

Humanitarian Overview of Post-Qadhafi's Libya : (2011-2016) some key facts

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Since the collapse of Libya's political order, Libyans have in general experienced less access basic services such as health, education and security. Less income generating capacity to purchase food, recover their shelters or find temporary shelters to settle. This section will first provide an overview of the major sources of concern related to the living conditions of Libyans. Second, it will focus specifically on the keys features of the segments of the Libyan population considered most at risk: internally displaced people (IDPs) and the mixed migrants (economic migrants, asylum seekers, refugees).

First, what is worth here highlighting is the worsened physical security conditions for civilians caused by the collapse of the security apparatus, the proliferation of arms and non-state armed groups: the collapse in the provision of services such as justice, the rise in unlawful behaviours on the side of armed groups – such as abductions, illegal detentions, and torture. After the revolution and until 2013, direct confrontations between non-state armed groups (NSAGs) increased the exposure to violence – peaking in localities that had multiple armed groups, multiple tribal constituencies, sources of power and/or economic revenues. These contested areas, such as Tripoli, Benghazi and Sabha,

remained particularly unstable (ICG 2013). With the collapse of justice systems and security agreements, civilians could be exposed to acts of arbitrary violence, intimidation, abductions, torture, and illegal detention. Civilians could not resort to courts, as courts themselves were not in the condition to work, judges were intimidated, threatened or killed (ICG 2013, UNSC). Some minority groups – such as the tribes associated with former regime structures [i.e. the Tawargha and Mashashyia] were particularly vulnerable to violence. Yet, with the escalation of 2014, exposure to violence for several socio-economic strata increased. All population groups surveyed by the MSN 2015 and 2016 report increased concerns compared to the precedent year regarding physical aggression, extortion, abductions and illegal detention. At the same time, while non-state armed groups are at chances seen as the only providers of minimal functions of security, the population surveyed reports low levels of trust in the armed groups capacities of law enforcement. While on the overall access to basic services improved – access to

psychosocial support for victims of violence, safe shelters, and protective environment for women and children decreased. (MSN 2015). Since June 2016, threats to safety, and deaths from small arms, and UXOs are increasingly reported (MSN 2016).

A more specific problem relates to the questions against women. Women may be victims of domestic violence, rape or other forms of abuses both inside and outside their homes (UNICEF 2011). Violence against women is sensitive; victims do not have legal safeguards, but can be prosecuted for extramarital relations, or she may be forced to marry the perpetrator (UNICEF 2011). There were no shelters for protecting victims of violence before 2011 (Freedom House 2010), but only 'social rehabilitation facilities' – centers in which women are held to isolate them, and their stigma, from the rest of the society (UNICEF 2011). The escalation of 2014 correlates with an overall worsening in the security of women from violence. While in 2014, IDPs did not identify gender based violence as a major source of concern (Interagency Assessment 2014),



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the low-intensity violence against women increased – in a context where the only available protective institutions are the tribes and local elites (MSN 2015).



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A second source of risks for physical security derives from the widespread contamination from mines remnants of war, etc. The Interagency assessment of 2015 highlighted how half the respondents reported the presence of unexploded ordnance (UXOs) in their communities, particularly in the South where this was reported by 78 %. (MSN 2015). There are multiple areas in the country that are still contaminated by the conflict. In addition – the several armed confrontations across years have aggravated the contamination levels¹ (Human Rights Watch 25/03/2015).



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A third source of insecurity is more specific for children. Remnants of war and small arms posed significant threats to their safety and life (UNICEF 08/02/2013). At

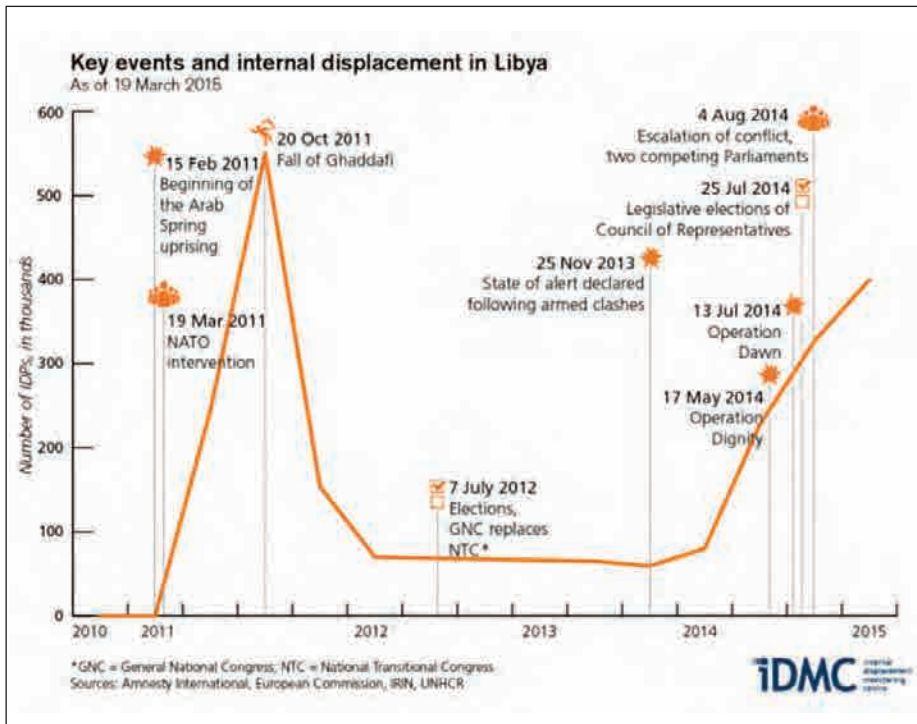
the same time, assessments identified cases of family separation, psychological distress, psychological and physical violence, involvement in armed conflicts, lack of access to basic services, such as health, as well as limited responsive capacities from institutions (WASH Cluster 03/2012). In an attempt to answer these needs, international organizations have more recently tried to involve municipalities in Libya in the provision of child protection services (UNICEF 21/04/2015), yet several challenges persist including the risks posed by war remnants (MSN 2015), and complete lack of services for children into Detention Centers (PI 05/2015). Recruitment practices of children or adolescents under 18 are known (MSN 2015).

A fourth source of insecurity, although overall milder than others, relates to the capacity of Libyans to maintain adequate food and nutrition standards. 2011's armed reduced Food stocks and this, in addition to deteriorating rate exchanges and worsened working conditions for the banking systems, led to increases in food prices (Inter-agency, 04/2011 ; OCHA, 05/2011). After a gradual improvement, 2014's escalation interrupted this trend (FAO, 01/2015), though concerns regard rising prices, inflation effects on purchasing power more than access to basic nutrition standards (MSN 2016).

Instead, a major source of insecurity relates to health services. The fled of specialized foreign health workers during the conflict reduced the system's capacity

to address both emergency and ordinary cases. Additionally, logistic chains for the repletion of chronic and emergency supplies broke apart, (OCHA Revised Flash Appeal 05/2011). In fact the UN Country Team strategic framework of 2012 identified the reconstruction of the health system as a key priority (UNCT 2012). Yet – it was never accomplished, so when the escalation of 2014 brought a renewed pressure (Interagency Rapid Assessment 12/2014). Conditions became that critical, that in august 2014 the Ministry of Health warned of a potential collapse of the public healthcare (WHO, 01/10/2014). Both patients and health workers could not reach hospitals in 2014, several clinics were shut down due to insecurity, or were overtaken by armed groups (Interagency Rapid Assessment 12/2014), particularly in Benghazi (UN Security Council 26/02/2015). Medical supplies quickly run short (Interagency Rapid Assessment 12/2014), logistic chains were disrupted or subject to corruption (IDMC 30/03/2015). After 2014, access to healthcare increased – though unevenly, with vulnerable segments of populations excluded from it. Medical staff and supplies instead remained short, while major medical concerns psychological traumas, injuries – or chronic diseases were mostly reported. (MSN 2015). This remained constant in 2016, while rising concerns regarded the availability of water across regions, the worsening in the sanitation and waste management, as well as the reduced access to many of hygiene items such as diapers, soap and water tanks for raising prices (MSN 2016).

Lastly, a source of concern for Libyans related their capacity – especially related to their children's capacity – to access education services. In general, data suggest that against an interruption in the functioning of school facilities during conflict peaks, education services have gradually reopened (MSN 2015). 2016 data, instead, report a decreased functionality in both primary and secondary data – on a yearly basis. A particular concern related to the fact that in 19 % of assessed municipalities, less than 20 % of school aged children were regularly attending schools. When



schooling facilities were not functioning, reported causes included – the use as shelters from IDPs, lack of teaching staff or destruction. (MSN 2016).

Internally Displaced People

A major humanitarian concern by the revolution and the persisting insecurity relates to the Internally Displaced People (IDPs) population. Some groups within this population have experienced multiple and protracted displacement – like the Tawarghan (UNHCR 2014). In April-May 2011, Loyalists besieged Misurata resorting also to Tawarghas fighters. Misuratans accused the Tawargans of human rights abuses, so after they bounced Loyalists back the attacked the town of Tawargha causing the complete evacuation of the town (Amnesty International 2013). Similarly also the Mashashiya tribes were accused of having supported the regime against Zintan, so they were attacked by the Zintanis, forcibly displaced, and their looted and destroyed.

Between 2012 and 2014 the number of IDPs decreases everywhere but in the South of Cirenaica and Fezzan. Clashes in Kufra between the Tebu, caused casualties and displacement (UNSMIL 2012, ICRC

2012 ex IDMC). In the Fezzan the Tebus and the Awlad Suleiman tribes clashed in March 2012 and in January 2014, causing displacement particularly in Sabha (UNSMIL 2012).

Instead the escalation following by Operation Karama in Benghazi and *Fajr Libya* in Tripoli inverted the trend. Since at least May 2014, fighting has brought the displacement of over 435 thousand people, besides the destruction of infrastructure, of basic services² (UNHCR 2014, IDMC 2015).

Displacement worsened the humanitarian conditions of several households, with a lack of medical supplies, income pressures, refuge in unfinished buildings and schools, increasing prices for basic commodities such as food, cooking oil and fuel increased (UNHCR 2015). Displaced households were exposed to multiple types of violence, and relationships with host communities tended to worsen (MSN 2015, MSN 2016) Also, the female IDP population reported to feel increasing insecurity from violence of armed groups (UK Home Office 18/02/2015). Sexual abuse of female mixed migrants, including pregnant women, is reportedly endemic (Amnesty International 11/05/2015), particularly in detention center facilities (UN Security Council 26/02/2015).

In 2014 14 % were moderately/severely food insecure, 84 % at risk (Inter-agency, 12/2014). More generally the relative amount of income used for food, compared to the pre-escalation phase, increased for prices inflation (Inter-agency, 12/2014), while other basic goods such as fuel, electricity and water became scarce (ICG, 02/2015). The regularity of salaries and state pensions – main income generating instruments – weakened by the escalation of 2014, and the banking system got into credit and liquidity crisis. IDPs increased their self sufficiency in 2016, though parts of the population remained with constrained income. More in general, delays of payments in the salaries remain pervasive, as well as the limited functionality of the banking system. This was coupled with rising prices and reduced productivity – which worsened access to food across Libya (MSN 2016).

Migrants, Refugees and Asylum seekers

Mixed migrants are relatively more vulnerable compared to IDPs and Libyans in general, though the estimation of their population is. Migrant's living conditions are precarious, and need a multi-faceted assistance, from basic items for daily survival to the enhancement of mechanisms preventing further violence upon them. Most of them, arrive in vulnerable conditions already, and have experienced different traumas – including torture – in their migration history (European Commission 22/12/2014).

Nevertheless, the estimated number of migrant workers and refugees in Libya in 2014 were 150 thousand and 37 thousand respectively (PI 05/2015) mainly registered in registered in Tripoli and Benghazi, and mainly Syrian (UNHCR 28/04/2015). Furthermore, migration towards Europe peaked in 2014, with 140 thousands (82 % of the total) from Libya. Almost 3 thousand people died certainly (UN Security Council 26/02/2015). Yet the flow has increased in 2015 (IDMC 30/03/2015), and correlates with a general deterioration of living conditions (MSN 2015). For migrant workers, access to health services is precluded (Interagency Rapid Assessment 12/2014).

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Mixed Migrants are legally vulnerable. Libyan legal system makes irregular entry and departure a criminal act – irrespective of the type of legal status; particularly the 2010 Law on Combating Irregular Migration foresees the indefinite detention and deportation of people accused of irregular status (Amnesty International 11/05/2015). Additionally, Libya has never signed the 1951 Refugee Convention (European Commission 22/12/2014). Yet many amongst migrants travel undocumented (Amnesty International 11/05/2015).

Having weak legal status, mixed migrants are exposed to systematic abuses: (DRC 04/02/2015). Daily simple routines attempts to satisfy basic human needs – such as getting access to water, food, or health, can expose them to abductions, kidnappings, detention, other abuses, or simply violence³ (DRC 04/02/2015), or to sexual or economic exploitation. All this is compounded by a general xenophobia towards (sub-saharan) migrants, (Amnesty International 11/05/2015). Several live in temporary shelters of urban and suburban areas (DRC 2013, MSN 2015). Protection, access to basic services is severely constrained, and more constrained than those of IDPs (MSN 2015). On the top of this – if detained, they have limited legal safeguards (UNHCR 28/04/2015). In detention, abuses and violence, under nutrition or malnutrition, no restricted access to water, chronic precarious hygiene and health conditions prevail (UNHCR 28/04/2015, Amnesty International 11/05/2015). In 2015,

12 centers reported their affiliation to the DCIM, while it was known the existence of at least other 21 other centers run by other groups contesting the authority of the central government (PI 05/2015). At least 2,600 migrants and asylum seekers were registered in DCIM facilities, mostly West Africans, as well as Somalis, Eritreans, and other citizens of east African countries (UNHCR 28/04/2015). The condition of non-DCIM detention center is currently unknown.

¹ Human Rights Watch (HRW) documented the extensive use of anti-personnel and anti-vehicle landmines by Gaddafi forces during the 2011 conflict. HRW researchers found at least five types of mines in nine locations, including around Ajdabiya, in the Nafusa Mountains, near Brega, and in Misrata, where the Gaddafi government also laid at least three sea mines near the port. During the 2011 conflict, Libya's then-opposition National Transitional Council (NTC) formally pledged not to use antipersonnel and antivehicle landmines, and to destroy all mines in its forces' possession.

² In Tripolitania, 2014's escalation generated approximately 270 thousands IDPs, including 120 thousands left the area of Wershefana after fighting in Tripoli moved south west; other major destinations for IDPs are AzZawya, Ajaylat and Yafran (ACAPS 2015). In the Fezzan, armed confrontations among Tebu and Tuareg tribes around Awbari in late 2014 caused victims and an imprecise number of displaced – approximated by the UNHCR in 18,500. Several found shelter in unfinished buildings and schools in Sabha, Ghat, Murzuq, WadiShafti, Al Jufraetc (UNHCR 14/11/2014 ; UNHCR 16/01/2015).

³ Deteriorating economic conditions have widened the lucrative opportunities around the movement of people. Networks of people involved in the

recruitment, abduction, movement, transit and stationing, departure of migrants – voluntary or forcefully introduced into migration challenges – move great capitals in contemporary Libya, constituting a major political economic system. People's movements (smuggling and trafficking) can be start well before coming into Libya. The Libyan part of the commerce, moreover, can be seen as starting in Tchad, Sudan, Niger; There, migrants forcefully or voluntary pay traders to continue their travel towards Libya. There they are either handed over to Libyan nationals or transported into Libya and then passed to Libyan nationals. Libyan traders are of multiple ethnic proveniences, and consider livelihood – like other smugglers in Libya do – a commerce like others. Actually, such routes of people are not recent, and have been described as having long lasting roots in time. Migrants are first transported in southern Hubs – such as Sabha and al Jufra. Here – they already at risk. Being without documents puts them into the shadow economy of migration, which brings them into clandestinity and impairs their access to basic services, such as health: going to a hospital, from now on, is a serious security risk, as could cause their arrest. Security-wise also, there traders often become perpetrators of violence. From Sabha and Jufra, major routes tend to go either to BaniWalid and Tripoli or to the east – Ajdabiya and Benghazi. (Amnesty international 11/05/2015). Some of them remain in Libya for years. This trend was more visible in the past – since Libya has been both a destination and a transit center. Not all of them, also, are caught from authority – though this is probably a minority. For the majority however – they can be caught and placed in detention centers run by the DCIM, by militias – or unclear. They can simply be placed in 'transit centers' (again – official, non official, or not clear), or they can simply stay housed in urban, or semi-urban areas, in unfinished buildings, trying to make a living and or waiting for their time to go.

