Addressing the Humanitarian crisis in Sirte, Libya

Timeframe covered by this update:
02 February 2016 to 15 August 2016

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Alrassed International, Human Rights Monitor
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Alrassed is also known as The Monitor; we promote the values of individual human dignity, equal treatment and fairness; our team values diversity, defends people's rights and monitor's human rights violations throughout the MENA region.

Alrassed has been monitoring human rights since 2013. Our work continues to revolve around monitoring four principle areas: Civil and human rights, freedom of the press, the status of women and children, the rights of ethnic and religious minorities.

Other partner organizations: there are number of NGO’s and civil society organizations whom participated in assisting with the humanitarian situation in Sirte.

Abdulbaset A.A Etbiga, is our Chair and Founder, he has been actively involved with Alrassed’s Activities since 2013. Included in monitoring human rights violations, and spreading awareness to individuals, governmental and non-governmental bodies, to better understand the situation in Libya.

Dr Abubakar Ahmed, is our Trustee, and Country Director, Dr Abubakar, has strong knowledge of Libya and uses his connections to assure that Alrassed fulfils its humanitarian objectives in the county.

Dr Najat Alsemwe, is our International Holistic Health consultant. Dr Alsemwe has more than 30 years’ experience, dedicated to humanitarian and charity work.

Dr. Mohammed Milad, A Paediatrician, was resident in the Paediatric Department in Ibn-Sina Teaching Hospital, Dr Milad is our representative in Sirte, he is currently leading our mission to assist Sirte with the medical supplies they need.

Hatem Atawaijir, the Executive Director of Assalam Charity in Beni-Walid, assisted our team to carry research projects and to gather information on the IDP in the City of Beni-Walid.

The sources of this update, was made possible due to the help and input of Dr Alkelani, Dr Alsharifa Mohammed, Dr Mohammed Milad, Khalifa Abo-Sha-Bor and Badar Mohamed. Among other persons who are not mentioned for confidential and safety reasons.

Front cover picture by: Mahmud Turkia, AFP

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The report was created based on Article 25 of the United Nations’ **Universal Declaration of Human Rights** 1948, which states that:

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, and housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Alrassed International’s work in Sirte over the past 7 months, has left no doubt that war crimes and human rights violations have occurred numerous of times. The health and food crisis is the worst in the history of the city, the lack of shelter and protection and the indiscriminate firing, forced many of the residents to flee the area.

Our representatives in the city, have managed to gather extraordinary wealth of documented material for the terrible abuses against the city and its people, along with interviews with doctors from Ibn Sina Hospital (Sirte), statements from Health Centres, the condition of the displaced residents and their distress.

The information in the report, is based on newly documented information from 2\textsuperscript{nd}/February 2016 to 15 August 2016. However, the document contains important factors from 2013 to 2016 that had (and still have) an impact on the humanitarian situation in the city.

The information in the report was strongly based on the interviews that we made with the doctors from Ibn-Sina Teaching Hospital of Sirte, who either remained in the outskirts of the city or fled to Beni-Walid (300 km) where we documented the condition of the Hospital before they left Sirte, the medical shortages they had, and also the horrendous crimes and the cruelty of life under what is called Daesh. A large number of our interviews were through our representatives in Beni-Walid, we also made interviews through the social media and phone-calls. furthermore, We have Hand-Written Statements from more than 6 health centres in the outskirts of the city, urging us to help and “do something” about their situation.

We have more than 13 doctors from Ibn Sina Hospital that gave us specific information on their work at the hospital and what really happened in the city and how their situation was dealt with.

The purpose of this report-update, is to urgently assist the residents and help establish a long term solution for the Health Crisis in Sirte District. The report also outlines a number of recommendations to help assist and guide professionals, non-governmental organisations, United Nations agencies, aid organisations and others; to establish emergency health response strategies to assist with the Health Needs.

The report urges all Parties to intervene, in order to protect these innocent people and to address the conflicting parties to stop indiscriminate firing and shelling that puts their lives at risk; and provide a safe passage, which allows support and supply to reach the area.
A. HEALTH SITUATION

INTRODUCTION

The health situation in Sirte has dramatically worsened, after the only hospital in the city, Ibn-Sina Teaching Hospital, was closed; due to the late conflicts in December 2015. The hospital was severely damaged and its medical warehouse was looted during March 2015 clashes, from that time since, no medical supplies have arrived.

Access to health services has become a major concern, the residents are in crucial need of basic healthcare assistance. The conflicts have also, restricted the movements of health workers and persons seeking health services.

IBN-SINA TEACHING HOSPITAL

The information below was how the doctors from Ibn Sina described the situation of the Hospital during our interview in June 2016.

At First

The first problem that we have encountered, was the shortage of acute and sensitive medicines (e.g. medicine for cramps and anaesthesia) (Diazepam, Midazolam, Phinition, phenobarbi tol). Therefore, we were not able to ambulance patients in emergency situations.

We also faced problems even in the treatment of scorpions and snake bites, for lack of medicine. Such as: (Anti-Scorpion Vaccine, Anti-Snake Vaccine).

We were short on oxygen cylinders, therefore, had to assess the patient that had the most survival opportunity, to place the oxygen on them.

Also, the lack of medical laboratory, and photographic films, led to obstructing the process of diagnosing the disease.

Hygiene in the hospital:

The level of cleanliness and disinfection was poor; due to the withdrawal of the hygiene/cleaning company from the hospital. This led to the accumulation of blood and dirt, and thus resulted in the decline in health and the spread of diseases in the hospital.

Barricade of the hospital:

The government in Tripoli had prevented supplies from reaching the hospital because the hospital was controlled by the "terrorist groups".

The fundamental medications, such as antibiotics, painkillers and nourishment were not available. Even if it was allowed to enter, they would only allow a small portion that will quickly finish. Even fracture equipment and another equipment was not available; their excuse was because “the equipment will be used to treat the wounds of Daesh soldiers”.

They only thought about the 500 or so, Daesh personals, and forgot about the thousands of citizens that needed assistance.

The siege began in March 2015, up until this month (May 2016). The medical Warehouse of Bin-Sina Teaching Hospital was all emptied out, I do not know who robbed the warehouse, and it is possible that Daesh took it, but Al-Bunyan Almarsus, Misurata militiamen, might have emptied it out before they fled the city.

**Targeting doctors:**

In addition to security problems, doctors were arrested and but through investigations by Daesh/IS/ISIS when a patient dies or if they do not attend the hospital. At times they bring some of the doctors and nurses by force from their homes to perform the work.

Also, they intervene in the “medical matter” and the medical and work; this caused psychological pressure on those who work in the hospital. This gradually led to the withdrawal of the medical staff, in search of safety and securing their families outside the city of Sirte. This led to the collapse of the assistance that was provided to the patient within the city.

**Hospital Management**

Doctors, informed us that the Hospital management does not exist and has not been in contact with the medical staff at all, after the evacuation. When we asked why the response was that it was because of poor management in the first place, and lack of resources. However, most of the doctors still keep contact with their colleges from the hospital.

**DAASH/ISIS/IS IMPACT ON HEALTH:**

On March 2015, we were told by Dr Mohammed Milad, that the medical Warehouse of Ibn-Sina Teaching Hospital was all emptied out. Dr Milad said, that he does not know who robbed the warehouse, “it is possible that Daesh took it, but Al-Bunyan Almarsus, Misurata militiamen, might have emptied it out before they fled the city.”

Due to the shortage of medicine, the hospital was not able to treat the extensive number of casualties and patients from the citizens.

In addition, they prevented people from leaving the besieged city to any destination, and imposes on them what is like a house arrest, and deprives them of their basic freedoms of mobility and travel to neighbouring cities for medication, especially since the health infrastructure in the city had collapsed completely.

Dr Alsharifa told us that most of the facilities and equipment was took by Daesh to an unknown location. And that they only allowed emergency and casualties to enter (the circumstance that needed urgent attention). Of course, all emergencies were being treated in the "heart care department." Because of the intensive care department and emergencies, was under control by the “terrorist groups”/Daesh.
OVERVIEW OF THE RECENT HEALTH SITUATION

Health centres in the outskirts of the city can be essentially important and an alternative to provide health care services to residents, however, they are struggling to cope with the large numbers of casualties, and do not have the necessary supplies.

There are around 20 health centres, these include, Al-sawawa, Bin-jawed, Abu-hadi, Wadi-Jaref etc.; most of these centres are closed. These centres are privately funded and looked after by the residents, the lack of support from both governments (East and West) is inexcusable.

The Libyan Crescent in Sirte has explained that they depend on the aid of international organisations, and are suffering from the deficiency of supply.

ALRASSED MADE INTERVIEWS WITH A NUMBER OF DOCTORS WHO WERE ABLE TO GIVE US A WIDER VIEW OF THE HEALTH SITUATION IN THE CITY:

DR ASMA ALKELANI: after leaving Ibn-Sina Teaching Hospital on 23/05/2016, were she was resident at the Department of obstetrics & gynaecology. Dr Alkelani opened her house, in Abu-hadi, to serve pregnant woman. Asma’s home is the only “place” that is currently acting as a pregnancy and childbirth department after the closure of Ibn Sina hospital. All other hospitals are 300 km away from Sirte.

Asma, / was naturally birthing her patients; she was quite short on a number of medication, tools and facilities. She told us how risky natural child birthing was, and went through the different types of medications she was in need for; namely: (plain tube/CBC tube), (iv set, (gloves), (cord clamp), needles (vicral 1/2, Violet 1, 0, 2) etc.

SEHAM BADRI

On 8th July 2016; Jumua Aljamae (Alrassed’s representative in Hun, Jufra), reported the following story to Alrassed:

“Seham Badri, a young woman married to Musbah Hamad Ahmaid, who live in Ahrawa, an area 75 km east of Sirte. Due to the lack of way-of-life in the city as there are no hospitals, banks or even petrol stations. Ahmaid took his pregnant wife to give birth in the city of Hun in the south of Libya, which lies more than 300 km away.

On the way, “labour pains” began attacking Seham, and her husband could not do anything apart of stopping in the arid desert. Assisted by his mother who accompanied them, to give birth in the car; and after a long suffering, Seham gave birth to a child girl. They complete their way toward Hun; the child was in good health, however, Seham had an internal bleeding, which lead to her death. This incident took place on the first days of Eid, on the 7th July 2016.”

Aljamae also added “Imagine giving birth in a conflict? There are more than 13 to 25 similar stories like Seham every year.” Similar stories to Seham are occurring every week; this problem constitutes 60% of the humanitarian crisis in Sirte.
DR AL SHARIFA MOHAMMED: left Bin Sina Teaching Hospital in October 2015, she was resident at the Medical Ward. Dr Al-Sharifa said: “There are a lot of health facilities and health centres in the outskirts of the city, in a safe zone, resided by most residents of the city who did not leave. They can be activated, so as to provide urgent primary health services, especially in relation to the Department of Children, women and childbirth, where we witnessed a lot of “pregnancy cases” who get pregnant in homes, due to the lack of health facilities.”

She also added; “I want to draw your attention to the category of Kidney dialysis patients, their situation is very bad, and their medications are expensive and unavailable. I have witnessed more than one case that died due to the lack of treatment. With all of this, it is very important to focus on the mental health issue.”

Important medical needs, listed by Dr Alsharifa:

Analgesic: - paracetamol iv + buscopan im + voltarin im, Antiarrythmic iv:- cordaron + verapamil + adenosine, ( iv hydrocortisone + im Phenergan + Ventolin + atrovent neb), ( iv Omeprazole + iv or im plasil + iv zantact), ( Tranex iv + vit k iv ), (Heparin s/c + iv + GTN iv).

DR MOHAMMED MILAD: A Paediatrician, was resident in the Paediatric department in Ibn-Sina Teaching Hospital. Dr Milad told us that the first problem that they have encountered, is the shortage of acute and sensitive medicines (e.g. medicine for cramps and anaesthesia) (Diazepam, Midazolam, Phinition, phenobarbital). “We were not able to ambulance patients in emergency situations.”

“We also faced problems even in the treatment of scorpions and snake bites, for lack of medicine. Such as: (Anti-Scorpion Vaccine, Anti-Snake Vaccine).”

Dr Milad, talked extensively about the health of children, and his concerns that the children from all ages will not get their immunizations. He said that this will spread diseases among the youth, and will provide an unhealthy generation. He adds “the future of our city depends on the care that we provide for the children, and at the current time, shortage of supply, and the degraded health system, is leading to a disaster.”
WADI-JAREF HEALTH CENTRE

The centre has lost its workers, after Dr Majdi Subhi (the Centre’s Doctor) was assassinated in 2014.

Despite the lack of capabilities, the Centre was re-opened after a hygiene campaign by the residents.

Our representative was able to make calls with Sirte Red Crescent Camp in “Al talateen” an area 40 km from Sirte. Dr Ibrahim Almadanie was willing to help and assist the people in Wadi-Jaref.

Dr Almadanie among his group from the Libyan Crescent in Sirte toured the liberated centres in Abu-hadi and Wadi-Jaref and took lists of their needs, they were able to provide vaccines for 91 child and 100 x Insulin Syringe in Wadi-Jaref. Almadanie stressed that he has very limited resources, and this was only possible because of the voluntary work and aid from charities.

Unfortunately, the lack of medicines in the medical supply stores has been a major factor, to the unfinished maintenance, and the shortage of medical and surgical supplies.

The Vaccination Campaign group were apparently planning to start a vaccines service in Al-sawawa Health Centre on 31/07/2016 (20 km from Sirte). However, this was postponed due to unclear complications.
BIN-JAWAD HEALTH CENTRE:

Abu-Abdulrahman Elwafe, who works at Bin-Jawed Health Centre, told us that the centre has been able to treat basic healthcare needs; these services declined after the passing of Dr Iskandar on 31/07/2016, a Physiotherapist, who had a heart attack, after the robbery of the physical therapy facilities, which led to the closure of the entire department.

Elwafe, added, that new stocks for Insulin Syringe, has departed in Elbeida city in Eastern Libya, however, the instable situation between the east and west, and the political tensions between the two sides, makes it difficult to transport some of the stock to the Health Centres.

ABU-HADI HEALTH CENTRE:

The only doctor who worked in the department of Obstetrics and Gynaecology, has left the hospital on 23/05/2016, and now has opened their home; treating 4 patients every week. Making it the only department of Obstetrics and Gynaecology in Sirte (in a private home.). Every other hospital is no less that 300km.

Dr Asma, was in need of a number of facilities and medical supplies to treat pregnant patients, in Abu-Hadi Health Centre; such as the incubator and other facilities and equipment to treat ill or premature babies who require special care.

There is a team of doctors and specialists who have expressed their readiness to start operating the Department if this equipment where made available and a department for pregnancy was opened in Abu-Hadi. The team consists of: team leader Dr. Asma, Dr. Githiah, Dr. Mohammed Milad (Paediatrician) and Dr. Haniyeh Khalifa - who showed their willingness to run the department if equipped.

RED CRESCENT IN SIRTE:

Outspokenly there is not a real branch that is connected with the actual Red Crescent in Libya.

The Red Crescent in Sirte, Works in the Military Medical Centre –They do not manage the medical warehouses, nor are they allowed to ambulance citizens. We are also told that the medical storage in Al-talateen (30 km from Sirte) is for the Military use only.

Ambulances are all used to assist the military members in the conflict. Health centres are not provided with emergency ambulances. This can be a problem with emergencies such as heart attacks, etc. the people are using their own vehicles to ambulance their wounded.
DEAD BODIES.

Leishmaniosis:

Especially now, with a wide spread of dead bodies, not being attended, which provides a good source of blood-meals for the sand-flies. This will increases the risk for leishmaniosis. The human behaviour, such as people sleeping outside, the lack of waste management, and large-scale migration, may also increase this risk.

The Red Crescent are not allowed to enter to the surrounding areas. There are still – dead bodies – that have not been collected from residential areas- this will increase the spread of the disease.

FOOD & WATER

Residents in Sirte, travel to Bin-Walid, Jufra and other cities to shop for their basic needs of flour, bread, vegetables among other groceries. We have been told that residents make this unsafe journey very week.

There are around 80 wells in Sirte and its surroundings. They need to be cleaned and hygienic. They also need well pumps to help the residence to re-use these wells, which provide an important water source.

LOSS OF COMMUNICATION

On Saturday morning 23/07/2016, Internet networks and satellite dishes, where all shut down and taken over by the forces of “Al Bunyan Almarsus” in the city of Sirte and its surroundings, for unknown reasons. Lack of health information makes it difficult to assess the magnitude of the impact of the crisis on public health.

OTHER FACTORS

- Finance: A severe lack of cash, patients do not have the financial capabilities.

- Transport and travel:
  1. The acute shortage of fuel.
  2. Roads are not safe, due to the presence of landmines, and the road being patrolled by armed groups.
  3. Lack of ambulances and cars designed for special car.
  4. The closest hospital is around 300 km in Jufra City, in the South. This constitutes a danger to the patient's condition.

- We have recorded a number of cases were, Hospitals & Private clinics refused to receive patients, because they are overcrowded and do not have the capabilities, therefore, not able to accommodate them.
THE LIST OF MEDICATIONS, SUPPLIES AND EQUIPMENT NEEDED TO MEET THE CONDITIONS FACED BY DOCTORS IN SIRTE AND ITS SUBURBS

<table>
<thead>
<tr>
<th>Name of Urgent Medicine &amp; Facilities requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adrenaline a mpule...atropine a mpule... dopamine a mpule. dexamethasone a mpule… lVf…d/s…18%/45%/n/s.9%/RL…</td>
</tr>
<tr>
<td>2. lVf. .D10%...D5%...D20%...D50%</td>
</tr>
<tr>
<td>3. Sodium bicarbonate iv...ca...gluconate...iv</td>
</tr>
<tr>
<td>4. Human albumine</td>
</tr>
<tr>
<td>5. Human immunoglobulin</td>
</tr>
<tr>
<td>6. Human immunoglob anti hepatitis</td>
</tr>
<tr>
<td>7. Anti D…injections</td>
</tr>
<tr>
<td>8. Surfactant ampule</td>
</tr>
<tr>
<td>9. Oxygen face mask</td>
</tr>
<tr>
<td>10. Nebulizer mask</td>
</tr>
<tr>
<td>11. Ambopag</td>
</tr>
<tr>
<td>12. Ambopag face mask</td>
</tr>
<tr>
<td>13. Laryngoscope</td>
</tr>
<tr>
<td>14. NGt</td>
</tr>
<tr>
<td>15. Endotrachial tubes</td>
</tr>
<tr>
<td>16. Vit...k…injection</td>
</tr>
<tr>
<td>17. Rocephine injection</td>
</tr>
<tr>
<td>18. Claforan injection</td>
</tr>
<tr>
<td>19. Gentamicine injection</td>
</tr>
<tr>
<td>20. Ampicillin injection</td>
</tr>
<tr>
<td>21. Augmentin injection</td>
</tr>
<tr>
<td>22. Vancomycin injection</td>
</tr>
<tr>
<td>23. Meronium injection</td>
</tr>
<tr>
<td>24. Amikacin injection</td>
</tr>
<tr>
<td>25. Penicillin G injection</td>
</tr>
<tr>
<td>26. Crystalline penicillin</td>
</tr>
<tr>
<td>27. Procaine penicillin injection</td>
</tr>
<tr>
<td>28. Mechanical ventilator machine</td>
</tr>
<tr>
<td>29. Cpap machine</td>
</tr>
<tr>
<td>30. Methargine injection</td>
</tr>
<tr>
<td>31. Oxytocin injection</td>
</tr>
<tr>
<td>32. Cytotic tab.</td>
</tr>
</tbody>
</table>

If you have any further inquiries, please contact Dr Milad, m.milad@alrassedinternational.co.uk
A LIST OF SOME OF THE NEEDS OF MEDICINES AND EQUIPMENT THAT HAVE BEEN STOLEN FROM THE DEPARTMENT OF PHYSIOTHERAPY:

<table>
<thead>
<tr>
<th>Supplies of emergency medicine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril – 5mg – 10 -20 mg</td>
</tr>
<tr>
<td>Enalapril - (5-10-20) mg</td>
</tr>
<tr>
<td>Amlo dipin 5mg</td>
</tr>
<tr>
<td>Atenol - (50-100 mg)</td>
</tr>
<tr>
<td>Lasix - 40mg</td>
</tr>
<tr>
<td>Aspirin 75- 81-100-300 mg</td>
</tr>
<tr>
<td>Losartan 50 – 100 mg</td>
</tr>
<tr>
<td>Micrdis 40-80mg</td>
</tr>
<tr>
<td>Candsar 4-8-16mg</td>
</tr>
<tr>
<td>Augmentin 375-625 mg</td>
</tr>
<tr>
<td>Lmdum 2mg</td>
</tr>
<tr>
<td>Flagyl 500mg</td>
</tr>
<tr>
<td>Omprzol 20-40 mg</td>
</tr>
<tr>
<td>Panadol 500mg</td>
</tr>
<tr>
<td>Ibuprofen 400mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augmentin</td>
</tr>
<tr>
<td>Ceftriaxone 1g</td>
</tr>
<tr>
<td>Omprzol 40 mg</td>
</tr>
<tr>
<td>Buscopan</td>
</tr>
<tr>
<td>Lasix - 40mg</td>
</tr>
<tr>
<td>Metoclopramide</td>
</tr>
</tbody>
</table>

For further inquiries, please contact Khalifa Abo-Sha-Bor, kabsha@alrassedinternational.co.uk

For a full list of the Health and Medical needs please contact Dr Milad, m.milad@alrassedinternational.co.uk
HUMAN RIGHTS VIOLATIONS

B. THE SITUATION OF CHILDREN

Hundreds of children left behind their toys and innocence to become part of a battle imposed on them by adults. The war in Libya called not only for militias and extremists; it even hired the children under six to play a part in it.

Thrown in fierce battles since the beginning of the war and until this moment we see militias and armed gangs employing children in the forefronts. They are exploited in cleaning up weapons and carrying light artillery between the militias; whereas teenagers are left to carry the heavy weaponry; not forgetting the children who were thrown into the Syrian war by extremist groups and al-Qaida, they managed to wash their minds, deluding their suffering as heroes.

CHILDREN IN SIRTE

Our sources in Sirte have confirmed that Daesh/IS/ISIS created several camps to recruit and train children to fight so as to use them in battles. They either, employed children during Friday prayers in the mosque, or through the radio which routinely broadcasted an appeal which calls for children to join them to learn their lessons of Sharia Law. These messages and appealing speeches were aimed at children aged 13 to 17 years inviting them to join their ranks.

We also learned that there is an existing plan to attract children through negotiating their parents for $500 a month and incentives estimated at $750 per month, playing on people’s needs and the lack of resources and poverty that afflicted the cities after the war between the army and terrorist groups; which halted trading activities in the market.

On Monday 12 October 2015, Daesh burned large quantities of textbooks for the two phases of primary and middle school education. The books they burned where the “National Education, English Language and rules & law books”. Having withdrawn the books from the warehouse’s, stores and schools, and burned it completely in the suburbs of Sirte.

According to the study published by the Libyan Centre for Terrorism Studies (LCTS) in January, in regards to the Education in Sirte and neighbouring areas under the rule of the Daesh; that the educational situation in Sirte, is foreshadowing the threat of thousands of children withdrawing from education out of fear of being recruited by organization, which led to families being displaced outside the city.

On 30 November 2015, “Daesh” announced it was organising a celebration on Friday, December 4, 2015, to celebrate the graduation of the first batch of what they called the “Cubs succession” as described. They also added in a news report that “The batch includes 85 children under the age of 16 years who are trained for suicide missions and suicide
bombings and shooting light and medium weapons and that all of them are Libyans and are from the cities of Sirte and Beni-Walid, Benghazi, Derna, Ajdabiya and Nofaliya.

The terrorist Organisation are seeking, to meet the shortfall in the number of fighters by attracting a larger number of children to manage battles in Sirte and the area surrounding it to be able to control the oil ports as means of survival, getting new weapons and for the continuation of their fight to strengthen their influence in North Africa.

DIRECT SUPPORT AND ASSISTANCE NEEDS

On March 2016, Alrassed as part of a co-operative mission has conducted a fact-finding operation to the outskirts of Sirte, to assess the impact of the war on children, identify local partners to work with and also provide vaccines to the Health Centres in the area. Alrassed managed to contact Dr Ibrahim Almadanie (Sirte Crescent located in Al-talateen) and with the help of the community members it was possible to provide vacancies for ninety-one (91) child. However, the resources were very limited and vacancies were not able to reach all the children in the outskirts of Sirte.

We were apparently planning to start a vaccines service in Al-sawawa Health Centre on 31/07/2016 (20 km from Sirte). However, this was postponed due to unclear complications, in Tripoli and Misurata city.

The team also visited a community Hall in Beni-Walid, where more than 27 children have sheltered since May 2016, after the battle in Sirte started. The children have surrendered to the reality they live in, they did not go to school and less care and attention was given to them. We listened to their stories of how life in Sirte was under Daesh; the children talked about their lost family members and their own homes that were destroyed by the fighting.

Dr Mohammed Milad, Alrassed representative in Sirte, says that the barricade has had a terrible effect on the wellbeing of children, he said “that the conflict in the city has been going for the past 5 years, life in Sirte has been hazardous since 2012. It has been very hard and difficult on children. They have seen cruel events, such as the passing of family members in the fights”.

He also added that many children will need help to overcome the psychological wounds inflicted by the violence. “I think that the children of Sirte have experienced more violence than any other city in Libya, their situation is terrible, and there is no real solution or assistance has been provided since early 2014. We need to work with other organisations and partners to bring in services, activities and whatever is required."

Dr Milad, talked extensively about the health of children, and his concerns that the children from all ages will not get their immunisations. He said that this will spread diseases among the youth, and will provide an unhealthy generation. He adds “the future of our city depends on the care that we provide for the children, and at the current time, shortage of supply, and the degraded health system, is leading to a disaster”.
It is essential to establish Child-friendly spaces in Sirte, to providing psycho-social support for children and other services necessary.

The conflict in Libya has been going for more than 5 years; the children are been thought extremism, hate and revenge. We remain extremely concerned for children and families affected by the war in Libya, especially those based in Sirte, Benghazi and Derna.

OVERALL OBJECTIVES:

- Ensure to the maximum extent possible the survival and development of the child.
- Create awareness for their situation & recognise that every child has the inherent right to life
- Criminalise the recruitment and use of children & ensure children’s reintegration into civilian life.
- Provide children with a peaceful environment – by providing healthcare, education, clothing, daily activities etc.
- Obtain Justice and keep a record of children victims & release all children identified in the ranks of militia and security forces.
C. INTERNALLY DISPLACED CITIZENS

The high tension of the clashes in Sirte, forced the residents to leave the city in fear for their children's, families and elders lives; Abandoning behind all their belongings to escape the spectre of murder and destruction that dominated the place, and the interruption of the way-of-life, food, water, electricity and telecommunications in Sirte; due to clashes between the armed parties.

There are no camps in Libya for people who fled Sirte. Residents who sought shelter in Beni-Walid are said to be “reasonably Okay” after a campaign made by the council of the city to shelter the refugees who came from Sirte (an estimate of around 7841 families are located), however our reports show that the people who sought shelter in other surrounding cities received almost no emergency assistance. This is due to the shortage of resources to assist the displaced residents. Most international aid organisations have either left the country or located in Tunisia or Egypt, due to the lack of security, at the beginning of 2014.

Our team in Beni-Walid Headed by Dr Milad have assessed the situation of the displaced residents with the help of Assalam Charity, who started the campaign to shelter and assist the waves of displaced residents from Sirte on May 2016

We were accompanied by Hatem Atawaijir, the Executive Director of Assalam Charity, who told us that on 1st May 2016 the charity launched an urgent call via radio and visual audio, to assist the mass displaced people from Sirte and neighbouring areas. The residents in Beni-Walid, the Social Council, and the Local Council of the city of Beni-Walid responded to the call, and together started welcoming the IDP from Sirte at the eastern entrance to the city. He said “We provided drinking water, food, first aid, fuel and setting up of housing and shelter centres for the displaced families.”

STATISTICAL FINDINGS:

Families that have entered Beni-Walid from the date of 01st May 2016 to 15 August 2016 have reached 7841 and the number of children under 16 has reached to 4,152 children.

Despite the lack of finance and resources; Assalam charity managed to provide 700 families with a “full food basket” at its headquarters. This basket had all the resources to last for up to one week. They distributed 700 baskets every week, however, this only lasted for one month.

THE HEALTH SITUATION OF ID RESIDENTS:

The General Hospital in Beni-Walid is suffering from severe shortages, due to the mass displacement in the city. For that reason, it cannot accommodate such a large number as it does not have the capacity nor the medical supplies to provide the necessary healthcare.

The displaced residents have the following generally common illness, which they need the urgent medical supply for; Hypertension, diabetes, Kidney dialysis and also heart medications and other urgent medical supplies.
SHELTER & ACCOMMODATION:

Because of overcrowding, sheltering centres have been opened for the displaced in the number of 13 schools. The centres were processed the resume efforts of Assalam charity, the schools were provided with furniture, blankets and pillows, and cooking materials.

CURRENT SITUATION OF IDP FROM SIRTE:

The deterioration of the living conditions of these families because of the lack of liquidity in the Libyan banks; and the inability of the people of Sirte to withdraw their money from banks that are located outside the city of Sirte.

The deterioration of the psychological status of these families, especially the children, because of what they have seen from the clashes, wars and fighting in Sirte. These kids need a correct psychological care, to treat and draw them away from the atmosphere of war and fighting.

SUPPORT THAT ARRIVED SO FAR:

1- Two convoys from the International Organization for Migration. Loaded with non-food items, such as: furniture, pillows and mattresses. The first was on 9/5/2016, and the second on 10/8/2016. This was share to a number of 500 displaced people. (500 out of 32000)

2- Also a convoy arrived from the International Red Cross loaded with non-food items.

3- A convoy from the World Health Organization load with some pharmaceutical and medicine supplies. (two ambulance cars)

CRITICAL NEEDS:

- The displaced families from Sirte need food-items valued at (4000) integrated food baskets a week by four servings per month.

- To provide families with the necessary medications for Hypertension, diabetes, Kidney dialysis and some other chronic diseases, for the deficiency of such medications in the General Hospital of Beni-Walid.

- The need of psychological care and psychological support for families affected by the fighting; and to provide children with friendly places and a space to break out of the atmosphere of war and fighting.
Hatem Atawaijir, the Executive Director of Assalam Charity, said that he was expecting a bigger support from the UN associations and other organisations, he added that “when we met with the guys in Tunisia, where we had a number of meeting; they took from us the numbers of the displaced residents and information on them, and they promised to help. However, the help took too long and two or three cars of carpet and pillows is not a solution”.

Hatem also stressed that the IDP need a long-term strategic plan, we are no longer capable of providing the same services and help.

Atawaijir, also pointed out that the main difficulties that they face is firstly the Lack of financial liquidity to fulfil the needs of the displaced such as to purchase food supplies and to purchase the necessary needs for the kids and the disabled. Secondly, lack technical support and logistical support to assist the members of the team. The volunteers are not experienced and training is necessary for staff to ensure understanding and adaptation to proper procedures, systems and accountability practices.

Alrassed International has partnered with Assalam Charity in Beni-Walid, assessing and analysing the humanitarian situation, to draw up a long-term operational plan to assist and support the IDP in Beni-Walid and the outskirts of Sirte.

UNSAFE ROADS:

Roads are not safe, due to the presence of mines, and the road being patrolled by armed groups.

Alrassed has documented a number of landmine casualties. In one case on 24 May 2016, Hussein Eshtewi Hajaji El-Subaie, was killed, As a result of a landmine explosion in the Elbulga junction, located between Bay-valley and Zamzam area south west of Sirte. His sister and wife were also killed, when they headed on Tuesday morning from Sirte city on their way to the city of Beni-Walid, and when they arrived at Elbulga junction a landmine exploded in the car that was carrying them, which led to their death.

It is worth mentioning that the rest of the citizens take this road because it is the only exit towards Beni-Walid. It seems that Daesh has planted landmines in the region; and this will cause the death of displaced families, / if the matter was not rectified and these mines were not removed.

The fact that the armed forces in the area are not attending roads and removing landmines, suggests that they are not protecting civilians; nor are they helping assist them to evacuate safely from the city.
D. DISCRIMINATION

We pick up that the civilian population of Sirte feel entirely abandoned by both governments (East and West), who are incapable of helping its people, and under the watch of the international community, left alone to worry about its most basic survival needs from one side, and the increasing brutality and violations committed against them on the other.

The "social and political discrimination" against the residence of the city has applied a number of times. We fear that residents from Sirte are being categorised and seen as “Daesh” loyalists because the city is controlled by the extremist organisation since late 2014. This categorisation is based on the persons belonging to the city rather than individual merits.

Alrassed documented several cases of racial discrimination and targeting displaced civilians. On 16th February 2016, persons alleged to be members of the Private Deterrence Forces (Alrada Elkasa (Kara)) in Tripoli, arrested 3 displaced personals from Sirte, namely, sixty years old, El-thabet Abubakar El-thabet, had a grocery shop in Sirte; Forty-five years old, Mohammed Owaidat Alabane, a former employee in the Education Sector; Fifty years old, Fituri Abu-Setta (a well-known figure in Sirte), owned an automobile repair shop. All three were on charges and claims of working with Ansar al-Sharia. Their situation is not known, and no trial was given.

In another case, Mohamed Hadiya Alzarga Alfergani (1991) was killed on 06/07/2016; after having an argument with the forces located next to “Albukaria Electric station” next to Sirte, who accused him of being a “Daesh” member. Alfergani was an employee at the station. He was executed by firing bullets.

Such discrimination against the residents is very hazardous, leading to the exclusion of the individual or persons based on logical or irrational decision making. Which in times explain the violence against the residents of Sirte.
E. PROPERTY & SHELTER

PROPERTY LOOTING AND BLACKMAILING

The government forces in Tripoli have sought the help of militias from Tripoli and other cities in their fight against Daesh/ISIS in Sirte calling it “Al-Bunyan-Almarsus” operation.

However, during the incident of Musbah Al-Sanusi, the young adult kidnapped by a militia in Wadi-Jaref. When his relative reported the kidnaping to the forces “Al-Bunyan-Almarsus”, they told him that these militias are out of their control and that they do not work under their authority.

These militias began looting properties and belongings of citizens during June 2016 taking advantage of the people who left their homes, who took refuge away from the areas of conflict.

In another case reported to Alrassed International; the same militias have terrorised innocent civilians and have used force and blackmailing, for financial reasons.

Amongst the cases investigated by Alrassed was the use of civilian properties as a base or a detention centre by the militia. For instance in the city of Sirte – Abu-grain, we were told by Hassan Amar, that when he returned from Beni-Walid (where he took refuge) to his home in Abu-grain, He found armed individuals inside the house. They told him to give them time to evacuate. He came the next day he found firing bullets on the doors, and some of his belongings were looted.

Hassan; told us that due to the bombing of the police station of Abu-grain, it was not possible to report the incident. (The police station was bombed on 2016/06/16, leaving 10 civilians dead)

Previously, on 4th/06/2016 we received a report from Abu-grain of more the 50 civilian properties that have been burnt or destroyed, during the recent conflict. However, at that time, all 50 owners of these houses have reported this to the police station (at that time the police station was operating).
INDISCRIMINATE BOMBING:

Alrassed documented several cases in which Air Forces of Misurata & Tripoli, have bombed property resided by civilians.

(Picture from a video posted by Khamis Alzaraug – showing the House of Elsayeh family after the bombing (1))

11/march/2016; On a hospital bed in the besieged Libyan city of Sirte, Hammed Ahmed Elsayeh Alhemali the brother of Isra and Wafa, was being treated after their home was bombed. Two days ago (9\textsuperscript{th}/03/2016) the three children were asleep at home when a rocket smashed through the ceiling of their house in Al-Sabamia (700) neighbourhood, Sirte.

Hammed had an injury on his right hand in the blast; his sister, Isra, aged six, and sister, Wafa, aged two, were both killed.

5 years of continued conflicts have turned many of Sirte’s streets to ruins. On the neighbourhood Num.2, houses and shops once resided by families stand shattered and empty, destroyed by air strikes, tank shells and worn with machinegun fire.

The indiscriminate shelling of residential areas, snipers and airstrikes have led to many casualties. The total number of civilian casualties is still unknown. We have a number of reports on missing people, is not known if they got caught-up in the fighting or are displaced to other cities.

The city is still vulnerable to shelling. Sirte is still surrounded and the fighting is still taking place; and basic necessities (food, medicine etc.) can only be brought in by taking approval from the armed groups. Alrassed international is seeking to bring in provisions by the sea (a possibility).

(1) https://www.facebook.com/khamis.alzaraug/videos/10208586871126680/
A'rassed received a video, on the 6th of August 2016, for a man said to be General Mohammed El-gasary “Head of Al-Bunyan Almarsus operations in Sirte”; Stated on the fifth of August 2016 on Misurata channel “That we will not hesitate to destroy all the buildings of Sirte to ensure that none of our men is injured; even if it led to the destruction of all the buildings in Sirte, It does not concern us. A Fingernail of one fighter is not worth the 100 Building in Sirte.”(2)

The fact that a “military official” (a UN ally), publicly states that he does not care if he bombed all the building; explains that they do not have a strategy to protect citizens nor their property and belongings.

This requires further investigations, to find out what is “really” happening in Sirte.

(2) https://www.youtube.com/watch?v=s6DVin4Ajt0
**F. OPERATIONAL STRATEGY AND PLAN**

**OUR OBJECTIVE**

The overall objective, is to supply and support the medical centres, to urgently providing the healthcare necessary, to address urgent situations. To ensure that people affected by the disaster receive appropriate assistant in a timely, effective and efficient manner, and are supported to recover with increased disaster resilience.

This can be established through a well organised committee with the right workforce to provide a long term health service for the residence.

**PROPOSED STRATEGY**

The Plan of action in which we started on April 2016 is continuing to move forward, however amendments may have to take place in order to muddle through the developing environment of the operation.

<table>
<thead>
<tr>
<th>Involvement</th>
<th>Target</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Non-Food Items</td>
<td>7841 Families</td>
<td>This includes emergency shelter (blankets), other cleaning and washing essentials.</td>
</tr>
<tr>
<td>Health and Hygiene</td>
<td>20 Health Centres</td>
<td>1. disease prevention messaging and health promotion activities 2. Leishmaniosis – 3. Psychosocial care – 4. opening a Pregnancy department in Abu-hadi Health Centre (which will cover 60% of Health care needs) 5. providing Health Centres with the Medical Supplies &amp; equipment required 6. Urgent medical supply for; Hypertension, diabetes, Kidney dialysis and also heart medications and other urgent medical supplies. 7. Psychological care, friendly space for children.</td>
</tr>
<tr>
<td></td>
<td>Care for 30,000+ 5694+ child</td>
<td></td>
</tr>
<tr>
<td>Water, cleanliness and sanitation</td>
<td>80 wells</td>
<td>1. Cleaning the water Wells, and applying the necessary hygiene 2. Water pumps and necessary repairs</td>
</tr>
<tr>
<td>SHELTER AND SETTLEMENTS</td>
<td></td>
<td>1. Essential household items are provided to the target population. a) Distribute non-food relief items to 7,841 households b) Distribute emergency shelter items (shelter tool kits) up to 7,492 households 2. Affected households whose houses were damaged have repaired or rebuilt back better.</td>
</tr>
</tbody>
</table>
a) Provide 2,000 selected households with fully damaged houses with shelter materials, technical guidance and labour support through either voucher or conditional cash system  
b) Provide ongoing technical advice and regular monitoring to ensure that repairs or rebuilding works have been correctly implemented in accordance with ‘build back safer’ principles  
c) Conduct beneficiary monitoring on the impact and use of skills acquired and the usefulness of shelter solutions provided

<table>
<thead>
<tr>
<th>Means of support</th>
<th>1,000 Families</th>
<th>1-Household income generation activities</th>
<th>2- Community managed livelihoods programmes</th>
</tr>
</thead>
</table>

| Community attentiveness and disaster risk decrease    | Support efforts aimed at strengthening the national legal and policy framework for international disaster assistance and to strengthen risk reduction approaches in national and local frameworks  
Community risk reduction and response planning supported in selected communities, tailored to the needs of the community (e.g. strengthened early warning systems, hazard mapping, evacuation plans developed) |

| Food Items                                             | 32,000 families – Beni-Walid  
1,200 Households – Sirte suburbs | - The displaced families from Sirte need food-items valued at (4000) integrated food baskets a week by four servings per month.  
- Families in Sirte travel to neighbouring cities to shop for their basic grocery needs. |

We continue to analysis the current situation to focus on essential program needs. We are currently seeking to partner with local organisations to assist with current targets. 
Partnering with other sectors will guide planning to ensure complete and comprehensive long-term support to the community. Training for volunteers is essentials, to increase capacity and knowledge in order to widen our reach; as more volunteers are participating in the activities.
Furthermore, our main aim is to deliver some health and integrated hygiene promotions in this region to prevent the spread of diseases and reduce the risk. Finally, we strongly recommend the provision of health services for ill children and specialised services for children with disabilities, and pregnant women. 
Data is currently being gathered and compiled at a branch level. Distribution figures will be reported once received.
OPERATIONAL SUPPORT SERVICES

Lack of technical support and logistical support to assist the members of the team. The volunteers are not experienced and training is necessary for staff to ensure understanding and adaptation to proper procedures, systems and accountability practices.

-we plan to run a recruitment drive to further boost our technical and support capacities; in order to facilitate implementations with technical teams during our operations, as it will help ensure a long-term assistance to the needy.

LOGISTICS AND SUPPLY CHAIN

We have established two logistics centres in Wadi-Jaref and the City of Beni-Walid. We plan on using mobile-storage-unites to support the operation. Further training for volunteers in the centres is essentially needed

We have 2 vehicles used by the team to travel between Sirte and Beni-Walid. They are personal vehicles owned by volunteers. It is essential to buy or rent our own vehicles to be utilised to support the operation. (We need these vehicles to help transport the medical supplies in which we plan to supply in the upcoming months (expected October)).

The next step in our plan is to provide standard logistics training for staff and volunteers to strengthen the logistic abilities. This, in turn, will ensure the smooth delivery of food and non-food items as well as shelter materials for model houses for the long term shelter plan to people in need in Sirte.

COMMUNICATIONS

Alrassed Intl operation team has continued to keep good contact with partners, external & internal organisations, and the general public since the start of the operation.

We continually emailed and communicated with the UNSMAIL, WHO, OCHA and governmental bodies in Libya. The general responses from the UN bodies were OK; however, we had no response from any governmental body yet.

Communication tactics including press releases, photos, web stories, facts and figures, emails etc. We have extensively reported on the Humanitarian situation in the city and its surroundings which were made available throughout our social media links, and also sent regular updates to the Head office in the United Kingdom to help establish this report.

However, communications as from Saturday morning 23/07/2016 got difficult, this is because of the internet networks and satellite dishes, where all shut down and taken over by the forces of “Al Bunyan Almarsus” in the city of Sirte and its surroundings, for unknown reasons. This made it difficult to communicate with the team in Sirte. Volunteers had to travel to Beni-Walid or Jufra to report back to Head Office. Clearly, this is a human right violation, and by no means should communications be cut-off on the residents.
SECURITY
Up until now, no significant security issues nor threats have occurred. However, the team are being very courteous and are following a No-go-zone and extensively studying the risks for every activity to minimise security concerns.

It is essential to secure the only road that is connecting Sirte with Beni-Walid. To this end, equipment of mines detection needs to be provided along with providing training to a dedicated local team to deal with these risky mines.

ADMINISTRATION AND FINANCE
In April, Alrassed Intl head operation office, Headed by Dr Mild; was established in Beni-Walid, with the help of Assalam Charity; this office provides support through new staff briefings, Planning, monitoring, evaluation, & reporting and reviews its support structure to increase its efficiency and continue to strengthen its working relationships within the area of operation (Sirte-Central Region).

It still continues to be a concern the fact that the team do not have:

- An experienced Reporting Officer – who will help with monitoring and reporting the humanitarian situation and the development of the operation.
- An information management officer - who will help to improve data management and quantitative reporting.

At the time of this report, although there is the determination to attain set targets to meet the needs of residents and IDP affected, we are very low on budget and funding coverage is 15%. The team are currently observing their expenditure, to ensure cost-effectiveness.

OVERALL CHALLENGES
- Lack of technical and logistical support to assist the operation management. It is both costly and time consuming the recruitment of skilled staff and the training of volunteers.

- We are facing issues to send goods to Libya. We cannot get the supply of medicines to the aimed destinations. MSF and other aid organisations are facing the same shipping problems. We are currently studying the possibility of transporting the goods on land from Tunisia, with the help of internal & external organisations and communities.

- Lack of funding and financial difficulties; leading to the slowdown of the operation, less activates, and inability to fulfil the needs of the needy nor able to supply goods from abroad.

- Lack of long-term commitments by volunteers. Time will also be necessary for orientation and training of new volunteers to ensure understanding and adaptation to proper procedures, systems and accountability practices.
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