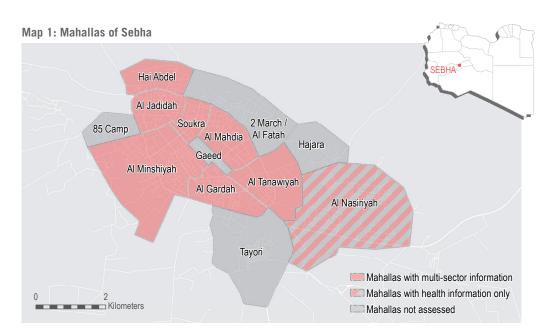
# Sebha Rapid Situation Overview

Libya, 27 March 2018

#### BACKGROUND

Since late January 2018, the southern Libyan city of Sebha has been subject to inter-communal violence between the Tebu and Awlad Suleiman communities,<sup>1</sup> which has escalated throughout the month of March. These clashes have mainly affected Sebha's southern and eastern mahallas, displacing up to 870 households to the safer western side of the city and placing those who have remained in danger.<sup>2</sup>

To inform humanitarian response plans regarding the situation in Sebha, REACH conducted a rapid assessment on behalf of the Libya Inter-Sector Coordination Group (ISCG) to provide a snapshot of needs among recently displaced IDPs. Between 23 and 26 March, with data collection support from Lifemakers, REACH assessed the humanitarian situation in 8 of the 13 mahallas of Sebha city, focusing on those that had received substantial numbers of IDPs. Data was collected through 16 multi-sector key informant (KI) interviews, 10 of them face-to-face and 6 remote, conducted with community leaders, NGO staff and others, as well as through 5 supplementary interviews conducted remotely with medical professionals in Sebha and Taraghin. The information in this situation overview should be considered indicative only.



## **KEY FINDINGS**

- IDPs from conflict-affected mahallas in southern and eastern Sebha had mainly been displaced to the western mahallas of Al Jadidah, Al Mahdia, Al Minshiyah and Soukra. In all assessed mahallas, an estimated 85-100% of recently displaced IDPs planned to remain in their areas of displacement barring a change in conflict dynamics. Refugees and migrants were also reported to be present in all assessed mahallas.
- Though many IDP households had initially been housed in public schools, **many have** since been removed from these schools to enable them to reopen for the academic term. In assessed mahallas, roughly half (40-60%) of recently displaced IDPs were living in rented accommodation in their areas of displacement, with an additional 35-45% living in camps or urban informal settlements.
- Despite a 19 March statement from Sebha's Office of Education directing classes to resume, KIs in all assessed mahallas continued to report that **few formal educational institutions were functioning due to insecurity.**
- **Markets** in all assessed mahallas were **consistently functional and physically accessible** to all households. All assessed food items and NFIs were reliably available, though households struggled to afford certain items, particularly chicken, eggs, sugar, flour and baby diapers.
- Cash remained almost universally unavailable for withdrawal by ordinary households, owing to the ongoing liquidity crisis that affected all regions of Libya. Nonetheless, in markets, most payments were made in hard cash (Libyan dinars) or with certified cheques.
- Health facilities, generally either hospitals or private clinics, remained operational in all assessed mahallas, though access reportedly depended on a patient's community affiliation. All KIs with medical backgrounds reported a shortage of medicines to treat chronic diseases, particularly diabetes and hypertension.
- Within the last two weeks, **injuries and casualties due to explosive hazards** reportedly occurred in Al Gardah, Al Mahdia, Al Nasiriyah and Al Tanawiyah.
- The top three humanitarian needs in assessed mahallas of Sebha, as reported by Kls, were cash, healthcare, and safety and security. Kls in all assessed mahallas reported a strong preference for cash-based interventions over other types of humanitarian aid.

<sup>1</sup> Libya Herald: <u>Tribal retribution killings in Sebha raise tensions</u>, 1 February 2018. <sup>2</sup> OCHA: <u>Sebha Flash Update #1</u>, as of 16 March 2018.



LIBYA INTER-SECTOR COORDINATION GROUP



# **FINDINGS BY SECTOR**

## **∱**→ Displacement

- **Clashes** have mainly been localised to the **southern and eastern mahallas** of Sebha, in particular Tayori, Al Nasiriyah, Al Tanawiyah, Al Gardah, and Hajara.
- **IDPs** from these areas had generally been **displaced to the city's western mahallas**, in particular AI Jadidah, AI Mahdia, AI Minshiyah and Soukra. AI Gardah, though itself a conflict-affected area, hosted recently displaced IDP households as well.
- The bulk of IDP households in these mahallas arrived more than 4 weeks ago, having been displaced towards the beginning of the current clashes. Some had previously been displaced to Sebha from other parts of Libya, with reported areas of origin including Ubari, Taraghin, Al Jufrah, Bani Walid and Tripoli.
- Recently displaced IDPs came from diverse ethnic communities, though Tuaregs were the most commonly reported group. Some IDPs in Al Jadidah and Al Gardah were reported to be Tawerghans.
- Most arrived as part of a full male-headed household, though KIs also reported the presence of some female-headed households, single males and elderly people traveling alone.
- Small numbers of IDPs are reported to have left Sebha entirely, generally heading to either the Tripoli area or to other cities in the Fezzan, including Al Bawanees, Ubari, Brak and Al Jufrah.
- The main **push factor** driving IDPs to leave their homes was **severe insecurity**, attributed both to the conflict and to generalised crime in areas near the frontlines. Many KIs also cited damage to IDPs' former homes and a lack of basic services as push factors.
- Those who chose to remain in conflict-affected areas reportedly did so to protect their assets. Many also lacked the financial resources or family connections to be able to move.
- Barring a major change in conflict dynamics, KIs in all assessed mahallas estimated that 85-100% of recently displaced IDPs planned to remain in their areas of displacement for the foreseeable future, due to the presence of family connections and easy access to basic items such as food and shelter.

#### **Refugees and Migrants**

- Refugees and migrants were reported to be **present in all assessed mahallas**, though it is unclear how many had been previously living there and how many had been displaced to western Sebha as a result of the conflict.
- Most reported refugees and migrants were from West Africa, in particular Niger, Nigeria, Ghana and Mali, with substantial numbers also coming from Egypt and Chad. The majority

were single men, with some KIs also reporting the presence of full families.

• Within the last two weeks, small numbers of refugees and migrants reportedly departed for customary destinations in the north of Libya, including Tripoli, Bani Walid, Zwara and Al Khums.

#### 首 Shelter

- During February and March, newly arrived IDPs in Sebha's western mahallas were housed in public schools, which at that time were not in use due to academic holidays. In recent weeks, however, many IDP households have been removed from these schools to enable them to reopen for the academic term. Local authorities reportedly continue to search for more sustainable solutions.<sup>3</sup>
- At the time of data collection, across most assessed mahallas, roughly half (40-60%) of recently displaced IDPs were living in rented accommodation, with 35-45% living in camps or urban informal settlements. Another 5-15% were being housed in ad hoc collective shelters, mostly schools.
- According to KI estimates, few recently displaced IDPs—0% to 20% in assessed mahallas were being hosted by friends or family. In AI Minshiyah and AI Gardah, however, larger percentages were being hosted by local households as part of a community-driven effort to offer free shelter for IDPs.
- Overcrowding was most severe in Al Jadidah, the mahalla that has absorbed the most IDPs.
- Though KIs commonly reported that some IDPs had left the eastern conflict-affected mahallas due to damage to their shelters, **conflict-related damage in western Sebha was rare**.

#### **Food Security**

• All KIs reported that recently displaced IDPs in their mahallas had **consistent and sufficient access to food, primarily through markets.** To a lesser extent, they also relied on aid from friends, family, neighbours and community groups, particularly in Al Gardah.

### 🦥 Cash and Markets

- Markets in all assessed mahallas were consistently functional and physically accessible to all households.
- All assessed food items and NFIs were reliably available, though households struggled to afford certain items, particularly chicken, eggs, sugar, flour and baby diapers. KIs additionally reported shortages of petrol and cooking gas. This reflects pre-existing dynamics in Libya's



remote south, where staple items, particularly fuel, are frequently harder to obtain than in coastal regions.

- In all assessed mahallas, 75-100% of traders reportedly continued to operate as normal.
- The amount of hard cash circulating in Sebha remained severely limited due to the ongoing liquidity crisis, exacerbated by insecurity that made it difficult to adequately supply financial institutions. Cash remained almost wholly unavailable for withdrawal by ordinary households.
- In markets, payments generally had to be made in hard cash (Libyan dinars) despite its lack
  of availability. Certified cheques were also in wide use. Transactions completed with certified
  cheques generally involved a 30-50% mark-up.

# 🏶 Health

- Since the beginning of March, the central **Sebha Medical Centre**, located near a frontline in Al Gardah, had been caught up in nearby clashes on four separate occasions. Damage was minor, however, and the hospital remains operational, albeit difficult to access due to insecurity.<sup>4</sup>
- Health facilities, generally either hospitals or private clinics, remained operational in all assessed mahallas, though access reportedly depended on a patient's community affiliation. Sebha Medical Centre, for instance, was perceived to be mainly open to patients from the Awlad Suleiman community; according to medical professionals, Tebu patients tended instead to travel two hours south to Taraghin or Murzuq to access hospitals there.
- Emergency care, treatments for chronic diseases (diabetes, high blood pressure, heart problems, etc.) and surgery were **the three most needed medical services.**
- All KIs with medical backgrounds reported a shortage of medicines to treat chronic diseases, particularly diabetes and hypertension.

# 🐂 Water, Sanitation and Hygiene

- Bottled water was reportedly the primary water source used in all assessed mahallas. Water from the public network was also available but not preferred, as it was perceived to have a salty taste and a bad smell.
- Solid waste management services were limited, with all KIs reporting that trash was most commonly left in the road or in other inappropriate public spaces.

## $\square$ Education

 In early March, the start of classes was postponed throughout Sebha due to widespread insecurity. Despite a 19 March statement from the local Office of Education directing classes to resume, KIs in all assessed mahallas continued to report that **few formal educational institutions were**





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functioning due to this insecurity.

• In several Sebha mahallas, particularly Al Minshiyah and Al Gardah, **temporarily closed schools had been converted into collective shelters for recently displaced IDPs**. Though many schools are no longer being used for this purpose, local authorities continued to search for alternate housing solutions for these IDPs to enable classes to resume.

# **Protection**

- KIs reported the presence of explosive hazards, a category including landmines and other explosive remnants of war (ERW), in Al Gardah and Al Mahdia. No such hazards were reported in other assessed western mahallas, though unexploded ordnance (UXO) in particular is more prevalent in conflict-affected mahallas in the south and east.
- Within the last two weeks, injuries and casualties due to explosive hazards reportedly occurred in Al Gardah, Al Mahdia, Al Nasiriyah and Al Tanawiyah.

# Priority Needs and Assistance

- **Cash was the top humanitarian need** in assessed mahallas of Sebha, as reported by KIs, due to the ongoing liquidity crisis and the lack of Libyan dinars available to cover basic expenses.
- After cash, the greatest reported humanitarian needs were for healthcare, particularly replenishments of medicine and medical supplies, and for safety and security, due in part to armed group activity and in part to generalised crime in the city.
- Recently displaced IDPs in all assessed mahallas had reportedly received humanitarian aid, principally food and blankets. For the most part, this aid came from local and international NGOs.
- KIs in all assessed mahallas reported a strong preference for cash-based interventions over other types of humanitarian aid.

#### About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For further information, contact **geneva@reach-initiative.org**.