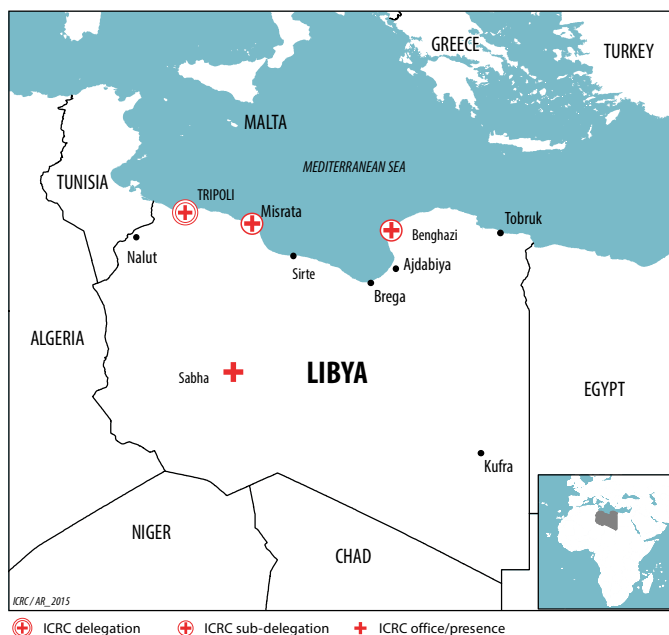


# LIBYA



The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It seeks to support forensic authorities through technical advice. It also works to regain access to detainees. It supports the Libyan Red Crescent in developing its capacities and works alongside it to respond to the emergency needs of violence-affected people, including migrants, in terms of emergency relief, family contact and medical care. It also promotes IHL and humanitarian principles through its contacts with all armed actors.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**LOW**

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Tens of thousands of vulnerable IDPs covered their basic needs and eased their conditions with the help of food, essential household items and hygiene kits distributed by the Libyan Red Crescent and the ICRC.
- ▶ Weapon-wounded and other injured/sick people were treated at hospitals/other facilities that the ICRC provided with medical supplies. First-aiders and doctors developed their capacities at ICRC-organized courses.
- ▶ Hundreds of migrants held at a retention centre returned to their home countries through the concerted efforts of the National Society, the authorities and embassies concerned, IOM and the ICRC.
- ▶ The Libyan Red Crescent sustained its emergency response capacities – particularly in relief distribution, first aid and human remains management – with various forms of ICRC support.
- ▶ Owing to security constraints and the political situation in Libya, the ICRC cancelled some of its planned activities, including support for the families of missing persons.

## EXPENDITURE IN KCHF

Protection	1,800
Assistance	6,834
Prevention	2,298
Cooperation with National Societies	1,647
General	89
<b>Total</b>	<b>12,667</b>
<i>Of which: Overheads</i>	<b>763</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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## PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	117

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	4
RCMs distributed	48
Phone calls facilitated between family members	27
People located (tracing cases closed positively)	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>Restoring family links</b>	
RCMs distributed	3

ASSISTANCE	2015 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 36,000	32,734
Essential household items	Beneficiaries 72,000	48,979
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries 450,000	
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	21
<b>Physical rehabilitation</b>		
Projects supported	Structures 1	1

## CONTEXT

Conflicts between various armed groups continued to affect large parts of Libya. These involved air strikes and heavy exchange of fire in densely populated areas, especially the cities of Benghazi and Tripoli. Attacks on civilians and on essential infrastructure persisted. The growing presence and activities of radicalized armed groups contributed to the further deterioration of security conditions.

Two government bodies – each with its own legislative/executive/judicial branches and armed supporters – competed for power and legitimacy. Following negotiations backed by the UN Support Mission in Libya and other efforts by members of the international community, the parties concerned signed a draft political agreement in December.

Some 400,000 people were reportedly displaced, and thousands injured or killed, since the escalation of the fighting in May 2014. Civilians found it increasingly difficult to obtain essential services and basic commodities. Health facilities struggled to cope with the influx of patients, owing to budgetary constraints and shortages of staff and medical supplies. Only a few humanitarian/international organizations remained operational in the country.

Thousands of migrants, including asylum seekers and refugees, used Libya as their transit point to Europe, through the Mediterranean Sea. Hundreds were arrested, and most of them held in retention centres. Vessels carrying migrants often met with disaster; this led to an increase in rescue operations and in the number of deaths at sea.

## ICRC ACTION AND RESULTS

Despite the constraints brought about by the violence and political uncertainty in Libya, the ICRC strove to help address the emergency humanitarian needs of displaced or injured people. It adapted some of its activities, maintained its partnership with the Libyan Red Crescent and refined its working methods, in line with a revised staff set-up put in place in 2014 to address security issues. A budget extension appeal launched in April reflected these adjustments.

As the ICRC's main partner in the country, the Libyan Red Crescent received technical, material and financial support for strengthening its operational and institutional capacities, particularly in relief distribution, first aid and management of human remains.

In Benghazi, Misrata, Tripoli and other areas heavily affected by fighting, vulnerable IDPs coped with the help of food rations, essential household items and hygiene kits provided by National Society and ICRC teams. These beneficiaries included female heads of households and others with specific vulnerabilities. Contact with influential parties, including community leaders, helped facilitate the National Society/ICRC teams' access in some areas, although security constraints sometimes hampered the timely provision of aid. Water-related needs in camps and schools housing IDPs were assessed, but no direct ICRC assistance was required.

To help ensure that wounded/sick people, particularly those injured during clashes or attacks, received appropriate treatment, the ICRC promoted respect for medical services and supported local institutions and the National Society in responding to emergencies. It helped hospitals and other medical facilities sustain their services by providing them with urgently needed supplies for treating weapon-wounded and other ailing/injured

people; National Society branches in conflict-affected areas also received medical supplies. The ICRC conducted first-aid training sessions for National Society instructors/volunteers and trauma-management/war-surgery seminars for doctors and surgeons. In view of the security conditions in Libya, the courses were held in Tunisia. Discussions with the Misrata University, on the provision of physical rehabilitation services, resumed.

The ICRC continued to broaden awareness of humanitarian issues and principles, and to foster acceptance for its neutral, impartial and independent humanitarian action. It did so by pursuing contact with government figures, members of armed groups and other influential actors, but the situation in the country made it difficult to engage these parties in dialogue on IHL and its implementation. To relay humanitarian messages to a wider audience – on such matters as the protection and respect due to people not/no longer participating in the fighting – the ICRC expanded its public communication initiatives on various media platforms. Some members of civil society were sponsored to attend IHL courses abroad.

The ICRC monitored the conditions of migrants in retention centres through meetings with pertinent institutions/authorities; whenever possible, it sought to address some of their humanitarian concerns. For example, it donated essential household items to two retention centres and worked with the National Society, IOM and other parties concerned to facilitate the voluntary repatriation of hundreds of migrants.

Members of families dispersed by conflict, detention or migration reconnected with their relatives with the help of National Society/ICRC family-links services. Plans to help address the needs of the families of missing persons were cancelled, owing to uncertain political/security conditions.

Coordination with other humanitarian actors in Libya and abroad, mainly through a support office in Tunisia, helped the ICRC monitor humanitarian needs, identify gaps and avoid duplication of effort.

## CIVILIANS

Dialogue on the protection of people not/no longer involved in the fighting, including medical workers, remained limited owing to the uncertain political conditions and the difficulties created by the fragmentation and the sheer number of armed groups in Libya.

### IDPs cope with the help of emergency aid

People displaced because of clashes and other situations of violence eased their circumstances partly through the joint action of Libyan Red Crescent/ICRC teams, whose access to certain areas was facilitated by contact with community leaders and other pertinent parties. The difficult working conditions, however, sometimes delayed or prevented the timely delivery of assistance to vulnerable people.

In all, over 32,700 IDPs (5,500 households) throughout the country sustained themselves with the help of food rations provided by ICRC/National Society teams; and nearly 49,000 people (8,000 households) benefited from donations of essential household items and hygiene kits. They included female heads of households, migrants in retention centres and other people with specific vulnerabilities. When necessary, some beneficiaries were given more than one form of assistance. The National Society replenished its stocks with ICRC-donated supplies, which helped ensure its readiness for emergencies.

Water/sanitation-related needs in camps and schools housing IDPs were assessed, but no direct ICRC assistance was required.

### **Migrants restore contact with their relatives abroad**

Migrants and other foreigners in Libya restored contact with their relatives through family-links services. Two Eritreans received travel documents that facilitated their reunification with relatives in France. Hundreds of migrants held in retention centres were able to return to their countries as a result of the concerted efforts of the ICRC, the National Society and pertinent parties/organizations (see *People deprived of their freedom*); some unaccompanied minors in retention centres sent “safe and well” messages to their relatives.

Families in Libya exchanged news with their relatives detained abroad or held at the US internment facility at Guantanamo Bay Naval Station in Cuba via phone/video calls and RCMs relayed by ICRC delegates.

Plans to help address the needs of families of missing persons were cancelled, owing to the uncertain political/security conditions in the country.

### **National Society personnel learn more about managing human remains**

The Libyan Red Crescent continued, with ICRC technical/financial support, to develop its capacities in restoring family links and managing human remains. National Society branches helped collect and manage human remains in conflict-affected areas, and following accidents at sea involving migrants (see *Context*), with supplies/equipment from the ICRC, such as body bags. At ICRC-organized courses, 38 staff/volunteers developed their capacities in this area.

The National Society also drew on the ICRC for technical advice in facilitating the exchange of human remains, and the exchange of detainees. The ICRC remained ready to act as a neutral intermediary in such matters.

Contact was developed with institutions doing forensic work and taking part in the collection/identification of human remains. A Libyan pathologist involved in handling the remains of migrants attended an ICRC course on the management of human remains during armed conflicts and other emergencies.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The political and security situation in Libya, and the limitations of the ICRC’s set-up, made it difficult to re-establish dialogue with detaining authorities, including armed groups.

### **Vulnerable migrants benefit from family-links services and emergency assistance**

In light of the number of migrants arrested and held in Libya (see *Context*), the ICRC sought to monitor their conditions and help address their humanitarian concerns. Discussions were held with the institutions/organizations concerned, including the directors of retention centres in Misrata and Sabha.

On the basis of needs identified during the discussions mentioned above, family-links services and other assistance were offered to vulnerable migrants. Some 550 migrants from Senegal and 40 from Gambia were repatriated, with their consent, through the efforts of the authorities and consular representatives concerned,

the IOM, the Libyan Red Crescent and the ICRC. The migrants’ embassies were able to issue travel documents on the basis of photographs and other information collected by the ICRC during visits to the retention centre in Misrata, where the migrants were held. Migrants at another retention centre maintained contact with their relatives through phone calls facilitated by the National Society with ICRC support. Migrants held at two retention centres received clothes, mattresses, blankets and hygiene items from National Society/ICRC teams.

### **WOUNDED AND SICK**

#### **Wounded/sick people receive treatment at facilities supported with medical supplies**

The security and political situation continued to adversely affect the availability and security of health services in Libya. With a view to facilitating people’s access to emergency care and treatment, the ICRC drew attention to the protection afforded by IHL to medical facilities and people seeking/providing medical assistance. It did so through its public communication initiatives and, whenever possible, during meetings with armed groups and other influential actors (see *Actors of influence*).

In Benghazi, Misrata, Tripoli, Sabha and other areas affected by intense clashes and other situations of violence, wounded/sick people received treatment at 21 hospitals that sustained their services, including obstetric care, with the help of ICRC-donated surgical equipment and medicines, wound-dressing kits and other supplies. A total of 20 other facilities – first-aid posts, primary-health-care centres and branches of the Libyan Red Crescent – also received medical materials, including supplies for treating weapon-wounded people.

#### **Emergency responders and medical professionals expand their capacities**

The Libyan Red Crescent continued to strengthen its first-aid programme with financial/technical support from the ICRC. Sixteen National Society personnel learnt how to administer first aid and developed their ability to instruct their colleagues. In all, 160 volunteers from various branches benefited from courses led by ICRC-trained/supervised instructors.

A total of 76 surgeons, emergency-room doctors and other medical professionals from 20 hospitals advanced their trauma-management skills and added to their knowledge of treating weapon wounds at courses/seminars organized by the ICRC. Four assistant instructors participated in these sessions, which helped them build up their capacity to eventually conduct such courses unassisted.

These courses for medical professionals and National Society personnel were held in Tunisia, owing to security constraints in Libya.

Misrata University and the ICRC resumed their discussions, which focused on ensuring the availability in Libya of physical rehabilitation services, prosthetic/orthotic devices and related professional expertise.

### **ACTORS OF INFLUENCE**

Interaction with government representatives, members of armed groups, other circles of influence and the general public in Libya continued to focus on raising awareness of humanitarian issues and fostering support for the ICRC’s neutral, impartial and independent humanitarian action.

**Contact with influential actors, though limited, facilitates the Movement’s access to vulnerable people**

Through meetings, phone calls and other means of contact with representatives of government bodies, members of armed groups and community leaders, the ICRC emphasized the protection afforded by IHL to civilians, highlighted the need to ensure access to essential services and humanitarian aid, and drew attention to the Movement’s activities. These efforts helped secure access for ICRC/Libyan Red Crescent teams to conflict-affected communities (see *Civilians*). The complexity and constantly shifting dynamics of the situation, however, hampered the establishment of a broader dialogue, on IHL and its implementation, with the parties concerned.

**Updates on various media platforms highlight humanitarian needs and the ICRC’s response**

In light of limited direct contact with influential parties, public communication initiatives for relaying humanitarian messages to a wider audience were expanded. Multimedia content disseminated through national and international broadcast/print/online media drew attention to the humanitarian needs in Libya, the issues covered by the Health Care in Danger project, IHL and the work of the National Society and the ICRC. Relief distributions (see *Civilians*) and seminars for medical professionals (see *Wounded and sick*) provided opportunities to raise awareness of the ICRC’s mandate and the Movement’s activities among beneficiaries. The National Society developed its communication capacities with technical support from the ICRC. For example, 20 staff members learnt more about the production of audiovisual materials, management of social media and other related matters at a workshop.

Three professors from Benghazi and Tripoli, and a National Society volunteer, added to their knowledge of IHL at courses in Lebanon; a government representative also attended a train-the-trainer workshop in the country (see *Lebanon*). One professor from Tripoli and an Islamic scholar furthered their understanding of IHL and its links with Islamic law at a seminar abroad (see *Niger*).

**RED CROSS AND RED CRESCENT MOVEMENT**

**The National Society sustains its emergency response to humanitarian needs**

Cooperation between the Libyan Red Crescent and the ICRC helped ensure the availability of emergency relief and medical services for vulnerable people (see *Civilians* and *Wounded and sick*).

The National Society continued to build its operational capacities with technical, financial, and material support from the ICRC. It bolstered its ability to respond to emergencies with the help of training and ICRC-donated equipment, such as trucks, ambulances and other vehicles. At ICRC-organized courses, volunteers/staff members developed their capabilities to restore family links and manage human remains; they also learnt – in line with the Safer Access Framework – how to mitigate the risk to their safety while carrying out their activities. The National Society’s headquarters covered its operating/other costs with funds provided by the ICRC.

The National Society also worked to strengthen its organizational structure, drawing on ICRC technical advice. It continued to revise its statutes and restructure most of its departments.

Coordination among Movement components continued. The National Society, the International Federation and the ICRC reviewed a revised draft of the Movement’s coordination agreement in Libya.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		4			
RCMs distributed		48			
Phone calls facilitated between family members		27			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		10	2	3	
<i>including people for whom tracing requests were registered by another delegation</i>		4			
People located (tracing cases closed positively)		1			
Tracing cases still being handled at the end of the reporting period (people)		1,462	42	23	45
<i>including people for whom tracing requests were registered by another delegation</i>		44			
<b>UAMs/SC*, including demobilized child soldiers</b>			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1			
<b>Documents</b>					
People to whom travel documents were issued		2			
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Restoring family links</b>					
RCMs distributed		3			
People to whom a detention attestation was issued		1			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	32,734	37%	23%
	<i>of whom IDPs</i>	32,734		
Essential household items	Beneficiaries	48,979	34%	24%
	<i>of whom IDPs</i>	48,499		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	330		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	21		
Admissions	Patients	14,255	11,700	
	<i>of which weapon-wounded</i>	2,555		
	<i>of which gynaecological/obstetric</i>	11,700		
<b>First aid</b>				
First-aid posts supported	Structures	20		
Wounded patients treated	Patients	2,367		
<b>Physical rehabilitation</b>				
Projects supported	Structures	1		