

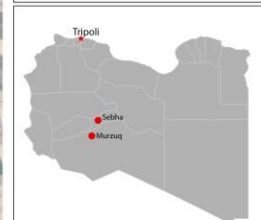
Summary

- On 11 May, clashes in Sebha city between members of the Tebu and Awlad Suleiman communities re-escalated after a temporary ceasefire had been negotiated. Heavy and indiscriminate weaponry is being used in populated areas.
- As a result of the clashes, there have been multiple casualties among fighters and civilians, with unconfirmed reports of at least three civilian deaths, including one young girl and a sixty-year-old man.
- The city is facing a shortage of medical personnel, essential medicines and medical supplies, and the Sebha blood bank is now requesting urgent blood donations.
- Restrictions along Sebha's main roads prevent movement of people and goods between Sebha and other locations in the South. Movement restrictions are also in place in Sebha city, particularly in Tayouri, Hajara, Thanawia and Al Nasariya neighbourhoods and close to the main hospital, Sebha Medical Centre.
- People belonging to the Tebu tribe are unable to access Sebha Medical Centre. Access to basic services and commodities, such as education, water and fuel, is also restricted due to the clashes.
- The humanitarian community calls on all actors to protect civilians; to ensure their basic rights are being met and that all civilians have access to basic services and life-saving support based on need.

Libya: Sebha updates (13 May 2018)



Disclaimer
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



Creation Date: 13 May 2018

Background

The latest escalation of violence between members of the Tebu and Awlad Suleiman tribes began early February 2018 in Sebha city and clashes continue to erupt periodically.¹ The resurgence of the conflict is exacerbated by criminal activities, such as trafficking, and competition over smuggling routes. Efforts to mediate between the two tribes have proven ineffective and divisions have grown.

A ceasefire mediated by Humanitarian Dialogue was announced on 9 May to allow for the National Consultation Process meeting to take place, but was broken almost as soon as it began, with mortars falling on civilian-populated areas. Clashes in the city resumed abruptly late on 11 May, using heavy artillery (shelling and tanks) in several neighbourhoods, including around Sebha Medical Centre (SMC – the central hospital of Sebha). Control over certain strategic locations in Sebha, such as the Citadel, remains disputed and there is a risk of further escalation of the conflict, as other actors get drawn in to provide support to either side.

Humanitarian Overview

Displacement is reported from the areas near the clashes to the northern parts of the city, but there are no confirmed numbers.

As a result of the latest escalation, SMC reported nine people killed and 60 injured reaching the hospital and Murzuq hospital reported six killed and 45 injured.² The majority of these are assumed to be non-civilian. There are no confirmed reports of civilian casualties, but at least three deaths as a result of the latest escalation have been reported, including a young girl and a 60-year-old man. As indiscriminate weapons are being used in populated areas, it is likely that there are more casualties.

On 7 May, SMC confirmed the death of three children, and five civilians injured after clashes continued in the Hajara neighbourhood in Sebha city. Since the beginning of the conflict in February to 7 May, SMC reported 18 dead and 86 injured due to the ongoing conflict between Alwad Suliman and Tebu Tribes. SMC also advised all citizens to use the back entrance of the medical centre as one resident was targeted by the clashes at the front door.

The SMC has been hit several times during the clashes since the beginning of February, causing light infrastructure damage and minor injuries to civilian patients. Although the hospital has minor damage it continues to function. The Tebu population of Sabha avoid the SMC because of fears of attacks by rival armed groups, particularly during times of armed hostilities when emergency healthcare services are most needed. On 2 May, a sick female teenager in need of medical assistance was reported as being denied access to the SMC for belonging to a Tebu tribe. Therefore, many Tebu need to go to Murzuq hospital (140 km away from Sebha), to receive basic health services.

Schools in the areas of most conflict have been closed, some reportedly since February. This includes the schools in Tayouri, Hajarah, and Al Nasariya.

Movement restrictions inside Sebha are in place, including in Tayouri, Hajarah, Thanawia, and Al Nasariya districts. In addition, certain areas remain off limits based on tribal affiliation. The situation in Sebha has been tense and there are reports of random checkpoints being set up in the city by rival militias asking passers-by about their tribal affiliation. Kidnappings based on tribal affiliation, carjackings and armed robbery also appear to be on the rise in the city. On 1 May, three children were reportedly shot and injured

¹ Conflict between Tebu and Awlad Suleiman tribes started in 2012 and has periodically erupted, mainly relating to power-sharing arrangements and disputes over trade and smuggling routes.

² Information to 13 May.

during an attempted carjacking as they made their way home from school. Further kidnappings have also been reported on social media.

Movement restrictions are also in place along the main roads in and out of Sebha. This impacts people's access to services outside of Sebha and it hinders the transportation of goods, including medicine and medical supplies between Sebha and other locations in the South.

Needs and response

Sebha city is facing a shortage of medical personnel, essential medicines and medical supplies and the Sebha blood bank is now requesting urgent blood donations. Across the South, health centres have suffered from a lack of investment and development, specialized services are not available, and staff shortages, including specialized staff, are common. Many health centres are overburdened and capacity to deal with additional caseloads, especially mass casualty situations, is limited. A field hospital has reportedly been set up in the Tebu-controlled area and efforts are ongoing to support the health facilities.

Access to water and other basic commodities is also affected by the clashes and due to smuggling activity. It is expected that there will also be shortages in food should the movement restrictions continue.

Further updates on humanitarian assistance delivered specifically related to the latest escalation will be reported as they become available.³

The humanitarian community is deeply concerned for the safety and protection of civilians in Sebha. The humanitarian community calls for an immediate cessation of all hostilities and on all parties to the conflict to strictly adhere to their obligations under international humanitarian law and human rights law, in particular to protect civilians and civilian infrastructure (such as medical facilities) from the effects of violence. The indiscriminate attacks and use of heavy weaponry in populated areas, with or without prior warning, is in contravention of international humanitarian law.

The humanitarian community calls on all actors to ensure the basic rights of civilians are being met and that all civilians have access to basic services and life-saving support based on need.

For further information, please contact: OCHA Libya: ochalibya2@un.org

³ Humanitarian actors active in Sebha mantika: WHO, UNFPA, IOM, UNHCR, UNICEF, HI, IMC, WFP – implementing partners: STACO, CIR, LibAid, Essafa, WYEF, LYAD, MoH and NCDC.

Humanitarian actors active in Murzuq: WHO, UNICEF, WFP, HI – implementing partners: LAYD and STACO