



ICRC/AR_2013
 + ICRC delegation + ICRC sub-delegation + ICRC office/presence
 + ICRC-supported prosthetic/orthotic centre

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It visits people deprived of their freedom and seeks to clarify the fate of missing persons and to address their families' needs. While supporting the Libyan Red Crescent in developing its capacities, the ICRC works alongside it to respond to the emergency needs of violence-affected people in terms of medical care, emergency relief, essential services and family contact. It also promotes IHL and humanitarian principles, by raising these rules with the authorities and providing expertise on their integration into the army/security forces' curricula.

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ the deteriorating security situation often impeded or curtailed operations, limiting the ICRC's capacity to protect and assist people affected by the ongoing violence and the consequences of the 2011 armed conflict
- ▶ broader contacts with Libya's new administration, armed forces, revolutionary brigades, and political and traditional/religious leaders contributed to fostering respect for humanitarian principles and acceptance for ICRC action
- ▶ detainees visited by delegates saw some improvements in their living conditions, brought about by direct ICRC support and work, while dialogue with the authorities on broader reforms began to take shape slowly
- ▶ vulnerable violence-affected people, including new IDPs, met their needs thanks to National Society/ICRC relief assistance and, where the security situation permitted, the rehabilitation of water/sanitation facilities
- ▶ over 140 doctors/surgeons upgraded their trauma-management/war-surgery skills at courses/seminars organized by the Health Ministry and the ICRC, thus increasing national capacities
- ▶ over 30 military officers started teaching IHL to fellow officers from throughout Libya after attending IHL training and train-the-trainer courses organized by the Defence Ministry and the ICRC

EXPENDITURE (in KCHF)

Protection	3,907
Assistance	4,756
Prevention	4,003
Cooperation with National Societies	1,024
General	-
Total	13,690

of which: Overheads 836

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	33
Resident staff (daily workers not included)	131

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	15
RCMs distributed	84
Phone calls facilitated between family members	2,989
People located (tracing cases closed positively)	113
People reunited with their families	1
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,622
Detainees visited and monitored individually	280
Number of visits carried out	81
Number of places of detention visited	41
Restoring family links	
RCMs collected	88
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	35

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 30,000	136,636
Essential household items	Beneficiaries 35,000	43,499
Water and habitat activities	Beneficiaries 425,000	59,770
Health		
Health centres supported	Structures	1
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	5
Physical rehabilitation		
Centres supported	Structures	1

CONTEXT

The political landscape in Libya remained highly fragmented, and the security situation fragile, as military and traditional/religious leaders jockeyed for influence. Consequently, progress in reforming the justice and security sectors was slow. Revolutionary brigades formed during the 2011 conflict continued to operate alongside armed/security forces, and all the detainees held by them had not yet been transferred to State custody.

Officials from both the pre- and post-2011 periods were subjected to threats and targeted killings. Tensions and sporadic clashes between opposing armed elements, together with tribal feuds, affected communities in the east and south, as well as in Misrata and the Nafusa Mountains. In Tripoli at year's end, popular protests against the presence of revolutionary brigades escalated into clashes, causing injuries and dozens of deaths. The availability of weapons throughout the country and the widespread scattering of mines/explosive remnants of war (ERW) put people at significant risk. Thousands of families waited for news of relatives unaccounted for between 1969 and 2011 and afterwards; a comprehensive framework to address this issue had not yet been adopted.

Migrants were trafficked into Libya or through the country towards Europe. Detention conditions for migrants awaiting deportation were often a matter for serious concern.

ICRC ACTION AND RESULTS

The prevailing security situation hindered the ICRC's ability to protect and assist people and communities still dealing with the consequences of the 2011 armed conflict. Operations were often impeded or had to be curtailed, but activities in the Benghazi and Misrata regions – suspended following security incidents in 2012 – gradually resumed.

The ICRC helped the Libyan Red Crescent, its primary partner, boost its emergency response and communication capacities even as it was undergoing reorganization; whenever possible, the organizations operated jointly. The ICRC made it a priority to establish and maintain contact with the authorities, military forces, revolutionary brigades, political/traditional/religious leaders and the media; it did this to foster, among them and the wider public, respect for humanitarian principles and support for neutral, impartial and independent Movement action.

It often took numerous preliminary contacts with the authorities before delegates were able to visit people detained in connection with the 2011 conflict or with migration to Libya. They monitored detainees' treatment and living conditions. The detaining authorities were given confidential feedback on the visits and on various issues, particularly respect for judicial guarantees. Dialogue on broader reforms – regarding health services, the management of premises, etc. – began to take shape slowly. As a consequence of the ICRC's support for and work with the detaining authorities, living conditions improved rapidly: this was brought about mainly by construction of outdoor recreational areas, improvements in the water supply system, disease-control campaigns and distributions of essential household and hygiene items.

Individuals uprooted by clashes, including IDPs living in camps since 2011, and their host families were enabled to meet their needs as a result of provisional support – food and/or household essentials – provided by the Libyan Red Crescent/ICRC to

the authorities, including in winter. In Tripoli and in a National Society-run camp in Benghazi, access to water improved and exposure to health hazards was reduced owing to maintenance work on water/sanitation facilities. Despite the insecurity that hampered some activities, certain communities in clash-prone areas benefited from similar initiatives carried out with the local authorities.

During clashes, ICRC medical supplies helped emergency services provide the necessary care. First-aid courses for National Society volunteers and other first responders, and trauma-management/war-surgery seminars for doctors/surgeons, organized in coordination with the Health Ministry, bolstered national capacities. National Society/ICRC risk-education sessions helped communities adopt safe practices in weapon-contaminated areas. Progress in establishing a degree course in physical rehabilitation at the University of Tripoli was slow; but, with ICRC support, the University of Misrata and others worked to set up an orthopaedic workshop for disabled people in the area.

As communication networks improved, few people sought assistance in contacting their relatives. Some people however continued to wait for news of relatives who were missing owing to conflict/violence. To help address their needs, the ICRC provided technical support for drafting a law on the missing; it also guided the ministry concerned in forensic procedures, which included a post-mortem exhumation of remains allegedly recovered in Bani Walid. A needs assessment of the families of the missing began, with a view to mobilizing the support required.

The importance of implementing IHL nationally, particularly provisions governing civilians'/detainees' rights, was discussed with the authorities. Owing to the prevailing political situation, there were delays in re-establishing a national IHL committee. To help the armed forces incorporate IHL in their doctrine and training, officers underwent IHL train-the-trainer courses, and some of them began teaching their fellow officers.

CIVILIANS

People reported abuses committed against them during armed confrontations (see *Context*). Such reports formed the basis of dialogue with national/local authorities, armed forces and revolutionary brigades on the need to respect and protect civilians, people injured in clashes, and medical workers and infrastructure (see *Wounded and sick*).

Social welfare authorities aware of vulnerable groups' needs

The prevailing political situation hampered efforts to encourage the authorities to create an environment conducive to the return of IDPs to their places of origin, and to alert them to vulnerable groups/individuals at risk of slipping through the social welfare net. Nonetheless, Tripoli IDP camp managers were able, for the first time, to discuss their grievances directly with representatives of the Social Affairs Ministry and the prime minister's office at a round-table chaired by the Libyan Red Crescent with ICRC support. Social Affairs Ministry officials in Sabha enhanced their data-management skills, through ICRC training, to ensure that people entitled to social benefits received them.

Vulnerable people improve their conditions as water/sanitation activities resume

Because of gaps in State aid, violence-affected people met their needs through assistance provided by National Society volunteers

– working alongside ICRC delegates and learning on the job – or through the Libyan Humanitarian Relief Agency.

In all, 136,636 IDPs (20,770 households), some of whom have been in camps since 2011, sustained themselves with one-off food rations – some stocks of which were carried over from 2012 – at times distributed through local partner organizations, as the ICRC filled gaps in their assistance. During Ramadan, about 37,000 among them in various cities received food parcels, distributed in coordination with the Religious Affairs Ministry.

Some 10,500 new IDPs (1,800 households) in the Nafusa Mountains also eased their difficult conditions with hygiene items and household essentials, including – as winter drew near – blankets/mattresses. Around 33,000 people improved their living conditions with ICRC-donated hygiene kits distributed by National Society branches in response to emergencies in violence-prone areas.

Following clashes, 3,400 IDPs in camps in Benghazi and Tripoli found their access to clean water improved or became less exposed to health risks after the rehabilitation of the water distribution system and the emptying of a septic tank. Around 900 people in a National Society-run camp in Benghazi benefited from improvements to the camp's water/sanitation and power infrastructure.

In other clash-prone areas, several initiatives, aimed at helping residents gain a reliable water supply and decrease their exposure to health hazards, remained suspended. However, some gradually resumed, in cooperation with local water authorities, benefiting some 38,800 people. For instance, in Al Bayda, near Benghazi, 14,700 people saw their daily supply of clean water increase after the installation of submersible water pumps. Some 600 and 15,000 people in Benghazi and Kufra, respectively, saw similar benefits following repairs to their water networks; in Kufra, 5,000 people also became less exposed to health hazards after the installation of a sewage pump that drained stagnant wastewater away from residential areas. Around 20,000 residents of Tamina, near Misrata, had running water again following the construction of a pipeline to the town. The renovation and expansion of a health clinic at Zliten, near Misrata, improved access to health care by people in the area and enabled around 165 consultations daily.

Residents of ERW-contaminated areas adopt safer practices

Residents in areas heavily contaminated by ERW (see *Context*), including those affected by clashes and inaccessible to most humanitarian organizations, made themselves safer after attending National Society/ICRC risk-education sessions. The training of National Society volunteers from 18 branches enabled the geographical expansion of such sessions.

The number of people injured by mines/ERW, though fewer than in 2012, remained significant. The Libyan Mine Action Centre received ICRC support for collecting/sharing weapon-contamination data; by year's end, it had recorded 13 mine/ERW incidents in its casualty-data management system. A plan to help the national safety authorities boost their mine/ERW-clearing capacities was cancelled owing to a shift in their approach.

Families still seek news of missing relatives

Few people needed help to exchange family news as communication networks improved, but separated family members – including foreigners – seeking news of their relatives continued to

approach the National Society/ICRC; they reported arrests, cross-border movement and other circumstances of disappearance. In particular, migrants restored/maintained contact with their relatives through nearly 3,000 phone calls facilitated by National Society teams trained on the job and the ICRC.

The Ministry for the Affairs of the Families of Martyrs and Missing Persons (MAFMM) received input from the ICRC for a draft law on the missing, which aims to address the needs of families of persons unaccounted for between 1969 and 2011 and after. The MAFMM also drew on ICRC advice for handling cases of missing persons, estimated at up to 10,000, with a view to improving the process of identifying human remains and reducing errors and delays in providing families with information about their missing relatives. The MAFMM conducted a post-mortem examination of 22 remains allegedly recovered in Bani Walid, which the ICRC attended as a neutral observer. Joint MAFMM-ICRC visits to the MAFMM's DNA sample collection centres in Bani Walid and Sabha helped identify ways to enhance sampling and other forensic procedures.

Associations of families of missing persons, including vulnerable households from particularly stigmatized groups often unable to access State services, were helped by the ICRC to meet with the MAFMM and discuss their situation. A countrywide assessment of such families' needs, to serve as a basis for mobilizing the support necessary, got under way.

PEOPLE DEPRIVED OF THEIR FREEDOM

Around 13,600 people held in 41 places of detention including some in central and eastern Libya (see *ICRC action and results*), received ICRC visits, carried out in accordance with the organization's standard procedures; delegates monitored their treatment and living conditions. The detainees were mainly people held in relation to the 2011 conflict or alleged irregular migrants in retention centres. Some 280 detainees were monitored individually, and women, minors, foreigners and the sick received special attention. These visits often required numerous preliminary contacts with the relevant authorities.

Detainees contacted their families through Movement family-links services, with migrants making extensive use of the services, particularly for phoning relatives. Over 1,500 foreigners informed their consular representative of their situation via the ICRC.

Development of dialogue with detaining authorities delayed

Following ICRC visits, the detaining authorities – including the Defence, Interior and Justice Ministries, as well as revolutionary brigades subject to the process for bringing all places of detention under government oversight – received confidential feedback and recommendations for improvements. Treatment issues and individual cases requiring specific attention were among the subjects raised by the findings; as a result, some detainees were released on medical grounds. Discussions with prosecutors/judges centred on respect for detainees' judicial guarantees, as a significant majority of inmates were still awaiting trial. No training took place but dialogue on broader reforms – regarding health services, the management of premises, etc. – slowly took shape. Signature of an agreement with the central authorities concerning the ICRC's detention-related work remained pending; owing to the political situation, efforts in this regard were set aside temporarily.

Detainees gain better living conditions

The authorities dealt with certain deficiencies in the prison system with ICRC technical support, notably in relation to health care. This included input on a draft design for prison clinics and on ensuring that detainees underwent medical screening upon their arrival and had access to national health programmes. Two representatives of the Libyan Medical Association refined their grasp of prison-related medical ethics at a regional meeting in Amman (see *Jordan*).

Whenever security conditions permitted it, the penitentiary authorities and the ICRC worked to improve living conditions, particularly general hygiene, for detainees in selected prisons/retention centres. For example, in Tripoli, 1,050 detainees in two prisons, and 150 migrants in one centre, had better access to daylight and fresh air after the construction/installation of an outdoor recreational area and windows in cells. In one centre in Sabha, 1,000 migrants benefited from drier cells and had access to more water after emergency works stopped leakages and increased the centre's water storage capacity. In four centres, migrants benefited from anti-scabies campaigns during which the entire premises were cleaned/disinfected.

In addition, some 6,100 inmates, including migrants, received essential items such as water storage units, cleaning materials and hygiene kits. As State resources for food were made available, distributions of additional food rations by the ICRC were not required.

WOUNDED AND SICK

In response to injuries caused by the sporadic violence, authorities and weapon bearers were reminded of their obligation to allow the wounded safe access to care, in line with the goals of the Health Care in Danger project.

Doctors/surgeons upgrade war-surgery skills

People wounded during clashes received emergency care at five selected hospitals supported with medical supplies. Some victims, as in Benghazi, Derna and Tripoli, were administered first aid from National Society volunteers using ICRC-donated dressing materials.

National capacities grew as a result of ICRC-supported/conducted training. Some 270 people, including National Society volunteers, scouts, emergency services/civil defence staff and nurses, strengthened first-level care provision through refresher courses. Second-level care provision also received a boost: during seminars organized with the Health Ministry, 55 doctors/surgeons from across Libya upgraded their skills in emergency room trauma-management and 87 surgeons/anaesthetists in war-surgery; three of the doctors/surgeons also began to teach alongside ICRC instructors.

Disabled people benefit from new workshop in Misrata

In line with a 2012 agreement, Tripoli University and the ICRC worked to set up a physical rehabilitation undergraduate course, with a view to expanding the country's pool of professionals trained to care for disabled people. Progress was slow, however, and construction of the building for the course had not yet begun.

Misrata University, associations of weapon-wounded people and the ICRC cooperated in setting up an orthopaedic workshop for disabled people in and around Misrata.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Humanitarian dialogue expands

Given Libya's state of transition and uncertain security situation (see *Context*), contact with the new administration, weapon bearers and influential civil society members served to build awareness of and support for IHL/international human rights law, humanitarian goals, such as those of the Health Care in Danger project, and the Movement, including the ICRC's mandate and neutral, impartial and independent approach. Such contact also facilitated humanitarian coordination.

Meetings/events with political and traditional/religious leaders, such as the Ansar al-Sharia group, the Grand Mufti of Libya, and the Muslim Brotherhood broadened their understanding of IHL and the ICRC and fostered acceptance for Movement activities in their communities; these events included a seminar jointly organized with a leading Libyan think-tank. Members of Libya's Supreme Security Council – made up of armed brigades around the country being absorbed into the State security forces, as well as other brigades – enhanced their understanding of these matters at information sessions organized with them for the first time. Outreach towards Islamic circles countrywide resulted in seminars being organized on IHL and Islamic law, in cooperation with local associations. Representatives of the Social Affairs Ministry discussed future cooperation with the ICRC during a workshop about the organization.

The wider public grew more familiar with the Movement because of broad media coverage of its activities – which drew on ICRC press releases, updates, interviews and audiovisual materials – and the dissemination efforts of the National Society, which had received support in finalizing its communication strategy. Journalists, together with NGO representatives, enhanced their knowledge of IHL/international human rights law and the Movement at information sessions organized at their request; this helped to promote accurate reporting on/advocacy for pertinent issues.

To encourage the academic study of IHL, representatives from universities in Benghazi, Misrata and Tripoli and National Society/ICRC staff discussed the incorporation of IHL in the curricula of those institutions. Updated IHL publications were donated to one university's library.

Trained military officers teach peers

As part of a 2012 agreement, the Libyan Armed Forces, with ICRC support, moved forward with the incorporation of IHL in their doctrine and training.

Nearly 150 senior officers added to their knowledge at training courses in IHL. Of these, 33 became IHL instructors themselves after completing the basic and the advanced session. Some of them taught alongside ICRC instructors at week-long courses for about 100 officers from Gharyan, Misrata and Tripoli; the courses were part of a 2013–14 action plan agreed upon with the Defence Ministry. The ministry produced an IHL teaching manual, which was circulated among students at the military academy.

High-ranking military officers and/or senior ministry officials, including representatives from the Interior Ministry, enhanced their grasp of IHL at a course in San Remo and at a regional training session organized with the League of Arab States in Beirut (see *Lebanon*). During these courses, officials discussed ways of implementing IHL nationally (see below).

Possibilities were explored with police training institutions for cooperation in training national and judicial police in IHL/international human rights law.

Re-establishment of national IHL committee delayed

Officials from the Defence, Interior and Justice Ministries and ICRC delegates continued dialogue on the importance of incorporating IHL in domestic legislation, particularly provisions relating to law enforcement. The Justice Ministry promulgated a law prohibiting the trial of civilians by military courts. However, a legal framework integrating all places of detention under the ministry had yet to be adopted (see *People deprived of their freedom*).

Owing to the prevailing political situation, little progress was made in re-establishing a national IHL committee, a process initiated by a former participant in an ICRC-sponsored IHL course.

RED CROSS AND RED CRESCENT MOVEMENT

As the ICRC's primary partner, the Libyan Red Crescent continued to receive financial, material and technical support for boosting its operational capacities, notably in first aid, economic security, restoration of family links, mine-risk education and public communication (see above). It had not yet drawn up its contingency plans and post-conflict strategy, including its policies for dealing with needs arising from migration.

In consultation with the International Federation and the ICRC, the National Society worked to strengthen its legal base. After electing its new leadership, it made a commitment to revising its statutes. Its participation in Movement meetings, including those held abroad, reinforced its adherence to the Fundamental Principles.

Movement components met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		15		
RCMs distributed		84		
Phone calls facilitated between family members		2,989		
Reunifications, transfers and repatriations				
People reunited with their families		1		
People transferred/repatriated		2		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		227	26	31
People located (tracing cases closed positively)		113		
	<i>including people for whom tracing requests were registered by another delegation</i>	7		
Tracing cases still being handled at the end of the reporting period (people)		1,434	46	65
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		2	2	
UAMs/SCs reunited with their families by the ICRC/National Society		1	1	
Documents				
People to whom travel documents were issued		1		
Official documents relayed between family members across border/front lines		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		13,622	621	93
Detainees visited and monitored individually		280	15	11
Detainees newly registered		174	7	7
Number of visits carried out		81		
Number of places of detention visited		41		
Restoring family links				
RCMs collected		88		
RCMs distributed		19		
Phone calls made to families to inform them of the whereabouts of a detained relative		35		
People to whom a detention attestation was issued		10		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	136,636	35%	24%
	<i>of whom IDPs</i>	106,270		
Essential household items	Beneficiaries	43,499	30%	23%
	<i>of whom IDPs</i>	21,720		
Water and habitat activities	Beneficiaries	59,770	39%	29%
Health				
Health centres supported	Structures	1		
Average catchment population		6,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	6,127		
Cash	Beneficiaries	6		
Water and habitat activities	Beneficiaries	2,200		
Health				
Number of visits carried out by health staff		33		
Number of places of detention visited by health staff		18		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
Physical rehabilitation				
Centres supported	Structures	1		