



The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It seeks to clarify the fate of missing persons and to address their families' needs. 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 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 2014:

- ▶ the ICRC focused on emergency response and suspended several activities, following a review of its operations and changes in its set-up necessitated by security constraints, including the murder of a delegate
- ▶ the Libyan Red Crescent sustained its emergency response capacities – particularly in relief distribution, first aid and human remains management – with capacity-building support from the ICRC
- ▶ thousands of people wounded during clashes received treatment from 22 hospitals and 28 National Society branches/primary health care centres equipped with ICRC-provided medical supplies
- ▶ people who had fled or were living in areas prone to, or affected by, violence coped with the help of food rations and essential household items from the National Society and the ICRC
- ▶ public information campaigns and contact with influential actors, although limited, drew attention to humanitarian issues, the Movement's work and the goals of the Health Care in Danger project

EXPENDITURE (in KCHF)

Protection	3,190
Assistance	5,808
Prevention	3,201
Cooperation with National Societies	1,553
General	-
	13,752

of which: Overheads 839

IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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PERSONNEL

Mobile staff	26
Resident staff (daily workers not included)	140

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

LOW

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	9
RCMs distributed	21
Phone calls facilitated between family members	1,486
People located (tracing cases closed positively)	87
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	6,789
Detainees visited and monitored individually	246
Number of visits carried out	30
Number of places of detention visited	22
Restoring family links	
RCMs collected	53
RCMs distributed	11
Phone calls made to families to inform them of the whereabouts of a detained relative	35

ASSISTANCE	2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 54,000	18,102
Essential household items	Beneficiaries 48,000	42,135
Work, services and training	Beneficiaries	16
Water and habitat activities	Beneficiaries 150,000	
Health		
Health centres supported	Structures	28
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	22
Physical rehabilitation		
Centres supported	Structures 1	1
Patients receiving services	Patients 100	

CONTEXT

Security conditions were precarious in many parts of Libya, mainly as a result of clashes between brigades that were formed during the 2011 conflict and which continued to operate throughout the country. Opposing brigades in Benghazi had been engaged in armed conflict, characterized by heavy fighting in urban settings, since May 2014, as were brigades in Tripoli since July 2014. The conflict in Benghazi spread to Derna and other nearby areas. Attacks on State institutions/officials and on civilians and civilian infrastructure, including medical facilities, persisted – as did interethnic feuds and sporadic clashes in southern Libya.

The escalation in violence led to injuries, deaths and displacement among civilians, some of whom had already been displaced during past conflicts. Medical/humanitarian workers and the people they sought to assist were sometimes attacked by weapon bearers and refused passage; in June, the head of the ICRC sub-delegation in Misrata was murdered in Sirte. Foreigners increasingly came under threat amid widespread insecurity, prompting foreign embassies and organizations to evacuate their international staff from Libya.

Two parliaments/governments, both backed by armed groups, had been competing for power and legitimacy since September.

Thousands of families continued to await news of relatives missing since and before 2011.

ICRC ACTION AND RESULTS

Midyear, the ICRC reviewed its operations in Libya following the deterioration of the security and political situation (see *Context*). It reconsidered its priorities, cut back its activities and relocated its international staff to Tunis, Tunisia.

Despite these adjustments and the difficult working conditions, the ICRC remained committed to helping people affected by the armed conflicts and other situations of violence in Libya. Through its staff in four sub-delegations/offices and in partnership with the Libyan Red Crescent, it focused on addressing the emergency humanitarian needs of injured and displaced people. The National Society consolidated its operational and institutional capacities with technical, material and financial ICRC support, including for managing human remains.

To help ensure that wounded and sick people, including those injured during clashes, received appropriate treatment, the ICRC donated medical supplies to hospitals and National Society branches and primary health care centres. It conducted first-aid training sessions for National Society volunteers and trauma-management/war-surgery seminars for doctors/surgeons, helping bolster national capacities. However, it reached fewer volunteers/medical personnel than planned, owing to difficulties in organizing courses amid the violence. Also because of security constraints, the ICRC cancelled its physical rehabilitation programme in the country and discontinued its support for local mine-risk education initiatives.

People living in or who had fled conflict-affected areas coped with their conditions, partly through the coordinated activities of the National Society and the ICRC. The National Society sustained its emergency response capacity by replenishing its stocks of food and essential household items, with ICRC support; volunteers/staff received training in assessing humanitarian needs. Tens of thousands of IDPs and residents received food and essential

household items. In Misrata and Sabha, vulnerable communities had access to water from infrastructure maintained by ICRC-trained water technicians. However, because of the prevailing situation and the changes in the ICRC's set-up, the planned distribution of Ramadan food parcels to some 48,000 people and a project to upgrade water infrastructure in Zintan City were cancelled.

Given the widespread insecurity and political uncertainty, the ICRC pursued efforts to raise awareness of humanitarian issues and enlist support for the Movement, including for the ICRC's neutral, impartial and independent approach. Contact with the authorities, weapon bearers and other parties of influence provided opportunities to encourage them to support National Society/ICRC activities. However, dialogue/networking with most of them was curtailed because of the prevailing situation. Public information campaigns – which mostly made use of social media and other Web-based channels – drew attention to humanitarian issues, the work of the National Society/ICRC and key messages of the Health Care in Danger project. Implementation of IHL-related activities was suspended as of July.

Owing to the changes in its set-up, and having lost its access to most places of detention because of the violence, the ICRC suspended its visits to detainees and other activities to benefit them. Visits to migrants at retention centres were also halted, but the ICRC continued to provide some material assistance for them.

Members of families dispersed by armed conflict, detention or other circumstances restored/maintained contact with relatives through National Society/ICRC family-links services. Interviews with the families of missing persons, part of a projected needs assessment, were not completed; the ICRC began to analyse available information, for use in future activities.

CIVILIANS

Prevailing situation curtails implementation of ICRC activities

Attacks on civilians, civilian infrastructure and medical workers/facilities were monitored and documented, as were obstructions to the delivery of humanitarian aid. Whenever possible, humanitarian concerns reported to ICRC delegates were shared with the pertinent parties. However, the prevailing security/political conditions (see *Context*) and the adjustments made by the ICRC to its set-up (see *Action and results*) hindered the development of dialogue with the authorities, weapon bearers and community leaders on the protection of civilians, wounded people and medical services. Discussions with the authorities on legal practices applicable to IDPs returning to their homes, and on people's access to State benefits, were similarly affected.

The uncertain security/political conditions also led the ICRC to suspend, in July, its activities to help improve people's access to water, address the needs of the families of missing persons, and support local mine-risk education initiatives (see below). Nonetheless, the ICRC continued, in partnership with the Libyan Red Crescent, to respond to the emergency humanitarian needs created by armed conflicts and other situations of violence.

Conflict/violence-affected people meet their immediate needs

People who had fled conflict-affected areas, or were living there, withstood their displacement with the help of the National Society/ICRC. The National Society sustained its emergency response capacity by replenishing stocks at 14 branches with ICRC-donated

food and household items; it renovated its warehouse in Sabha, with ICRC material support, and upgraded facilities at one branch. Through training/practical exercises, 16 National Society volunteers and 2 State employees learnt how to assess humanitarian needs; some of them were also trained to instruct others.

Over 42,130 individuals (6,675 households) coped with difficult conditions using ICRC-donated essential household items and hygiene kits distributed by the National Society/ICRC in areas prone to or affected by violence. They included 2,500 IDPs (400 households) from Benghazi who were assisted directly by the ICRC's Misrata office.

More than 18,100 individuals (2,659 households) sustained themselves with the help of one-month food rations from the National Society/ICRC; rations were increased to cover the needs of bigger families. A planned distribution, during Ramadan, of food parcels to some 48,000 people did not push through, as the ICRC was at the time dealing with the repercussions of the security incident in June.

Some 2,000 Pakistani nationals stranded in Tripoli while awaiting repatriation received food/hygiene kits.

In Misrata and Sabha, residents and IDPs had access to water from facilities maintained by 30 technicians trained by water authorities from other areas and the ICRC. Training sessions that were planned for the second half of 2014 were cancelled, as was a project to help the water authorities in Zintan City upgrade facilities serving 50,000 residents.

Families exchange news with relatives detained abroad

Family members separated by armed conflict, detention or other circumstances restored/maintained contact through family-links services provided by the National Society/ICRC. Various instances of disappearance were reported, mainly by irregular migrants; 87 people were found and given the means to contact their relatives. Families in Libya exchanged news with relatives detained abroad or held at the US interment facility at Guantanamo Bay Naval Station in Cuba (see *Washington*) through phone/video calls, RCMs and short oral messages relayed by ICRC delegates. ICRC travel documents enabled 11 third-country nationals without proper identification papers to leave Libya after the violence intensified.

National Society becomes more capable of managing human remains

To help prevent disappearances during conflict/violence, the National Society drew on ICRC support to develop its family-links services, particularly in terms of human remains management. Through training/coaching, 38 volunteers learnt how to properly recover and transport human remains. National Society branches in violence-affected/prone areas also received body bags and similar supplies, and protective equipment for their personnel.

Acting as a neutral intermediary, the ICRC facilitated the exchange of human remains between opposing forces in Misrata. Contact was maintained with morgues in Benghazi and Misrata; they were given technical advice on forensic matters, as needed.

An assessment launched in 2013, to document the needs of the families of missing persons, was not completed. Information collected from 155 families during interviews conducted by ICRC delegates until July 2014 was being analysed, with a view to drafting a report that would guide future ICRC response, should

the situation allow for the resumption of activities in this regard. ICRC training/advice for the authorities focused on the proper management of gravesites allegedly containing human remains from both before and after 2011.

Support for mine education halted

As it focused its resources on other priorities, the ICRC discontinued its support for the National Society's risk-education initiatives. Prior to this, at an ICRC-organized workshop, 18 volunteers learnt more about developing risk-education materials and collecting weapon contamination data. Dialogue with the authorities on weapon contamination did not develop.

PEOPLE DEPRIVED OF THEIR FREEDOM

Activities for people deprived of their freedom discontinued

In July, ICRC visits to detainees, including migrants, and other related activities were terminated. This was owing to the relocation of ICRC mobile staff to Tunis and to the organization's loss of access to detention facilities because of the political instability and the increase in the number of facilities controlled by brigades, with whom the ICRC had limited dialogue on detention.

Between January and May, some 6,780 people at 18 places of detention received ICRC visits, carried out according to the organization's standard procedures. Over 200 detainees were monitored individually, among them people held in relation to the 2011 conflict and other particularly vulnerable detainees. The authorities received confidential findings and recommendations drawn from these visits; they were also alerted to the situation of severely ill/injured detainees, thereby helping ensure that these detainees could be treated by State services.

Some detainees contacted their families through Movement family-links services. Detained migrants called their relatives, and over 40 foreigners had their consular representatives informed of their situation, at their request.

The authorities made use of technical and direct support from the ICRC to improve living conditions at six migrant detention centres; 2,100 migrants received clothes, hygiene items, blankets and other essential items from the ICRC. At the Sabha retention centre, over 500 detained migrants had better access to water following upgrades to the facility's water system. Over 300 migrants at the Zliten retention centre had more hygienic living conditions after similar upgrades. Most retention centres were closed as of July 2014. At one of those still functioning, in Misrata, 820 migrants received clothes and hygiene kits distributed by the ICRC in August.

WOUNDED AND SICK

Weapon-wounded victims receive suitable care

Especially after the violence in the country escalated, people wounded during attacks/clashes received treatment from 22 hospitals and 28 Libyan Red Crescent branches and primary health care centres equipped with ICRC-donated medical supplies. One of the hospitals received technical advice for managing human remains.

To help ensure that wounded people had unimpeded access to medical treatment, weapon bearers were reminded of the respect due to civilians, including people seeking or providing medical aid. This was done mainly through public information campaigns (see *Actors of influence*) and, whenever possible, during contact with the parties concerned.

First-aiders and medical personnel boost their capacities

Because of the difficulty of organizing courses amid the prevailing insecurity and the revised set-up of the ICRC, fewer people than planned benefited from initiatives to help develop national medical capacities.

Around 80 National Society first-aiders, from 16 branches serving areas prone to or affected by violence, honed their skills with the help of instructors trained/supervised by the ICRC. They also learnt how to safely conduct their work in volatile areas through briefings on the Safer Access Framework. Sixteen volunteers trained to become instructors, thereby increasing the National Society's capacity to conduct courses independently. Five branches received an ambulance each, helping them carry out medical evacuations.

Thirty-two doctors, surgeons and other medical professionals, including those working in eastern and southern Libya, upgraded their skills in trauma management, and 33 doctors in war surgery, during courses organized with local health authorities; five instructors refreshed their skills. Some of these courses were held in Tunis, Tunisia.

Physical rehabilitation activities suspended

Projects with the University of Misrata and the University of Tripoli, where the ICRC helped establish a workshop, to help build national expertise in physical rehabilitation and enhance the quality of prosthetic/orthotic devices were cancelled, as ensuring the presence of an expatriate technician to support the initiatives was not feasible in light of the prevailing situation.

ACTORS OF INFLUENCE

Public communication campaigns highlight humanitarian issues

Given the widespread insecurity and political uncertainty, raising awareness of humanitarian issues and enlisting support for the Movement, including for the ICRC's neutral, impartial and independent approach, were crucial for facilitating activities for people in need.

Meetings, briefings and other means of contact with the authorities, weapon bearers and other influential actors served to encourage them to support Libyan Red Crescent/ICRC activities. Information sessions on the similarities between IHL and Islamic law helped religious leaders in Benghazi clarify their understanding of the ICRC's mandate; they also enabled the ICRC to take stock of local communities' perceptions of the organization. Networking with brigades and armed groups in Benghazi, Misrata, Sabha and Tripoli focused on securing their support for ICRC activities. Defence Ministry officials were briefed on ICRC activities during their visit to the organization's headquarters in Switzerland. Some professors, State officials and military personnel attended courses/events abroad (see *Lebanon* and *Pakistan*). These efforts were cut short in July because of the security/political environment.

Especially because contact with influential actors was limited, ICRC public communication initiatives were enhanced, mostly through social media and other Web-based channels. These particularly drew attention to humanitarian issues, the work of the National Society/ICRC and key messages of the Health Care in Danger project. Protection of people seeking/provide medical care was highlighted during workshops/courses for medical personnel (see *Wounded and sick*) and National Society volunteers.

The National Society was supported in developing its own activities, through training and other support for strengthening its public communication capacities. A workshop for journalists was cancelled.

IHL implementation stalls

Over 110 army officers stationed in the south and the west added to their knowledge of IHL during information sessions. At similar sessions, *gendarmerie* officials from military prisons in Benghazi and Tripoli learnt about IHL norms applicable to their duties and ICRC activities for detainees.

With two government bodies competing for power (see *Context*), implementation of a four-year agreement with the Defence Ministry, on IHL implementation, was put on hold. Other activities in this regard were also affected: IHL information sessions for army officers stationed in the east did not take place; and senior officers slated to attend the IHL course in San Remo, Italy were unable to get visas.

RED CROSS AND RED CRESCENT MOVEMENT

Partnership with the Libyan Red Crescent continued to develop, given the escalation of violence in the country and the repercussions of the prevailing situation on ICRC activities. Cooperation between the National Society and the ICRC helped ensure the delivery of emergency relief and medical services to conflict/violence-affected people (see *Civilians* and *Wounded and sick*). Besides ICRC support for capacity building, the National Society also received vehicles, generators and communication equipment to sustain its operations. It pursued efforts to enlist support for the Movement and promote volunteerism among the public.

The National Society strengthened its organizational structure, by revising its statutes and attending Movement meetings abroad. It also discussed, with the authorities, its official status and role as an auxiliary to State services.

Coordination among Movement components continued, through meetings and other means. The National Society, the International Federation and the ICRC discussed possibilities for a common approach to addressing humanitarian needs; to this end, revision of the Movement coordination agreement in the country got under way.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		9			
RCMs distributed		21			
Phone calls facilitated between family members		1,486			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		146	12	7	6
<i>including people for whom tracing requests were registered by another delegation</i>		11			
People located (tracing cases closed positively)		87			
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases still being handled at the end of the reporting period (people)		1,453	42	21	43
<i>including people for whom tracing requests were registered by another delegation</i>		45			
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		3	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2	1		
Documents					
People to whom travel documents were issued		11			
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		6,789	212	85	
			Women	Girls	Boys
Detainees visited and monitored individually		246	6	2	2
Detainees newly registered		209	3	2	1
Number of visits carried out		30			
Number of places of detention visited		22			
Restoring family links					
RCMs collected		53			
RCMs distributed		11			
Phone calls made to families to inform them of the whereabouts of a detained relative		35			
People to whom a detention attestation was issued		23			

* 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	18,102	27%	21%
	<i>of whom IDPs</i>	15,075		
Essential household items	Beneficiaries	42,135	29%	20%
	<i>of whom IDPs</i>	31,869		
Work, services and training	Beneficiaries	16	19%	
Health				
Health centres supported	Structures	28		
Average catchment population		215,543		
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	2,920		
Health				
Number of visits carried out by health staff		6		
Number of places of detention visited by health staff		3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	22		
Physical rehabilitation				
Centres supported	Structures	1		