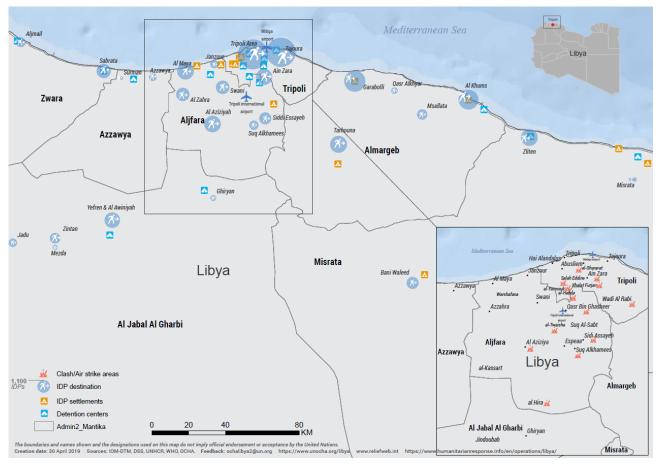


LIBYA: Tripoli Clashes Situation Report No. 19

As of 30 April 2019 (covering 28-30 April)

This report is produced by OCHA Libya in collaboration with humanitarian partners.



HIGHLIGHTS

- Airstrikes indiscriminately impact residential areas, with one child killed and three children injured in airstrikes during
 past four days, according to Health Sector partners.
- Armed conflict continues to impact health facilities and personnel, as shelling damages a hospital in Espeaa, south of Tripoli on 28 April, leading to temporary evacuation and disruption of health services. Corroborated reports have also been received that a health worker was killed in airstrikes on the night of 29-30 April.
- The international community reminds all parties to the conflict that the principal of proportionality, as preserved in International Humanitarian Law, must be adhered to. <u>All sides must avoid the indiscriminate use of force such as the</u> <u>use of aerial bombardment or shelling in civilian areas</u>.

i∕→ 42,600

people internally displaced by ongoing hostilities

X 96

civilian casualties confirmed, including 22 civilian fatalities **† 31,500** people assisted with some form of humanitarian assistance since the onset of crisis



funding required for Tripoli Flash Appeal

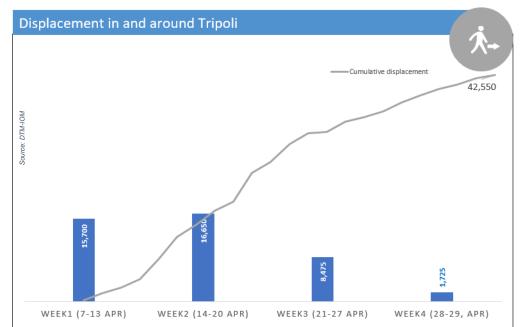
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SITUATION OVERVIEW

Health personnel and facilities continue to be impacted by the armed conflict, in violation
of international humanitarian law. On 28 April, a Grad rocket impacted a cafeteria near
to the Ali Omar Akar hospital in Espeaa, along the Tarhouna road, south of Tripoli,
causing damages and leading to the temporary evacuation of this frontline hospital –
including hospital staff and a WHO Emergency Medical Team deployed since 24 April
to provide specialist support at Ali Omar Akar hospital. In another reported incident,
corroborated by Health sector partners, a health worker was killed during airstrikes on
the overnight of 29-30 April. This would bring the total of health workers killed since the
beginning of the conflict to four, with one other doctor injured and 11 ambulances also
directly or indirectly impacted. These incidents further hamper the ability of already
overstretched health services to provide vital assistance to civilians, including those
inured as a result of armed conflict.



- Reports of indiscriminate airstrikes and rocket/shelling attacks again impacting civilian areas, resulting in at least one reported civilian casualty and damages to civilian homes, on the overnight of 29-30 remain under verification at the time of reporting. Since the beginning of the conflict at least 96 civilian casualties, including 22 fatalities have been verified.¹ These casualties include five medical personnel, at least four children, and at least three foreign nationals (refugees/migrants). According to Health Sector partners, one child was killed and three children injured in airstrikes during the past four days.
- According to latest DTM-IOM figures, over 42,600 individuals have fled their homes since the start of the conflict. Some 1,725 new IDPs have been identified in the past 48 hours in Al Aiavlat, Garabolli, Msallata, Sabratha, Sug al Jumaa, Tajoura and Qasr Al Kyar. Most IDPs have been identified in various neighbourhoods and suburbs of Tripoli as well as in the areas along the coastal line of Western Libya and the mountains. Nafusa IDPs displaced to areas in proximity to ongoing clashes remain at risk, along with the host communities currently providing them shelter. DTM-IOM reports an increasing number of IDPs in locations



further away from conflict-affected areas, particularly along the coastal line of Western Libya. This trend toward movement further away from Tripoli is expected to increase the radius of areas in need of humanitarian assistance.

An unconfirmed number of civilians remain trapped in conflict areas, where electricity cuts and water shortages resulting
from damaged infrastructure are common and access to essential items such as food, medicine and fuel is severely
disrupted. Armed clashes, random shelling, roadblocks and explosives placed on roads hamper the ability of
humanitarian actors to evacuate civilians and to deliver needed aid, as well as the ability of civilians to move freely to
safer areas or access vital goods and services.

¹ This figure includes only those cases that could be individually verified and should be considered a minimum. Last update was on 28 April.

HUMANITARIAN NEEDS AND RESPONSE

Food Security

Needs:

• Acute food shortages persist in detention centres (DCs) exposed to or at risk of armed conflict, where more than 3,300 refugees and migrants remain trapped, since regular food provision by local authorities has been disrupted due to fighting.

Response:

- ON 29 April, 128 IDP families (640 individuals) in urban settings in Suq Al-Jumma were provided with food assistance under the Rapid Response Mechanism (RRM).
- MSF provided a supply of food intended to last one week to Tajoura DC, in which 551 refugees and migrants are detained. Food and water were also delivered to Azzawya Al Nasr DC, in which 799 refugees and migrants are detained.

Tealth

Needs:

 On 28 April, UNICEF and WHO met with the Libyan National Centre for Disease Control (NCDC) to discuss the shortage of vaccines, the immunization status of displaced children, reemerging malaria cases and the spread of scabies in DCs, collective shelters and some schools.

Response:

- UNICEF will support the NCDC to conduct an anti-scabies campaign in schools and collective shelters, while WHO will
 continue its anti-scabies campaign in the south of Libya (despite a lack of needed drugs). The NDCD and WHO agreed
 to activate the national malaria programme and strengthen the surveillance system with supplementary support for
 public health laboratories.
- WHO Emergency Medical Teams (EMTs) in Tarhouna, Ali Omar Askar and Gharyan hospitals performed 34 major and 22 minor surgeries during the last four days, bringing to a total of 248 (144 major; 104 minor) the number of surgeries performed by EMTs in the past two weeks since they have been deployed.
- On 28 April, IMC, IRC and IOM Mobile Medical Teams (MMTs) treated a total of 176 cases in the Alfallah I and II IDP camps, the Alshaheed primary healthcare centre (PHC), Emhemmed Almgarif PHC, Fashlom PHC, 17th of February PHC, the Ahmed Benshatwan collective shelter and the Triq Al Sikka DC, with other cases referred for further diagnosis/treatment.

Protection

Needs:

• Indiscriminate shelling and airstrikes in populated areas result in deaths and injuries to civilians and the destruction or disruption of health and educational facilities and services. While humanitarian actors continue to push for a humanitarian pause, civilians remain caught in the crossfire, unable to be evacuated or move freely to safer areas.

Response:

- To date, UNICEF has reached over 2,200 conflict-affected children with specialized psychosocial support (PSS) in six collective centres and urban areas. 305 caregivers have also been reached with PSS services and child protection awareness training. These activities help conflict-affected children cope with trauma and re-establish a sense of normalcy.
- On 28 April, 180 refugees and migrants in urban settings were assisted by UNHCR, IMC and INGO partner CESVI through UNHCR Community Day Centres in Gurji and Salahaddin. On 29 April, UNHCR evacuated 146 refugees and asylum-seekers from the Gathering and Departure Facility (GDF) in Tripoli to Italy. The evacuation took place from the

***** 5,800**

† 10,000

Overall people assisted

to date

Total people who received medical assistance to date



Total people assisted to date

airport in Misrata as the security situation in Tripoli remains extremely volatile. All refugees were previously detained in DCs before being transferred by UNHCR to the GDF. Currently the GDF is hosting 347 refugees and asylum-seekers.

(f) Shelter & NFI

Needs:

• The volatile security situation continues to trigger new displacements, including families who opted to remain in their homes so far. Displacements to areas further away from Tripoli will increase the radius of areas in need of humanitarian assistance.

Response:

- Some 12 new collective shelters have been established, with 29 now identified in operation (the majority of which are located in schools). Assessment of affected populations and needs at newly established collective shelters is underway.
- On 29 April, UNHCR distributed NFIs to approximately 275 IDPs in Misrata and 325 IDPs in Al Ajayalat, as well as to IDPs in and around Azzawya. Since 4 April, UNHCR and LibAid have distributed NFIs to 6,560 IDPs in collective shelters and urban areas such as Tripoli, Azzawya, Sabratha, Garabolli, and Misrata.

Water, Sanitation and Hygiene

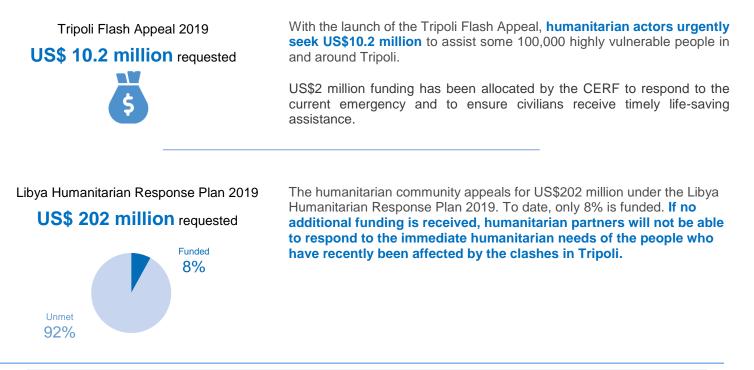
Needs:

 Many collective centres require urgent improvements/rehabilitation of WASH facilities to meet the needs of displaced families. Several collective centres have been identified as lacking showers/bathing facilities, and separate toilets for male and female IDPs.

Response:

- On 28-29 April, UNICEF completed WASH rehabilitation work in the Ahmed Benshatwan school, Al Razi school, Tripoli University, Abudar Elghafari school, Tarik Bin Ziad school and Gharnata school collective shelter, benefitting some 164 families (approximately 820 individuals).
- On 28 April, IMC community health workers visited collective shelters to provide health sensitization/education on personal hygiene to 91 individuals.

FUNDING



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