to be used along with giving exceptions to emergencies.
- Through it is implementing partner IRC, UNHCR continued to conduct medical visits to detention centers where it provided 194 medical consultations in Tariq Sika DC , 165 consultations in Ain Zara DC and 70 medical consultations were provided at Triq Al-Matar DC.
- The 24/7 medical emergency hotline team continues to support PoCs. A total of 93 PoCs were assisted and 42 were referred to secondary health facilities during the reporting period.
- COVID vaccination for non-Libyans is still ongoing as part of the national vaccination campaign while registration of vaccinated refugees through the national system is still a challenge A total of 5 registered refugees and asylum seekers were vaccinated during the reporting period.

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- UNHCR supported Sidi Khalifa polyclinic in Benghazi with medical equipment to improve the provided services from the vulnerable population and the host community for better integration.



- As part of pre-Departure preparations for an evacuation flight to Italy, 100 evacuees have been Medically screened on the 6th of July and tested for COVID19 on July 24th.



Pre evacuation medical screening for refugees

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KEY PERFORMANCE INDICATORS

Primary Health Care Consultations and Referrals

IOM medical teams provided a total of **11,440 primary health care consultations** (7,325 men and 4,115 women) to migrants, IDPs and host community members across Libya and **referred 87 migrants** to secondary and tertiary health facilities for further medical investigation, treatment, and management. In July 2022, IOM medical teams reported a total of **170** (146 Men and 24 Women) **COVID-19 suspected cases**.

1. DCs

IOM medical teams provided primary health care consultations for **1,777** migrants in detention (1,422 men and 355 women) in five detention centres across regions: namely, Triq al Sika (West), Tariq Almatar (West), Ain Zara (West), Alkufra (East) and Ganfouda (East) DCs.

4 migrants were referred from these detention centers to the secondary and tertiary hospitals for medical investigations and clinical management.

2. PHC clinics

Through its support in four primary health care centres (Al-Aoeanea (West), Shouhada Ejdaibia (East), Aldurra (East) and Abdulhafed Alqarfa (East) PHCCs), IOM provided **4,753** primary health care consultations (2,137 men and 2,616 women) to the migrants, IDPs and host community members, along with supporting the centers with medicines, medical consumables and IEC materials on COVID-19 vaccines.

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 at over 20 project sites in urban settings. Project locations cover Hai Al-Andalus (West), Ghot Alshaal (West), Ain Zara (West), Alsirraj (West), Souq Aljumaa (West), Abdulsalim (West), Al-Aoeanea (West), Janzour (West), Tajoura (West), Zwara (West), Sabha (South), Qatroun (South), Ejdaibia (East) and Bani Waleed (West).

IOM medical teams reached **4,910** migrants and IDPs (3,766 men and 1,144 women), out of which **81** migrants were referred to the secondary and tertiary health facilities for medical investigation and clinical management.

4. Rescue at Sea

IOM medical teams responded to rescue at sea operations in which a total of **1,445** migrants (1,352 men and 93 women) at **Abusitta** (West) and **Azzawia** (West) disembarkation points (DPs) were rescued. **108** migrants received the medical screening and triage upon arrival. out of which **2** migrants were referred to the secondary and tertiary health facilities for medical investigation and clinical management.

Among above consultations, IOM provided:

- 198 gynecological consultations and 218 antenatal and postnatal cares to the female migrants, IDPs and host community members.
- 90 consultations for migrant children on the integrated management of childhood illness
- Routine immunizations and records for 405 migrant children under the age of five
- 188 health care consultations related to psychiatric care and mental and psychosocial care

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- 260 medical assistances to the trauma cases including the gunshot trauma and minor injuries

Fitness to Travel Screening

IOM medical teams provided pre-departure medical screenings for **1,951** migrants to assess fitness to travel (FTT) under the Voluntary Humanitarian Return and Reintegration (VHR) program.

National Health System Strengthening

Donation of Essential Medicines

On 3 July 2022, IOM, in coordination with the Ministry of Health, provided essential medicines to the Althanawia polyclinic in Sebha municipality. The donation includes critical medicines to manage and treat chronic diseases that account for the largest burden of disease in Libya.

On 18 July 2022, IOM donated over 34,000 sachets of Ready to Use Therapeutic Food (RUTF) to NCDC that will be distributed to the tuberculosis patients with severe and moderate acute malnutrition (SAM/MAM).

Anti-scabies interventions

In July 2022, IOM conducted the anti-scabies campaigns at Triq Almatar DC and Janzour community in Tripoli in response to the scabies outbreak. Over 530 migrants received holistic support including fumigation, distribution of new clothes, blankets, mattresses and personal hygiene kits and medical treatment.



On 27 July 2022, in response to the notification of suspected scabies cases among the migrants transferred from the disembarkation point, IOM health surveillance team conducted a rapid assessment visit to Ganfouda DC. The team clinically randomly assessed 31 migrants in detention among 198 triaged migrants and notified 31 symptomatic cases. All cases had mild to moderate symptoms, and no crusted scabies cases were found. IOM team provided all migrants and DC workers with the treatment and awareness raising sessions on scabies and general infectious diseases. IOM recommended DC managers to disinfect the contaminated cells upon release of the migrants in detention.

Establishment of medical office in detention centre

On 24 July 2022, IOM donated a series of medical equipment, supplies and furniture to the Ain Zara DC to establish a prefabricated medical office/clinic space in the facility.

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COVID-19 response

1. Risk Communication and Community Engagement (RCCE)

IOM medical team conducted 126 outreach campaigns and awareness raising sessions in the Greater Tripoli area (West), Zwara (West), Bani Walid (West), Benghazi (East) and Ejdabia (East). A total of **12,416** migrants, IDPs and host community members improved their awareness and knowledge of the COVID-19 prevention methods and vaccines.

2. Surveillance, case investigation and contact tracing

On 4 July 2022, in response to the notification of suspected COVID-19 cases among the migrants transferred from the disembarkation point, IOM health surveillance team conducted a rapid assessment visit to Triq al Sika DC. The team conducted rapid antigen tests with 10 migrants in detention among 230 triaged migrants and notified 2 COVID-19 positive cases who have been advised to self-isolate in the partitioned section to minimize contact with other migrants in detention. IOM team provided all migrants in detention and DC guards with awareness raising sessions and the heightened risk to infectious diseases including COVID-19 in detention facilities. IOM has closely followed up the situation in coordination with IRC, to closely monitor the situation and conducted three follow-up visits for contact tracing to date. Currently there are 15 COVID-19 positive cases notified in the Triq al Sika DC and migrants tested positive have been transferred to a separate cell for isolation.

On 28 July 2022, in response to the notification of suspected COVID-19 cases among the migrants in detention, IOM health surveillance team conducted a rapid assessment visit to Ain Zara DC. The team conducted rapid antigen tests with 31 migrants in detention among 350 triaged migrants and notified one COVID-19 positive case who have been advised to self-isolate in the partitioned section to minimize contact with other migrants in detention. IOM team provided all migrants in detention and DC guards with awareness raising sessions and the heightened risk to infectious diseases including COVID-19 in detention facilities. IOM has closely followed up the situation in coordination with IRC, to closely monitor the situation.

On 27-28 July 2022, IOM in close collaboration with the National Center for Disease Control (NCDC), trained 18 surveillance officers and Rapid Response Team (RRT) members (12 men and 6 women) representing the Misrata, Zliten, Sirt, Harawa, Sbea and Tripoli regions. Participants were trained on the effective communication and reporting mechanism of the disease surveillance, steps for outbreak investigations and prevention and rapid response mechanism of communicable diseases such as hepatitis, measles, rubella and monkeypox.



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3. Infection Prevention and Control (IPC) and Case Management

On 14 July 2022, IOM, in coordination with the Ministry of Health, provided essential medical supplies including PPE to the Shahhat Chest Hospital.

4. Laboratory

On 5 July 2022, IOM donated 1,500 kits of rapid COVID-19 antigen test to the Technical Cooperation Office at the National Center for Diseases Control (NCDC).

5. Vaccination

On 28 July 2022, IOM provided NCDC with a series of cold chain equipment that comprised of two units of refrigerated trucks for vaccine transportation, two units of vaccine storage and 20 units of frost storage refrigerators. The cold chain equipment will fill a critical needs gap in Libya in relation to vaccination activities.



In July 2022, NCDC in collaboration with IOM continued the national COVID-19 vaccination campaign for migrants and host communities, with financial support from the Austrian Development Agency. During July, 2,056 migrants attended COVID-19 vaccination information sessions and 1,068 doses were administered by the NCDC vaccination teams at Triq al Sika DC and three communities (Hai Alandalus, Qasr Bin Ghasheer and Zliten).

Since October 2021 to date, a total of 14,049 individuals (13,419 migrants and 630 Libyans) have vaccinated with COVID-19 vaccines through the NCDC-IOM campaign. The vaccination campaign will be further expanded to the migrant-dense municipalities in a phased manner.



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Mental Health and Psychosocial Support (MHPSS) services

IOM MHPSS teams have provided the following assistance:

- Mental Health and Psychosocial Support (MHPSS) services were provided to **668 migrants (393 men, 121 women, 93 boys, 61 girls)** in Tripoli, Benghazi, Alkufra, Beni Walid, Misratah, Sebha, Zwara and Ajdabiya in several locations, including IOM center in Hay Alandalus, detention centers, and urban locations including shelters, collective houses, labor migrants gathering points, health facilities. The MHPSS teams accompanied IOM medical teams to different locations and conducted a varied set of MHPSS activities.
- IOM MHPSS team in Benghazi contributed to a training on First Aid, Mental Health and Psychosocial Support (MHPSS), Protection Principles and Simulation in collaboration with IBM/SAR unit and IOM Protection team in Benghazi on the 28th of July 2022, which targeted 10 national first responders from LCG, GACS, and DCIM. The MHPSS team conducted an interactive training session aimed to provide participants with basic Psychological first aid, and supportive communication skills, and provide a platform for dialogue and exchange for different experiences in different emergency contexts.
- IOM MHPSS unit organized a 2-days training on 31 July and 1st August 2022 in Benghazi on “community based Mental Health and Psychosocial Support ” the training targeted 19 representatives from PHCI health workers and CSO members from Libyan Red crescent (LRC), Libyan Psychology association, Benghazi psychiatric hospital, university of Benghazi, Almizan organization, International Organization for the Protection of Children and People with Disabilities, Al-Tomooh organization, première urgence internationale (PUI), international rescue committee (IRC), and Women and Youth Empowerment forum (WYEF), and provided participants with an understanding of mental health and psychosocial support key concept and framework, community-based approach, tools, resources, and supportive communications skills.



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WeWorld GVC – Health Activities April 2022

Project: Emergency Program in Libya for the improvement of basic healthcare services and protection of the most vulnerable population - AID 12031.

Donor: funded by the Italian Agency for Development Cooperation (AICS)

WeWorld-GVC is currently implementing a health and protection project in Southern Libya in Ubari, Sebha and Wadi Ashati. In the previous months, six health facilities and one isolation centre were rehabilitated with a focus on WASH facilities and overcoming architectural barriers. Additionally, three health facilities had photovoltaic panels installed (Al Rgueba, Akhlif and Laayoune).

Medical equipment and personal protective equipment (PPE) were distributed to the six health facilities and one isolation centre. Moreover, WeWorld-GVC organized a capacity building training on health topics for 348 (281 women, 67 men) medical staff from supported health facilities in Southern Libya.



Throughout April 2022, WW-GVC with the support of local implementing partner MIGRACE reached **2,953 people** (1,779 men and 1,171 women, of which 2161 in the host community, 291 IDPS, 288 migrants, 123 returnees, 81 refugees) through awareness campaigns on infection, prevention and control (IPC) with a specific focus on handwashing and access to specialised health services. The awareness campaigns were conducted by MIGRACE community mobilizers in Sebha, Ubari and Wadi Ashati.

In addition, WW-GVC distributed **25 hygiene kits** to vulnerable families identified through the Individual Protection Approach assessment in Ubari and Sebha.

Figure 1 Awareness campaign conducted in Sebha, April 2022



Project Title: *Contribute to primary healthcare and lifesaving protection services for conflict-affected populations in Libya*

Locations Implemented: *Misrata, Tripoli, Sabha*

Duration: *9 months (January 1 to September 30, 2022)*

Donor: *BHA*

During the month of July, four Mobile Medical Units (MMUs) composed of a medical doctor, a nurse and a pharmacist continued to visit 14 health facilities, namely Sidi Masoud, Sidi Abduljalil, Alqadesiyia, and Sharaa

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Algarbi in Tripoli, Seha Madrasiya, Al Zaroq, Alshaheed in Misrata, AlHuriyat (Zliten), as well as Tawargha Polyclinic, Tawerga health district unit and Aljadeed, Al Gorda, Abdulkafi and Temenhent in Sabha as well as Gagum hospital in Brak Shati . The MMUs provided out-patient consultations, including reproductive, maternal and newborn care, in addition to the provision of essential medications for common morbidities as well as referrals.

- 1456 out-patient consultations (1054 F, 402 M) were conducted through 4 mobile medical teams. Among all female consultations, 47.2% (498) were of the reproductive age group (19-49 years old)
- 63 pregnant women have had at least two or more comprehensive antenatal consultations, while 6 were provided with postnatal care
- 1,014 beneficiaries (699 F, 315 M) were screened for COVID-19 disease within the supported primary healthcare centers. No suspected cases were identified during the month of May.
- Diabetes (22% = 323) and Hypertension (15% = 217) were the most common morbidities seen by the mobile teams in all locations.



Figure 1,2 and 3 reflects IMC Misrata medical teams is providing primary health services, starting with medical consultation through the doctor, and vital sing check by the nurse at Misrata and Tawerga health facilities..

Among the mentioned MMUs, an additional MMU was deployed in Tawerga city to provide health care services, including reproductive health, at two facilities named Tawerga polyclinic and Tawerga health district unit, targeting the local community and the returnees following the eviction of Fellah 1 and 2 camps in Tripoli.

Two MHPSS counselors continued to provide MHPSS services along with the MMUs at the health facilities. One psychiatrist based in Tripoli provided advanced MHPSS services when required. 90 mental health consultations, including 34 new consultations, were provided by the team during the reporting period.

During the month of July, IMC's nurse provided an on-the-job tutorial session on Diabetes mellitus disease to nurses at Shuhada Abduljalil PHCC in Tripoli, where she explained the definition, symptoms, and measurement tools of blood sugar. Further, IMC's community health officer targeted 5 of Alqadisya PHCC health staff with an awareness session on head lice disease. In Misrata, two on-the-job tutorial sessions were provided by IMC's MMU at Ahuriyat polyclinic in Zliten and Al Zaroq PHCC on July 6th and 18th, respectively.

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The sessions targeted the healthcare staff of both PHCCs and addressed the principles of wound dressing for Alhuriyat staff while and the basics of pharmaceutical management for Alzarouq PHCC.



Figure 4. IMC Community Outreach Officer, conducting awareness session.

In July, IMC provided essential personal protective equipment (PPE) to the supported health facilities in Sabha, including Algorda and Abdulkafi PHCCs, to assist the facilities in reducing the cross-infection among staff and ensure infection control measures are implemented at these health facilities.



IMC PPE donation to Sabha health facilities (Algorda and Abdulkafi) in July 2022.

Project Title: Contribute to the COVID-19 Pandemic Response in Libya

Locations Implemented: Sabha

Duration: 9 months (January 1 to September 30, 2022)

Donor: Private Funding

During the month of July, one medical doctor continued to work at the isolation unit of Sabha Medical Center as part of the case management team. Side by side with the MOH medical staff, the deployed doctor, provided case management to moderate to severely COVID-19 patients. 15 patients (7 females and 8 males)

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were admitted to the COVID-19 isolation unit for stabilization and further in-patient secondary health services during the reporting period. 8 out of the 15 recovered and were discharged home.

The project is also supporting the risk communication and community engagement activities of the COVID-19 response and health messages through the [International Medical Corps Libya Facebook page](#), providing awareness-raising messages regarding COVID-19 vaccination, recent health concerns, and Mental Health Promotion, and GBV, well as sharing information regarding services available. As of the 31st of July, **76,797** individuals engaged with eleven educational and informative posts that were based on material and content approved by the WHO, NCDC and MoH. The posts were as follows:

- 3 posts regarding [World Hepatitis day](#), covered transmission methods, prevention, and vaccination.
- [One Eid al-Adha post](#) preventive measures (12.8k Engagement)
- [One Monkey Pox awareness post](#) (3.5k Engagement)
- [COVID-19 Vaccination FAQ post](#) and [COVID-19 NCDC update regarding the current situation post](#) (40k Engagement) with more than 30 individual direct responses and referrals.
- [2 Stigma Mental health prevention posts](#) (13.9k Engagement) with more than 15 individual referrals to IMC MHPSS line to reach mental health services.
- [One GBV post](#) regarding the role of men in raising children (3.4k Engagement)

Project Title: Integration of MHPSS service provision and GBV mainstreaming at the PHC and community level

Duration: 6 months (April 1 to September 30, 2022)

Donor: GIZ

During the reported period, International Medical Corps continued its capacity-building program to the supported PHCI facilities in the 12 supported municipalities under the project, focusing on improving MHPSS service provision and community awareness. From the 17th to the 21st of July 2022, in collaboration with the Primary Healthcare Institute, International Medical Corps conducted a five days capacity-building program targeting 25 (18 F, 7M) healthcare professionals working at the primary healthcare level. The following topics were covered by the training program:

- Psychological First Aid: Understanding the three action principles of “Look, Listen and Link,” practice providing PFA to someone in distress, and be aware of the importance of self-care when helping others.
- Mental health safe identification and referral: Understanding myths and facts, including the definition of mental health, what are the symptoms of the most common mental health conditions, and the steps for a successful referral.
- Screening for depression: understanding the different levels of depression and introducing the screening tools for depression (PHQ2 and PHQ9)
- Gender-Based Violence core concepts and guiding principles.

Following the training, participants showed enhanced self-confidence in how identifying a patient that needs Mental health support and how to refer him/her to relevant MHPSS services.

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Figure 1: PFA training session as part of the 5 days capacity building program provided to PHC staff from 12 health facilities



Figure 2: One of the exercises during the capacity-building program from the 17th to the 21st of July 2022.

In addition to the capacity-building program, our team continues to conduct the KAP survey targeting the health staff of the 12 supported facilities under this project in order to measure their knowledge, attitude, and perception of mental health topics for the purpose of tailoring future awareness messages and sessions. In July, 140 staff members were reached through the survey.

Project Title: Improving access to primary health care and GBV prevention and response services for vulnerable populations

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Duration: 24 months (April 1, 2022 to March 31, 2024)

Donor: EU

During July, three MMUs continued to provide direct services at PHCCs in Tripoli, Misrata and Sabha. In addition to the MMUs, two stand-alone medical doctors continued to provide TB-related services at NCDC branches in Zliten and Sabha. Through these teams, 10 health facilities, namely Alqadesiyia, and Almadina Alqadima in Tripoli, Algheran, Alaswak, Shuhadaa Alremela and Tomina in Misrata, as well as Abdulkafi and Altayori in Sabha.

The MMUs and doctors provided out-patient consultations, including reproductive, maternal, and newborn care, identification of suspected TB ca, follow-up on confirmed TB cases, and referrals, focusing on the migrant communities. Furthermore, several migrant camps were targeted with primary health care services and general awareness sessions on self-hygiene. In July 2022, the medical teams conducted 1034 (593 F, 441 M) consultations, including 27 TB case identification, 100 reproductive consultations and 18 regular TB follow-up consultations. Also, 786 (515 F, 271 M) individuals were screened for COVID-19 disease through IMC's MMUs.

In addition to the provision of consultations, three laboratory technicians among IMC MMUs in Tripoli, Misrata and Sabha provided a total of 265 lab tests (176 Females, 102 Males) at most of the supported facilities.



IMC doctor providing reproductive health consultation to beneficiaries at Alqadisya PHCC

Misrata MMU providing patient examination service at Alaswak PHCC

Six on-the-job tutorial sessions were conducted by IMC medical team at Misrata, Sebha and Tripoli, targeting PHCC health staff. In Misrata, one session was provided on the 19th of July at Alaswak PHCC, targeting 7 healthcare providers on Tuberculosis-definition, signs and symptoms, prevention, and management. Four

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sessions were organized at the supported PHCCs in Tripoli, including the following topics: infection and prevention control in dressing rooms, practical laboratory training on B-HCG test, and two sessions on the principles of antibiotic resistance. The sessions in Tripoli targeted a total of 10 female healthcare providers. In Sabha, a session on the principles of blood pressure measurements was conducted on the 25th of July at Abdulkafi PHCC, targeting 7 health care providers.

Further, during July, the community outreach volunteers in Tripoli and Misrata conducted 325 health awareness sessions on TB amongst the migrant community populations.



IMC nurse providing health awareness session on IPC Principals at dressing rooms at Almadina Alqadima PHC



IMC Doctor providing health awareness session to Tomina PHCC health staff in Misrata



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IMC nurse providing health awareness session to beneficiaries in the waiting area at Abdulkafi PHCC

IMC nurse is measuring blood pressure for beneficiaries at Algorda migrant camp

Simultaneously, two MHPSS counselors and two psychiatrists continued to provide MHPSS services at the supported health facilities. 81 (23 M, 58 F) mental health consultations were provided by the team during the reporting period. Also, 8 female individuals attended an awareness session on What's mental health at Alqadisiyah PHCC.



➤ Direct Health Services

Under the support of the United Nations High Commissioner for Refugees (UNHCR) and The Swedish International Development Cooperation Agency (SIDA), IRC medical teams provided primary health care consultations to a total of 2212 individuals (1303 Males and 909 Females) representing migrants, internally displaced persons, and host community members. Also, referred 302 (172 Male, and 130 Female) clients to secondary and tertiary facilities for further advanced medical management.

1- Primary Health Care services



IRC health Services are provided within the UNHCR-sponsored Community Day Centre (CDC) and at five primary health care centers (PHCCs):

- Alharat PHCC (Souq Al-Jomaa Municipality).
- Alnasb Altethkari PHCC (Ain Zara Municipality).
- Emhemed Almogareaf PHCC (Ain Zara Municipality).
- Zawait Aldahmani PHCC (Central Tripoli Municipality).
- Ghout Eddis PHCC (Hay Al-Andalus Municipality).

With total consultations provided to 2144 (1165 Male and 979 Female) clients, among which 88% are non-Libyans.

2- Detention Centers (DC) and Libyan Red Crescent (LRC) shelter at Misrata:

IRC - DC teams provided primary health care services to 435 (385 men and 50 women) clients hosted in three detention centers in Tripoli, and One Shelter in Misrata. The supported DCs are Al-Sikka, Ain Zara, and Tariq

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Almatar DCs. Also, the IRC team referred 9 clients from these detention centers to secondary and tertiary health care facilities for further medical management.

The team continues to be the EWARN system focal point at Al-Sikka, Ain Zara, and Tariq Almatar DCs and already submitted the weekly reports within the allocated time frame.

3- Rescue at Sea (RaS): IRC-RaS health team responded to 11 RaS operations in Tripoli and Zawia DPs, where the team screened a total of 1217 mixed migrant survivors and provided PHC services to 106 (100 Male and 6 Female) clients and referred 12 (10 male and 2 female) to secondary and tertiary facilities for further medical management.



4- Mental Health and Psychosocial Support (MHPSS) services:

In addition to the non-structured and structured MHPSS services provided by the protection team, our mhGAP-trained General Practitioners and psychiatrists provided specialized and advanced Mental Health and Psychosocial Support (MHPSS) services to 180 (116 male, 64 female) clients within the Supported PHCCs, CDC, and DCs in Tripoli.

5- Reproductive and maternity health services:



IRC Gynecologists and midwives provided a total of 446 Gynecological, 275 Antenatal care (ANC), 5 post-natal care, and 5 family planning consultations.

6- 24/7 Hotline services:

the IRC in partnership with the implementing partner in Tripoli runs a 24/7 hotline sponsored by UNHCR, with a well-equipped and staffed ambulance service

to respond to emergency cases 24/7 in Tripoli urban communities.

IRC responded to (85%) of the hotline calls with 84 (56 females (67%) and (28 males (33%)) PoC assisted either on the scene or referred to secondary and tertiary facilities.



7- Tuberculosis TB



Among our efforts to support TB services to PoCs, (59) have been referred as presumptive TB cases to the NCDC, (93) confirmed cases were closely followed-up by our TB-GP in coordination with NCDC and Private clinics.

8- Special activities:

I. Pre-departure medical check-up:

As part of the coordination of UNHCR with the Ministry of Interior, Ministry of Foreign Affairs, and the Italian government, on the 6th of July 2022 IRC

health team played part in the pre-departure medical check-up for 100 (74 male, and 26 female) clients to be temporarily resettled in Italy



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II. Donations:



Serious of donations that included some medications, supplies and consumables and cold chain were delivered to some selected primary and secondary health care facilities in July as below:

- Aljalaa maternity hospital.
- Alnasb Altethkari PHCC.
- Al Gargni PHCC.
- Al Harat PHCC.
- Zawait Aldhamani PHCC.
- Emhemed Al mogaraef PHCC.
- Ghout Eddis PHCC.



Also, in response to the call for support from MOH to respond to the health needs resulted from the 23rd of July Tripoli armed clashes, IRC redirected some medications, supplies, consumables and some equipment to the MOH emergency directorate, which distributed it to the responding trauma unit.

I. Rehabilitation PHCC:

In response to the need for a shadowed waiting area for Ghout Eddis PHCC visitors, IRC with UNHCR support installed a shadowed area that can accommodate 15 clients considering the Public Health and Social measures.



9- Community Health Activities

IRC community health team continued delivering awareness and health promotion activities through Community Health Workers (CHWs) and Community Outreach Volunteers (COVs). The team used different modalities that included face to face, phone calls, home visits and distribution of IEC materials. The team has conducted 13 awareness sessions during July in Tripoli (Ghout Eddis PHC, Al Harat PHC, and CDC). Also, the CHWs reached 396 beneficiaries (159 Females & 237 Males) with awareness on communicable diseases (TB, HIV, and STIs), COVID-19 vaccination, and NCD (mainly diabetes and hypertension). In addition, the IRC community health team continues to distribute hepatitis awareness materials (posters and brochures) in the supported health facilities and in urban setting. The Most reached nationalities with community health sensitization activities were 58 % Sudan, 26 % Eritrea and 16% between other nationalities

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➤ Health System Strengthening

Health Activities

Under the EU ACCESS project, IRC team in the three lots made a tremendous job to verify data regarding PHCCs and prepared them for the selection process.

On the 6th of July, IRC health team conducted a meeting with PHCI and District Health Officers (DHOs) of the targeted municipalities and jointly chose the PHCs to be supported in the project.

On the 13th of July, letters of chosen Facilities were prepared and sent for approvals from Ain Zara, Al Shatei, Shahat DHOs and PHCI.

IRC team is also working on the baseline assessment and communicating with the health facilities managers and DHOs to finalize the list of required medications and equipment. Moreover, IRC is planning to conduct a coordination meeting with WHO team to ensure complementation of the planned support to the targeted facilities.

On 26th and 27th of July, IRC facilitated and participated in the first EU ACCESS third part monitoring visits that was conducted in Ain Zara Municipality.



Health Information Management Activities

HIMS staff enrolled and completed the online DHIS2 course through DHIS2 academy to Conducted HIMS DHIS2 Workshop. Also coordinating with the quality assurance specialist conducted to understand the quality tools and procedures of the HIMS during the project implementation and how to implement HIS best practices in the health facilities.

As a part of the coordination between IRC HIMS department and Shahat DHO manager regarding the DHIS2 training package, on **31st of July** an approval letter was issued to start this activity and finalizing the implementation plan of the DHIS2 packages and prepare the list of the trainees.

During the visit of the EU Mission Hala Markous the Representative, held a meeting that was in the IRC office on **26th of July** discussed the overall EU ACCESS project challenges and the support needed throughout the implementation period. on **27th of July** a follow up visit conducted to the PHCCs, DHO office in Aiz Zara, and to the PHCI. Where a brief overview of the DHIS2 system was presented and discussed during this visit.

Many filed visits were conducted to the health facilities in July, through weekly movement plans of the HIMS team in 3 locations (Ain Zara, Alshatie , Shahat) to assess the availability of IT equipment and evaluate the technical background of the targeted HF's staff, type of registry in use, number of DHIS2 trained and not trained staff. also the challenges and requirements of the HF. Based on this, in Ain Zara, only Alnosb Altedkari PHCC has received training, tabs and system access, however in Alshatie municipality, only Bergan and Ashkida PHCCs staff received training and tabs. For Shahat municipality, only Alsafsaf Clinic had the training, and received 1 tab (currently not functional).

All in all, most of the selected HF's facing and sharing the same challenges regarding the DHIS2 training, lack of internet sources, lack of the IT equipment availability and needs and poor technical background.

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Details of the weekly activities conducted in 3 municipalities by the HIMS staff as following:

Tripoli

- The HIMS facility visits were scheduled and shared with SMTL and CHW team was perfectly coordinated .
- Conducted site visits to the PHCCs in Ain Zara Municipality to collect more information about the facility's current state and assess their Health Information System as well as getting contacts.
- The names selected facilities: Alnasib Altedkari, Alsalam, Alhai Aljamaee, and Abdolmonem Reiad. The first visit was focused on HIS assessment and introduction to EU ACCESS project and HIMS roles in it.
- Built Data Awareness Sessions materials (PPTs).
- Facilitated CHW forms meeting with CHW Teams in the 3 lots to explain the form and the way it works, also discuss changes that occurred previously, and try to solve any miscommunication with the team .

Alshatie

- Visit Selected PHC's for HIMS Assessment AL Shati area (Ashkida, AL-Afia, Mahrouqa Liblad, Tharouth, Bergen).
- Collected targeted PHC's Staff for HIMS Training.
- Finished DHIS2 training for HIMS Staff.
- Shared HIMS Weekly Movement Plan with SMTL & CHW.
- Preparing Data Awareness Session PPT.



Shahat:

- **Enroll in the DHIS2 academy's online DHIS2 course.**
- The team has enrolled in and completed the following Level 1 DHIS2 Academy courses:
- Introduction to DHIS2 Course
- Aggregate data capture and validation fundamentals

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- Aggregate data analysis fundamentals

- **Worked with the CHW team to coordinate and share the HIMS facility visit schedule.**

The HIMS team visited all the PHCC's selected facilities and cooperate with the CHW team in terms of sharing the movement plan and together visiting the facilities.

- **Site visits to Shahat Municipality's primary health center**

Conducted site visits to Shahat Municipality's primary health centers to gather more information about the facility's current state, assess their Health Information System and obtain contacts. Shahat Polyclinic, PHC No. 1, Diabetes Clinic, and Alsfsaf PHC are among the facilities. The first visit was aimed at establishing positive relationships with PHC managers as well as providing an overview of EU ACCESS and HIMS's role in it.

- **Created a PowerPoint presentation for Data Awareness Sessions**

The HIMS team has worked on a data awareness session to be given to selected PHCC staff trainees in order to raise tier awareness on the importance of data and data entry to the project, as well as to motivate them to work and understand the significance of their role in it.

- **Complete the CHW Form for activities in May, June, and July.**

The HIMS team has finished documenting all of the CHW team's activities from May to June 2022. in an excel spreadsheet for further review and analysis

- **Participating in Hepatitis Day with a Community Health Worker (28 july)**

To ensure the success of the Hepatitis Day awareness event, the HIMS team collaborated with the CHW on logistics and preparation.



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Community Health Activities

In Tripoli (West), Community Health Workers (CHWs) delivered 6 awareness health sessions to staff of Abdelmanem Raed and Alhay Aljamee PHCCs. The total number of beneficiaries was 44 staff (nurses, lab technicians, and dentists). The team covered awareness about COVID-19 vaccination and hypertension. Also, IEC materials (posters and brochures) were distributed

In Whadi Shati (South), Community Health Workers conducted 32 health educational sessions in Ashkeda , Desa , Mahroga , Al Ayoon, , Temesan PHC, Wenzerk, Bergan, Taroot, Alzahra, Alafia PHCCs and Edri Hospital directly reaching 306 female health staff. Health topics covered were Diabetes & healthy diet, First Aid & wound care, and Monkeypox.



In Shahat (East), CHWs conducted 17 health education sessions in Shahat Polyclinic, Alfaidiyah Polyclinic, Ras Alturab , Alsafsaf and Clinic No 3 PHCCs, directly reaching 448 beneficiaries from health staff, 240 were male and 208 were females. Health topics covered were Diabetes, Hypertension, COVID-19, and Healthy diet. Also, the team targeted Higher Institute of Sciences and Technology, Intermediate Institute for Building and Construction, and Zaid bin Thabit school.



In collaboration with NCDC, IRC teams celebrated the World Hepatitis Day on 28th of July 2022 in all targeted municipalities, were raising awareness of hepatitis infection under the theme of Bringing Hepatitis Care Closer to You. The event was celebrated at university of Tripoli in Ain Zara reaching 45 beneficiaries with active participation of April organization Local NGO). In Shahat, awareness session conducted with positive participation of Amal Shahat (Local NGO), Red Crescent, friends of Social& fitness club in Shahat municipality main hall reaching 78 beneficiaries. In Wadi Ashati the event took place in Brak and Bergan hospitals with active participation of women union and Bergen Alata local NGOs reaching 83 beneficiaries.

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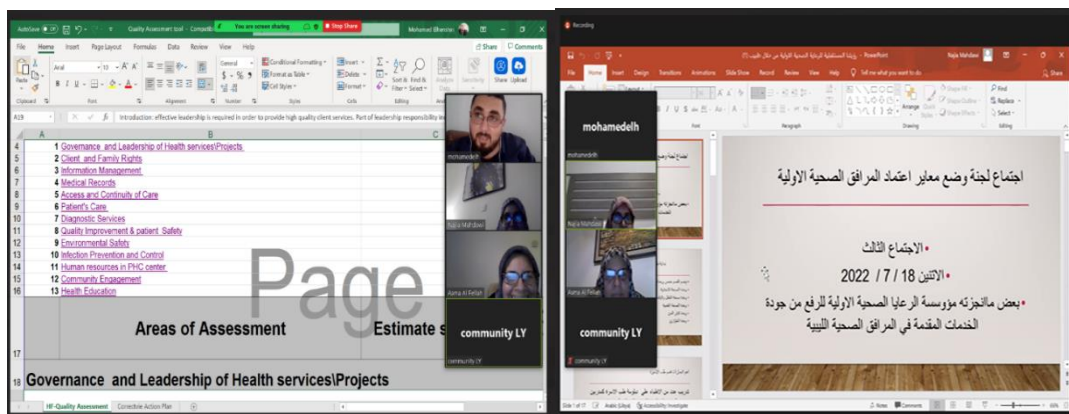
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Quality Assurance Activities

I. Activities at Central level:

Co-lead activities with National committee to review standards and quality indicators for primary care:



IRC-QAS actively participated in the four meetings (Jul 2nd, 4th, 18th and 26th) of the National Quality Assurance Committee to review standards for primary care, The IRC's quality assurance specialist (QAS) presented Quality health indicators that evaluate PHC system performance focus on evaluating accessibility of health services, continuity of provided care, comprehensiveness and holistic approach in care with a family and community-based orientation and coordination with explanation of comparative key-indicators' scores and descriptive (observational) indicators' scores. In addition to, mechanisms to apply these indicators to improve the quality of the essential package of health services at primary health care in coordination with the Primary Health Care Institute (PHCI)

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II. Finalizing process of Quality assurance implementation plan

On 27th of July, IRC-QA team met with the Primary Health Care Institute (PHCI)'s Director, and PHCI's staff at the PHCI headquarters. The IRC's-QAS team presented the 1st draft of QA implementation plan, and the draft was shared with them for their review, inputs and feedback.

III. Activities at DHOs/HSDs level:

According to the meeting held on Wednesday **July 6th** at the PHCI with active participation of DHOs/HSDs of Ain Zara, Shahat and Ashotie. In Ain Zara municipality, the head of Health Services Directorate (HSD), Tripoli issued Letters to the managers of the four selected piloting primary health care facilities namely: Alhay Aljamee, Al Salam, Alnosb Altedkari, and Abdeloneam Reyadh to form Quality Improvement Taskforce Teams -QITF. Three out of the four Health Facility managers nominate staff to join QITF teams.

➤ Training

- I. As part of the UNHCR project, IRC arranged for a Basic Life Support (BLS) training Course that was facilitated by the Libyan Emergency Medicine Association (LEMA), at Tripoli University Hospital on the 2nd of July 2022. A total of 27 (9 men and 18 women) participants from different primary health care centers located in the municipalities of Ain zara, Souq Aljomaa, Central Tripoli, Hay Al-Andalus and IRC staff participated in the one-day training that will be followed by a 2 days Advanced Cardiac Life Support Training in August. The objective of the training was to equip the health staff at IRC and other PHCC with the skills and knowledge to respond to nonresponding and provide them with the first steps of life support



- II. First aid training was conducted to 5 protection community outreach volunteers on 25th of July, were first aid kit distributed.

➤ Successful Story

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9 months old Sudanese child living in the outskirts of Tripoli with her parents, noticed to be relentlessly uncomfortable and unwell. The parents visited the Outpatients Department (OPD) of one of the private clinics not far from where they live, she was prescribed medications that did not improve her medical status.

Her parents brought her to IRC medical team at the community day center (CDC), the poor young child was still ill, while her parents have ceased working to look after their only young girl.

IRC team assessed the child and decided to further investigate the case to exclude a life-threatening disease that also can result in lifelong complications, which turned out true based on the requested investigations. Then the child has been transferred and admitted to a specialized medical center to receive optimal care.

Gradually, day-by-day with good and active treatment and follow up with the case by referral nurse, she has received all the necessary medical services, the smile on the young child was priceless as she has returned home safely and happily.



Day of discharge from specialized medical center.



The psychosocial support team, in cooperation with the United Nations Population Fund and the Ministry of Social Affairs, continues to manage and operate the 1417 hotline to provide psychological, social and legal consultants. The line provides its services to battered women, survivors of violence, affected groups of displaced people, migrants and asylum seekers.

During the year 2022, we increased the service hours to become from 8 am to 12 am, at a rate of 16 hours per day, except for Friday. We receive approximately 1000 calls per week from different groups, ages and municipalities.

This year we also started providing the service in French and Swahili at a rate of three days a week. We make referrals to all government and private service providers, civil society organizations, international organizations and United Nations institutions.

Also, we are still offering home visits through our mobile teams which cover a big area of Libya. we also provide case management for GBV cases.

At the end of May, the team will open a safe space for women in Tarhuna, in which psychosocial support services, training on some life skills, and training in some simple trades will be provided to obtain

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independence in resources. The psychosocial support team will carry out training on PM+ during the last week of May.



ICRC

1. Primary Health Care:

- ALMANACH (ALgorithm of MANAgement of CHildhood Illnesses) workshop meeting in Tunis between PHCI, ICO and the TPH (Tropical Public Health) Institute from Basel University in Switzerland to discuss technical matter of the project.



- Donation of essential medicines including NCD drugs, consumables, and PPE to:
 - Center: Sirte, Alkhums-Alhoryat polyclinics, Harawa -Jaref - Houn PHCCs;
 - South: Assubaitat, Zuwilla, Qar Masoud, Al Jadid, Um Al-Aranib PHCCs, Al Ghurayfah and Bergen rural hospital
 - West: Tazemreit, Suliman Khater, Almashroae Alzerae, Ashefa, Qariat Ashab PHCCs
 - East: Eastern Sabri-Benghazi, Al Madina, Salim Sasi PHCCs, and to Durra and Mahmoud Hreish Polyclinics
- Donation of Insulin and oral anti diabetic and anti-hypertensive drugs to Misurata Diabetes Center and Jabal Al-Akhdar Diabetes Center (East)
- Rehabilitation of Durra polyclinic pharmacy
- Donation of 10 solar fans to Assubeitat PHCC;

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2. First Aid:

- Trauma First Aid Training for 18 staff of Criminal Investigation Unit at Mol, Benghazi in Benghazi.
- Advance First Aid training to 9 participants from Misurata Ambulance Services



3. Physical Rehabilitation Program:

- Training of physiotherapists at Sabha Physiotherapy & Rehabilitation Center on amputees' physiotherapy and management.



- In coordination with Libyan Paralympic Committee and ICRC Global Inclusion Advisor and Coach, two virtual trainings for the Wheelchair Basketball team (10 participants) took place in July
- In coordination with ICRC Global Disability Inclusion Advisor, ICRC Tripoli office conducted a dissemination session on MEI and vocational training for 16 participants/ people living with disability (PWD).



4. Health Care in Detention:

ICRC sponsored the participation of three authorities from MoH, MoJ and MoD to the first World Health Care in Detention Conference in Geneva.

5. Emergency Response:

- Dressing, Infusion and other consumable sets donated to Misurata Medical Center and Al Afya, and Traghen hospitals.
- Emergency consumable sets donated to EMSC and Tripoli central hospital (TCH).
- Burns dressing and other consumable sets donated to Al-Jalaa hospital/East to support MoH efforts after truck explosion incident in South.



No feedback submitted



During the reporting period, the ACF team continued regular communication, meetings, and teaming with local health authorities and other humanitarian actors working in Libya as part of ACF's efforts in implementing its current projects at locations where ACF is operational, including Tripoli and its suburbs, Sabha and its suburbs and Benghazi.

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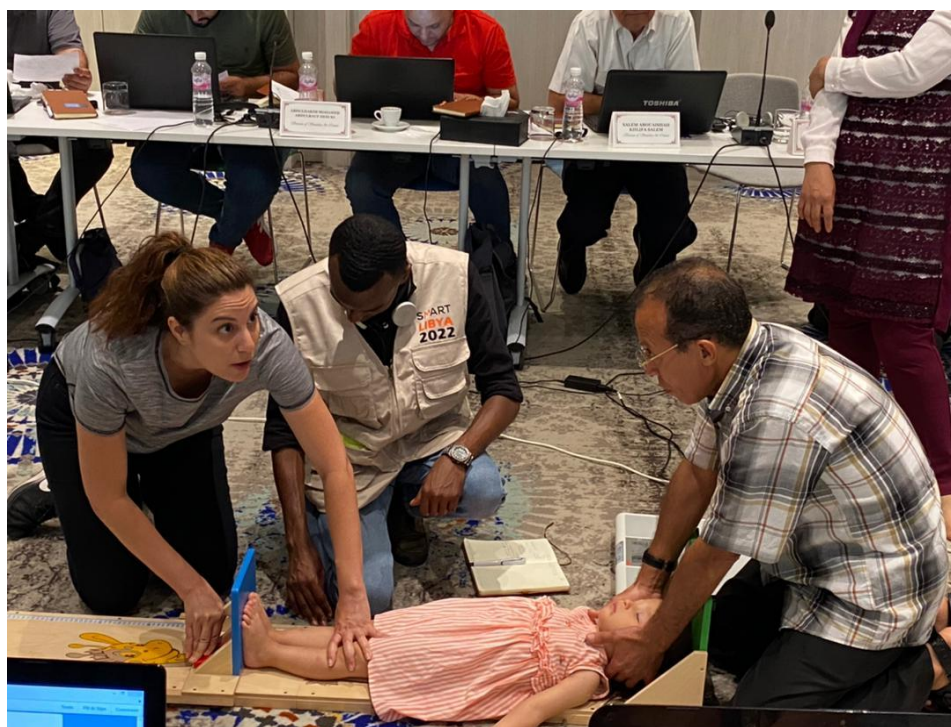
Libya National SMART survey:

Action Against Hunger –Libya team supported the initiation of Phase 1 of the Libya National SMART survey targeting building the national capacity through the development of a national SMART-survey managers pool, this activity was conducted in partnership with UNICEF and in collaboration with the bureau of statistics and census-Libya (BSC) and Primary Health Care Institute as the main stakeholders.

ACF Libya facilitated the training with the support of 2 global master trainers from ACF-Canada. The 8 days of SMART survey managers training took place in Tunisia and aimed to develop the practical skills, theoretical knowledge, nutritional data quality assurance abilities, and leadership capacities of 25 participants from the Libyan government to be certified officially as SMART survey managers. This TOT training will allow cascade training of field enumerators and supervisors who will lead and supervise the field data collection process during upcoming phases of the national SMART survey.

Participants were of varied technical backgrounds and included health care providers, health managers, survey managers, and statisticians. 15 of the participants represented the Bureau of Statistics and Census and 10 participants represented PHCI (21 males and 4 females). Participants were chosen from all 6 health regions. Training included hands-on training during a vigorous standardization test to ensure the ability to accurately measure key anthropometric measures for children and included IT training on the ENA software that will be used to enter, analyze and ensure the quality of data. The standardization test was performed on real children from Tunisian scouts.

Discussions related to the planning of upcoming phases of the SMART survey initiated during the training, including training of enumerators and the calculation of sample size using ENA software, Sample size calculation will follow a 2-stage random cluster sampling, using the statistical units in each mahala under all municipalities in the 6 health regions as a sampling frame.



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BMZ-project: Improving the Health Resilience of Rural Communities in Libya:

As part of the project named “Improving the Health Resilience of Rural Communities in Libya” supported by BMZ and implemented by ACF, aiming to support the provision of PHC services in rural communities in Tripoli and Sabha with a focus on reproductive, maternal, neonatal and child health services (RMNCAH), ACF completed the field data collection phase of the in-depth assessment that will be used as a baseline assessment for the project and will help to identify the gaps and shortages in PHC services to help ACF to adjust proposed interventions to real needs.

8 Primary Health Care facilities were assessed, 4 PHC facilities in rural Tripoli in municipalities of Swani Ben Adem and Gar ben Gashir, and 4 PHC facilities were assessed at rural Sabha at municipalities of Sabha and Albawanis

The List of PHC facilities targeted by the in-depth assessment was proposed by Primary Health Care Institute (PHCI), based on priority PHC facilities selected after bilateral discussions with local health authorities at the district level represented by managers of PHC facilities and leadership at the district health offices.

Findings of the in-depth assessment as well as the final list of PHC facilities to receive the support of ACF through BMZ funding will be shared with the health sector in the upcoming reports.

Primary findings of assessment reflect significant shortages and issues related to main building blocks of health system at assessed health facilities, including problems related to availability and capacity of health human resources, problems related to essential medical commodities availability and management, gaps related to standardization of practices and governance , which is reflected on delivery of services and hindrance of accessibility to primary health services for catchment populations of assessed health structures.

ACF team participated in the first workshop on the national Package of Interventions on reproductive health, organized by PHCI with support from WHO, the ACF team participated in revising proposed recommendations and core indicators and provided direct feedback and recommendations on certain aspects of the intervention package developed by PHCI through the collaboration of national reproductive

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health experts which can act as the base for more detailed guidelines and SOPs on reproductive health at PHC level, this will aid improving governance and standardization of practice.



Pillar 1: Coordination, Planning, Financing and Monitoring

- Regular coordination of implementation of COVID-19 with partners and WHO offices Benghazi and Sabha

Pillar 2: Risk communication, community engagement (RCCE) and infodemic management

- Designed seven different educational materials on COVID-19 prevention measures as well as the COVID-19 vaccines with WHO, MOH, NCDC and the EU logos and shared them with health partners and local media channels as part of the efforts to fight vaccine stigma and misinformation .
- Conducted a meeting with WR with the Director of Health Services in Tripoli to follow up on the latest COVID-19 vaccine updates in Tripoli and surrounding municipalities . The meeting was followed by a field visit to some health facilities where productive discussion held with health professionals and constructive feedback from beneficiaries. As a result, WHO will promptly provide 117 health facilities in Tripoli with educational materials on COVID-19 and the vaccines.
- Conducted a meeting with comms team at NCDC to follow up on upcoming RCCE interventions on COVID-19 and COVID-19 vaccine.
- Developed the daily and the weekly designs on COVID-19 situation report with WHO, MOH, NCDC and the EU logos and disseminated them on WHO social media platforms: (available at <https://twitter.com/WHOLIBYA> and <https://www.facebook.com/WHOLIBYA>)



Pillar 3: Surveillance, epidemiologic investigation, contact tracing and adjustment of Public Health and Social Measures (PHSM)

- The HIM Unit at WHO produced COVID-19 updates for epidemiological weekly (week 27 and 29) and the monthly COVID-19 bulletin (July).
- Updates can be accessed on the [COVID-19 Libya dashboard](#).

Pillar 4: Points of entry, international travel and transport and mass gatherings

- EMR Travel measures bulletin for week 28,29 and 30 received and disseminated.

Pillar 5: Laboratories and diagnostics

- WHO Libya office conducted 2 training workshops for lab technicians on lab information management, lab SOPs and quality practices, 49 lab technician representative different labs from 11 municipalities attended this training.
- Meeting with the head of NCDC public health lab on 24/7/2022, discussion focused on coordination between NCDC and WHO on planned activities.

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Pillar 6: Infection Prevention and Control and protection of health workforce

- 9 IPC officers continue to provide daily technical support and on-site training on basis infection prevention and control work in 24 health facilities across the country according to agreed action plan.
- IPC officer in Tripoli facilitated two training workshop on Standard operating procedures, documents and information management of COVID-19, 50 laboratory technicians participated in the trainings.

Pillar 7: Case management, clinical operations, and therapeutics (under logistic) Pillar 8: Operational support and logistics, and supply chain (see below)

- Followed up with MoH and emergency department Libya COVID-19 therapeutic allocation through WHO partner platform.
- Prepared stock requests to enhance COVID-19 case management and triage preparedness for isolation centers and PHC facilities.

Pillar 9: Strengthening Essential health services and system (see below in relevant sections)

Pillar 10: COVID-19 vaccination (National Center for Disease Control (NCDC), Libya MoH Source: <https://web.facebook.com/NCDC.LY/>)

As of 02 August 2022, 2,295,434 people received the 1st dose (partially vaccinated), while 1,219,637 received the 2nd dose (fully vaccinated). 165,872 people received booster doses.

Mental Health

- Conduct a 3-day training on the WHO/EMRO package on awareness-raising for mental health and WHO psychological First Aid guide in coordination with PHCI for a 20 community MH volunteers from the selected 18 municipalities by SCALE project to provide community awareness sessions targeting the public through different platforms.
- Conducted a 5-day training on the remaining modules of the mhGAP-Intervention Guide (phase 2) in Tripoli for a group of 23 GPs working at selected PHC centers targeted by the WHO FCDO project.
- Participated in a meeting organized by EMRO to discuss the development of MHPSS dashboard for EMRO countries.
- Continued conducting the regular coordinating meetings with MoE , MOH, NCDC and PHCI to follow up on the progress of the implementation of MH project.

TB/HIV

- The National TB guidelines (English version) is finalized and handed over to NCDC for endorsement
- The DHIS 2 training (from 19th to 21st July) for statisticians and medical officers completed in Misrata.
- Completed the medical officer training workshop for 5 days (from 24th to 28th July) in Sabha. A total of 23 participants from various health centers attended this training.



EMT

- 24 Emergency Medical Teams supported 30 health facilities providing primary and secondary health care services across the country. 19792 EMT consultations & 355 surgical intervention from 16 to 31 July 2022.

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GBV

- As part of WHO plan to strengthen primary health care response to women subjected to violence, 2 workshops were held on 20th and 21st July 2022 in Tripoli. On 20 July 2022, 15 male managers of department of health services in the primary health care offices in Tripoli, Al Bayda, Al Swani, Azzawia, Ejdabiya, Ghiryan, Misrata, Murzug, Nalut, Sabha, Sedi Saeh, Tarhouna, and Zwara had attended; and on 21 July 2022, 16 (13 male and 1 female) health facilities' managers attended - from Tripoli, Zawia, Misrata, Ghiryan, Ejdabiya, Al Bayda, Tarhouna, Sirt, benghazi, Murzug, Sabha and Nalut.
- During the period from 24-28 July 2022 in Tripoli, a training of trainers of primary health care service providers on adapted WHO clinical handbook on health care for women subjected to violence conducted. 21 (20 female and 1 male) primary health care service providers attended from different municipalities – Zwara, Misrata, Ejdabiya, Nalut, Sabha, Murzug, Gheriyan, Tripoli (Ain-zara), Al Bayda, Benghazi, Sirt, Wadi Rabeea, Al Swani and Zawia; from different specialties (General practitioners, General Medicine, Pediatrics and Gynecology/Obstetrics). They were trained on the clinical guide to help them provide needed services to GBV survivors following GBV guiding principles.



Disease surveillance:

- 4 training workshops on Monkeypox case investigation and sample collection supported by WHO, 3 of them in Tripoli from 17-19 July 2022 and one in Benghazi on 21 July 2022. These workshops targeted all municipality surveillance officers, this training aimed to enhance response capacity and strengthen national preparedness plan.
- Follow up with NCDC insects' bites in Gasser Alakhia municipality which affected huge people and cause panic between them.
- Meeting with TCO in NCDC on 24 July 2022, the discussion focused on coordination for planned surveillance activities.
- Virtual meeting with IHP (Infectious Hazard Preparedness) unit in EMR office on 19 and 26 July, discussion focused on follow up of influenza program in Libya, challenges and opportunities.
- Virtual meeting with EMR/HIM unit, US CDC (Centers for Disease Control) and GHD (Global Health Development) to discuss next steps in implementation phase of event-based surveillance in Libya, training material, dates of training municipality level training and frontline workers.
- Attended the EOC and multi outbreak meetings organized by WHE EMRO Team every Monday and Wednesday.



Arrangement for EWARN expansion started and training planned on 16 August 2022

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الإغاثة الأولية الدولية

Première Urgence Internationale – Health Activities July 2022

Première Urgence Internationale (PUI) is currently operating in the East of Libya, in the mantikas of Benghazi, and Al Kufra.

Première Urgence Internationale with the support of DG-ECHO:

In Al-Kufra mantika, as part of the vaccination support, 75 individuals were vaccinated, 49 of them through regular mobile health activities and in coordination with Local NGOs and 26 through fixed centers at Al-Jawf “Alrifi-Ahwuaj and Rubyana” (23) and Al-Jawf “Tazirbu” (3). 54 individuals (72%) received the first dose, 3 the second dose and 18 received the booster dose. Through household visits, 30 beneficiaries (61%) with reduced mobility and/or disabilities such as deafness, blindness, paralysis and the elderly with reduced mobility have been reached.



Vaccination Support Team in household visits -
Al-Kufra AL-Jadidah , June 2022, Al-Kufra
district

A gender-balanced mobile vaccination team composed of DHS vaccinators and PUI medical staff conducted 11 visits to five sites Alhara , Bezima Aljadida, Altullab ,Alhawari , Alsuhr. During the visits, the VST carried out pre-check consultations of the covid19 vaccine seekers, followed-up on the safe administration of the doses and reporting activities for Adverse Effects Following Immunization (AEFI). The monitoring of AEFI was recorded for 33 persons in Al Jawf. Moreover, the Vaccination Support Team (VST) continued supporting the local authorities in the rollout of the Covid-19 national vaccination campaign in the district. Technical support/supervision visits were conducted targeting the main 4 vaccination sites across Al Kufra district, 2 in Al Jawf, 1 in Rubyana and 1 in Tazirbu.

Furthermore, PUI medical team provided 83 general medical consultations (mainly for gastrointestinal diseases, upper respiratory tract infection and hyper tension) and 42 sexual and reproductive health consultations. Overall, 83 women and 42 men benefitted from the provision of primary health care consultations in hard-to-reach and underserved areas, across AL-Jawf, Bezima al Qarya and Altullab.

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Vaccination Support Team in household visits
- Al-Kufra AL-Jadidah , June 2022, Al-Kufra district



Vaccination Support team in households visits
– Al-Kufra AL-Jadidah, Al-Kufra district

Premiere Urgence Internationale with the support of CDCS:

PUI outreach team composed of 2 nurses and 4 community mobilizers conducted a door-to-door health screenings, in the catchment area of 23rd of July Polyclinic, to identify people with risk factors for developing Non-Communicable-Diseases. 219 individuals (115 Males, and 104 Females) were screened using a risk assessment tool including blood pressure, blood glucose, body Mass index and benefited of individual tailored awareness sessions to promote healthy lifestyle habits and modify risky behaviors.

23rd of July Polyclinic were also supported in the mainstreaming of MHPSS into primary health care through capacity building of medical staff on Mental health as part of NCD training package; Eight doctors (1 Male and 7 Females) received training provided by certified trainers from previous NCD PUI projects. The program consists of seminars covering knowledge and skills in diagnosing and managing mental health problems such as anxiety, depression, psychosis-schizophrenia, generalized anxiety disorder and panic disorder, acute stress, hypomania and bipolar illness, medically unexplained symptoms (MUS), somatization disorder, confusion, mental health in pregnancy, changing behavior, listening exercise.

To ensure continuity with previous projects, the trainers who will reinforce the 23 July clinic staff are certified trainers from previous NCD PUI projects. For this purpose, four female doctors from Abouatni clinic, received refresher training on Training of Trainers ToT skills and approach including the following topics: Presentation skills, training techniques, Getting feedback.



Door-to-door NCD screening visits– 23rd July clinic catchment area - Benghazi

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- MSF France provide medical health care in Libya in collaboration with MOH,
- MSF France provide PHC, sexual and reproductive health care, TB support in collaboration with the NCDC, Mental health care and referral of several cases in public or private clinics for secondary or tertiary health care.
- MSF France support the DCIM in disembarkation points when we are contacted
 - MSF France have activities in Misrata:
 - support to NCDC with OPD consultations from Sunday to Thursday (medical doctor, nurse, mental health team), follow up of TB cases and support in medications if needed, support to the laboratory with GeneXpert, cartridge, Spotchem EZ for biochemistry, and donation in some laboratory reagents (65% Libyans, 35% Migrants)
 - Follow up of TB cases in 2 prisons in Misrata
 - Support in Disembarkation points to the DCIM
 - We plan to support the **Misrata hospital for tuberculosis and chest diseases** to reopen a TB unit of 16 beds in Misrata in collaboration with MOH, we are working in the strategy before to present it to the MOH.
 - Referral of several cases in public or private clinic for secondary/tertiary care
 - Ben Walid:
 - PHC in Al Madina (98% Libyans)
 - Sexual and reproductive health care at Al Madina (99% Libyans)
 - PHC in community and camps for Migrants (99% Migrants)
 - Referral of several cases in public or private clinic for secondary/tertiary care
 - Zuwara:
 - PHC and sexual reproductive care in Al Baraka
 - Support in consultation to NCDC Zuwara
 - Mobile Clinic in Migrants camps (Osh-Bangla, Piazza)
 - Referral of several cases in public or private clinic for secondary/tertiary care

DATAS:

1. Misrata + Bani Walid:

a. Cumulative PHC/SRC in Misrata- Bani Walid

2022	Jan	Feb	Mar	Apr	May	Jun	Jul
Total Out-Patient consultations	1491	1280	1393	607	878	1238	983
Referrals (requiring admission)	16	4	4	2	3	6	9
Referrals (non-admission)	19	17	35	24	16	43	20
Mental health current active file	-	13	9	10	38	64	78
Total discharges	5	0	3	0	1	3	0

b. Active cohort TB at NCDC Misrata

2022	Jan	Feb	Mar	Apr	May	Jun	Jul
Total Active Cohort	121	124	165	96	141	157	167

HEALTH SECTOR BULLETIN

July 2022

New Cases	PTB	7	9	16	7	11	6	13
	EPTB	7	8	10	6	7	6	7
	MDR-TB	0	0	0	0	0	1	0
	Transfer in	0	0	1	0	0	0	1

2. Zuwara:

a. Cumulative PHC and Sexual Reproductive care in Zuwara

2022	Jan	Feb	Mar	Apr	May	Jun	Jul
Total Out-Patient consultations	593	624	860	660	747	1035	649
Referrals (requiring admission)	21	15	20	34	29	44	51
Referrals (non-admission)	58	46	49	41	57	55	79

b. Active cohort of TB cases at NCDC Zuwara

2022	Jan	Feb	Mar	Apr	May	Jun	Jul
Total Active Cohort	39	32	45	37	36	51	50

FUNDING STATUS FOR HRP 2022

Libya Humanitarian Response Plan 2022: Response plan/appeal profile

<https://fts.unocha.org/appeals/1060/clusters?f%5B0%5D=destinationClusterIdName%3A6314%3AHealth>



Requirements and funding per cluster

11-Aug-2022

Totals

Total incoming funding: US\$24,300,050
 Filtered original requirements: US\$18,575,678
 Filtered current requirements: US\$27,528,489
 Coverage: 88.3%
 Total pledges: US\$0

Displaying 1 - 1 of 1

Field cluster/sector ▲	Original requirements US\$	Current requirements US\$	Funding US\$	Coverage %	Pledges US\$
Health	18,575,678	27,528,489	24,300,050	88.3%	0

[View this on Financial Tracking Service](#)

HEALTH SECTOR BULLETIN

July 2022

		
Flow ID Source org.	Destination org.	Amount (US\$)
236564 Germany, Government of	World Health Organization	\$1,193,317
245451 United States of America, Government of	World Health Organization	\$900,000
246384 Germany, Government of	United Nations High Commissioner for Refugees	\$851,407
251798 Private (individuals & organizations)	World Health Organization	\$5,437,918
251799 United States of America, Government of	World Health Organization	\$2,996,000
251800 Unitaaid	World Health Organization	\$30,816
251862 United States of America, Government of	International Medical Corps	\$1,815,000
251864 International Medical Corps	International Medical Corps	\$350,000
251866 International Medical Corps	International Medical Corps	\$1,559,320
252358 European Commission	International Organization for Migration	\$1,518,824
252369 European Union Emergency Trust Fund for Africa	International Organization for Migration	\$323,963
252370 Finland, Government of	International Organization for Migration	\$150,913
252375 Italy, Government of	International Organization for Migration	\$562,714
252376 United States of America, Government of	International Organization for Migration	\$567,778
252379 Austria, Government of	International Organization for Migration	\$1,001,075
252380 Austria, Government of	International Organization for Migration	\$104,907
252382 United States of America, Government of	International Organization for Migration	\$211,111
252384 United States of America, Government of	International Organization for Migration	\$585,042
252387 European Union Emergency Trust Fund for Africa	International Organization for Migration	\$368,447
252390 European Union Emergency Trust Fund for Africa	International Organization for Migration	\$51,918
252392 European Union Emergency Trust Fund for Africa	International Organization for Migration	\$60,570
253224 European Commission's Humanitarian Aid and Civil Protection Department	World Health Organization	\$1,055,966
253622 UNICEF National Committee/Germany	United Nations Children's Fund	\$251,859
255039 United States of America, Government of	United Nations Children's Fund	\$1,716,264
256445 Norway, Government of	World Health Organization	\$634,921

LINKS TO IMPORTANT INFORMATION RESOURCES

[الرئيسية - وزارة الصحة \(health.gov.ly\)](https://health.gov.ly)

[WHO Global Health Cluster website | Libya](#)

[Health Sector Libya website | Humanitarian Response](#)

[Health Sector Operational Response Dashboard- Microsoft Power BI.](#)

[المركز الوطني لمكافحة الأمراض - ليبيا | Facebook](#)

[National Center for Disease Control - Libya \(ncdc.org.ly\)](https://ncdc.org.ly)

[COVID-19 Dynamic Infographic Dashboard Libya- Microsoft Power BI.](#)

[Libya | Humanitarian Response](#)

[Health Sector HNO 2022 | Humanitarian Response](#)

[Health Sector Libya Contact Groups List, Feb 2022 | Humanitarian Response](#)

[2022 HPC - Libya Humanitarian Needs Overview \(HNO\) | Humanitarian Response](#)

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For more information, please visit www.who.int | www.reliefweb.int | www.humanitarianresponse.info