

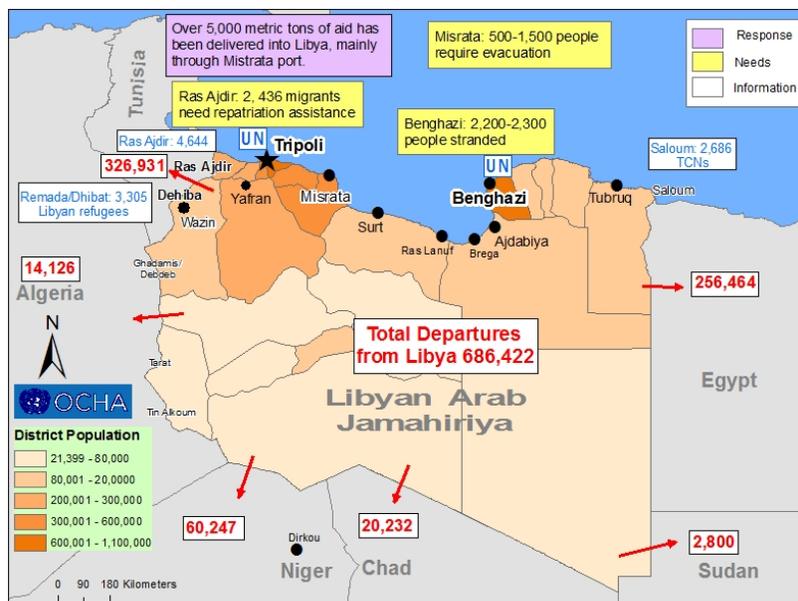
This report produced by OCHA Libya in collaboration with humanitarian partners, covering the period of 1 May to 3 May. The next report will be issued on or around 5 May.

I. HIGHLIGHTS/KEY PRIORITIES

- Humanitarian actors are first and foremost worried about populations living in areas directly affected by conflict. Over 5,000 metric tons of medical supplies, food, shelter and non-food items have been delivered into Libya, the vast majority through the port at Misrata.
- The impact of sanctions continues to limit supplies of fuel, and access to cash, and the means to replenish stocks of essential commodities.
- In the Nafusa Mountains region in the west, at least 40,000 Libyans have now crossed into Tunisia using both informal routes and the border crossing of Wazin/Dhibat.
- The United Nations Humanitarian Coordinator for Libya is in contact with the Libyan authorities, discussing the soonest possible return of the UN humanitarian presence to Tripoli.

II. Situation Overview

Humanitarian actors are first and foremost worried about populations living in areas directly affected by conflict while most basic needs are being met. Over 5,000 metric tons of medical supplies, food, shelter and non-food items have been delivered into Libya, the vast majority through the port at Misrata. The longer the status quo continues, the greater the humanitarian needs. The impact of sanctions continues to limit supplies of fuel, and access to cash, and the means to replenish stocks of essential commodities such as medicine, agricultural products and spare parts for machinery and transportation equipment, notably in Tripoli. The departure of both skilled and non-skilled third-country nationals (TCNs) widely impacts the economy and provision of services across sectors. Specifically the health sector is suffering severe deficits of medical staff in conflict-affected areas.



Limited access to areas in western Libya, specifically Misrata and the Nafusa Mountain region in the west, continues to hamper needs assessments and response by humanitarian organisations. Presently NGOs are conducting cross border operations from the Wazin/Dhibat border crossing, providing assistance in Nalut and Zintan. There are also needs along the coastal road between Tripoli and the Tunisian border. These needs can be addressed by having a presence in Tripoli. The United Nations Humanitarian Coordinator for Libya is in contact with the Libyan authorities, discussing the soonest possible return to Tripoli.

In Misrata, heavy shelling near the port and airport has been reported since 1 May. Both civilians and combatants number among the wounded. Sea mines around the port were removed, and a third has drifted with the tide and its location is unknown. On 4 May, an IOM ship evacuated about 800 people and 50 wounded and delivered 180 tons of aid comprising food, non-food and medical supplies. The health cluster reports urgent requirements for some medicines and surgical supplies, as well as a shortage of specialised medical personnel, especially nurses. The World Health Organization (WHO) has provided twelve specialised medical personnel and five emergency health kits for 50,000 people for three months.

In the Nafusa Mountains region in the west, fighting continues. Protracted fighting for several weeks around Zintan is causing increasing concern as the plight of civilians in that area is largely unknown, and many are fleeing across the border. At least 40,000 Libyans have now crossed into Tunisia using both informal routes and the border crossing of Wazin/Dhibat. Libyans from Yafran staying in Tatouine, Tunisia, reported that their movement was due to the conflict as well as a lack of access to drinking water, medicine and food in their town in the western mountain area. Supply routes have reportedly been periodically blocked, preventing delivery of food and other supplies, notably in Yefran.

III. Humanitarian Needs and Response



SHELTER AND NON-FOOD ITEMS (NFI)/MIGRATION/POPULATION MOVEMENTS

Libya:

With hostilities in the Nafusa Mountains region continuing, an average of 2,500 people are crossing daily into Tunisia using informal routes.

In Misrata, between 500 and 1,500 people still require evacuation.

Humanitarian partners estimate that around 40,000 families, or 200,000 people, are internally displaced persons (IDPs) from Brega, Ras Lanuf, Ajdabiya, in eastern areas of Libya. Although most IDPs are staying with host families, 58,000 IDPs, or 11,600 families, are living in schools and public buildings. Up to 28,000 families have received food from the Libyan Red Crescent and Turkish Red Crescent Societies. An estimated 16,000 families require food and other assistance.

As of 1 May, 2,200 - 2,300 people remain at the Benghazi transit camp, supported by shelter/NFI cluster partners UNHCR, IOM, ICRC, the Turkish Red Crescent Society and other humanitarian partners.

Tunisia:

Around 6,000 people cross the border at Ras Adjir each day, and 77 per cent of all arrivals return to Libya the same day. As of 1 May, 4,644 people were at Ras Adjir: 394 at the Al Hayat Camp, 894 at the United Arab Emirates Camp, and 3,356 at Choucha Camp. UNHCR has identified half of the camp population as persons of concern. On 2 May, 2,436 Third Country Nationals (TCNs) were in need of repatriation, with humanitarian needs including food, health services and child-protection needs largely met at these camps. UNICEF reports that there are 50 unaccompanied children at camps in Ras Adjir.

Egypt:

At the Saloum transit point, 2,686 people remain, including 63 Bangladeshis, 305 Chadians and 1,560 Nigeriens. Up to 500 Nigeriens are expected to depart the transit point each day through charter flights to Niger.



FOOD SECURITY

The food security cluster has identified problems with the procurement and supply chain of the public food distribution system of the Price Stability Fund (PSF) in some areas. Technical assistance and capacity development to support local authorities will be provided. To date, WFP has delivered 4,300 metric tons of mixed food commodities into Libya. Some 820 metric tons of food have been distributed in the east to over 247,000 beneficiaries in 15 locations. Food distribution is ongoing at camps and transit points at the Libyan borders for Libyan refugees and TCNs. The Libyan Red Crescent continues to distribute food to TCNs in Benghazi and Misrata.

WFP opened a supply route into western Libya from the Tunisian border, with a delivery of 250 metric tons of food (enough to feed 16,000 people for a month). With the help of the Libyan Red Crescent, 46 metric tons of this food has been distributed around Tripoli, to 4,500 displaced people, mainly from Misrata, while 125 metric tons have been delivered and mostly distributed to 13,600 people living in shelters or with relatives in the Nafusa (Western) Mountain areas -Gharyan, Mizdah, Kikla, Asabaa, Ghanima and Yefren. Distributions are ongoing and further WFP convoys into western Libya will follow soon. This supply route is facing serious challenges due to insecurity in some areas and there remains a lack of fuel for transportation of humanitarian assistance.

Gaps & Constraints:

Access to several areas of Libya is still limited in view of the security situation, impeding needs assessments, especially in Misrata, the Nafusa Mountain region, and around Ajdabiya.



HEALTH

International Medical Corps (IMC) delivered surgical equipment and supplies, and over 10,000 kilos of food aid, from Malta to Misrata by boat around 29 April. Another shipment was delivered to Benghazi on 1 May. Hospital records show that some 4,000 people were wounded and nearly 500 died, including civilians and combatants during the conflict period. About 10 per cent of those wounded have required limb amputation.

Coordination and communication with the Misrata Medical Committee is well established. WHO is working closely with partners to systematically collect and present a clear picture of the medical situation/needs/gaps in Misrata. WHO, in collaboration with the local authorities and local NGOs is implementing the Logistics Support System (LSS) through a group of Misrata volunteers trained by WHO staff to achieve a controlled pathway for medical supplies and needs. Evacuation of patients from Misrata remains a priority of the health cluster.

In Benghazi, basic life saving, first aid and mass casualty training for medical students continues. Arrangements are taking place to extend the program to be conducted on a regular basis in Benghazi, Ajdabiya and Tubruq. LSS training for volunteers to work on establishing the system over the whole eastern part of Libya was arranged with health cluster partners in eastern Libya.

Gaps & Constraints

Medical needs include chemotherapy drugs and all hospitals require a constant re-supply of surgical gowns, infusions, anesthetics and analgesic medications. Due to the number of amputees, a rehabilitation and prosthetics program is urgently needed in Misrata, according to IMC.



PROTECTION

Protection of civilians is a central concern of the humanitarian community. The displacement of Libyans within the country and into neighboring countries, casualties from the fighting, sexual and gender-based violence (SGBV), the use of mines and cluster munitions, and the recruitment of children in the fighting are all key concerns. The presence of sea mines off the coast of Misrata had delayed access to the port since 1 May. Reports of civilian casualties and trauma continue.

On 2 May, the Family Service Centre was opened in Choucha camp. The centre offers health, nutrition, sanitation and psychosocial services for families and children staying for the long-term at the camp. Three large tents in Choucha camp serve as a temporary learning and the infant feeding centres. Some 500 refugee children who cannot be repatriated to their home countries at present, including Somalis, Iraqis, Eritreans, etc. will be benefiting from these centres. The training of personnel working with children at these centres has begun. There are also 50 unaccompanied children at the Ras Adjir camps, monitored by humanitarian partners. A child-friendly space at Remada camp will be open next week.

International Criminal Court (ICC) investigators are considering whether crimes against humanity have been committed by Government and opposition forces. The ICC is also probing allegations that sub-Saharan Africans in Libya, assumed to be mercenaries, were attacked, and rape used as a weapon.



WATER SANITATION HYGIENE (WASH)

The supply and distribution of bottle water at the Saloum transit point has been replaced by the installation of water distribution tanks. On 2 May, 10 drinking water distribution tanks were installed and filled, and 2,300 jerry cans were distributed. The water is tested for microbial contamination by the Ministry of Health and UNICEF. Regular WASH activities continue as previously in Saloum.



EMERGENCY TELECOMMUNICATIONS

The Emergency Telecoms cluster (ETC) provides critical communications equipment and personnel to Benghazi, including data and voice services to reduce disruption due to daily electrical load-shedding. Security mitigation measures including radio rooms for staff and vehicle tracking are in place with the

Benghazi radio room fully operational with 24-hour coverage. ETC data and voice services are expected to be operational in Benghazi at the common UN hub building in the coming week.

Gaps & Constraints

Bringing communications equipment to Libya via neighbouring countries is still problematic.



LOGISTICS

The UN Humanitarian Air Service (UNHAS) is operational between Malta, Cairo, and Benghazi, ensuring the humanitarian community has access to key locations in Libya, a transport means of light relief items, and a secure and timely evacuation option. Further details about accessing these services are available for download at <http://www.logcluster.org/ops/lby11a/unhas-schedule-and-forms>.

WFP met with the Government of Egypt Deputy Assistant Minister for NGOs on behalf of the Logistics Cluster to discuss the transit of specialty items through Egypt such as de-mining and ICT equipment. Currently WFP is storing relief items from several agencies and continues to offer transport services to the humanitarian community from Alexandria/Cairo to Benghazi/Tubruq on a cost recovery basis.

IV. Coordination

Cluster coordination is ongoing. For cluster coordination updates, meeting schedules, and comprehensive information on the humanitarian response to the Libyan crisis, see <http://libya.humanitarianresponse.info/>. The 2011 Flash Appeal for the Libyan Crisis is being revised by the UN and partners for launch around mid-May.

V. Funding

According to the Financial Tracking Services, the US\$310 million Flash Appeal for the Libyan Crisis is currently funded at 46 percent with US\$ 143 million committed and \$5.5 million in pledges. All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org.

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