

April 08, 2019

### Situation Overview

Despite the short lull in the early morning on Monday, armed clashes resumed on April 8 with Government of National Accord (GNA) and Libyan National Army (LNA) affiliated forces using artillery shelling. Monday's clashes were concentrated in Qasr Bin Ghashir, Wadi Al Rabia, Warshefana, Al Sa'adiya, Ain Zara and Swani. Both sides are pushing for gains hence building up their forces. Airstrikes targeted Mitiga airport that led to the evacuation of all passengers and cancellation and diversion of commercial flights. Other airstrikes were reported from Al Jufra which were apparently carried out in response to the strikes that targeted Mitiga airport.

The number of casualties of three-day clashes is 225: 44 dead and 181 wounded. Of these, 10 are civilian casualties.

The situation remains volatile; both sides are using artillery shelling, airstrikes, anti-aircraft missiles and heavy shooting in residential areas. Current frontlines are likely to expand, which could eventually prolong the conflict and its costs.

The situation has caused panic and fear among the residents in the conflict zones. Some humanitarian workers are trapped in the conflict-affected areas including one national staff of World Health Organization (WHO). There is a continuous shortage of gas and petrol in most districts in the west and western coast; in some areas the price of benzene in the black market has doubled.

The Displacement Tracking Matrix (DTM) estimated that 560 families have been displaced but the exact number remains unclear. Among the displaced families are United Nations staff including two World Health Organization (WHO) staff who pulled out their families from the south of Tripoli.

WHO Eastern Mediterranean Regional Office (EMRO) issued a statement of condemnation towards the killing of the two doctors in Tripoli. WHO's Regional Director reminded parties to the conflict to respect the International Humanitarian Law (IHL) and the safety of health workers and facilities.

### Health Sector Response

On April 6, the Health Sector Working Group (HSWG) activated the Rapid Response Framework (RRF) to respond to the current crises. Subsequently, WHO deployed three emergency medical and trauma kits to Tarhouna hospital, which has been receiving casualties from one of the frontlines. On April 7, an Emergency Medical Team (EMT) of WHO was deployed to Tarhouna hospital to enhance the operational capacity of the hospital.

WHO's two satellite logistics hubs in Sabha and Al Baida and its main hub in Tripoli were activated with the availability of emergency medical supplies and trauma kits that can treat 210,000 individuals and 900 injuries for three months.

UNICEF mobilized basic and renewable emergency medical kits, essential medicines and micronutrients that are available for distribution in coordination with partners. The emergency kits can treat 120,000 patients for three months. UNICEF and WHO have jointly pre-positioned emergency kits in WHO strategic warehouse in the Janzour district to avoid any access obstruction.

IOM mobilized three medical teams in Tripoli to support the health emergency response.

UNFPA mobilized 12 emergency reproductive health kits (kit 11B) that can support 862 Cesarean sections, 20 kits (kit 6B) that can support 900 normal deliveries and 14 kits (kit 6A). These kits are available for distribution subsequent to assessing the needs of Tajoura, Al Jalaa and Al Khadhra hospitals that are expected to see an increased caseload due to displacement.

Tripoli Wounded Affairs Directorate (TWAD) activated eight field hospitals with the deployment of eight field emergency teams for medical evacuation. The field hospitals have been providing field ambulance services despite the death of one of the doctors who was killed during the operation on Sunday. The field hospitals operate in Tripoli round the clock in close coordination with WHO and national health authorities.

International Medical Corps (IMC) mobilized medical teams with ambulances to be deployed according to the gaps identified by HSWG.

International Rescue Committee (IRC) mobilized two mobile medical teams with ambulance services to be deployed according to the gaps identified by HSWG.

## Challenges

The volatility of the complex situation with the constant shelling is a serious threat to the lives of civilians and humanitarian workers. Access of humanitarian workers is being hampered by the continuous shelling and armed clashes.

There is no positive sign of ceasing clashes; parties to the conflict are far from reaching an agreement. The persistence of the conflict with the concentration of armed clashes around residential areas is obstructing smooth humanitarian response.

The current clashes are burdening the overloaded and weakened health system with consistent supply chain breaks.

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