

International Medical Corps

Libya Response External SitRep 80
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International Medical Corps Key Activities

Sirte: International Medical Corps is providing medical care support for the high numbers of casualties and IDPs. Needed staffing, essential medicines and supplies have been provided to the

Sirte 50km Field Hospital, Sirte 50km clinic and the Al Gabiiba and Athalathin polyclinics. International Medical Corps' teams are also assisting with coordination of medevac operations from the frontlines to the Sirte Aid station and Sirte 50km FH and for further transfer via medevac helicopters to Misurata for critically injured cases. On July 29-30, 210 civilian patients were treated at the Sirte 50km clinic. Additionally, one mobile health team started deploying to 3 IDP locations in Waskha, Wadi Imrah and Tawarga, with potential expansion to Zliten.



Bani Walid and Misurata: A medical team is on standby to deploy to the Bani Walid and supplies and equipment are being provided to Misurata ambulances servicing the Bani Walid frontlines. In Misurata,

International Medical Corps is continuing to provide nursing support to the Al Hilal hospital and the Misurata polyclinic that receives majority of the war casualties air-lifted from the Sirte 50km FH.

Tripoli: International Medical Corps' Medical teams continue to provide support at the Al Khadra hospital, Tripoli Medical Center and the Tripoli Central hospital. The Mental Health and Psychosocial support (MHPSS) team completed assessments in Tripoli and conducted a Psychological First Aid training for 15 health care providers, with further trainings planned.

Western Libya: Continuing support is being provided to health facilities in the Western Mountains with 1,923 patients being treated at the Kabaw, Zintan and Jadu facilities from Sept 19-25. Although staffing support will continue in Jadu and Zintan hospitals, the medical teams stationed in Nalut and Kabaw have been re-assigned to the Sirte 50km FH as staffing support is no longer required at these two facilities. A mobile medical team will also soon be deployed to cover identified needs at 5 sites in the Western Mountains.

Libya/Tunisia border: International Medical Corps is operating two health posts which provided medical care to 449 refugees in the Shousha and Al Hayat refugee camps September 19-24.

Eastern Libya: Mobile health teams continue providing primary health care in 9 facilities in Al Marj and Ajdabiya regions, with 363 consultations provided September 18-24. Nursing support to facilities in Benghazi, Ajdabiya and Misurata through the Jordan Health Aid Society (JHAS) continued with 24 nurses assisting to provide care to 642 patients from Sept 17 -23. Physical rehabilitation services for war-wounded patients are ongoing in Benghazi with 24 new patients receiving physical therapy sessions from Sept 13-26.

Introduction:

Humanitarian access to Sirte remains limited due to fierce fighting with NTC forces surrounding the besieged city from the eastern, western and southern fronts with the city experiencing water and electricity supply shortages. The Sirte Hospital, which is currently inaccessible, is rumored to be receiving heavy pro-Gaddafi casualties and is expected to soon run out of medicines and medical supplies. An estimated 6,000 displaced persons have already fled Sirte with a limited number of humanitarian actors already pre-positioned at the outskirts of Sirte to provide health services, food and relief items both to war casualties transferred via ambulance from the frontlines and civilians fleeing the violence.

Fighting in Bani Walid is also ongoing, resulting in small Internally Displaced Persons (IDP) settlements around Bani Walid and an influx of displaced persons into Tripoli. Insecurity and limited fighting is also reported in the remaining Gaddafi strongholds in parts of southern Libya, around Sebha and Hun, although NTC forces have made significant advances in these areas. According to UNHCR estimates, since the beginning of September 2011, some 35,400-40,000 persons have been displaced from Bani Walid. There are also reports that some minority groups among displaced populations from conflict hot spots including the Tawarga, Gawalish and Mushashya remain reluctant to leave IDP settlements. Libya has an estimated total of between 100,000 and 150,000 IDPs, with the dynamics of displacement rapidly changing as conflict continues in Sirte, Bani Walid, Sebha, as well as in other pockets of the country. The situation in many other conflict-affected parts of Libya that experienced fighting has continued to stabilize. In these areas, humanitarian partners are phasing out their response and switching to longer-term planning for early recovery and recovery activities.

As of October 1, 2011:

SIRTE

International Medical Corps is currently supporting a number of facilities in the outskirts of Sirte with emergency medicines and medical supplies, technical assistance and logistical support.

At the Sirte 50 km Field Hospital (FH), International Medical Corps has deployed two ICU nurses, a scrub nurse and an x-ray tech to support hospital operations. Assistance is also being provided to coordinate medevac operations from frontlines via ambulance to the Sirte Aid Station and then onwards to the Sirte 50km FH for subsequent transfer for critical cases to Misurata via medevac helicopters. For these helicopter air evacuations, International Medical Corps has deployed a

medevac flight nurse to provide care to casualties during transfers from Sirte to Misurata. International Medical Corps is also supporting nine Misurata Ambulance Service frontline ambulances and the Sirte Aid Station with necessary medicines and supplies to ensure timely stabilization and transfer of war casualties from the Sirte frontlines.

At the Sirte 50km Clinic, next to the FH, International Medical Corps has deployed 1 GP and a midwife to provide care to civilians fleeing Sirte. 210 patients were received on July 29-30 with the leading cause of illness being Upper Respiratory Tract Infections. The clinic also receives pediatric cases as well as 1-2 deliveries/day on a regular basis.

International Medical Corps is also providing support to a number of clinics servicing the high number of IDPs in the region. At Washka, essential medications, as well as 2 physicians have been provided to the clinic. Disease surveillance visits are being conducted due to an increase in diarrheal cases reported in the area. In addition, International Medical Corps is coordinating with ACTED to provide clean water for affected communities. In the towns of Wadi Imrah & Tawarga, International Medical Corps has deployed two GPs to conduct regular mobile clinic visits based on the needs of these two IDP locations and the team is working closely with ACTED to supply water, family kits and other essential relief items to this displaced community.

In close proximity to Sirte (15-20km), International Medical Corps is supporting the Al Gabiiba polyclinic with essential medicines and relief items (oral rehydration salts and hygiene kits). Al Gabiiba has received an influx of an estimated 1,500 IDPs. The polyclinic is currently staffed by Libyan volunteers (5 doctors and 2-3 nurses) and receives approx 80-100 patients each day, with 75% of the patient caseload being children. The leading causes of illness are diarrhea, dehydration and URI and chronic conditions (HTN, DM). Current needs include a pediatric nurse, pediatric medications, vaccines and clean water.

Approximately 30km from Sirte, International Medical Corps is also supporting the Athalathin polyclinic with essential medicines and supplies to enable it to resume operations. This clinic is serving an estimated population of 3,000 persons, with the community already mobilizing 3-4 doctors, 2 nurses and a dentist to staff the clinic.

BANI WALID & MISURATA

In addition to supply support, International Medical Corps has a medical team stationed in Misurata preparing to deploy to the field hospital outside of Bani Walid as needed. The ICU ambulances, supported with supplies and equipment, are providing medevacs from the Bani Walid area. International Medical Corps will also soon distribute 1,000 hygiene kits to displaced populations from Bani Walid.

In Misurata, International Medical Corps is providing nursing support to the Al Hilal hospital as well as a medical team (2 scrub nurses, 4 ICU nurses, 1 orthopedic surgeon) to the Misurata polyclinic to enable the facility cope with increased caseloads of war casualties air-lifted from the Sirte 50km Field Hospital.

TRIPOLI

International Medical Corps is providing nursing support (13 JHAS nurses) to the Tripoli Medical Center and the Tripoli Central hospital to address existing staffing gaps within these facilities.

Mental Health and Psychosocial Support (MHPSS) and Gender Based Violence (GBV) assessments in Tripoli have been finalized and a Psychological First Aid training targeting 15 health care providers (doctors, psychologists and social workers) was conducted on September 28-29. A MHPSS Working Group, co-chaired by International Medical Corps, was also established with mapping 4W tools distributed to relevant stakeholders to improve coordination of activities within Tripoli. The Working

Group is also planning a national event to commemorate the World Mental Health Day on October 10, 2011 in order to raise community awareness on mental health issues and also raise the profile of these issues within existing health priorities.

WESTERN LIBYA

In the Western Mountains, International Medical Corps continues to provide staffing support to two health facilities – Jadu and Zintan hospitals - and is phasing out of Nalut hospital and the Kabaw primary health clinic that no longer require staffing support.

In Kabaw, the daily patient caseload is 90-100 with 14% of patients received requiring emergency care and 3.8% were follow-up visits of pregnant women. The patient load has steadily declined in the last three weeks as the situation stabilized and now that the facility is able to cope with present patient caseloads, International Medical Corps has re-assigned staff previously stationed in Kabaw to the Sirte 50 km FH which is now receiving high caseloads of war casualties from the frontlines. A similar trend has been noted in Nalut which also resulted in the medical team being redeployed to Sirte. In Zintan Hospital, the surgical/nursing team continues to support to the emergency, surgical and radiology departments providing triage, follow-up and surgical operations to patients presenting at the facility. Similar staffing support is also ongoing in Jadu Hospital with 62% of the patient caseload being triaged and sent to appropriate hospital departments, 30% receiving follow-up wound care and 12% receiving pre-natal consultations. All emergency care consultations were related to accidental gunshot wounds or injuries from stray bullets associated with celebratory shooting. A total of 1923 patients were treated in Jadu, Zintan and Kabaw facilities from Sept 19-25.

The Tiji, Badr and Gharyan areas have been assessed and a mobile team will be deployed soon to cover five identified locations within the Western Mountains.

EASTERN LIBYA

International Medical Corps continues to support nine health facilities in the regions of Al Marj and Ajdabiya, through primary healthcare mobile health teams (MHTs) which provided 363 consultations from September 18-24. These MHTs will be phased out at the end of September to allow for re-deployment of MHTs to more gapping areas in Western Libya.

In collaboration with the Jordanian Health Aid Society (JHAS), International Medical Corps is continuing to provide support for nursing care at three major referral hospitals in Benghazi, Ajdabiya and Misurata with 24 nurses seconded to these facilities assisting to provide care to 642 patients from Sept 17-23.

The Physical Rehabilitation program in Benghazi received 24 new patients during the week with a total of 81 patients having received physical therapy sessions to date. The final shipment of rehabilitation equipment to enable the emergency rehab activities within the Benghazi Medical Center to scale up to full operational capacity were also received during the week.

The MHPSS team provided two PFA trainings on Sept 21-25 to 31 volunteers of the Office of Martyrs, an NTC entity recently instituted in Benghazi to provide support to families of injured or missing war casualties, martyrs & prisoners of war. The GBV team also conducted a one-day GBV training on Sept 18 for pediatricians and gynecologists attached to the mobile health teams supporting facilities in Ajdabiya and Al-Marj. The seven training participants were trained on basic concepts and fundamental guiding principles in dealing with all GBV issues.

LIBYA/TUNISIA BORDER AREA

Two health posts continue to be operated at Al Hayat and Choucha Camps near the Ras Ajdir border. With the phase out of other camp health actors, International Medical Corps is now the main provider

of primary and emergency health services in both of the refugee camps. There were 449 consultations provided at both health posts from Sept 19-25. The leading causes of illness were respiratory infections. Patients with chronic illnesses have started making less frequent follow-up visits as they now have better access to chronic medications through the health posts resulting in better compliance and less need for frequent visits due to complications. On Sept 21, International Medical Corps and UNFPA jointly conducted “Clinical Management of Rape Survivors” training for 10 participants in Tunisia.



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