Response and gaps in health sector coverage for April 2020 (based on 4W analysis)

Health sector response:

- 12 health sector organizations are operational (6 UN agencies: UNFPA, IOM, UNHCR, UNICEF, UNDP, WHO; 6 INGOs: IRC, GIZ, IMC, PUI, HI and CEFA)
- 18 (82%) out of 22 districts were reached by health sector partners.
- Most of health sector assistance was provided in 36 (36%) of 100 municipalities.
- 16 (44%) of 36 reached municipalities were ranked as higher than 3 severity scale.
  - 5,289 (95%) of medical procedures (HRP funded) took place in areas higher than 3.
  - 6,556 (51%) of medical procedures (HRP funded) and 2,017 (49%) of medical procedures (non HRP funded) took place in areas ranked as 3.
  - 912 (100%) of medical procedures (non HRP funded) took place in areas ranked less than 3.
- A total of 15,038 medical procedures (including 12,439 outpatient consultations, 132 referrals and 2,299 trauma related consultations, 73 mental health consultations, 90 disability related consultations, 5 vaginal deliveries attended by a skilled attendant) were provided by health sector organizations.
- The gender breakdown of patients who received medical procedures: 38% - men, 62% - women. 16% of medical procedures were provided to children under 18 years old and 84% to people older than 18 years old.
- 6% of all medical procedures were provided in severity scale areas less than 3 while 57% - in areas ranked as 3 and 37% - in areas higher than 3.
- Out of 42 operational mobile medical teams, 8 (19%) are in areas of severity scale higher than 3, 32 (76%) – in areas ranked as 3 and 2 (5%) in areas of severity scale less than 3.
- 19 health facilities and community center provide MHPSS services.
- 42 mobile medical teams/clinics are deployed across the country.
- 50 health facilities (including detention centers, collective centers, and community centers) are supported by mobile medical teams/clinics across the country.
- 50% of EWARN sentinel sites report in a timely manner with 70% of disease outbreaks responded to within 72 hours of identification.
- There are 126 EWARN sentinel sites across the country with the highest concentration of them in Al Margeb, Benghazi, Eljdabia, Misrata, and Zwara.
- 53 public PHC centers received support with health services and commodities.
- 23 public secondary health facilities received support with health services and commodities.
- A total of 76 public health facilities supported with health services and commodities.
- 1 public health facility received support with physical rehabilitation/refurbished.
- A total of 158 standard health kits were distributed. The majority of kits were distributed to Tripoli, Alkufra, Azzawya, Aljfarra, Zwara, Al Jabal Al Gharbi, Nalut, Almargeb, Benghazi and Sabha.
- Health sector partners cover 14 IDP camps in Benghazi, Misrata and Tripoli.
- 10 official detention centers in Al Jabal Al Gharbi, Alkufra, Almargeb, Azzawya, Benghazi and Zware are covered by fixed health points and/or mobile medical teams.
- 4 disembarkation point in Tripoli, Zwara and Almargeb are covered by fixed health point and/or mobile medical team.
- 76 public health facilities (PHC centers and hospitals) are supported some kind of assistance including services and supplies.
- A total of 796 health service providers were trained.
- 9 flash updates on attack on health care was produced. The highest number in 4 months of 2020.

Gaps and weaknesses of health sector response

**Strategic objective 1: Increase access to life-saving and life-sustaining humanitarian health assistance, with an emphasis on the most vulnerable and on improving the early detection of and response to disease outbreaks.**

Provide a minimum package of integrated health services at primary and secondary levels (integrated services cover emergency and trauma care, management of Communicable and Non-Communicable Diseases, Maternal, Neonatal and Child Health (MNCH), Mental Health and Psychosocial Support (MHPSS) and clinical rehabilitation).
• Health sector does not have service delivery coverage in the following districts: Al Jabal Al Akhdar, Aljafra, Almarj, Murzug, Sebha, Tobruk and Ubari. No service provision was registered in terms of support with outpatient consultations, referrals, trauma/injury related, mental health and disability related consultations, vaginal and caesarian support.

• Number of outpatient support is at minimum in Almargeb, Wadi Ashhsati and Zwara.

• No trauma response is provided in Al Jabal Al Gharbi, Aljifara, Almarj, Derna, Ejdabia, Misrata, Murzug, Sebha, Sirt, Tobruk, Ubari, Zwara.

• Referral system should be enhanced in Al Jabal Al Akhdar, Aljifara, Al Jufr, Al Kufra, Almarj, Ejdabia, Derna, Murzug, Nalut, Sirt, Tobruk, Ubari and Wadi Ashhati. No referral services are available in these districts.

• Mental health consultations are not provided in most of districts (with the exception of Al Jabal Al Gharbi, Al Margeb, Ghat, Tripoli, and Zwara).

• Disability support is only focused on Ghat, Nalut, Sirt, Tripoli.

• Reproductive Health services are not being reported (with 5 supported vaginal deliveries only).

Provide continuous and interrupted immunization services to children

• There is no data available or shared by the authorities for coverage by Hexa and/or MMR.

Expand the reporting capacity of the early warning system and support health authorities to carryout timely response to disease outbreaks

• There is a need to scale up and increase not only the number of new sentinel in different districts but make sure the current ones (126) are all active while 50% provide regular reports. This is a serious situation while COVID-19 surveillance activities were prioritized and sidelined all other disease surveillance activities.

Strategic objective 2: Strengthen health system capacity to provide the minimum health service package and manage the health information system.

Coordinate the humanitarian health response

• There is only 1 reported assessment.

Provide health facilities with essential medicines, medical supplies and equipment

• There are only 53 PHC facilities which were assisted with no support in the following districts: Al Jabal Al Gharbi, Aljifara, Almarj, Azzawiya, Derna, Murzug, Tobruk, Ubari, Zwara.

• 23 hospitals received assistance while hospitals in All Jabal Al Gharbi, Almarj, Benghazi, Derna, Ejdabia, Ghat, Misrata, Murzug, Sebha, Sirt, Tobruk, Ubari and Wadi Ashhati did not receive support.

• Response with assistance with medical equipment is nonexistent or not being reported properly. 11 items of medical equipment were reported to be donated to Tripoli based hospitals.

• Standard health kits were not provided in Al Jabal Al Gharbi, Aljifara, Almarj, Derna, Ejdabia, Ghat, Misrata, Murzuq, Sirt, Tobruk, Ubari and Wadi Ashhati.

Increase access to health services by establishing functional health facilities and mobile medical teams (including EMT)

• Mobile medical teams should be introduced in Al Jabal Al Akhdar, Aljifara, Almarj, Derna, Nalut, Sirt, Tobruk, Ubari, and Wadi Ashhati.

• Minimum response is in place with rehabilitation/refurbishment of health facilities. 1 facility is being supported.

• It is essential to receive a standard list of camps and settlements in order to evaluate the impact and coverage of these locations by mobile medical teams and fixed health clinics. 14 IDP sites are being covered only.

• Not clear the reason of covering only 4 disembarkation points if there are other remaining functioning similar points.

Health sector does not reach any public health facilities (PHC centers and hospitals) with different types of support (services and supplies) in Al Jabal Al Akhdar, Almarj, Derna, Murzuq, Tobruk, Ubari.
Strategic objective 3: Strengthen health and community (including IDP, migrants and refugees) resilience to absorb and respond to shocks with an emphasis on protection to ensure equitable access to quality health care services.

- Capacity building events covered 796 health service providers with coverage only in Al Jabal Al Akhdar, Al Jabal Al Gharbi, Alkufra, Nalut, Sebha, Tripoli and Wadi Ashshati.
- The highest number of covered health workers by trainings is in Tripoli (450), Nalut (129) and Sebha (65).
- No training courses targeting community health workers were reported.
- No health workers were trained on CMR (clinical management of rape).