

COUNTRY EXPERIENCES

Libya

Working to Improve National Systems for Supplies and Services despite Years of Crisis



More than 332,500 women of childbearing age need humanitarian assistance and protection in Libya

Protracted armed conflict and political instability in Libya have affected millions of people across the country since conflict erupted in 2014. Ongoing conflict has weakened Libya's national health system and left more than a million people in need of humanitarian assistance. UNFPA has worked closely with partners including the Libyan Red Crescent, the Libyan Midwifery Association (a local non-governmental organization) and national and local authorities to meet needs for sexual and reproductive health services and gender-based violence (GBV) protection.

HUMANITARIAN NEEDS



1.1 million
Total people in need



153,500
Women of reproductive age



24,560
Pregnant women



256,808
Young people

With conditions on the decline, the need for reproductive health and GBV services is rising

HUMANITARIAN SITUATION

Some 1.3 million people are in need of lifesaving humanitarian assistance and protection across Libya. Among the most vulnerable people are 332,500 women of reproductive age—from populations of internally displaced persons, returnees and host communities—who are in need of sexual and reproductive health services and GBV protection.

Before the conflict, the Libyan health system, with its advanced hospital services and large network of primary health care facilities, oversaw declining maternal mortality rates and the achievement of Millennium Development Goal 5 on maternal health. Unfortunately, years of crisis have negatively affected the provision of services and systems of financing, health information flows, management of referrals, availability of medicines, supply chain management, human resources and the overall quality of service delivery.

Maternal death surveillance and response programming has suffered, particularly in the south of Libya where only 12.1 per cent of the health facilities provide antenatal care and 8.5 per cent provide delivery services. There is only one centre for voluntary HIV counselling and testing in Tripoli and seven others that only provide testing. The total number of people living with HIV registered at hospitals in Libya as of December 2017 is 3,848.

Objectives

- Rebuild supply chain management and the health information system.
- Train health workers, deploy mobile health teams to reactivate public health facilities in hard-to-reach areas, and equip the teams with the needed supplies.
- Distribute dignity kits to vulnerable women and girls, sensitize them on reproductive health and GBV issues, and increase early detection of and support to GBV survivors through women-friendly safe spaces and camps for internally displaced persons.

Strategy and interventions

Ensure supply security: In a complex and unstable environment, with a weakened national health system, the absence of effective procurement procedures has led to shortages in essential medical equipment and drugs, and lack of technical capacity has resulted in the mismanagement of reproductive health supplies and weak monitoring and reporting. These factors — combined with the political division and weak management capacity of health institutions — have heightened the need for a secure, reliable and steady flow of supplies to support quality, safe and affordable sexual and reproductive health and GBV services.

Provide reproductive health kits: The provision of emergency reproductive health kits has helped to avoid the complete collapse of the maternal health system. UNFPA applied fast-track procedures that accelerated the procurement of kits, which are ready to ship for urgent and emergency requests and contain the necessary supplies and equipment to provide three months of reproductive health services.

Implement Minimum Initial Service Package (MISP) for reproductive health: UNFPA worked to implement the MISP to address the immediate needs of women and girls, while moving towards comprehensive sexual and reproductive health packages. In 2017, UNFPA established and co-chaired the Reproductive Health Sub-Working Group with the Ministry of Health to coordinate interventions across agencies and sectors.

Deploy mobile teams: To facilitate access to information and services in hard-to-reach areas, UNFPA deployed mobile teams of health care specialists, especially to the south of the country.

Engage local partners: Strategic partnerships help local councils reach affected populations. Through UNFPA support to the Libyan Red Crescent and Libyan Midwifery Association, community health volunteers distributed delivery kits to pregnant women in remote areas and disseminated reproductive health messages. UNFPA procured dignity kits with locally available supplies including soap, sanitary pads and other hygiene supplies. UNFPA also supported local NGOs to deploy volunteers who sensitized vulnerable women and girls about reproductive health and GBV, and helped in the early detection and referral of survivors to the closest mobile health team or functional health facility.

Build capacity: UNFPA has supported training to enhance health care provider skills, including on emergency obstetric and newborn care, GBV case management and psychosocial support. Such efforts aim to increase the availability of skilled health workers, particularly midwives, at the community level. Youth facilitators, peers and volunteers have received training on reproductive health and GBV prevention.

Progress and results

January 2017 to June 2018



70,377
Total people
reached with SRH
and GBV services



10,424
Women and girls
reached with
dignity kits



34,445
People who directly
benefitted from
reproductive health kits



27
Health facilities
providing emergency
obstetric care



928
Youth facilitators
and volunteers
trained on SRH and
GBV services

Source: Information is updated on a rolling basis. See the UNFPA Transparency Portal at www.unfpa.org/data/transparency-portal/unfpa-libya and UNFPA Humanitarian Emergencies at www.unfpa.org/data/emergencies/libya-humanitarian-emergency

Lessons and conclusions

Partnership with the Ministry of Health, and leadership among the many partners engaged in humanitarian response in Libya, created the environment for close coordination and monitoring of supplies. Fast-tracking of reproductive health kits, with accelerated procurement and distribution, prevented the collapse of maternal health services, and related training helped to avoid misuse and waste. This partnership built trust based on communication and performance, which has contributed to a stronger national health system.



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Partners

Al Safa Center

Cooperazione e Sviluppo (CESVI)

International Organization of Migration (IOM)

International Rescue Committee (IRC)

Libyan Midwifery Association

Libyan Red Crescent (IFRC)

Local municipal councils in affected communities

Medical Supply Organization (MSO)

Ministry of Health

Mobile Team Committee

National Centre for Disease Control

Première Urgence Internationale

Primary Health Care Directorate

Psychosocial Support TEAM

Tripoli Crisis Management Team (NGO)

United Nations Children's Fund (UNICEF)

United Nations Refugee Agency (UNHCR)

World Health Organization (WHO)

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Ensuring rights and choices for all

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