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

HIGHLIGHTS

- **75,000** people internally displaced by ongoing hostilities
- **126** civilian casualties confirmed, including 29 civilian fatalities
- **42,400** 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.

The use of explosive weapons – including artillery shelling and aerial bombardment – in populated areas continues to cause civilian casualties. At least six people were killed and five people were injured in an apparent airstrike in Qasr Bin Ghashir on 14 May. 126 civilian casualties, including 29 fatalities, have now been confirmed since the beginning of clashes.1 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 – including by aerial bombardment or shelling – in populated areas, given their likely indiscriminate effect.

Since the onset of hostilities on 4 April, over 75,000 individuals have fled their homes, according to DTM-IOM tracking. Of these, over 48 per cent are estimated to be children and 51 per cent to be women. 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. The majority of IDPs are staying in private accommodation, with friends and relatives or in rental accommodation, mainly in urban areas of Tripoli. Many IDPs have also moved to areas

1 These figures include only cases that could be individually verified, and so must be considered a minimum. Last update from Health Sector received 16 May 2019.
along the coastal line of Western Libya and the Nafusa mountains, while approximately 2,700 IDPs are hosted in collective shelters established by local authorities and first responders. 29 collective shelters have been set up to date, the majority of which are in schools with some others set up in holiday resorts and university dorms. An increasing number of IDPs are being identified in areas further away from Tripoli, a trend which is likely to increase the radius in need of humanitarian assistance.

Humanitarian actors estimate that over 100,000 men, women and children remain trapped in immediate frontline areas, with over 400,000 more in areas directly impacted by clashes. 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. 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 detentions centres (DCs) exposed to, or in close proximity to, the fighting. 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. This week, humanitarian actors raised concerns over some 214 refugees and migrants intercepted at sea being brought to detention centres in conflict areas. On 11 May the Libyan Coast Guard intercepted 106 refugees and migrants (including 16 women and 4 children), transferring them to Azzawya Al Nasr DC. On 12 May, another 108 migrants and refugees were intercepted at sea and transferred to Tajoura DC. Both DCs are already exposed to, or at risk from, armed conflict. As highlighted by the Secretary-General on 4 April, “No one can argue that Libya is a safe port of disembarkation at this point.” 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.

2 On the night of 7 May two persons detained at Tajoura DC were injured when the DC was impacted by an airstrike on a nearby military base.
The impact of clashes is being felt outside of Tripoli, as more IDPs arrive in other areas and disruptions in supplies of essential goods such as food and fuel exacerbate already existing scarcities in the south of Libya. Areas south of Ayn Zara, Khala, Azizya, Wadi Rabia’a and Gasr Bin Ghashir remain largely inaccessible to humanitarian actors due to fighting and random shelling. However, during the past week a form of status quo in the conflict dynamics in Tripoli has allowed access to some urban areas where humanitarian actors were previously unable to reach. 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.

Humanitarian partners continue to provide assistance, where access allows. Over 42,400 people have received assistance since the start of the conflict. However insufficient access and funding are impeding response operations. On 18 April, humanitarian partners launched a flash appeal for $10.2 million in support of the Tripoli response. However only 30% of the funding requirement has been pledged/received to date.

### HUMANITARIAN NEEDS AND RESPONSE

#### Food Security

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>12,000</td>
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<tr>
<td>4,000</td>
<td>People assisted in detention centres</td>
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<tr>
<td>300</td>
<td>People assisted in collective centres</td>
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**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. Preliminary findings of a WFP mobile Vulnerability Assessment and Mapping exercise carried out from 16 April – 6 May indicate that access to food and markets varies significantly based on respondents’ proximity to fighting, being most severely disrupted in some areas in around Tripoli directly impacted by conflict. For example 25 per cent of respondents in Ain Zara municipality report that it is too dangerous to go to markets, while 91 per cent of respondents in Tripoli report no obstacles to accessing local markets. Food products are mostly available in the local markets of Tripoli. In Ain Zara, some 14 per cent of respondents report troubles in obtaining cooking fuel, milk or vegetables. The price of bread has remained stable across all monitored municipalities. Main staples (couscous, pasta, rice) prices are also stable. These commodities are mostly imported and road access to Tripoli as well as sea access through the ports are open at the time of reporting. Fresh vegetables prices have increased by more than 20 per cent since the beginning of the crisis. Fresh vegetables are locally produced in farms south of Tripoli, which have been cut off by frontlines. Respondents in Tripoli Centre also indicate that prices of milk and vegetable oil have increased. Supply chains are disrupted by the current conflict but an increase in demand with the month of Ramadan may also contribute to increases in prices.

During the reporting period, FSS partners distributed food assistance to more than 2,500 IDPs in urban areas in Sabratha, Garabollí and Abusliem through the Rapid Response Mechanism (RRM). FSS partners face limited access to IDPs in Bani Waleed, as well as to reaching refugees and migrants in need of food assistance in conflict-affected DCs. Municipalities directing requests for food assistance directly to FSS partners, instead of channeling through the relevant Ministry for IDPs, is creating coordination challenges.

**Looking ahead: priorities and way forward**

2,250 IDPs in Suq Al Jumaa and 1,950 IDPs in Tajoura are currently targeted for food assistance. The number of IDPs in need of food assistance in 29 identified collective shelters is presently under verification. Approximately 2,300 refugees and migrants in Triq Al Sika, Al Sabaa, Janzour, Abusliem, Gharyan and Tajoura DCs are in need of food assistance, as regular food distribution by local authorities has been disrupted due to the conflict.
The FSS continue to focus on scaling up Rapid Response Mechanism capacities as well as coordination among relevant partners for food assistance to refugees and migrants.

**Health**

<table>
<thead>
<tr>
<th>10,700</th>
<th>217</th>
<th>132</th>
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<tbody>
<tr>
<td>people assisted with some form of humanitarian assistance since the onset of crisis</td>
<td>people assisted in detention centres</td>
<td>people assisted in collective centres</td>
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**Behind the numbers: response and constraints**

Armed clashes and airstrikes continued during the week as parties to the conflict continue fighting. During the week, an airstrike in Qasr bin Ghashir resulted in 11 civilian casualties (6 dead and 5 wounded). The total number of casualties (civilian and non-civilian) during the week was 261 (39 dead and 222 wounded). This includes 15 verified civilian casualties (6 dead and 9 wounded). The number of casualties continues to increase despite the numerous calls for a humanitarian pause. An average of 37 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 31 major surgeries and 20 minor surgeries. IOM, IMC and IRC medical teams continue to support four primary health care centers in Tripoli and treated 602 cases during the week. WHO distributed emergency medical supplies, trauma kits and essential drugs for treatment of infectious and chronic diseases to 45 health facilities across the three regions of Libya. UNICEF distributed medical supplies and equipment to two primary health centers and one hospital that are serving IDPs. Furthermore, UNICEF pre-positioned an emergency medical kit at the National Centre for Disease Control. UNHCR distributed emergency medical consumables to two secondary hospitals in Tripoli. UNFPA conducted an awareness raising session on Reproductive Health for 12 women in Tripoli.

Misrata Medical Center and Al Afia hospital in Al Jofra are in need of additional surgical capacity given 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.** Since the beginning of the offensive in Tripoli, 4 health workers have been killed, 4 have been injured, 12 ambulances have been impacted and 2 health facilities were evacuated as a result of armed clashes, shelling and airstrikes. 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. Additional funding is needed to ensure essential medical supplies are fully available and accessible.

**Looking ahead: priorities and way forward**

The Health Sector will mobilize additional resources to deploy two surgical teams in Misrata and Al Jufra to address the gaps in the shortage of the health workforce in these locations. The Health Sector will distribute additional medical supplies to the newly identified health centres in Tripoli that are serving the IDPs in order to ensure maximum coverage. **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 Protection Sector conducted a Rapid Protection Needs Assessment from 28 April – 2 May, targeting IDPs, refugees and migrants in Tripoli. Six partners (UNICEF, DRC, IRC, UNHCR, IMC and IOM) participated in the assessment and the final report was shared with the humanitarian community on 13 May. The aim of the assessment is to inform the prioritization of the protection response through identification of key protection risks and threats of the target populations, and to analyze the capacities, vulnerabilities and coping mechanisms of the population residing in the target area. The assessment found that 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 barriers preventing civilians to leave conflict affected areas to safer locations. Continuous fighting and shelling as well as blockade of roads pose the highest threats for civilians. Also, due to increased checkpoints Libyans and non-Libyans fear risk of arrest and detention. The physical safety of civilians is being threatened by indiscriminate attacks as fighting spills into different neighborhoods of Tripoli. Deprivation of life, physical violence, denial of liberty, forced, denied or restricted movement, denial of land and property, denial of civil status, registration and documentation, denial of family rights, and denial of access to humanitarian aid are among the most reported incidents affecting the different communities since the fighting began.

Refugees and migrants are held in undignified and inhumane conditions. They have no access to adequate and specialized medical care, including sexual and reproductive health care, insufficient nutritious 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. Nearly 3,400 refugees and migrants are held DCs in conflict-affected areas in and around Tripoli.

UNHCR and its partners continue protection monitoring activities especially for the most affected groups among Libyans and non-Libyans.

The lack of presence of the protection actors in Libya, due to relocation of staff, is affecting the capacity of the humanitarian community to respond to protection and humanitarian needs, and to coordinate with Libyan counterparts and local authorities. Improved protection monitoring activities, including referral systems, are needed, especially in conflict-affected areas and areas of displacement. Lack of access to conflict affected areas and areas outside of Tripoli remains a constraint.

Looking ahead: priorities and way forward

A priority moving forward is to support the provision of assistance according to the principle of non-discrimination and impartiality, including ensuring accessibility for all groups to collective shelters. The Protection Sector in its area of reasonability will provide guidance and trainings for partners on the ground. The Protection Sector will ensure the inclusion of assistance to specific groups identified as vulnerable in the assessment, including non-displaced groups (recognizing not everyone has the resources/options to flee) and including areas outside of Tripoli which are under-resourced for the current response. Protection monitoring activities will be expanded to better understand the protection risks and to identify vulnerable groups and their needs. The Sector will prioritize the provision of adequate and quality health and protection services. Duty-bearers should facilitate immediate evacuation of refugees and migrants being held in DCs in conflict areas to safer locations. International actors should advocate with the Libyan authorities on their obligations and responsibilities towards refugees and migrants in line with IHL and IHRL.

Gender-Based Violence Protection sub-sector

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**Behind the numbers: response and constraints**

The recent joint Protection Rapid Needs Assessment conducted in Tripoli indicates a general lack of safe places, privacy, insecurity and harassment as the major safety concerns for women and girls. Overcrowded shelters shared by both family and non-relatives have been reported. As the conflict continues, women and girls continue to face not only restricted movements in Tripoli but also exposure to **kidnapping and sexual exploitation and abuse**. The assessment points to increased cases of **sexual violence** perpetrated by militants against non-Libyans especially those from Chad, Eriteria and Iraq. While GBV risks are considerably high, the recent assessment indicates that few community members are aware of available GBV services.

IRC protection teams are providing group psychosocial support (PSS) activities for crisis affected women and girls in three collective shelters in coordination with other protection and health partners. In addition, the teams **conduct regular safety audits at the collective shelters** to ensure the safety and security of women and girls are prioritized and actions are taken in a timely manner to reduce the risks of GBV. More than 300 women and girls are involved in PSS group activities. The IRC GBV team is also conducting mobile and remote GBV case management to more than 30 cases. UNFPA with its local partners has provided PSS to IDPs through several mobile teams in collective shelters and urban settlements in Tripoli. During the reporting period, **83 people were provided with individual counselling services in 11 collective shelters while GBV specialized services were delivered to 13 people in five collective shelters**. GBV sub-Sector estimates that 18,200 displaced women and girls are in need of dignity kits. So far, a total of 4,381 dignity kits have been distributed since the beginning of the conflict to females of reproductive age. About 500 emergency kits have been provided to women and children through GBV case management and blanket distribution at the collective shelters.

Of concern, clinical management of rape (CMR) services are not available at public hospitals in Tripoli. Also there is an overall lack of GBV services in the outskirts of Tripoli where populations have been displaced. Likewise, information dissemination on GBV services is limited only to collective shelters and not to urban settings or outside of Tripoli. Dignity kits stocks are fewer than the demand as the number of displaced women and girls continues to grow. There is a lack of safe spaces for women and girls to access services, and GBV partners also have little access to women and girls among refugee and migrant populations.

**Looking ahead: priorities and way forward**

400 copies of **GBV pocket guides and referral pathways** that will be distributed to frontline workers to enable them to provide assistance when incidents of GBV are disclosed to them while delivering humanitarian assistance.

Recent protection needs assessments highlight increased incidents of sexual violence perpetrated against 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.

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**Child Protection sub-sector**

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<th>People Assisted</th>
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<tr>
<td><strong>5,700</strong></td>
<td>People assisted with some form of humanitarian assistance since the onset of crisis</td>
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<tr>
<td><strong>1,800</strong></td>
<td>People assisted in collective centres</td>
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**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. 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 1,020 conflict-affected children with specialized PSS** in collective shelters and in urban areas. 625 caregivers were reached through PSS and child protection awareness raising sessions in these same collective shelters and areas. During the reporting period, UNICEF **trained 25 social workers** from the Ministry of Social Affairs and Family and Child Protection Unit to build their capacity on PSS/recreational activities and identifying children who need specialized PSS support. UNICEF has started to scale up Mine Risk Education to reach children and families in Tripoli and surrounding municipalities.
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. The international community should call on all parties to refrain from committing grave violations of children’s rights.

Shelter & NFI

19,500 people assisted with some form of humanitarian assistance since the onset of crisis
3,000 people assisted in detention centres
860 people assisted in collective centres

Behind the numbers: response and constraints

During the reporting period, assistance has been provided in urban areas not able to be accessed previously and where newly displaced populations were seeking support. Previous interventions were carried on essentially in the areas located northwest from the frontlines while during the past week humanitarian assistance has been focusing on increasing needs identified northeast of the frontlines.

Reflecting that the vast majority of IDP families are currently staying in private accommodation, the immediate need identified via the recent Joint Protection Rapid Needs Assessment is for cash assistance, essentially to cover the rental costs. Nonetheless, NFIs and Shelter were highlighted within the three priority needs as well. In urban areas such as Garabolli, Sabratha, Hay Andalous, Tripoli, Tajoura, Tarhuna, Janzour, Abusliem and Kikla, displaced populations have been identified in need of shelter and/or NFI support. In Collective Centres, identified needs have slightly decreased, since these locations have benefited from assistance at earlier stages of the conflict.

2,700 IDP families (approximately 13,500 individuals), in urban areas have been 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 newly displaced populations, but also populations previously displaced who have not received assistance yet. In collective shelters where assistance has been provided in previous weeks, 27 newly arrived families (approximately 135 individuals) have also received assistance in the form of cash (via prepaid cards), in addition to NFI packages.

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. Some can be identified through the presence of Libyan actors (such as municipal authorities), but others are unknown. Nonetheless, among the newly identified needs, it appears that Mistrata is burdened with the arrival of newly displaced people, with reports of 770 new IDP families to be confirmed. In Garabolli new IDP arrivals are also reported and pending a further assessment. In Yefran, the municipality is requesting assistance for 430 families considered in need of shelter/NFI support. In Suq Al Jumaa 2,175 families are reported by the municipality in need of support despite interventions carried out there during the past month.

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.

Looking ahead: priorities and way forward

Within the coming days, provision of NFI packages is planned mostly in urban areas, such as in Tripoli, Gharyan and Tarhuna, reaching approximately 1,000 displaced families (5,000 individuals). 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. In terms of stockpiles management, it is presently urgent to define realistic scenarios in order to plan activities and supply chains for the coming weeks and months in order to preposition stockpiles of NFIs in sufficient volumes and appropriate locations to support further massive displacement of populations if needed.

**Water, Sanitation and Hygiene**

<table>
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<th>People Assisted</th>
<th>Description</th>
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<td>16,000</td>
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<tr>
<td>2,200</td>
<td>People assisted in detention centres</td>
</tr>
<tr>
<td>950</td>
<td>People assisted in collective centres</td>
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**Behind the numbers: response and constraints**

Due to the conflict, the company supposed to do the maintenance of the Man-Made River Project (MMRP) has evacuated its staff in Libya. As a consequence, all the maintenance scheduled in April and May has been suspended thus reducing the required water pumping. As a result, the total water distribution for Tripoli has been reduced from 520,000 cubic meters per day prior to the start of the conflict to 330,000 cubic meters at present. Water distribution for the county as a whole has reduced by one quarter from 1,200,000 to 800,000 cubic meters per day.

Electricity cuts have also resulted in irregular supply of water across various areas in and around Tripoli. At the same time, landfill sites for solid waste disposal located near to conflict areas cannot be accessed by responsible local authorities, which is resulting in growing piles of waste in Tripoli. With the summer season approaching this will lead to foul smells and a favorable environment for vector breeding. Further deterioration of the humanitarian situation will pose more risks of water- and sanitation-borne diseases. Approximately 41,000 IDPs are in need of emergency water and sanitation assistance.

During the reporting period, 730 IDPs were provided water through installation of booster pumps, minor repairs and installation of additional water storage tanks in four collective shelters in Tajoura and Al Fornaj. 366 IDPs were provided with improved sanitation facilities in four collective shelters in Hay Andoulas and Al Fornaj through rehabilitation of existing facilities. UNICEF also distributed 235 hygiene kits, benefitting 1,175 IDPs in urban settings Abusliem municipality.

**Looking ahead: priorities and way forward**

**Repair and maintenance of sanitation facilities** in IDP hosting areas and collective shelters remains a priority. WASH Sector is undertaking a comprehensive WASH assessment in IDP locations in the coming two weeks.

**Solid waste management** is becoming a major problem due to the inability of local authorities to access landfills in conflict-affected areas. It is vital that service providers for solid waste management be allowed safe access to landfill sites.

**Logistics**

**Behind the numbers: response and constraints**

Regular coordination meetings continue to be held to ensure that logistical bottlenecks are identified and common solutions sought. Information management products including logistics 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**

Clarifications continue to be sought on import procedures for humanitarian cargo and an update of the import guidance documents is ongoing, based on info received from partners. To support organizations planning to preposition supplies in the Misrata and Sirte areas, the Logistics Sector has received from its partners contacts of local logistics suppliers and will circulate the contacts with its mailing list. 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 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 any licenses to own and operate or import radios in Libya.

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
ETS is working to resolve the radio licensing on behalf of UN agencies. Toward this end, on 10 May UNSMIL sent a Note Verbal to the Ministry of Telecommunications requesting UN agencies to join their existing Tetra radio license. 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. Finally, ETS will continue working to define the humanitarian requirement along with roles and responsibilities of sectors and agencies for the CFM.

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.

Libya Humanitarian Response Plan 2019

US$ 202 million requested

The humanitarian community appeals for US$202 million under the Libya Humanitarian Response Plan 2019. To date, only 8% is funded. 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.