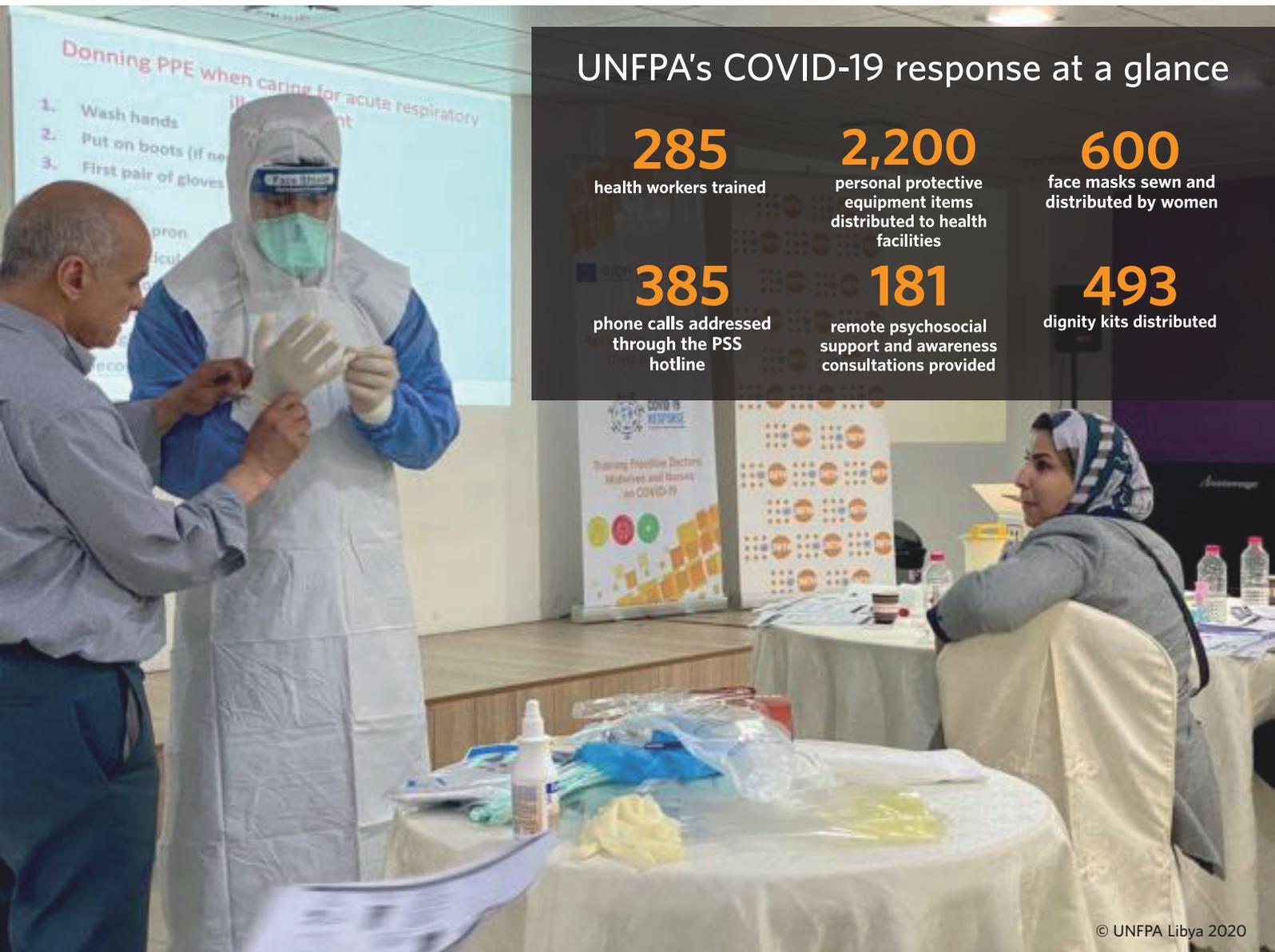




UNFPA COVID-19 response in Libya

April 2020



UNFPA's COVID-19 response at a glance

285

health workers trained

2,200

personal protective equipment items distributed to health facilities

600

face masks sewn and distributed by women

385

phone calls addressed through the PSS hotline

181

remote psychosocial support and awareness consultations provided

493

dignity kits distributed

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Situation Overview

On 25 March 2020, the National Center for Disease Control (NCDC) confirmed the first case of COVID-19 in Libya. As of May 2020, 63 cases were confirmed, including three COVID-related deaths. Since 22 March, both national authorities in the West and East have implemented curfews in addition to other preventive measures limiting the movement between municipalities and regions. Despite calls for a global ceasefire, heavy fighting in Libya continues, particularly in and around Tripoli.

At its ninth year of instability and conflict, with growing levels of insecurity, political fragmentation, and an already over-stretched and under-resourced health system, Libya is at high risk of the spread of COVID-19 and in need of support to effectively prepare and respond to the pandemic.

Source: OCHA Libya

Ensuring continuity of reproductive and maternal health services during the COVID-19 outbreak

In order to support frontline health workers in their fight against coronavirus, **UNFPA has conducted a series of 11 cascade trainings on COVID-19 prevention and response in relation to pregnancy and maternal health.** A total of **285 frontline health workers, midwives, nurses, and obstetricians participated from eight health facilities in Tripoli, Sabha and Brak Alshati** in the month of April. The trainings were conducted in collaboration with the Ministry of Health, IOM and IMC.

Trainings on **'Mitigating the social impact of COVID-19 through GBV programming'** and **'COVID-19 and Gender-Based Violence'** were also delivered to **17 social workers from the Ministry of Social Affairs and 63 frontline health workers** from three Primary Healthcare Centers. In addition, **over 2,200 personal protective equipment (PPE) items** including gowns, face masks, heavy duty gloves, shoe covers, head covers, hand sanitizers and examination gloves were distributed to Fashlounm PHC and AlJalaa Hospital in Tripoli.



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Women leaders at the forefront of the COVID-19 response

In an effort to enable active involvement of women in the COVID-19 preparedness and response in Libya, UNFPA local partners running the Women and Girls Safe Spaces in Tripoli and Sabha **equipped and trained 23 women on sewing face masks** in compliance with WHO guidelines. This has led to the **production of over 500 face masks in Tripoli and 100 masks in Sabha**, which have been distributed in health facilities and in the streets and local markets, including migrants and refugees gathering areas.

Since the implementation of preventive curfew measures related to the COVID-19 pandemic, **remote modalities of service provision have been adopted by the Women and Girls Safe Spaces** supported financially and technically by UNFPA in Tripoli and Sabha. The Safe Spaces are used as **entry point to detect cases of survivors of Gender-Based Violence and to provide psychosocial support and GBV case management.** To ensure continuity of services, social workers started **providing psychosocial support sessions via phone and raising awareness on gender-related issues on social media.** In Tripoli, social workers provided 135 consultations to women on psychosocial support and awareness-raising and 46 in Sabha through several home visits.



*women from AlBayan NGO distributing masks to the local community

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WE ARE HERE FOR YOU

Hotline 1417



This project is funded by the Government of France

Increasing access to psychosocial support (PSS) services and detection of GBV cases through the 1417 hotline

The “Psychosocial Support Hotline 1417” established by UNFPA through its partner PSS Team in Tripoli continued to be functional, In the month of April 2020 only, a total of 682 phone calls were received related to emotional, domestic and physical abuse issues, as well as COVID-19. **385 phone calls were addressed through provision of psychosocial support and legal consultations, counselling services and referrals** to medical services and food assistance, while the remaining 297 were incomplete due to lack of coverage, electricity cuts and in case of disturbance calls.

Engaging youth in the fight against coronavirus

UNFPA supported the Y-PEER network in conducting the ‘Back to Zero Case’ campaign to help Libya achieve zero cases of COVID-19. **The youth-led initiative** focused on **raising awareness of COVID-19** within the community, and helping people respect social distancing measures in banks, bakeries and grocery stores. The campaign targeted Tripoli and several other cities in the west of Libya such as Gherian, Sebrata, Eljemail, Surman, and Khums with over 4,400 followers on Facebook. During the last week of April only, **25 bakeries were reached in Gherian**. This is part of UNFPA’s ongoing efforts to support young people in becoming agents of behavioral change within their communities.

#YouthAgainstCovid19



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Distributing dignity kits inclusive of hygiene items tailored for women and girls

In the month of April, UNFPA distributed **350 dignity kits** inclusive of hygiene items **to vulnerable women and girls from IDP, migrant and host communities** in Tripoli. Awareness leaflets were also distributed to provide information on personal hygiene, hypertension and the most common infectious diseases.

As part of the Rapid Response Mechanism (RRM), jointly implemented by IOM, UNFPA, UNICEF and WFP, on 29 April, more than **143 displaced families were supported with dignity kits** containing hygiene and other essential items to meet the specific needs of women and girls displaced in Azzawya and Khoms areas. Food, non-food items and other core humanitarian assistance items were also part of the support provided by the sister UN agencies. The Rapid Response Mechanism is a worldwide mechanism initiated during times of conflict to deliver immediate, life-saving supplies to families on the move. The mechanism forms the initial emergency first-line response, which is then quickly followed up by sector-specific responses.

Coordination and partnerships

UNFPA maintains close coordination with the National Centre for Disease Control (NCDC) of the Ministry of Health and the Health Sector. Collaboration has also been initiated with NCDC on health information through the Y-PEER youth network. UNFPA is building partners' capacity to ensure infection prevention and control in service delivery points. UNFPA continues to lead the **Gender-Based Violence Area of Responsibility (GBV AoR)**, which works to ensure that minimum standards are in place to prevent and respond to gender-based violence in emergencies. In light of the ongoing health emergency and under UNFPA's lead, the GBV sub-sector working group is working to ensure that the GBV referral pathways are updated to reflect services provided through primary and secondary health care facilities. UNFPA also leads the **Youth Working Group** and co-leads the **Gender Working Group** and the UN Communications Group.

Voices from the field



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Afaf Elwalwal, founder of AlBayan, stressed “ As everyone else, when we first heard about the coronavirus, we were all worried about how this could affect us and our communities. AlBayan is a community-based services center, we do many capacity building and livelihood trainings for women and girls. We had to reflect the safety measures into our daily operations and that's when we started to notice that not all the people outside are following the safety measures. A lot of people were not able to find any masks, gloves or sanitizers, some couldn't even afford it. From there, UNFPA suggested the idea of **training and equipping women for**

manufacturing protective face masks, which we very much welcomed considering that AlBayan usually trains women on sewing as part of its livelihood trainings. We went on a study visit to a local medical factory to learn more on how to keep the masks sanitized and safe to use. Within two weeks, **15 women worked tirelessly to make over 500 masks to support the local community, health workers and migrants.** She added: “during a crisis people are exposed to more vulnerability and it's important for NGOs to take the lead in the response. We use events like this to reach out to more people on the streets to tell them about the services we are providing, which has helped us gain more respect from the local community as women individuals who are responding to the COVID-19 outbreak in Libya. ”

Moving forward: UNFPA's COVID-19 preparedness and response plan in Libya is in line with the Health Sector's pillars of intervention:

- **Country-level coordination, planning and monitoring (Pillar 1):** UNFPA will continue to support the Ministry of Health and partners to strengthen, fund, implement and integrate gender and sexual and reproductive health into COVID-19 preparedness and response and operationalize plans and maintain ongoing programs.
- **Risk communication and community engagement (Pillar 2):** As part of the Risk Communication and Community Engagement (RCCE) interagency working group, UNFPA will support the design and implementation of the national Risk Communication and Community Engagement plan, targeting key stakeholders and at-risk groups. UNFPA will also continue supporting the Y-PEER network in conducting the Zero case campaign. Y-PEER members will mitigate risks of COVID-19 contamination (using PPE). UNFPA will also set up a Quick Impact Fund for initiatives addressing COVID-19 in Sirt, Benghazi and Sabha, financing and providing technical support to six initiatives designed and implemented by young Libyans.
- **Surveillance, rapid response and case investigation (Pillar 3):** UNFPA will continue working on increasing the capacity of healthcare workers to respond to COVID-19, including case detection, investigation and contact tracing, with a focus on sexual and reproductive health and will deploy rapid response teams composed of specialized health staff to support health facilities most affected by COVID-19 in the provision of emergency obstetric and newborn care. UNFPA will keep advocating for the release of women and girls from detention centers and facilitate their access to testing, referral and specialized care and support the provision of age, sex and pregnancy status disaggregation of national surveillance data.
- **Points of Entry (Pillar 4):** UNFPA will provide equipment and training to staff on appropriate actions to manage complicated pregnancies with respiratory illnesses at entry points, identify referral health facilities for isolation of suspected pregnant women at the point of entry and ensure it's linked with a mechanism for safe transportation of suspected cases to designated hospitals, including the availability of adequate ambulance services. UNFPA will also disseminate IEC materials to travelers at points of entry.
- **Infection prevention and control (Pillar 6):** UNFPA will provide technical guidance on reinforcing infection control measures within facilities, including triage flow and segregation of neonatal and maternal health units, support procurement and provision of medical supplies and equipment for infection prevention and control, including personal protective equipment (PPEs), to midwives, nurses and all health care providers involved in maternal health care. UNFPA will also train health workers, particularly midwives, in COVID-19 infection prevention and control and prioritize testing of health workers, especially midwives and Nurses, dealing with vulnerable groups.
- **Case management (Pillar 7):** UNFPA will support the establishment of referral pathways for pregnant women including migrants and refugees to nearby tertiary health facilities and laboratories where COVID-19 case management pathways are established. UNFPA will also disseminate regularly updated information, training and refreshing medical/ambulatory teams, specifically first line health care providers like midwives and nurses, on the initial management and referral of severe acute respiratory infections using COVID-19-specific protocols and contribute to setting up triage and screening areas in maternity services. UNFPA will monitor the implementation and effectiveness of case management procedures and protocols (including for pregnant women, children, immunocompromised), older persons, and provide recommendations to the Ministry of Health to adjust guidance and/or address implementation gaps as necessary.
- **Operations support and logistics (Pillar 8):** UNFPA will work jointly with the Health Sector and OCHA to enable fast track procedures for clearance and approval of all imported supplies for COVID-19 response and other life-saving items, while mapping and identifying local suppliers who would be ready to provide the required medical equipment and personal protective equipment (PPE). UNFPA will also procure other requested and needed medical supplies and equipment for clinical management of COVID-19 infections with a particular focus on pregnant women.
- **Maintaining essential sexual and reproductive health services and addressing gender-based violence:** UNFPA will procure and ensure appropriate administration of UNFPA family planning commodities and supplies and interagency reproductive health (IARH) kits for humanitarian settings that contain essential drugs, equipment and supplies for the provision of sexual and reproductive health services. Given the risk of an increase in violence brought by the restrictions of movement, combined with the fear and stress related to COVID-19, UNFPA will provide technical support to integrate GBV risk mitigation into all aspects of the epidemic response, including providing tools and methodologies for conducting safety audits. UNFPA will also procure and provide essential hygiene and sanitation items (e.g. sanitary pads, soap, hand sanitizers) to women and girls, particularly those hospitalized for screening, isolation and treatment for COVID-19, to maintain their hygiene and dignity.

Funding gaps

The total funding required by UNFPA as part of the 2020 Libya Humanitarian Response Plan (HRP) amounts to USD 9,488,000. For the specific COVID-19 related interventions, the total funding needed by UNFPA is USD 1,386,800, as detailed below:

USD 766,500

1. Ensuring continuity of sexual and reproductive health services and interventions, including the protection of the health workforce

USD 385,300

2. Addressing gender-based violence

USD 235,000

3. Ensuring the supply of reproductive health commodities



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