

Newsletter #2

UNFPA COVID-19 response in Libya

May 2020



UNFPA's COVID-19 response in Libya focuses on ensuring continuity of sexual and reproductive health (SRH) services and interventions, including protection of the health workforce and addressing gender-based violence (GBV) and engaging youth in the response.

UNFPA's COVID-19 response at a glance May 2020

636

women and girls reached with remote psychosocial support services

149

women provided with essential SRH services through the Mobile Medical Unit 620

displaced families supported with dignity kits as part of the RRM

184

people reached with health and hygiene awareness sessions

54

women provided with GBV case management consultations

78

ICU staff, doctors and midwives trained

2,400

protective face masks sewn and distributed by women

191

phone calls addressed through the PSS hotline

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

A Mobile Medical Unit has been deployed by UNFPA, through its partner IMC, to Fashloum and AlQadesseya primary healthcare centres in Tripoli to support the daily provision of essential reproductive health services. The team assisted a total of 149 women in May, including migrants, IDPs and host community members, performing gynecological, antenatal care, postnatal care and general consultations. Health and hygiene awareness sessions were also conducted, reaching 184 beneficiaries.

In the month of May, UNFPA and partners also conducted two trainings on the correct use of mechanical ventilators to ICU staff, including 40 technicians, nurses, and doctors from different hospitals in Tripoli. Since the beginning of the COVID-19 outbreak in Libya, UNFPA and partners trained a total of 321 frontline health workers,



midwives, nurses, and obstetricians from nine health facilities in Tripoli, Sabha and Brak Alshati on COVID-19 prevention and response in relation to pregnancy and maternal health. In addition, UNFPA provided over 4,300 Personal Protective Equipment (PPE) items were provided to five first line health facilities in Tripoli, Sabha and Brak Alshati, and produced risk communication materials concerning the effect of COVID-19 on pregnancy and breastfeeding.

Voices from the field

We started operating in Fashloum primary healthcare center early in May, since then, we have been receiving an average of 20 cases a week. Most of the cases we receive here are from the host community and from the displaced population, as we continue to provide reproductive health services to women and girls we also conduct awareness sessions about hand hygiene, social distancing and other topics related to COVID-19 said Alamria Elbkori a gynecologist in Fashloum primary health care center.

Celebrating midwives

May, UNFPA celebrated International Day of the Midwife in Tripoli by hosting a live broadcast in cooperation with local radio Nass FM, with the participation of the Ministry of Health and the Libyan Midwifery Association. The purpose was to shed light on the role of midwives in providing quality sexual and reproductive health services especially during the pandemics and in emergency settings. On the same day, UNFPA, in collaboration with the MoH, trained 38 medical staff, including 26 midwives in Tripoli and Sabha on COVID-19 and safe motherhood.



"International Day of the Midwife is a great occasion to bring the Libyan people's attention to what we do. We play a fundamental role to ensure safe birth and the wellbeing of women," said Naja Alnowaje, founder of the Libyan Midwifery Association.





Assisting the population affected by the armed conflict

In the month of May, UNFPA and partners continued distributing dignity kits containing hygiene and essential items to meet the needs of displaced women and girls, as well as men. A total of 620 displaced families were supported during the month in Gharabulli and Tarhouna, as part of the Rapid Response Mechanism (RRM), jointly implemented by IOM, UNFPA, UNICEF and WFP. Food, non-food items and other core humanitarian relief items were also part of the support provided by the sister UN agencies. UNFPA's distributions included awareness leaflets to provide information on personal hygiene, hypertension and the most common infectious diseases. Since the beginning of 2020, UNFPA has provided more than 1,120 female and male dignity kits in more than four different locations across Libya.

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

The "Psychosocial Support Hotline 1417" established by UNFPA and partners in Tripoli continued to be functional and provide to psychosocial support and legal consultations related to emotional, domestic and physical abuse issues. In the month of May 2020, a total of 191 phone calls were addressed through provision of psychosocial support and legal consultations. counsellina services and referrals to medical services.





Free Hotline 1417 for:

- Psychological support
- Counselling services

his project is funded by the Government of Fra

Supporting vulnerable women and girls



the implementation of preventive 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, GBV case management, and livelihood training sessions. In the month of May, the social workers reached 636 women and girls with remote psychosocial support services provided by phone and through online platforms. One-to-one GBV case management consultations were also provided to 54 women, while following the safety and health instructions.

In order to enable the active involvement of women in the COVID-19 response, UNFPA local partners running the Women and Girls Safe Spaces in Tripoli and Sabha continued delivering a **livelihood training for women on sewing face masks** in compliance with WHO guidelines. This has led to the **production of over 2,400 COVID-19 face masks in Tripoli and Sabha**, which were distributed in health facilities and in the streets, including in migrants and refugees gathering areas and IDP shelters.

Youth Against COVID-19

partnership with Tracks Organization Peace and for UNFPA Development (TOPD), Against launched Youth its COVID-19 Fund, through which micro-grants will be awarded to 7 vouth-led initiatives in Benghazi, Sabha, Sirte and Ghat. The initiatives supported are aimed at responding to COVID-19 through awareness raising and innovation. The young grantees will install sterilizing corridors in hospitals and spread hygiene awareness through the local radio.

As part of UNFPA's ongoing efforts to support young people in becoming agents of behavioral change within



their communities, UNFPA also supported the Y-PEER youth network in conducting the 'Back to Zero Case' campaign. This youth-led initiative focuses on raising awareness of COVID-19 within the community, and helping people respect social distancing measures in banks, bakeries and grocery stores.

Coordination and partnerships

UNFPA maintains close coordination with different stakeholders, including the National Centre for Disease Control (NCDC), the MoH, international and local NGOs and UN agencies on preparedness, prevention and response to COVID-19.

UNFPA leads the coordination and facilitation of the essential health services group. The working group aims to strategically plan and coordinate the maintenance of Essential Health Services (EHS) in Libya amidst the humanitarian context and COVID-19 pandemic. EHS plan was developed, presented and endorsed by the MoH to provide generic coordination and operational guidance to Libya in preparing and maintaining good quality and equitable access to essential health services, including sexual, reproductive, maternal newborn, child, and adolescent health (RMNCAH) services during the COVID-19 pandemic.

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**.

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 continue to support the design and implement of the national Risk Communication and Community Engagement plan, targeting key stakeholders and at-risk groups. UNFPA will also continue to support the Y-PEER network in conducting the 'Back to Zero Case Campaign'. Y-PEER members will mitigate of COVID-19 risks contamination (using PPE).
- As part of its new Youth Against COVID-19 Fund, launched in partnership with Tracks Organization for Peace and Development (TOPD), UNFPA will award micro-grants to 7 youth-led initiatives in Benghazi, Sabha, Sirte and Ghat, aimed at responding to COVID-19 through awareness raising and innovation.
- Surveillance, rapid response and case investigation (Pillar 3): UNFPA will continue working on increasing the capacity 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 mostly affected by COVID-19 in the provision of emergency obstetric and newborn UNFPA will keep advocating for the release of women and girls from detention centers 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 continue to 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; Disseminate IEC materials to travelers at points of entry.
- Infection prevention and control (Pillar 6): UNFPA will continue to provide technical quidance on reinforcing infection within control measures facilities, including triage flow and segregation of neonatal and maternal health units. UNFPA will continue to 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 providers involved maternal health care. UNFPA will also continue to train health workers, particularly midwives, 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 continue to support the establishment of referral pathways for pregnant women including migrants and refugees to nearby tertiary health facilities and laboratories COVID-19 case management pathways are established. UNFPA will also continue to disseminate regularly updated information, training and refreshing sessions for 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 implementation monitor the and effectiveness of case management procedures and protocols (including for children, pregnant women, 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 continue to work jointly with the Health Sector and OCHA to enable fast track procedures for clearance and approval of all imported COVID-19 supplies for 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 procure other will also needed requested and 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 (Pillar 9): UNFPA will continue to 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 continue to 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 continue to 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 wellbeing. UNFPA will advocate with the MoH and different stakeholders to map health facilities that will ensure and maintain provision of essential health services in priority areas across Libya. The national health system will be further strengthened through support of service provision and supply chain in taregted health facilities

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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