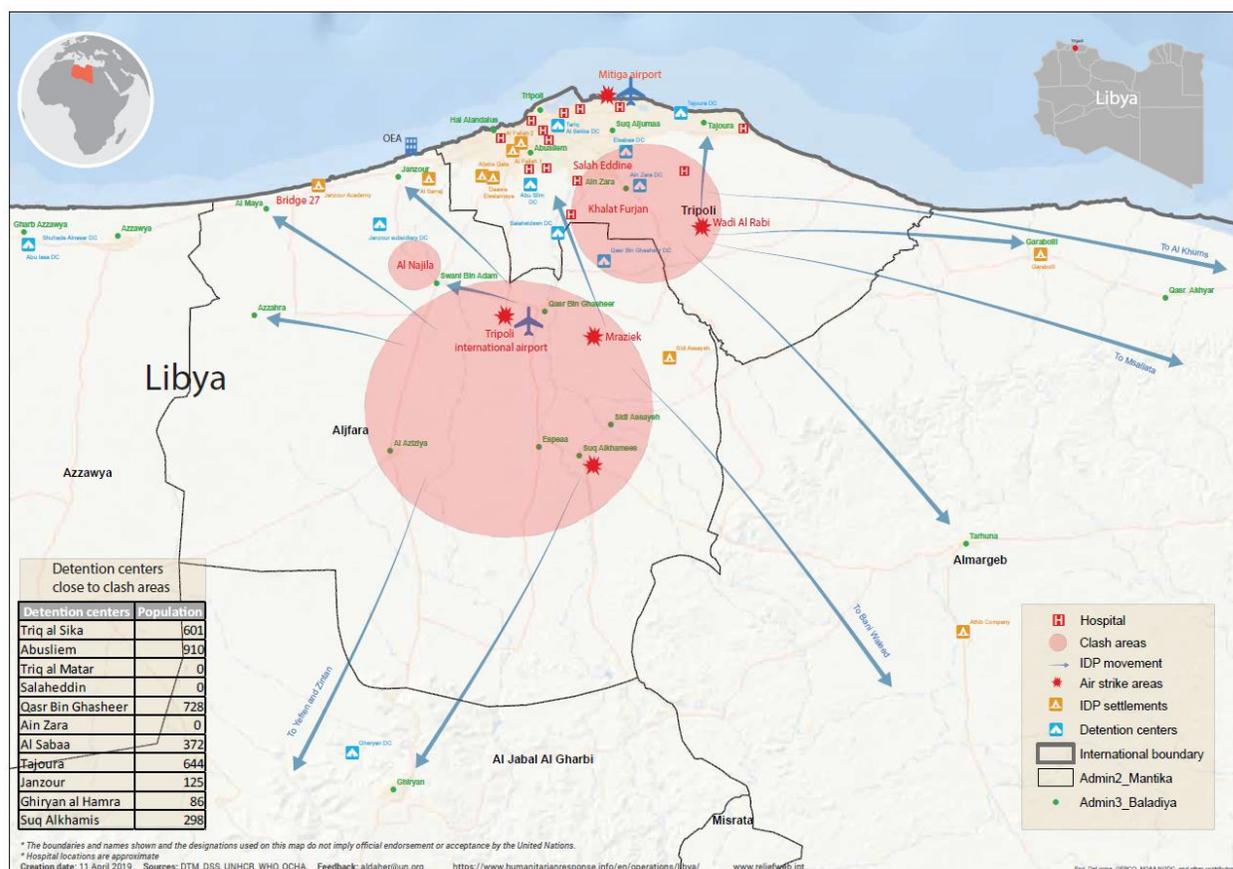


Situation Overview

Thursday started with uncertainty and erratic clashes that intensified later around the abandoned Tripoli International Airport. Qasr bin Ghashir, Ain Zara, Wadi Al Rabei and Swani districts witnessed heavy artillery shelling and gunfire between the Government of National Accord (GNA) and Libyan National Army (LNA)-affiliated forces as fighting continued for the seventh day. Both sides continue to use airstrikes against each other; airstrikes hit Souq Al Khamis, Souq Al Ahad and Ain Zara. Another airstrike hit the diplomatic suburb of Ain Zara while another one hit Swani district. Two ambulances of the field hospital were hit by the shrapnel, which injured one of the health workers.



Mitiga airport maintains its normal operations at night only with flights allowed to land between 1900hrs and 0700hrs.

Displacement Movement Tracking (DTM) reported that 720 families (approximately 3,600 individuals) were displaced on 09-10 April 2019, bringing the total number of displaced households since the onset of armed conflict to 1,615 families (approximately 8,075 individuals).

The Libyan Red Crescent and other local partners maintain their resilience to evacuate civilians and migrants from conflict-affected zones. Around 850 families are now sheltered in collective centers. Health sector partners have planned a joint visit to all collective centers on Friday to be followed by immediate deployment of medical teams.

Hospitals inside and outside of Tripoli are receiving daily casualties. The total number of casualties of the seven-day clashes is 398: 75 dead and 323 wounded. Total civilian casualties is 17: 10 wounded and 7 dead. Of these, 4 are health workers: two doctors and one ambulance driver were killed and one doctor was injured.

Field ambulance and first aid services are being hampered by indiscriminate shelling and daily airstrikes. Since the clashes started, five ambulances were hit by shrapnel of shelling and airstrikes.

The shelling in Wadi Al Rabie and Ain Zara damaged the electric lines. 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.

Health Sector Response

On April 6, the Health Sector Working Group (HSWG) activated the Rapid Response Framework (RRF) to respond to the current crises. Consequently, the following activities have been conducted:

1. On Thursday, April 11, the health sector finalized an immediate response plan that will sustain the current response for one month. The plan covers distribution of additional life-saving medical supplies and trauma kits to frontline responders and referral hospitals with the deployment of Emergency Medical Teams (EMTs). WHO, UNICEF, IOM, UNFPA, IMC and IRC have committed to contribute to the plan which will target Tripoli and the surrounding districts. MSF-H is in close coordination with the health sector to provide additional support as per the identified needs.
2. On Wednesday, April 10, WHO distributed emergency medical supplies and four trauma kits to Tripoli Wounded Affairs Directorate (TWAD), Tripoli Health Service Department (THSD) and Emergency and Health Service department. The supplies will enable the field emergency teams, field hospitals and ambulance services to sustain their first and second line responses and ambulance services.
3. TWAD is running seven medical teams that act as first line responders. THSD is running four teams that act as second line responders. Emergency and Ambulance service is running 12 teams that are providing field ambulance and referral support to both THSD and TWAD. The field teams operate in Tripoli round the clock in close coordination with WHO.
4. On April 10, IRC deployed a medical team to Ain Zara to provide primary health care and first aid services to displaced families in female dorms.
5. On April 09, UNICEF delivered emergency medical kits to Zentan hospital that can treat up to 10,000 individuals. UNICEF and WHO have jointly pre-positioned emergency kits in WHO strategic warehouse in the Janzour district to avoid any access obstruction.
6. On April 09, IMC, IOM and IRC mobilized nine medical teams in Tripoli to support the health emergency response. The teams are ready for deployment to collective centers that are hosting the displaced families.
7. On April 09, 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.

8. On April 07, WHO deployed an Emergency Medical Team (EMT) with surgical capacity to Tarhouna hospital to upgrade the capacity of the hospital in order to cope with the current crises since the hospital is receiving casualties.
9. On April 05, WHO activated its two satellite logistics hubs in Sabha and Al Baida and its main hub in Tripoli, making available emergency medical supplies and trauma kits that can treat up to 210,000 individuals and 900 injuries.

As the number of displaced families is increasing, HSWG partners are considering the deployment of supplementary Mobile Medical Teams (MMT) to collective centers in order to respond to the emerging needs.

The health sector has developed an immediate response plan that will involve procurement of life-saving drugs and supplies, deployment of EMTs with surgical capacity and MMTs.

Challenges

The capacity of field ambulance and field hospital teams is being hampered by the persistent conflict with the heavy casualties. WHO and partners are operating with minimum financial capacity to support the response as Humanitarian Response Plan (HRP) is 6% funded as of today.

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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