COVID-19: Rapid Situation Analysis
Sebha, South Libya

July 2020

BRIEF

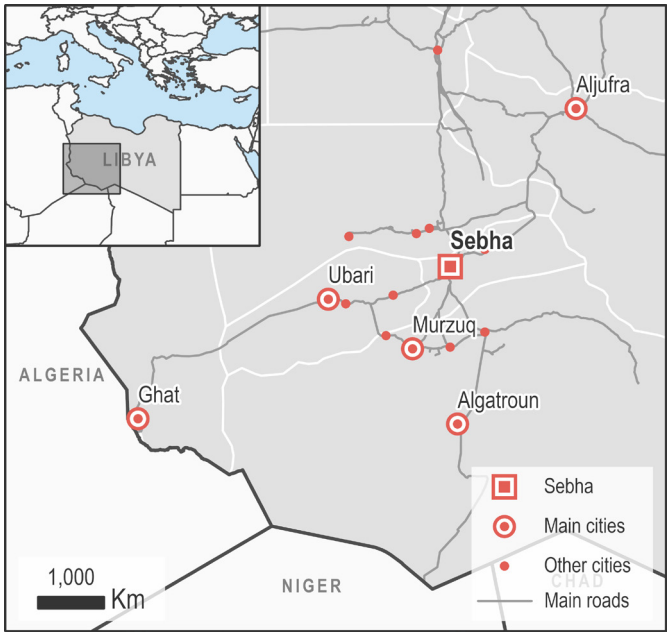
Key findings

- Health administrator key informants (KIs) in Sebha stated that the health system will not be able to cope with a sharp increase of COVID-19 cases.
- Medical facilities are reportedly severely underequipped and are in need of medical staff, as well as supplies and equipment.
- Infrastructural problems with electricity and water supplies were reported to jeopardise facilities' operational status during power outages. High fuel prices pose barriers when using electricity generators.
- Lack of timely and relevant information about the situation reportedly poses challenges in the COVID-19 response, impacting coordination and effectiveness.

Context

Sebha is the largest city in Fezzan, the southern region of Libya, with an estimated population of 170,000 to 200,000 people.[1,2] The city is situated in the Libyan desert near the Nigerien, Algerian, and Chadian border, making it a common destination for migrants and refugees coming to Libya for settlement or transit: Sebha is currently hosting over 40,000 migrants.[3] Sebha has suffered from a historical lack of infrastructure investment, which has resulted in today's severely weak service infrastructure, particularly regarding health care, water, and electricity. Primary data collection and secondary data review illustrate that this has critically complicated the local response to the recent COVID-19 outbreak in Sebha.

Map 1: Fezzan, Libya



Methodology

This brief presents the findings from a rapid analysis conducted by REACH in light of the COVID-19 outbreak in the baladiya of Sebha, Southern Libya. The analysis was based on information gathered during the forthcoming Area-Based Assessment (ABA) of Sebha, including 34 Key Informant Interviews (KIIs) with experts on health infrastructure, service provision, and social cohesion in Sebha, and 27 individual interviews with residents of Sebha, who were purposely selected based on their involvement in their community. Additionally, to fill remaining information gaps, 4 KIIs were conducted by telephone with health administrators involved in the Sebha COVID-19 response. All data was collected between March and July 2020.

Primary data was triangulated with secondary data whenever possible, and analysed using qualitative data analysis software Nvivo. The ABA data collection included mapping exercises to capture geographical information. Geographical data was captured using ArcGIS Collector and analysed in Qgis.

The brief is intended to inform international actors on the COVID-19 outbreak in Sebha, the operational status of the health system, and the governance structure.

The findings in this brief should be considered as indicative only.

The weak health infrastructure puts Sebha - and Southern Libya - in a critically vulnerable position in responding to the COVID-19 outbreak.[4] REACH's COVID-19 At-Risk Population Assessment from May 2020 showed that the population in the mantika of Sebha faced one of the highest intersectoral vulnerability rates to increased mortality from COVID-19 and a risk of higher infection rates.[5] Since then, the situation in Sebha has depreciated quickly and the city is currently the epicentre of the COVID-19 outbreak in Libya. On the 26th of May the first two confirmed cases of COVID-19 infections were reported in Sebha, and by the 7th of July, there were 407 COVID-19 cases confirmed in Sebha, based on the results from 2,471 conducted tests.[6] This means that 16% of conducted tests have been positive, with just over 1% of the population tested. In

comparison, on the same date there were 266 confirmed cases in Tripoli, based on 20,204 tests.[7] Measures implemented to slow down the spread are reportedly barely followed. The National Centre of Disease Control (NCDC) stated that the 24-hour curfew implemented late-May has largely been ignored, and that there are confirmed cases in the South who refuse to stay in designated isolation rooms and quarantine centres, as well as suspected cases who refuse to get tested, ultimately enabling the rapid spread of the virus.[8]

COVID-19 Health Facilities

Of the health administrator KIs interviewed, all noted the serious concerns should COVID-19 cases continue to rise, indicating that the health system would not be able to cope. The head of the Sebha Crisis Comittee has issued an ugrent appeal to the Ministry of Health of the Western-based as well as the Eastern-based governments, for more staff, financial resources, medicine and supplies.[9] All health administrator KIs involved in the local COVID-19 response indicated that the isolation centre's capacity and number of beds available for COVID-19 patients is insufficient in case of a rapid increase in cases. Additionally, several health administrator KIs highlighted the severe shortage of qualified medical staff. Primary and secondary sources reported that medical staff has been unwilling to come to work out of fear of infection.[10]

Health administrator KIs reported that the main COVID-19 treatment facility is Al Berkouli Isolation Centre in the muhalla of Soukra. It is designated for the treatment of severe COVID-19 cases that require hospitalisation, with three isolation wards (50 beds total) and one intensive care ward (16 beds).[11] Health administrator KIs involved in the COVID-19 response indicated that the facility faced a shortage of qualified staff and lack of essential medical supplies. It was reported that the facility had no more than 5 medical doctors, supported by medical students. Medical supply shortages included personal protective equipment (PPE) including N95 masks and goggles, medicines, refrigerators for blood, storage cabinets, surgical equipment, disinfectants and sanitiser. To illustrate the difficulties administrators face when obtaining supplies: the Joint Market Monitoring Initiative (JMMI) found that in June 2020 sanitiser was 284% more expensive (63 LYD) in the south compared to Libya overall.[12]

The NCDC has no official office in Sebha, but is operating from the Tuberculosis centre in the Al Darn building. At the time of writing, it was unclear whether the facility receives patients for in-house treatment. There is one testing laboratory in Sebha, which also falls under the responsibility of the NCDC.

The Al-Sirriyah Respiratory Clinic in the muhallah of Al-Thanawiya is designated as a screening and monitoring facility, and was reported by one health administrator KI to be conducting follow-ups with patients quarantined in their own homes. The Cairo Polyclinic in Al-Gharda muhallah was also reported to be screening patients as well as taking samples, which are transferred for testing. Additionally, there are two facilities under preparation to treat or test COVID-19 patients: the Al-Karama Clinic in Tayori muhallah and the Abdulkafi Clinic in Abdulkafi muhallah.

Sebha Medical Hospital is a key health centre for the Fezzan region, and has been designated as a 'back-up' facility in case other COVID-19 designated facilities are overwhelmed. The hospital continues to operate for non-COVID-19 patients. However, health administrator KIs reported that the facility had implemented a triage system and that it was providing assistance to COVID-19 positive patients requiring surgery or assistance during childbirth.

Health administrator KIs reported that international organisations can best support the response in Sebha by providing medical staff, beds, respiratory devices, testing devices and their operational materials, medicines (including vitamin C and D, aspirin, and antibiotics) PPE, COVID-19 testing devices, oxygen machines and cylinders, refrigerators for blood, storage cabinets, cleaning and sterilisation material, and plastic sheet partitions. Facilities are also in need of solar panels and/or electricity generators and fuel.

Infrastructure gaps

Libya's electricity infrastructure has seen minimal investment since 1990 and has suffered damage through conflict and lack of maintenance.[13] As a consequence, the General Electricity Company of Libya (GECOL) imposes frequent rolling blackouts.[14] Residents of Sebha interviewed, indicated that blackouts are particularly prevalent during summer, stating they usually occur multiple times per week and can last up to 8 or 10 hours - or sometimes even multiple days. During electricity cuts, health services without working generators often have to suspend services or are forced to close, and those with generators are dependent on fuel supply. Power outages in health facilities are particularly problematic as lifesaving medical equipment that works on electricity, such as ventilators

and heart monitors, could fail, and treatment such as oxygen therapy could be disrupted. When electricity is available, power is reportedly weak, which can cause damage to large appliances, such as refrigerators and medical equipment.

Due to fuel shortages in South Libya, even health facilities with working generators face challenges operating during power outages. Most fuel supply comes from the blackmarket where LPG fuel was reported to cost 120 LYD for a 12kg cylinder - 267% higher than the national blackmarket average of 45 LYD.[1516] Health administrator KIs stated that all health facilities relying on generators face difficulties accessing the fuel needed to operate them (see Map 2). They indicated that fuel shortages - alongside a reported lack of vehicles and equipment - significantly impacted their capacity to transport samples to designated laboratories for testing.

As the functioning of the public water network in Sebha is dependent on electrical water pumps, power outages and lack of operating generators automatically lead to water outages. This can pose personal hygiene and general sanitation issues for individuals and health care facilities.

Access to health care

Health administrator KIs reported that due to COVID-19 measures, primary health centres in Sebha that were not involved in the COVID-19 response had reduced their operational capacity. Total staff numbers were reportedly cut down, as well as opening hours. While Sebha Central Hospital was still open for non-COVID-19 patients at the time of writing, accessibility will likely be impacted if COVID-19 cases increase and other designated facilities reach capacity.

The reduced operationality of medical facilities is likely to present challenges to people who are in need of standard health care. Health administrator KIs indicated during interviews that public health care is free and that the right to health care applies to all population groups. Nonetheless, several health administrator KIs reported that in order to access public health care, patients may be required to provide legal documentation, such as a Libyan national ID number or an ID card issued by a foreign authority. This can represent barriers for individuals who have no legal documentation, such as people with undetermined legal status or irregular migrants. Private facilities may not impose these requirements, but require a fee to access. Additionally, private facilities are not included in the government-led COVID-19 response.

According to health administrator KIs, migrants frequently come accompanied by a Libyan acquaintance in order to facilitate access to public health care. However, since the outbreak of COVID-19 patients are no longer allowed to bring company, in order to contain spreading. This can also pose difficulties for Libyan women or elderly, who for other reasons may require the company of a family member or acquaintance when seeking health assistance. Health administrator KIs reported that for sub-Saharan migrants in particular, health facilities (both COVID-19 facilities as well as general health care) may impose obligatory general blood tests to be conducted prior to treatment.

Additionally, social cohesion KIs reported that intertribal conflict may restrict access to health services generally for at least two groups in Sebha - the Tebu and the Qadadhfa. Restricted access is related to limited freedom of movement in certain neighbourhoods due to security risks, where health facilities may be located or that are on the way to health facilities.

Lastly, health facilities are likely to see their operating capacity go down as the outbreak worsens. It was reported that 19 medical workers at Sebha Central Hospital were recently infected with COVID-19, putting further pressure on the already strained staff capacity in Sebha.

Governance and coordination

Health administrator KIs most often mentioned the Municipal Government and its Health Service Administration Office, the Crisis Committee against COVID-19 in Sebha under the responsibilty of the Libyan Red Crescent, and the NCDC, as being the most important governing bodies in overseeing the COVID-19 response in Sebha. These same actors were most often cited as being the ones with which international organisations should liaise.[17] The COVID-19 response in Sebha is coordinated with the health sector and the World Health Organization (WHO).

For organisations seeking to intervene in Sebha, there are conflict sensitivity considerations. The politicisation of the COVID-19 response has been reported as one of the straining factors in the initial response. Secondary sources reported the duplication of multiple coordination bodies, with each claiming competing mandates under the authority of the opposing national governments.[1819] Secondary sources indicate that this has coincided with disruption of distribution and misallocation of essential supplies.[20] This issue has reportedly subsided since,

as parallel committees have been harmonised. However, the risk of a resurgence of politicisation of the response remains possible.

One health care administrator involved in the local COVID-19 response reported that essential lines of communication are with the Municipality, the NCDC Sebha branch, and the Crisis Committee's monitoring and response team. However, he stated that the provided information was often insufficient and lacking relevance. Lastly, authorities have reportedly been hard to reach and information has not been disseminated on a regular basis.

Conclusion

Sebha has become the epicentre of the COVID-19 outbreak in Libya since its first confirmed cases at the end of May. A mix of compounding factors makes the population in Sebha vulnerable to both an exponential infection rate, as well as the possible far-reaching consequences of an escalating outbreak. To mitigate these risks, it is important to consider the structural issues such as the historical lack of investment and maintenance in water and electricity services, and the lacking attention to health infrastructure needs. Health facilities are in need of qualified medical staff, generators and fuel, and essential medical supplies and equipment such as PPE and ventilators, but have reportedly received limited support so far. This, combined with convoluted governance structures and strained lines of communication, poses severe challenges in Sebha.

Public and timely dissemination of information and engagement with local health care administrators involved in the local COVID-19 response is necessary in order to coordinate effective international involvement in Sebha during the COVID-19 outbreak.

Endnotes

1 UN-Habitat, **City-profile of Sebha**, Libya, 2018

2 Worldpop, **Libya population 2020**, February 2020

3 International Oorganization for Migration Displacement Tracking Matrix (IOM DTM), **Migrants Baseline Assessment Libya round 30**, June 2020

4 MEDirections, **Political divisions in Libya's epicentre impede the fight against COVID-19**, June 2020

5 REACH, **COVID-19 At-Risk Population Assessment (CARPA),** May 2020

6 Health Sector Libya, Health Sector COVID-19 update, July 7th 2020

7 Ibidem.

8 NCDC Libya, **Facebook statement**, July 6th 2020

9 Ibidem.

10 MEDirections, Political divisions in Libya's epicentre impede the fight against COVID-19,

11 Interview took place on the 15th of June: it is unclear if capacity has changed since.

June 2020

12 REACH, Libya Joint Market Monitoring Initiative (JMMI) June 2020, Forthcoming

13 UN-Habitat, City-profile of Sebha, Libya, 2018

14 Clingendael, **Tripoli's electricity crisis and its politicisation**, April 2020

15 REACH, Libya JMMI June 2020, forthcoming

16 Not all generators run on LPG.

17 Please get in touch with **our Libya team** for more information on stakeholders and actors working on the COVID-19 response in Sebha.

18 MEDirections, Political divisions in Libya's epicentre impede the fight against COVID-19, June 2020

19 Health sector Libya, Health sector bulletin, June 2020

20 MEDirections, Political divisions in Libya's epicentre impede the fight against COVID-19, June 2020

About REACH:

REACH is a program of ACTED. It strengthens evidence based decision-making by humanitarian actors through efficient data collection, management and analysis in contexts of crisis. ACTED is an international NGO. Independent, private and non-profit, ACTED respects a strict political and religious impartiality, and operates following principles of non-discrimination, and transparency. Since 2011, ACTED has been providing humanitarian aid and has supported civil society and local governance throughout Libya, from its offices in Tripoli, Sebha and Benghazi.

About REACH's COVID-19 response:

As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently working with sectors and partners to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. Updates regarding REACH's response to COVID-19 can be found in a devoted thread on the REACH website. Contact **geneva@impact-initiatives.org** for further information.

Map 2: Health facilities Sebha