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

HIGHLIGHTS

- **90,500** people internally displaced by ongoing hostilities
- **156** civilian casualties confirmed, including 39 civilian fatalities
- **47,500** people assisted with some form of humanitarian assistance since the onset of crisis
- **$10.2M** funding required for Tripoli Flash Appeal

SITUATION OVERVIEW

The humanitarian situation continues to deteriorate as a direct result of the armed conflict in and around Tripoli.

To date, at least 156 civilian casualties, including 39 fatalities, have resulted from armed conflict since the start of the crisis.\(^1\)

Residential areas and civilian objects, including homes and a health facility, again came under fire this week. On 24 May, the Rexos hotel compound in Abusliem was struck by an airstrike, with injuries to four civilians reported. The hotel is a meeting place of the House of Representatives. UNSMIL condemned this attack on a civilian object in a highly populated area. On 27 May, several rockets impacted a residential area in the Salahuddin area of Tripoli, with one child reported to have suffered minor injuries. Four civilian homes sustained damages, while three rockets also damaged the parking area of a local hospital (the hospital was under renovation and unoccupied at the time). On 28 May, a number of rockets landed in the Hai al-Maljaa area of Qaqr Ben Ghassier, reportedly causing injuries among civilians as well as material damage to civilian property. After peaking in mid/late-April, the instances of random shelling of residential areas\(^2\) (with no ostensible military target nearby) had in recent weeks abated. This had coincided with the increase in precision airstrikes carried out by UAV. Humanitarians continue to remind parties of their obligations under international humanitarian law to take all feasible measures to avoid civilian harm, and call on all parties to refrain from using explosive weapons –

\[1\] These figures include only cases that could be individually verified, and so must be considered a minimum. Last update from Health Sector received 30 May 2019.

\[2\] Indiscriminate shelling of densely populated urban areas in Ain Zara, Al Twaisba, Abusliem, Suq al Jumaa, Ghararat and Hadbaa neighbourhoods occurred from 16-27 April, with numerous civilian casualties and damages to civilian property and infrastructure reported.
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including by aerial bombardment or shelling – in populated areas, given their likely indiscriminate effect.

Ambulances and first responders continue to be impacted by armed conflict at an alarming rate. On 28 May, two clearly marked ambulances were struck by shelling in the vicinity of the Naqliyah Camp, Airport Road, with the two drivers sustaining minor injuries. On 29 May, another clearly marked ambulance was impacted by an airstrike in the Al Kuraimiya area of Tripoli, with no casualties resulting. These incidents occurred less than a week after two health workers were killed and three others injured on 23 May when two clearly-marked armoured ambulance vehicles were struck in the Triq Al Matar area of Tripoli. To date, 6 health workers have been killed, 9 health workers have been injured, 17 ambulances have been damaged or destroyed, 3 health facilities have been impacted and 2 health facilities have been fully evacuated as a result of armed conflict. These incidents further hamper the ability of already overstretched health services to provide vital assistance to civilians, including those injured as a result of armed conflict. IHL obligates all parties to take constant care to spare civilians and civilian objects, including medical personnel and assets. Deliberate attacks on clearly marked medical transports constitute war crimes under IHL.

According to latest DTM-IOM figures, at least 90,500 individuals have fled their homes since the start of the conflict, with over 8,000 new IDPs identified during the reporting period. Of these, approximately half are believed to be children. The rate of displacement has decreased somewhat since the start of the conflict, yet armed conflict continues to drive more and more families from their homes. 47 collective shelters are now in operation, estimated to house some 800 IDP families (approximately 4,000 individuals), with the majority of IDPs staying in urban areas with family/friends or in rented accommodation, mainly in urban areas of Tripoli. Many other IDPs have moved to areas along the coastal line of Western Libya and the Nafusa mountains. IDP destinations, including collective shelters, are themselves often close to armed clashes, thus risking secondary displacement and meaning that many IDPs and their host communities remain at risk.

Humanitarian actors estimate that over 100,000 men, women and children remain in immediate frontline areas, with over 400,000 more in areas directly impacted by clashes (within a one kilometre radius of the front). Concerns are high for civilians unable to leave these areas, as conditions deteriorate and emergency services are unable to get through. Water and electricity cuts are being reported from frontline areas, while market access and availability of food is very limited. Refugees and migrants in urban areas are especially at-risk, as they face discrimination in accessing collective shelters and
Humanitarian actors continue to appeal for a humanitarian truce to allow civilians trapped in conflict areas to move freely to safer areas and for assistance to reach those in urgent need.

Humanitarian actors are extremely concerned for the safety and wellbeing of nearly 3,400 refugees and migrants trapped in ten detentions centres (DCs) exposed to, or in close proximity to, the fighting. All individuals inside these centres are at imminent risk, as they have no means of seeking safety on their own. In addition to the risk posed by armed clashes, access to food, water and healthcare is severely restricted at these facilities as a result of the conflict. Humanitarian actors continue to call for detained refugees and migrants to be released and provided with safe shelter until their asylum claims can be processed or they can be provided with safe repatriation assistance for reunification with their families.

Access to water remains a concern, as summer approaches. A 37 per cent reduction in water supply to Tripoli, and 25 per cent reduction to Libya as a whole, by the Man-Made River Project (MMRP) has resulted from a stall in required maintenance works to the country-wide network, as international workers were evacuated in the context of the ongoing hostilities. Disruptions at pumping stations have placed additional pressure on the already limited water supply. Damage to a water pumping facility in Zliten on 26 May disrupted water provision to the coastal cities of Misrata, Garaboli, Al Khoms and Zliten, while a similar incident disrupted the water supply to Ajdabiya on 28 May. Both incidents were reportedly the result of local residents attempting to access the water lines for personal use, and not conflict related. The preceding week, on 19 May, an armed group had stormed a pumping facility in Jabal al-Hasawna, temporarily disrupting water supply to Tripoli and the western region. While not directly related to the conflict, these incidents demonstrate the vulnerability of the water distribution network upon which Libyans rely. The MMRP provides more than 60 per cent of the Libyan people’s water supply. According to a statement by the main national electrical company on 26 May, supply lines to six power stations in the outskirts of Tripoli were severed as a result of the clashes, disrupting electricity supply and further limiting the availability of water in conflict-affected areas. Cuts to electricity, which is used for water pumping, further impacts the availability of water in affected areas.

Humanitarian actors are also concerned that responsible local authorities remain unable to access primary landfill sites in conflict-affected areas, leading to a build-up of solid waste in Tripoli. A temporary landfill site in Abusliem is now also full. With the summer season approaching this will lead to foul smells and a favourable environment for vector breeding.

A recent DTM-IOM rapid assessment of market access in conflict affected areas in and around Tripoli found that food security varies significantly according to proximity to clashes, with the area of Khalifat Al Furjan and Swami Bin Adam municipality being the worst affected locations. Overall, 26 per cent of markets in assessed areas were reported to be closed, while insecurity directly prevented residents from accessing markets in Al Aziziya, Salaheddin, Qasar Bin Ghashier and Suq Al Khamis. Another recent assessment, conducted by WFP, noted that the prices of fresh vegetables has increased by 20 per cent in Tripoli markets since the start of the conflict, due in part to the fact that agricultural areas to the south of Tripoli have been cut off behind frontlines, while prices for other items such as milk and cooking oil have also increased. Prices of key staples such as bread, rice and couscous have remained stable. Both DTM-IOM and WFP assessments note that increases in food prices may be in some part due to increased demand during the month of Ramadan.

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A ‘total maritime ban’ on ports in the western region announced by the LNA on 20 May has not materialised, as the LNA is not thought to have capacity to enforce such a ban. Disruption of port operations could severely hamper humanitarian response. Humanitarian partners continue to express concern over lengthy delays and inconsistencies in the import and customs clearance of humanitarian cargo entering Libya and call for the fast-tracking of aid shipments to ensure timely delivery to affected populations.

The impact of clashes is being felt outside of Tripoli, as more IDPs arrive in other areas and disruptions in humanitarian access and in transportation of essential goods such as food and fuel exacerbate already existing scarcities. Trucks carrying humanitarian assistance targeting populations in areas under LNA control, particularly in the east, continue to be denied permission by GNA-affiliated authorities to move from Tripoli. Lack of cash liquidity is also exacerbating the need of affected populations, especially in the south where disruption of transport of key goods due to the presence of conflict and combatants along major trade routes is increasing the severity of already existing shortages. The LNA-imposed no-fly zone in the south has interrupted distribution of cash to banks in the areas of the south outside of Sebha, impacting the ability of populations already facing scarcities to obtain food and other basic goods. Humanitarian cargo was successfully transported by road from Tripoli to Sebha during the reporting period. In the Tripoli area, locations south of Ayn Zara, Khala, Aziziya, Wadi Rabiya’a and Qasr Bin Ghashier remain largely inaccessible to humanitarian actors due to fighting and random shelling.

OCHA maintains impartial contact with local authorities in all areas of Libya, and all parties to the conflict, to
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advocate for and facilitate humanitarian access to all affected people, based on need. To this end, OCHA is supporting humanitarian access through establishment of a new reporting mechanism, whereby humanitarian actors are able to report access constraints as they transpire to OCHA who will then engage with relevant parties to alleviate, or mitigate the impact of, reported constraints. Health Sector partners reported to OCHA that, during the reporting period, they were unable to ship medical supplies from Tripoli to Derna, due to bureaucratic constraints resulting from the rift between local authorities on either side of the present conflict. OCHA raised the issue with authorities and has received positive indications that the issue will be resolved. INGOs that have humanitarian presence in the east have also reported that they are encountering challenges in obtaining security clearances and visas from Tripoli authorities for international staff. OCHA has raised the issue with authorities who have pledged to resolve the issues and clarify the exact procedures that the INGOs should follow in order to obtain clearances and visas moving forward. OCHA has also launched an Access Severity Database to gauge the level of humanitarian access in each municipality in Libya as experienced and reported by humanitarian partners on the ground.

Humanitarian partners continue to provide assistance, where access allows. Over 47,500 people have received assistance since the start of the conflict. However insufficient access and funding are impeding response operations.

HUMANITARIAN NEEDS AND RESPONSE

Food Security

**18,200** people assisted with some form of humanitarian assistance since the onset of crisis

**2,570** people assisted in detention centres

**380** people assisted in collective centres
Behind the numbers: response and constraints

Under the Tripoli Flash Appeal, the Food Security Sector (FSS) foresees 100,000 new IDPs and 6,000 Migrants/Persons of Concern in need of food assistance.

During the reporting period, FSS partners distributed food assistance to approximately 2,500 IDPs in Garaboll and Suq Al Jumaa through the Rapid Response Mechanism (RRM). FSS partners face limited access to IDPs in Bani Waleed, as well as in reaching refugees and migrants in need of food assistance in conflict-affected DCs, where the quantity and quality of food reaching refugees and migrants is inconsistent. Municipalities directing requests for food assistance directly to FSS partners, instead of channeling through the relevant Ministry for IDPs, is creating coordination challenges.

Behind the numbers: response and constraints

Armed clashes and airstrikes continued during the week as parties to the conflict continue fighting. The total number of casualties (civilian and non-civilian) during the reporting period was 317 (50 killed and 267 injured). This includes 21 verified civilian casualties (8 killed and 13 injured). The number of casualties continues to increase despite the numerous calls for a humanitarian pause. An average of 63 casualties are being verified every day, warranting the full availability of medical supplies for both first and second line responders. Additionally, many IDPs are in urgent need of medical assistance due to chronic conditions and disruption to their treatments due to displacement and conflict. The capacity of health facilities to cope with the current caseload is limited.

Health Sector partners continue to respond to the crisis by providing regular medical supplies to health facilities and deploying medical teams to primary health care centers and referral hospitals. During the reporting period, WHO surgical teams in Tarhouna and Gharyan performed 20 major surgeries and 2 minor surgeries as well as 31 surgical consultations. IOM, IMC and IRC medical teams continue to support four primary health care centers in Tripoli and treated 619 cases during the reporting period. UNICEF distributed micronutrient supplements to DCs in Tripoli, while UNFPA conducted an awareness raising session on nutrition in pregnancy and breastfeeding for 18 women in Tripoli.

During the reporting period, WHO deployed two additional surgical teams to Al Afia hospital in Al Jufra and to the main hospital in Misrata to address the increasing number of casualties being received by both hospitals.

The capacity of primary health care facilities is limited to cope with the increasing number of IDPs with chronic illnesses. Access and the security of medical facilities and staff is a major constraint, as field hospitals and ambulance teams are being hampered by indiscriminate shelling and airstrikes. Additional funding is needed to ensure essential medical supplies are fully available and accessible.

Looking ahead: priorities and way forward

The Health Sector will continue to provide medical services to IDP families and to support field hospitals and

Looking ahead: priorities and way forward

At present, approximately 2,000 IDPs in urban settings in Derj and Tajoura, 750 individuals in three collectives shelters in Hay Al Andalus and 200 Sudanese refugees and migrants in urban setting at the Sudanese School in Sirrej are targeted for food assistance.

An FSS paper on food assistance in DCs has been discussed at the Humanitarian Country Team level and a mapping exercise on the current status of the food situation in DCs including who is doing what in each DC, latest interventions and future plans, is being finalized. Consultation with NGO partners is ongoing to assist the identified caseload in DCs.

2,500
IDPs reached with food assistance during reporting period

6
health workers killed

9
health workers injured

17
ambulances impacted

2
health facilities evacuated
referral hospitals as part of mass casualty management. A clear mechanism is required to ensure safe corridors are available not only for the recovery of casualties but also for the safe passage of medical supplies. Parties to the conflict must uphold their obligations under IHL and refrain from targeting civilians, health facilities and medical personnel.

Behind the numbers: response and constraints

The airstrikes, shelling and use of heavy weapons continue by both sides of the conflict, causing more displacement of families and damage of civilian infrastructure. The lack of safe routes, lack of shelter and fear to move out of their housing because of looting in their absence continue to be the main obstacles to civilians in conflict-affected areas accessing safety. The ongoing clashes contribute to family separation, as protection partners report family separation due to many factors including arrest, detention and kidnapping. Many families face eviction, either for inability to pay rent or by armed groups. Reportedly, there is an increase in the number of Libyans and non-Libyans crossing the border with Tunisia due to the conflict. Migrants and refugees detained in DCs continue facing protection issues and humanitarian needs as many of these DCs are located in the conflict areas and Libyan authorities are not able to provide basic assistance. Migrants and refugees are held in undignified and inhumane conditions. They have no access to adequate and specialized medical care, including sexual and reproductive health care, insufficient food and drinking water, inadequate access to washing and sanitation facilities, and no access to basic necessities including clean bedding, clothing and items of personal hygiene. The ongoing conflict in Tripoli impacts several locations in Libya, especially in the south where criminal activities have increased.

Displaced people face increased restrictions on their freedom of movement to safety and displaced non-Libyans in particular face protection and humanitarian concerns, including lack of shelter and lack of access to services, in particular protection and health services. Family separation contributes to increased vulnerability of IDPs, especially for women, children and persons with special needs. Libyans and non-Libyan displaced families need urgent shelter support. Families facing eviction require legal assistance. IDPs in Tripoli originating from the east are targeted by different armed groups in GNA-controlled areas, on the account of suspected or perceived political or military affiliation. As a result, their freedom of movement is restricted in Tripoli and other locations in the western region. Many IDP families originating from the east hide their identity out of fear of persecution from militias and host communities, while others have left the country to Tunisia.

The Protection Sector has developed a protection guidance on provision of shelter for non-Libyan families and established a shelter task force which has provided shelter assistance to several families. The Sector increased protection activities for the displaced families to ensure that vulnerable families receive mental health and psychosocial services (PSS), family reunification and material assistance. Protection actors continue relocating refugees and migrants to safer locations in Libya and UNHCR is planning to evacuate more refugees outside the country. Protection actors are increasing protection monitoring activities in Libya to identify protection and humanitarian needs and inform the humanitarian community. Protection actors, in particular national actors, continue providing evacuation assistance to affected populations in conflict affected areas.

Protection actors continue facing access challenges to the most affected population in DCs, and IDPs outside Tripoli.

Looking ahead: priorities and way forward

Protection actors seek to increase alternatives to detention, to ensure the most vulnerable populations have access to safe and dignified shelter and
assistance. The assistance will be provided to the most vulnerable persons as identified by a task team. The Protection Sector will continue meeting with key stakeholders to ensure the protection of civilians in Libya and to have durable solutions for the most affected Libyans and non-Libyans and to continue transferring vulnerable persons form the conflict affected areas to safer locations in Libya. Protection actors continue to urge the international community to pressure all parties to the conflict to protect civilians from both direct attack and the indirect effects of armed conflict.

Gender-Based Violence Protection sub-sector

Behind the numbers: response and constraints
An estimated 51 per cent of IDPs are females. Increased risk of GBV, particularly sexual exploitation and abuse, continues to manifest as a result of ongoing conflict. Decrease in food security, cash liquidity, market access and availability of water and electricity all increase GBV risks. Women and girls traumatized by the ongoing conflict are in need of some form of PSS including an estimated 400 women at risk of sexual violence and in need of safety and protection. Non-Libyan women and girls are at greater risk of GBV as non-Libyans in general have fewer shelter options. 15,000 women and girls are in need of dignity kits.

UNFPA in collaboration with implementing partners has deployed mobile teams comprised of specialized social workers and psychologists to provide GBV related services to IDPs in collective shelters and urban settlements. During this reporting period, the mobile teams have provided individual counseling services to 71 individuals (48 women, 14 men, 3 girls and 6 boys) in 14 collective shelters and urban settings. Furthermore, 17 people were provided with GBV specialized services in seven collective shelters. Also during this reporting period, IMC conducted a safety audit in the Janzour IDP camp which revealed a general lack of privacy in most of the houses, the absence of a community-based safety system and a lack of health facilities within the camp, forcing women to seek male accompaniment to access medical services outside the camp.

Among other identified gaps, only one women’s centre, operated by UNFPA, exists in Tripoli, limiting women and girl’s opportunities to seek support and care. Overall, there is a lack of safe spaces to provide individualized case management and PSS for displaced IDPs and migrants. A recent joint protection rapid assessment conducted in Tripoli indicates low levels of knowledge information about available GBV services. There is a lack of funding to upscale current GBV services to reach IDPs outside of Tripoli where information and assistance is largely absent. Dignity kits stocks are fewer than the demand as the number of displaced women and girls continues to grow. Resistance from the Ministry of Health to accept post rape care kits continues to hamper access to clinical management of rape (CMR) services, particularly in public hospitals in Tripoli. However, a few primary health facilities in Tripoli such as Al Shahed, Abdul jalil, Al-Sayyah, Emhemmed Elmgharif, Ainzara and Fashlom provide CMR services. Affected refugees and migrants have limited access/ability to benefit from the full cycle of GBV case management.

Looking ahead: priorities and way forward
GBV partners seek funding to upscale GBV programming in the outskirts of Tripoli. GBV partners also will liaise with the Sexual and Reproductive Health Working Group and the Health Sector to address the lack of CMR services in public hospitals. Priority will be given to the development of integrated messages across Sectors to increase awareness about available GBV services. GBV partners will also liaise with the Cash Working Group to explore provision of cash-for-rent specifically for vulnerable migrants and refugees to mitigate GBV risks.

Recent protection needs assessments highlight increased reports of sexual violence perpetrated against
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Child Protection sub-sector

Behind the numbers: response and constraints

Conflict-affected children and their caregivers require PSS and recreational services as well as mine risk education and awareness. There is an increasing need of child protection case management services in collective shelters where children live with families in overcrowded and uncomfortable environments. Collective shelters increase the risk of violence, abuse and exploitation of children, especially adolescents. Child survivors of abuse have very limited relevant services to refer to. National partners require capacity-building to help meet the needs of conflict-affected children.

To date, Child Protection partners have reached approximately 5,700 conflict-affected children with PSS/recreational activities and 1,000 conflict-affected children with specialized PSS in collective shelters and in urban areas. 775 caregivers were reached through PSS and child protection awareness raising sessions in these same collective shelters and areas.

Child protection partners face obstacles in accessing areas affected by the conflict.

Looking ahead: priorities and way forward

Further efforts and coordination are needed to reach conflict-affected children in urban settings. Support to municipalities outside Tripoli affected by displacement of families and children is needed. Further coordination between sub-Sectors, collaboration with national authorities and capacity development plans for national partners are needed. Child protection actors will monitor the situation of families possibly relocated from collective shelters in schools following Ramadan, when schools are scheduled to reopen. The international community should call on all parties to refrain from committing grave violations of children’s rights.

Shelter & NFI

Behind the numbers: response and constraints

During the reporting period, approximately 8,200 additional IDPs were identified, potentially in need of shelter and/or NFI assistance. According to latest information collected by humanitarian actors, newly displaced populations have moved to the following locations and surrounding areas: Ghasir Khaiar, Sabratha, Garabollí, Mizdah, Zawiyah, Nalut and Alshgega.

In the reporting period, 412 IDP families (approximately 2,060 individuals), in urban areas were provided with in-kind assistance in the form of NFI packages, frequently completed with food parcels, hygiene kits, and dignity kits. These interventions have targeted mostly non-Libyans by combatants. The GBV sub-sector recommends issuance of a communiqué to both parties involved in conflict to hold accountable combatants perpetrating incidents of sexual violence against civilians.
populations previously displaced who have not received assistance yet in Tripoli, Misrata and Ghasir Khaiar. NFI packages were also distributed to 241 refugees and migrants in DCs and 49 refugees and migrants in urban settings.

One of the current main challenges is assessing the needs of displaced populations. Since humanitarian partners do not have access in all areas of displacement, unmet needs are not always able to be assessed. An important gap remains a lack of complete information regarding the number and movement of IDPs in/through collective shelters.

Since the vast majority of newly-displaced families are hosted by families/friends, these populations and their needs are becoming increasingly challenging to identify. According to a recent DTM assessment of market access, the worst affected areas were Khallat al Furjan (in Ain Zara municipality) and Swani Bin Adam municipality, where most markets were reported to be closed, causing limitations for newly displaced population to access basic goods, such as NFIs when needed. The commodities reported most in need in these areas are fuel, mattresses and diapers. New areas of displacement are currently being assessed for shelter/NFI need, while areas already reached in past weeks also require re-assessment in order to identify new arrivals as well as populations that have not received assistance previously.

Since humanitarian access is restricted in many areas of displacement, assistance cannot be provided to all IDPs in their current place of displacement. Since new displaced populations are constantly being identified it remains extremely difficult to dedicate capacity on the ground for post-distribution monitoring in order to revise the design of assistance packages according to identified needs of the displaced people. Although affected populations indicate a need for cash-for-rent and other in-cash assistance as a priority, implementation challenges for agencies results in in-kind modalities being prioritized.

Communication between Sectors especially regarding sharing of information collected among field teams remains challenging – leading to a lack of updated information, especially related to needs in collective shelters but also in urban areas. The exchange of information between Sectors and local authorities remains extremely difficult since no common tools are currently used to share information between the different entities.

Finally, it is to be noted that the longer affected populations remain in displacement, the heavier the burden will become for hosting communities, and the shelter and NFI needs will change compared to at earlier stages in the displacement.

Looking ahead: priorities and way forward

The main priority for the Sector remains to ensure the population movements are monitored and to ensure all the locations hosting displaced populations are identified and assessed. The Sector continues its effort to collect and compile incoming information from different sources in order to provide timely information regarding the most urgent needs and also to avoid duplication/overlapping of conducted interventions. Stockpiles are being maintained to meet envisioned future needs.

In Nalut and Al Jabal Al Gharbi displaced families (whether recently displaced or not it is unclear) are increasingly being identified and reported in need of support. Since the number of humanitarian actors having access to these areas remains low, it is to be expected that more families in need of assistance will be identified in these areas within the coming days and weeks.

Approximately 1,200 additional IDP families (6,000 individuals) in urban areas are planned to be supported in the coming days with full NFI packages in areas where large numbers of newly displaced are reported to be in need of support (Ghasir Khaiar, Sabratha, Garabolli, Mizdah, Zawliyya, Nalut and Alshgega).

Water, Sanitation and Hygiene

- 18,000 people assisted with some form of humanitarian assistance since the onset of crisis
- 2,250 people assisted in detention centres
- 1,000 people assisted in collective centres
Behind the numbers: response and constraints

**Education**

**Behind the numbers: response and constraints**

Out of the 47 collective shelters being used to host IDPs impacted by the crisis in Tripoli, 21 of the facilities are schools. The academic school year remains suspended in conflict affected areas, directly impacting the education of some 122,000 children in nine municipalities near Tripoli, with more schools in other parts of Tripoli and western Libya closed or operating with restricted capacity. The Ministry of Education (MoE) has taken the lead in addressing education needs, through launching non-formal education activities targeting some 700 students at the basic and secondary level. From mid-May, Education Sector partners have provided non-formal education (math and English classes) to children aged 6 to 15 as well as life-skills sessions to children and youth aged 10 to 24. As of 27 May, the response reached a total of 176 children and youths (88 male and 88 female) at three collective shelters located in Abusalim and Tajoura. 63 children also benefited from education supplies such as ‘school in a box’ kits and school bags. The Education Sector continues to advocate and coordinate closely with the MoE to ensure access of Sector partners to MoE schools to support education in emergency response. Sector partners have limited capacity to outreach affected school-age children for provision of education services, and comprehensive data about the number of affected children is lacking.

Looking ahead: priorities and way forward

The MoE has announced that, if the situation permits, all schools in conflict-affected areas would re-open on 9 June to allow students to sit for end-of-year exams. School age children need to be supported to sit for exams once the academic year re-opens on June 9, 2019. Support foreseen includes remedial education classes, school supply provision and teacher training. Sector partners will continue closely coordinating with the Ministry of Education Crisis Committee. A rapid assessment is being planned to ensure a needs-based response. The Sector will closely work with the child protection working group to scale up support in the 24 schools that have been established by the MoE for PSS activities.

**Logistics**

**Behind the numbers: response and constraints**

The operations at Tripoli port have proceeded normally since the port was reopened on 19 May following a temporary closure. However, partners have been invited to immediately inform the Logistics Sector should issues arise with expected sea cargo at Tripoli or at other Libyan ports, so that follow up can be insured and other partners can be informed accordingly. An updated import guidance document has been circulated on 17 May, together with an updated suppliers list, which includes several logistic service providers based in the Misrata area. Both these documents are based on information received from the Sector’s partners. Regular coordination meetings continue to be held to ensure that logistical bottlenecks are identified and common solutions sought. Information management products including logistics planning for disruption of regular water services. UNICEF has prepositioned water bladders and water treatment chemicals with the General Authority of Water Resources, but warn that WASH Sector partners do not have the capacity to respond should incidents involving the deliberate degrading of MMRP capacity continue. The Municipality of Central Tripoli will receive two trucks and garbage boxes to mitigate the issues of solid waste management in Tripoli.

Repair and maintenance of sanitation facilities in IDP hosting areas, collective shelters and DCs remains a priority. WASH Sector is undertaking a comprehensive WASH assessment in collective shelters and DCs.

Water infrastructure and facilities, particularly the MMRP and its staff, must not be subject to attacks. It is vital that service providers for solid waste management be allowed safe access to landfill sites.
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guidance, meeting minutes, maps and assessments are available on the Logistics Sector’s webpage: https://logcluster.org/sector/lby18a.

Looking ahead: priorities and way forward

Close monitoring of the situation at the Tripoli ports continues, as the receipt of humanitarian shipments could be delayed or hampered should access to Tripoli port be disrupted.

Lack of clarity in customs procedures remains the main logistical bottleneck and clarifications continue to be sought on import procedures for humanitarian cargo.

All partners have been invited to inform the sector should they experience delays or difficulties with the receipt of their cargo at Libyan ports, so that immediate follow up can be ensured. Unimpeded access to Libyan ports should be guaranteed for humanitarian cargo, to ensure the humanitarian community’s ability to appropriately respond to the needs on the ground in Libya. A strong need remains for expedited import procedures for humanitarian cargo, to be clearly stated and applied by authorities. Fast-tracking of humanitarian cargo blocked at entry points would also greatly assist the prompt availability of supplies and ensure timely delivery of assistance to affected populations.

Emergency Telecommunication

Behind the numbers: response and constraints

Mobile networks in the south of Tripoli and conflict areas around Ain Zara continue to be unstable. With the current instability in the mobile network and the risk of continued power outages, the backup communications systems are now being relied upon, and require strengthening. UN agencies apart from UNSMIL do not have valid licenses to own and operate or import radios in Libya. The regulatory environment in Libya poses a constant challenge when planning radio infrastructure and for the importation of satellite equipment.

There are multiple humanitarian hotlines and call centres for affected populations to call. There is a need to consolidate these lines to demonstrate a commitment to accountability to affected populations. The Inter-Sectoral Coordination Group has come together to implement a Common Feedback Mechanism (CFM), bringing the voice of the affected population into the overall response and adhering to its commitment on accountability to the affected population. However, the Emergency Telecommunications Sector (ETS) does not currently have funding to move past the planning phase of the CFM.

Looking ahead: priorities and way forward

Coordination for the CRM continues ahead of project funding. ETS is working to resolve the radio licensing on behalf of UN agencies. Internal coordination for license applications is ongoing, ahead of sending a request to the relevant authorities. ETS is also working toward the establishment of a Tripoli crisis and communications center. On 15 May, ETS completed a site assessment in Palm City and work is now underway.
The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to coordinate the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

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FUNDING

Tripoli Flash Appeal 2019

US$ 10.2 million requested

With the launch of the Tripoli Flash Appeal, humanitarian actors urgently seek US$10.2 million to assist some 100,000 highly vulnerable people in and around Tripoli.

US$2 million funding has been allocated by the CERF to respond to the current emergency and to ensure civilians receive timely life-saving assistance. Additionally, the UK’s Department for International Development has pledged £1 million to meet the requirements of the Tripoli Flash Appeal.

The humanitarian community is presently revising the Libya Humanitarian Response Plan 2019 to incorporate continued response as set forth under the Tripoli Flash Appeal.

Libya Humanitarian Response Plan 2019

The humanitarian community appeals for US$201.6 million under the Libya Humanitarian Response Plan 2019. To date, only 10.5% is funded. An additional US$19.1 million has been received outside the Libya Humanitarian Response Plan 2019.

If no additional funding is received, humanitarian partners will not be able to respond to the immediate humanitarian needs of the people who have recently been affected by the clashes in Tripoli.