



ICRC/AR_2016
 ⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office ⊕ ICRC-supported physical rehabilitation project
 *Map shows structures supporting ICRC operations in Libya

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Tens of thousands of IDPs, including female heads of households, covered their basic needs with household essentials, hygiene items and food from the ICRC and the Libyan Red Crescent.
- ▶ Wounded people were treated at health facilities that the ICRC provided – either regularly or in response to emergencies – with medical supplies; such support was expanded, benefiting more people than last year.
- ▶ At ICRC-organized workshops, 57 doctors learnt more about managing emergency-room trauma cases, and 39 others updated their knowledge of best practices in the clinical management of the wounded.
- ▶ Hundreds of migrants received visits from ICRC staff members, who assessed their situation and discussed the findings with the authorities. Many of them contacted their relatives through phone calls and other means.
- ▶ Disabled people began to use the services offered at Misrata University's orthopaedic workshop, which started to produce prosthetic and orthotic devices in April, with ICRC material support and guidance.
- ▶ The ICRC maintained contact with government officials, armed groups and local leaders, which helped facilitate its emergency response activities. However, direct dialogue with them on IHL-related matters remained limited.

EXPENDITURE IN KCHF

Protection	2,122
Assistance	10,993
Prevention	2,527
Cooperation with National Societies	2,799
General	87
Total	18,528
<i>Of which: Overheads</i>	<i>1,131</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
---------------------------	-----

PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	106

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **MEDIUM**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	12
RCMs distributed	9
Phone calls facilitated between family members	100
Tracing cases closed positively (subject located or fate established)	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited ¹	343
Detainees visited and monitored individually	210
Number of visits carried out	7
Number of places of detention visited	2
Restoring family links	
RCMs collected	63
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	17

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of the report may not reflect the extent of the activities carried out during the reporting period.

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 90,000	59,208
Essential household items	Beneficiaries 102,000	103,984
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 4	4
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients	175

CONTEXT

Clashes between armed groups became more frequent and intense in 2016. People in densely populated areas were especially affected, and attacks on civilians and essential infrastructure continued to be reported. A military operation, which involved air strikes and intense ground combat, was carried out against Islamic State group positions in Sirte. Communal violence and criminality persisted throughout the country.

Hundreds of thousands of people, including thousands who had been displaced before, were newly displaced by the intensified violence. Many of those enduring protracted displacement were still unable to return to their communities. Obtaining basic services and essential commodities, and withdrawing money from the bank, became even more difficult. Because of the uncertain security conditions, only a few international organizations were operational in Libya.

Various government bodies competed for power and legitimacy, notably: a “government of national accord”, based in Tripoli and recognized by the UN and the wider international community; another government body, also based in Tripoli; and a third, based in Tobruk and supported by the Libyan parliament. Such political uncertainty compounded needs and complicated efforts to address them.

Migrants continued to use Libya as a point of transit to Europe. Vessels carrying migrants across the Mediterranean Sea were often involved in disasters; this led to more rescues, and more deaths, at sea. In addition, more arrests were also reported.

ICRC ACTION AND RESULTS

In response to the rising number of people displaced or wounded because of the intensified violence in Libya, the ICRC scaled up its activities to tackle emergency humanitarian needs; a budget extension¹ was launched in June in support of this. It conducted its work through four offices in Libya and a support unit in Tunisia. Whenever possible, it worked with the Libyan Red Crescent, which was given more support for strengthening its capacities, particularly in restoring family links and responding to emergencies.

Thousands of displaced people coped with the help of household essentials and food rations from the ICRC and the National Society. They included people in areas that ICRC and National Society teams had not accessed in the past. Aid was delivered in a timely manner, usually during the early stages of displacement; this was possible partly because of enhanced contact with local leaders and improvements in the operational capacities of the National Society and the ICRC. Food distributions were not in the ICRC’s initial plans for 2016, but were carried out based on needs assessments. However, fewer people than targeted were reached, owing to delays in importing supplies.

The ICRC promoted respect for patients and medical personnel, and supported health facilities and the National Society in responding to emergencies. Four hospitals were regularly provided with medical supplies – more than in the past – enabling them to treat thousands of wounded people. Several other health facilities also benefited

from emergency material donations. The ICRC helped first-aiders and doctors expand their capacities, including their ability to teach others, through courses that also covered issues related to the Health Care in Danger project. The first-aiders eventually organized courses for hundreds of National Society volunteers in Libya.

Misrata University and the ICRC resumed cooperation in improving physical rehabilitation services and making them more widely available. In April, disabled people began obtaining services at the university’s orthopaedic workshop, which the ICRC supported with technical guidance and materials.

The ICRC provided training and supplies for National Society branches to strengthen their ability to manage human remains. It pursued dialogue with the authorities overseeing forensic work and human remains management, with a view to learning more about current forensic practices and identifying issues that needed to be addressed.

Efforts to resume standard ICRC visits to people deprived of their freedom were not pursued, owing to the prevailing situation and the limitations of the organization’s set-up in Libya. The ICRC continued to monitor the situation of detained migrants in one centre in Misrata and to help address some of their needs. Hundreds of migrants were visited by ICRC staff members, who checked on their situation and helped them contact their relatives or consular representatives. Family-links services also benefited other people separated from their relatives, including those located abroad.

The ICRC followed the situation in violence-affected places and sought to expand its contacts among authorities and weapon bearers. It raised certain humanitarian concerns with these groups, but establishing systematic dialogue with them, on IHL and other related issues, was still not feasible. The ICRC also drew attention to humanitarian issues and the Movement’s activities through public communication initiatives, which included disseminating multimedia updates and organizing briefings during relief distributions. These efforts and its interaction with other humanitarian actors in Libya and abroad helped the ICRC monitor humanitarian needs and adapt its response accordingly.

CIVILIANS

The ICRC monitored the situation in violence-affected places, taking particular note of violations of norms protecting people who were not or were no longer involved in the fighting and of abuses against medical professionals and facilities. Some documented humanitarian concerns were discussed, whenever possible, with the pertinent parties.

The ICRC also kept up its interaction and coordination with government representatives, municipal authorities, members of civil society, and other humanitarian groups in Libya and abroad. This helped facilitate its activities for vulnerable people, including those in areas that it had not reached in the past few years.

IDPs receive food and household essentials early on in their displacement

People displaced by clashes and other violence coped with the help of emergency assistance from the ICRC, which often worked with the Libyan Red Crescent to distribute relief items. Because of the increased number of IDPs in Libya, the two organizations

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/11A8F4B5B115A56BC125802700227F95/\\$File/UpD_Libya_BE_REX2016_350_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/11A8F4B5B115A56BC125802700227F95/$File/UpD_Libya_BE_REX2016_350_Final.pdf)

expanded their response and worked to deliver assistance within the first few weeks of people's displacement.

Around 61,900 people (10,330 households) eased their living conditions with ICRC-donated household essentials and hygiene items. Some 32,200 people (6,368 households) benefited from one-month food rations. Food distributions, not initially planned for 2016, were begun in January based on needs. The ICRC, however, reached fewer people than targeted under the budget extension, owing to delays in importing supplies. Relief distributions focused on the most vulnerable groups, such as female heads of households and the elderly, and others with specific vulnerabilities.

Essential household items for 42,000 people (7,000 households) and food supplies for 27,000 people (4,500 households) were handed over to the National Society for its own relief distributions. Joint activities with the ICRC and guidance from ICRC staff helped National Society personnel, at headquarters and at the branches, to learn more about assessing needs, distributing aid, and monitoring and reporting results.

Plans to provide cash or vouchers to help 15,000 households meet their needs were postponed, because of issues affecting the banking system and the supply of cash in Libya; some of the funds for this activity were reallocated for relief distributions.

Discussions with local authorities, concerning the possibility of ICRC support for addressing water-related problems, continued. At their request, municipal authorities in Benghazi were given boots, gloves and other supplies to help them deal with overflowing sewage.

Families contact their relatives detained abroad

Through phone and video calls or oral messages relayed by ICRC staff members, families in Libya exchanged news with relatives detained abroad or held at the US internment facility at Guantanamo Bay Naval Station in Cuba; one family also sent food parcels to a detained relative.

People in Libya and abroad approached the ICRC for assistance in getting news of relatives who had gone missing, mainly in the course of migration; some people alleged that relatives had been arrested. Two Somali migrants received ICRC travel documents, which helped them join their families in a third country.

At two ICRC-organized training courses in Tunisia, 42 Libyan Red Crescent volunteers expanded their capacities in restoring family links; staff members from various branches discussed coordination issues and other matters at separate meetings. The National Society's coordinator for family-links services carried out field visits and attended a regional workshop – in both instances, with ICRC technical and financial support.

Emergency responders learn more about good practices in managing human remains

Several National Society branches helped collect and manage human remains in violence-affected areas and after accidents involving migrants at sea; ICRC training, and body bags and other supplies provided by the organization, helped staff and volunteers carry out these tasks. Staff members also developed guidelines for such work at an ICRC-organized workshop.

The ICRC and the authorities overseeing forensic work and human remains management intensified their dialogue, which was aimed at better understanding current forensic practices and issues that had to be addressed. They also discussed tracing requests related to migration (see above). At ICRC workshops, ten Libyan officials familiarized themselves with international standards for the management of human remains and good practices for it. A forensic professional discussed the subject with peers at an event in Côte d'Ivoire (see *Abidjan*); the ICRC supported his participation.

PEOPLE DEPRIVED OF THEIR FREEDOM

Owing to the prevailing political and security situation, and to the limitations of its current set-up in the country, the ICRC did not seek to resume activities for people detained in relation to past and ongoing violence. It focused on monitoring the situation of migrants and other foreigners held in retention centres and on helping address their needs. To these ends, the ICRC renewed contact with the head of the Department for Combating Illegal Migration in Tripoli, and maintained dialogue with the authorities in charge of retention centres in Misrata and Tripoli.

Vulnerable migrants contact relatives and receive material assistance

Migrants held at a retention centre in Misrata were visited by ICRC staff members, who assessed their treatment and living conditions, including the health services available to them; the findings were discussed with the pertinent authorities afterwards.

Many of the migrants visited, as well as some detainees held at a prison in Misrata, restored contact with their relatives through phone calls or RCMs. The consular representatives of 201 migrants, and the UNHCR and/or IOM, were notified of their situation. Hundreds of migrants and several detainees were given clothes and hygiene items.

WOUNDED AND SICK

The ICRC sought to help ensure people's access to medical care by emphasizing the protection afforded by IHL to patients, health personnel and medical facilities in its public communication, training courses for medical professionals (see below) and, whenever possible, interaction with people capable of influencing the situation in Libya. It increased the volume and frequency of its material assistance to health facilities, in response to the escalation of violence and the rising number of wounded people.

Wounded or sick people receive treatment at ICRC-supported facilities

Four key hospitals – in Benghazi, Misrata, Sabha and Tripoli – were regularly provided with medicines, surgical equipment, wound-dressing kits and other supplies, enabling staff members to provide treatment for more than 6,700 wounded patients and perform about 13,400 operations in all. Emergency material donations from the ICRC helped 22 other hospitals to cope with influxes of wounded people, particularly after clashes or attacks in the areas they covered; two clinics and six branches of the Libyan Red Crescent Society benefited from similar assistance. The maintenance team at a hospital in Benghazi carried out repairs and other work with supplies from the ICRC.

First-aiders, surgeons and other medical personnel hone their skills

With technical advice and financial support from the ICRC, the National Society continued to develop its first-aid programme;

this helped ensure the availability of pre-hospital care in violence-affected areas. At ICRC-organized courses, which were held in Tunisia because of the uncertain security conditions in Libya, 36 volunteers from 18 branches strengthened their teaching ability. They later conducted training sessions in Libya, at which some 130 other National Society volunteers refreshed or augmented their knowledge of administering first aid.

Medical professionals providing higher-level care also benefited from ICRC-organized training sessions: 57 surgeons and other doctors learnt more about emergency-room trauma management, and 39 others updated their knowledge about best practices in the clinical management of wounded patients. Four Libyan assistant instructors helped lead the courses on emergency-room trauma management.

Disabled people begin receiving services at an ICRC-supported orthopaedic workshop

In February, Misrata University and the ICRC signed a memorandum of understanding to resume cooperation in increasing the availability of physical rehabilitation services in Libya and improving their quality. Under this agreement, the university hired orthotists and prosthetists to run its prosthetics and orthotics workshop, which the ICRC provided with materials. The workshop was established in 2013 with ICRC support, but began to produce assistive devices only in April 2016, owing to security constraints and a lack of qualified personnel.

Subsequently, 175 people availed themselves of the workshop's services.

With a view to ensuring the workshop's sustainability, the ICRC supported four Misrata University students in taking orthopaedic technology courses abroad.

ACTORS OF INFLUENCE

Working within the constraints of a challenging working environment and a complex political situation, the ICRC sought to raise awareness of neutral, impartial and independent approach to humanitarian action, with a view to facilitating its activities for vulnerable people (see *Civilians*). It did so by maintaining its interaction with representatives of different government bodies and with certain armed groups in Libya. Networking enabled it to develop new contacts among these actors and with people capable of influencing them. Dialogue with these groups on IHL and on protection- and other IHL-related matters, however, remained limited.

The general public learns more about humanitarian needs in Libya and the ICRC's response

Public communication initiatives, carried out on various platforms, and interaction with local and international media professionals supplemented the aforementioned efforts to foster support for the Libyan Red Crescent and the ICRC. Messages about IHL, the goals of the Health Care Danger project and broader humanitarian issues, and about the Movement's activities, were disseminated to a wide audience within and outside Libya through articles, videos and photos. These matters were also tackled during relief distributions and the various training courses organized by the ICRC. Some initiatives were carried out with the National Society, which

worked, with ICRC technical support and training, to strengthen its own capacities in public communication and to improve its visibility. The National Society established a department to oversee its work in this regard.

Four professors and two Islamic scholars learnt more about IHL at courses abroad (see *Lebanon* and *Tunisia*). Islamic institutions and Misrata University, among other local bodies or organizations, received reference materials on IHL.

RED CROSS AND RED CRESCENT MOVEMENT

Acting within the framework of their partnership, the Libyan Red Crescent and the ICRC provided emergency assistance and helped ensure the availability of medical and other services to vulnerable people (see *Civilians* and *Wounded and sick*).

The National Society continued to improve its operational capacities with various forms of support from the ICRC, including staff training and donations of vehicles and equipment for emergencies. During ICRC-organized courses, National Society volunteers and staff members developed their capabilities in restoring family links and managing human remains. They also learnt more about the Movement, the Fundamental Principles and, in line with the Safer Access Framework, ways to mitigate security risks while carrying out their activities. The National Society's headquarters covered its operating and other costs with funds provided by the ICRC.

The National Society drew on ICRC expertise to enhance its organizational structure. It continued to revise its statutes, with a view to strengthening its legal base.

With support from the ICRC and the International Federation, the National Society participated in regional and international meetings and conferences of the Movement's components. Coordination among Movement components continued.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		12			
RCMs distributed		9			
Phone calls facilitated between family members		100			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		50	12	2	3
<i>including people for whom tracing requests were registered by another delegation</i>		25			
Tracing cases closed positively (subject located or fate established)		4			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		1,511	56	23	47
<i>including people for whom tracing requests were registered by another delegation</i>		70			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1			
Documents					
People to whom travel documents were issued		2			
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited ¹		343	96	57	
			Women	Girls	Boys
Detainees visited and monitored individually		210	13	4	9
Detainees newly registered		210	13	4	9
Number of visits carried out		7			
Number of places of detention visited		2			
RCMs and other means of family contact					
RCMs collected		63			
RCMs distributed		7			
Phone calls made to families to inform them of the whereabouts of a detained relative		17			
People to whom a detention attestation was issued		1			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	59,208	18,705	21,996
	<i>of whom IDPs</i>	59,208	18,705	21,996
Essential household items	Beneficiaries	103,984	33,373	37,030
	<i>of whom IDPs</i>	103,984	33,373	37,030
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	970	432	16
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
	<i>of which provided data</i>	4		
Admissions	Patients	26,153	4,829	3,165
	<i>of whom weapon-wounded</i>	6,772	683	330
	<i>(including by mines or explosive remnants of war)</i>	1,465	15	67
	<i>of whom surgical cases</i>	19,381	4,146	2,835
Operations performed		13,406		
Outpatient consultations	Patients	106,214	3,396	2,488
	<i>of whom surgical cases</i>	106,214	3,396	2,488
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	175	22	10
New patients fitted with prostheses	Patients	63	8	1
Prostheses delivered	Units	82	13	3
	<i>of which for victims of mines or explosive remnants of war</i>	8		
New patients fitted with orthoses	Patients	10		3
Orthoses delivered	Units	10		3
Patients receiving physiotherapy	Patients	6	1	
Walking aids delivered	Units	3		