

This report is produced by OCHA Libya in collaboration with WHO Libya and humanitarian partners. The next report will be issued on or around 27 April 2020.

HIGHLIGHTS

- As of 20 April 2020, there are 51 confirmed cases of COVID-19 reported in Libya, including one death.
- Continuing attacks on hospitals and critical water infrastructure affect people's access to medical services and safe drinking water. Electricity outages have also been reported across parts of the West.
- Intensified fighting along the western coast resulted in the suspension of services at four hospitals in Sabratha and Surman that were conducting around 18,000 medical consultations per week.
- To date, 11,497 calls have been received, 7,192 of which have been answered by the Common Feedback Mechanism's information hotline.
- Immediate needs include support to rapid response teams, personal protective equipment, lab diagnostic kits and supplies, establishment and support to isolation sites, training, and education/awareness.



Sanitation campaign in Khoms detention centre (IOM)

51

people confirmed with COVID-19

1

COVID-related deaths

808

samples tested

\$10M

funding gap for COVID-19 Health Sector Plan

SITUATION OVERVIEW

As of 20 April 2020, the Libyan National Centre for Disease Control (NCDC) reported 51 confirmed cases, including one COVID-related death, in Libya. Around 11 people have recovered and 39 are under follow-up. A total of 808 tests have been performed. Most new confirmed cases are people who have come into contact with others who have previously tested positive, confirming local transmission. However, few of the confirmed COVID-19 patients have been hospitalized and there are no clear criteria for hospitalizing patients.

In Tripoli, the Prime Minister of the Government of National Accord (GNA) has announced that the country will be placed under a 24hr curfew for 10 days, starting on 17 April 2020. Only small neighbourhood grocery shops and bakeries will remain open and people have been asked to walk instead of using public transport or private cars. In the East, in areas controlled by the Libyan National Army (LNA), the daily curfew has been relaxed to 7 p.m. to 7 a.m.

The Director of the NCDC has announced that, with the exception of birth doses of Bacillus Calmette–Guérin (BCG), hepatitis and polio, all routine childhood vaccinations will be suspended for one month so as to limit the risk of transmitting COVID-19. Given the increased risk of a measles outbreaks, which typically occurs every two years in Libya, WHO has urged the NCDC to resume measles vaccinations as soon as possible.

During the week, the Humanitarian Coordinator and WHO discussed the situation in the South with representatives from Ghat, Sabha, Qatroun and Ubari. The South has severe shortages of supplies, equipment and qualified health workers to respond to COVID-19. A plan of action was agreed (based on a recent WHO assessment), including training, supply requirements and the facilities in each municipality to be designated as isolation centres.

The Health Sector, with support from REACH, will be rolling out a Rapid Health Facility Assessment (RaHFA) aimed to identify and map health facilities and isolation spaces and assess facilities' capacity to respond to a COVID-19 outbreak. COVID-19 preparedness will be assessed according to: facilities' reported availability of resources (medicines, medical supplies, COVID tests, staff employed); infrastructure capacity (number of patients serviced per day, space for and number of in-patient beds, existence of intensive care units, etc.); existence of COVID-specific protocols (referrals to other health facilities, staff trainings, community awareness campaigns, sanitation/decontamination protocols, etc.); and the health facilities' access to regional/national/global guidelines and information.

Procurement and distribution personal protective equipment (PPE), essential testing equipment and other medical supplies continues. WHO has donated four GeneXpert machines to Sebha, Tripoli, Yefren and Tobruk and is reviewing options for procurement of additional machines. On 18 April, the Ministry of Health and WHO received a flight carrying 3 metric tonnes of PPE and medical supplies donated to the African Union by two international foundations.

Heavy fighting continues impacting both on civilians and civilian infrastructure. On three occasions from 6 to 10 April, the Al Khadra Hospital in Tripoli, which was assigned to receive suspected or confirmed COVID-19 cases, was struck by shelling. Furthermore, intensified fighting along the western coast over the past week has resulted in the suspension of services at four hospitals in Sabratha and Surman, which were conducting, on average, 18,000 medical consultations per week. Since the start of the year until 31 March, the UN Support Mission in Libya has documented at least 131 civilian casualties (64 deaths and 67 injuries), representing an overall increase in civilian casualties of 45 per cent compared to the previous three months.

The first data from an ongoing survey on possible discrimination related to COVID-19 has highlighted several protection concerns: migrants with an irregular status are more vulnerable with increased police and military prompting them not to leave their homes for fear of being identified and deported; communities in Tripoli are aware of COVID-19 but are less aware of what to do and where to go if someone contracts the disease; East and West African community leaders reported a fear of increasing discrimination and barriers to accessing healthcare; and a main concern facing all population groups in Tripoli is disruption to livelihoods, especially for those relying on the informal economy.

Additionally, UN Women conducted a flash survey with 290 women across Libya to capture the pandemic's specific impact on women. The survey found that current COVID-19 prevention measures have negatively affected women's livelihoods, especially for self-employed women. Around 52 per cent of surveyed women indicated that their work had been affected, and 26 per cent believed that their source of livelihood would be affected if curfews were extended. Respondents reported fears of increased violence due to pressures from curfews and 70 per cent reported needing support from male family members to access medical services. Many respondents reported being involved in more domestic work including in educating children and more housework arising from continuous sterilization.

The survey also highlighted difficulties in meeting needs of people with disabilities, with 49 per cent of respondents having a person with a disability in the family and reporting barriers in obtaining necessary healthcare. Health services for women were also expected to be more difficult, with 71 per cent of the sample expressing concerns regarding their access to healthcare, particularly for pregnant and post-partum women, due to lack of capacity in health facilities. The survey highlights the need to include women in decision-making and for responding organizations incorporating a gender perspective when developing and implementing activities to combat COVID-19, including women frontline responders, women leaders and women networks. Activities need to respond to the varied needs of different groups and ensure that all groups, particularly women, have equal access to social protection policies, outreach and other services.

While access remains challenging, there are ongoing efforts, including at the highest levels, to ensure unrestricted humanitarian access. This includes working with municipal and national authorities for authorizations for humanitarian personnel and supplies to be able to deliver humanitarian assistance. In the last two weeks, OCHA has successfully negotiated authorizations to move during curfew hours and between municipalities that will allow humanitarian organizations to deliver assistance to more than 40,000 people. This also includes critical personal protective equipment for health care staff from Tripoli to the East and South.

FUNDING

In Libya, the requirement for COVID-19 Health Sector Plan stands at US \$14.3 million, with around \$4.2 million received as of 19 April (30 per cent of the funding requirement), mostly due to internal reprogramming.

While funding to the 2020 HRP has increased, it remains significantly underfunded overall. As of 19 April 2020, \$10.8 million has been received, nine per cent of the requested \$115 million. The Inter-Sector Coordination Group has conducted exercise that identifies \$30.8 million (additional to the \$14.3m for COVID-19 Health Sector Plan) that is required for critical HRP activities that address the direct and indirect impacts of COVID-19 on the most vulnerable people in need over the next three months

Sustaining funding for the Humanitarian Response Plan during the COVID-19 pandemic is vital to ensure that existing vulnerabilities are not exacerbated and life-saving needs are addressed.

HUMANITARIAN RESPONSE

Health

Needs:

- Immediate needs include support to rapid response teams, procurement of personal protective equipment (PPE), establishment of labs and procurement of lab diagnostic kits and supplies, establishment and support to isolation sites and wards (within or outside public hospitals), provision of training, health education and awareness materials.
- Up to 90 per cent of public health care services in some areas are closed or under resourced.

Response:

Pillar 1: Coordination

- Provides necessary technical support and guidance to MoH and NCDC to develop and update national preparedness response, protocols and guidance materials aligned with nine pillars of priority response.
- WHO met with the NCDC to discuss the revision of the national COVID-19 action plan based on the WHO checklist. WHO suggested that the NCDC integrate case management in its action plan and include a ninth pillar on maintaining essential health services.
- Rolled out online survey for health partners to identify the impact of COVID 19 related restrictions on health programs.

Pillar 2: Risk communication and community engagement

- Completed and printed Arabic version of guidance on risk communications for health facilities.
- Produced 28,000 COVID-19 posters for health facilities (8,000 for East, 4,000 for South and 16,000 for West).
- Existing organization helplines are being used to disseminate household-level COVID-19 prevention measures, as well as provide a mechanism to report symptoms or provide counselling services.

Pillar 3: Surveillance, rapid response teams and case investigation

- The health sector is supporting contact tracing and is providing training and capacity-building for Rapid Response Teams and is developing a strategy for expanding support.
- WHO has assigned five of its emergency medical teams to support contact tracing in Al Jdabia, Benghazi, Zint, Tarhuna and Misrata.
- Continued procurement and distribution of essential medical supplies. This week more than 2,000 pieces of PPE and IPC materials provided in Tripoli, Misrata and Sebha and 395 frontline workers trained.
- Around 70 training and other capacity-building events have been conducted or planned for April. WHO is leading the process to standardize the training package for Libya in coordination with the MoH, NCDC and health sector partners.

Pillar 4: Points of entry

- Establishing health offices at two border crossing points (Tunis and Egypt), further two are in planning and five disembarkation points.
- Al Toum (Libya/Niger), Ghadames (Libya/Algeria) and Ghat (Libya/Algeria) border crossing points will be prioritized but a full list of formal and informal border crossing points needs to be developed.
- Development and sharing of core tools/guidelines related to PoE programming, creation of tools and facilitating capacity-building for partners.

Pillar 5: National laboratory

- Procured 50,000 swabs and 300 PCR kits, which are currently in Benghazi for further distribution across the country in close coordination with the authorities.
- The MoH in Tripoli has sent a PCR machine to Sebha in the South, where three technicians have previously been trained on how to operate the machine.
- Four GeneXpert machines have been provided to Sebha, Tripoli, Jeffrin and Tobruk. These machines can process 50 tests every 12 hours. There are currently not operational under the cartridges arrive which is due in coming days.

Pillar 6: Infection prevention and control (*see also WASH update*)

- Supporting NCDC and MoH preparedness and providing WHO guidelines and updates.
- Infection, prevention and control (IPC) checklist and guidelines have been provided to the NCDC for distribution to hospitals and health facilities across the country.
- Five detention centres have been fumigated and migrants provided with hygiene kits and health education materials.

Pillar 7: Case management

- Supporting data collection and mapping readiness and preparation at district and municipality levels.

- The MoH is establishing a telemedicine platform (called “SPETAR”) to provide medical advice for mild cases, as well as medical guidance for non-COVID cases. WHO will monitor the telemedicine platform and collect data on the numbers of phone calls, registered patients and remote referrals.
- Rolling out a rapid Health Facility Assessment (RaHFA) to identify and map health facilities, isolation spaces and assess facilities’ capacity. Preparedness assessed according to facilities’ availability of resources, infrastructure capacity, existence of COVID specific protocols and access to regional/national/global guidelines and information.

Pillar 8: Operational support and logistics

- 122 tons of essential life-saving medicines and essential supplies for nearly 225,000 women and children have arrived and been cleared through customs.
- Continue working with the authorities to apply COVID-19 Essential Supplies Forecasting Tool (ESFT) to better help to identify gaps and availability of essential supplies at national level.

Pillar 9: Essential health services maintained

- WHO is working with the MoH to incorporate pillar 9 in the national COVID-19 preparedness and response plan.
- Developed a distribution plan for 509 standard health kits cleared by customs and to be released by authorities.
- Health partners have identified essential services to be maintained by each level of health facility. Once all information has been received, a list of essential services will be presented to the MoH for approval.

Gaps & Constraints:

- Information on designated locations and hospitals assigned to care for COVID patients regularly changes.
- Surveillance needs to be strengthened in the South, at all points of entry and in detention centres.
- Only 74 Rapid Response Team are available of the 217 teams that are required.
- While funds for the national COVID-19 preparedness and response plan and back pay has been released for health workers, adequate financial resources to combat the pandemic continues to be a challenge.

Education

Needs:

- All schools remain closed until the end of May as a preventative measure, impacting on children’s learning.

Response:

- Ministry of Education (MoE) has started the distance learning through TV, particularly for Chemistry, Math, English, and Biology. Education sector partners are coordinating with MoE to support with distance learning classes, and support students and teachers with necessary technical and material supplies.
- Around 70 per cent of the total beneficiaries has been reached under the school feeding providing. The programme plans to reach more than 18,300 school children and their families through take-home-ration with an initial supply of one box of date bars per student.

Gaps & Constraints:

- While distance learning is being implemented through TV and internet this is only for limited grades.
- Not all the students have access to TV and internet and those households that have been affected by electricity outages also cannot access distance learning sessions.

Emergency Telecommunications

Response:

- Last week the CFM received 1,948 calls, answering 616 calls (578 in the West, 26 in the East, 12 in the South).
- The majority (569) requested information with the reminder reporting potential symptoms. Of these, 28 callers had non-COVID-related symptoms, 12 had low- severity possibly COVID-related symptoms, and 7 had high-severity symptoms, which were referred to the NCDC.
- To date 11,497 calls have been received, 7,192 of which have been answered.

Constraints:

- Most calls come in the afternoon after the curfew has started, thus the operators are working from home.
- The CFM urgent requires more funding to raise capacity to be able to handle the call volume effectively and to ensure the needs of the population are being met.

Food Security

Needs:

- According to the recent assessment, 48 per cent of assessed cities reported food shortages and 86 per cent of assessed cities reported food price spikes.
- Migrants and refugees in detention centres and urban settings are particularly in need of food assistance.
- Food Security partners continue to receive requests for food assistance from different municipalities.

Response:

- In March, FSS partners have reached more than 87,000 vulnerable IDPs, non-displaced and host communities, and migrants and refugees in detention centres and urban settings with food assistance.
- Initiated a Libya Conflict Sensitivity Forum to understand potential impacts on beneficiaries and general population.
- Mobile VAM (mVAM) rapid assessments have been initiated and data collection is ongoing. This will complement data also being gathered on the prices of basic commodities in various areas.

Gaps & Constraints:

- Many areas are reporting food availability problems. In addition, border closures, import restrictions, and movement of food supplies is disrupted in addition to impacts from the ongoing conflicts.
- Lack of confirmed funding is impacting the ability to respond to the needs of IDPs, host communities and migrants.

Protection (inc. Child Protection, GBV, Mine Action and Cash)

Needs:

- Over a third of survey respondents cited the largest barrier to accessing health services was not knowing where to go, and a third were afraid to access health care for fear of being reported to authorities and arrested or deported. Additionally, nearly a quarter of respondents noted that they did not have the money to pay for health services.
- Needs for hygiene and dignity kits are increasing due to the increasing prices in markets. Procurement is becoming challenging with price fluctuations.
- Traditionally vulnerable groups are being impacted by loss of revenue stream and their livelihoods as prices for basic food and non-food items increases, widening socio-economic vulnerabilities and inequalities.

Response:

- Around 253 people have been reached with case management sessions, psychosocial support, and GBV consultation services. Another 125 calls have been received seeking further through the GBV hotline.
- Around 630 people have received cash support. Since the beginning of the year, around 4,200 people have received cash support, including 1,200 through emergency cash support and 3,000 through multi-month cash programming.
- Cash transfer value is being reviewed in light of current fluctuating market conditions.
- Non-food items distributed, including mattresses/pillows (200), baby kits (34), dignity kits (32), sanitary napkins (15) and psychosocial support children kits (17).
- Conducted training on COVID-19 and Gender Based Violence (GBV) for 43 Libyan health workers from Al-Jalaa maternity hospital in Tripoli and training for 17 social health workers from the Ministry of Social Affairs in Tripoli.
- Supported disinfection and fumigation campaigns 20 public buildings, including banks and government buildings.

Gaps & Constraints:

- Group activities at women and girl's safe spaces in Tripoli and Sebha have remained suspended in light of COVID-19 prevention measures but one-on-one support services continue.
- Humanitarian access remains a challenge due to COVID-19 prevention measures and conflict, including for persons of concern, unaccompanied children, as well as to detention centres.

Shelter

Needs:

- Shelter partners continue to receive multiple requests for assistance in shelter and non-food items, including for recently displaced families in Abusliem.

Response:

- Provided 200 mattresses, 200 hygiene kits, two pre-fab containers and two 60 KVA generators to assist health facilities in Misrata.
- 93 detainees in Ganfouda detention centres received mattresses, blankets, hygiene kits and cloth. A further 117 hygiene kits were distributed through the Community Day Centre for refugees and migrants.

Gaps & Constraints:

- Some SNFI partners faced difficulties in dispatching NFI supplies to the East due to movement restrictions between municipalities and/or were held up at check points.

Water, Sanitation and Hygiene

Needs:

- While the Man Made River water value has been turned on after being shut off on 6 April, families continue to be affected by water shortages. Moreover, due to power outages in many parts of the western region, people had been unable to get continued supply of water through pumping from boreholes.

Response:

- Around 165 people were provided with safe drinking water by replacement of three water pumps in Zwara detention centre. Another 514 people benefited from cleaning the septic tank in Zintan detention centre.
- 109 migrants received sensitization on hygiene awareness.
- Around 680 hygiene kits distributed, including for IDPs and migrants.
- Undertook WASH assessments in Surban collective shelter and WASH rehabilitation ongoing in Sidi Abduljalil collective shelter.

Gaps & Constraints:

- Continued attacks on water infrastructure result in increased disruptions to water supplies and further overburden deteriorating systems.
- Curfews, clashes and insecurity complicate ongoing distributions.

Common Services (inc. Coordination and Logistics)

Response:

- The ISCG prepared a prioritization document which identifies the main activities in the HRP that immediately contribute to COVID-19 response and those critical activities addressing indirect impacts of COVID-19 over the next three months.
- Logistics sector is monitoring entry points to Libya and providing updates through the Global Logistic Cluster website and working on a map to illustrate the various entry points and on possible bottlenecks for entry to Libya.

Gaps & Constraints:

- The UN Humanitarian Air Service (UNHAS) is waiting for clearance to position the replacement aircraft from the Tunisian authorities in order to recommence humanitarian air flights into Libya.

For further information, please contact:

Mr. Kasper Engborg, Acting Head of Office, OCHA Libya, engborg@un.org
Ms. Jennifer Bose Ratka, Public Information Officer, OCHA Libya, bose.ratka@un.org
Ms. Samantha Orr, Humanitarian Affairs Officer, OCHA Libya, ors@un.org

For more information, please visit <https://www.humanitarianresponse.info/en/operations/libya>
 To be added or deleted from this Sit Rep mailing list, please e-mail: ochalibya2@un.org