

Situational update

The general security situation in this reporting period remained calm. Several families returned to their homes following the September armed clashes that led to multiple displacements. Some families were however unable to return due to the severe damages to their shelters. In Tajoura, a total of 250 families returned to their homes. Furthermore, an estimated 700 migrants arrived to Swani Bin Adam most reportedly in transit to other locations. In addition, around 3,925 individuals returned to their homes in Abu Slim. Furthermore, an estimated 3,000 migrants also returned to Abu Slim following the end of hostilities while around 170 Families returned to Tawergha, however not all of them are permanently staying there due to lack of basic services¹. GBV partners in Libya continued to provide case management and psychosocial support to GBV survivors and other vulnerable groups during this reporting period while focusing on the return areas where information dissemination sessions, safety audits and dignity kits distribution were prioritized.

Key GBV interventions during the month

Functional GBV hotline established in Tripoli

- 1 UNFPA through its implementing partner, Albayan is currently running a hotline number in Tripoli to facilitate timely and safe access GBV related services. In the month of October, a total of **41 cases were provided with assistance through the hotline.**

Dignity kits distribution

- 2 UNFPA, IRC and IMC **distributed a total of 214 dignity kits** targeting IDPs, host communities, migrants and refugees in Tripoli and Misrata. IRC distributed a total of 49 kits in 4 health facilities in Alaswak, Aldaffnia, Alzarroug, Merbat, Misrata centre and Temmina locations. IMC distributed 44 kits in Zwara and Karareem Detention centres while UNFPA distributed 116 kits among the host communities (Warshana, Tajoura, Tarek Al Matar, Abu Saleem, and Khalat Lfurjan) and IDPs in Tripoli namely, Musa bin Nusair school, Tajoura)

Awareness raising activities on GBV

- 3 **A total of 522 individuals reached with key GBV messages.** The information dissemination sessions were conducted at UNFPA supported women centres in Tripoli, Benghazi and Sebha reaching a total of 172 participants. In addition, CESVI organized a 3-day campaign in partnership with a charity organization at the social centre in Tripoli where a total of 33 women and girls were reached while IMC organized 5 awareness raising sessions with People of concern reaching 32 women and girls. Furthermore, IRC reached a total of 285 individuals in coordination with community health workers in Misrata focusing on early marriage.

Provision of PSS and case management to GBV survivors

- 4 Survivors of Gender Based Violence continued to receive case management and psychosocial support during the month. Services provided by CESVI in Tripoli, IRC in Misrata and UNFPA (through implementing partners, Al Bayan, Women Union and Elssafa centre) in Tripoli and Sebha. Furthermore, a total of 912 visited the UNFPA women centres in Tripoli and Sebha during this reporting period to seek information about services.



Picture 1: Women participate in a group Session



Picture 2: Group session at the Cesvi run social

¹ IOM DTM displacement mobility tracking 1-30 October 2018

at the UNFPA women centre in Tripoli

centre in Tripoli

Safety audits

5

In October, clinical management of rape audits was conducted in 4 health facilities to assess safety and confidentiality aspects during the provision of clinical care and case management at the health facilities by IRC. Key recommendations have been provided in an effort to strengthen confidential care at the health facilities

GBV related Trainings

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IMC organized a clinical management of rape survivors training for a total of 34 internal staff in Tripoli.

GBV sub-sector meeting

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The monthly GBV sub-sector meeting was organized on 4 October at the UNFPA conference room in Tunis. 10 participants representing, UNFPA, IMC, IRC, CESVI, OCHA, DRC, INTERSOS, DCA and WHO attended the meeting. Key agenda points included; Inter-sector representation TOR, monitoring evaluation framework, GBV response –Lessons learnt, SOPs development updates, HNO/ HRP 2019 and Selection

of GBV co-lead. Key action points agreed on following the meeting include;

- a) Develop a position note on evidence based programming in relation to number of GBV incidents reported, as there is a continued request for numbers especially from donors.
- b) GBV monthly updates to focus on identification of prevailing and emerging risks to advise on planning and advocacy for GBV risk mitigation
- c) GBV coordinator to follow up with task force members to review the initial chapters of the draft Standard operating procedures for GBV prevention and response in Libya and develop plans for the next chapters
- d) Representatives selected to represent the GBV sub-sector in other sector meetings (WASH, Health, Cash) to provide regular updates to the GBV sub-sector members on key GBV issues mainstreamed, challenges and gaps

Key performance against indicators (interagency action plan)

STRATEGIC OBJECTIVE 1: IMPROVE ACCESS TO SAFE, TIMELY, CONFIDENTIAL AND COORDINATED GBV SERVICES, PROVIDED ACCORDING TO A SURVIVOR-CENTERED APPROACH

Performance indicator	Target	Reach coverage	Total reached since July	Reached in reporting period
#Of women & girls visiting WGFS	5737	17%	952	912
# Of functional WGFS	4	100%	4	4
# Of safe shelters established	2	0%	0	0
#of functional hotlines	1	100%	1	1

STRATEGIC OBJECTIVE 2: STRENGTHEN CAPACITIES OF AND INCREASE COORDINATION AMONG SERVICE PROVIDERS, LOCAL INSTITUTIONS AND RELEVANT STAKEHOLDERS, INCLUDING COMMUNITIES, IN GBV RESPONSE, ENHANCED PREVENTION AND RISK MITIGATION.

Performance indicator	Target	Reach coverage	Total reached since July	Reached in reporting period
#Of health facility staff trained on CMR	85	47%	40	38
#Of staff trained on PSEA	50	6%	3	0
Functional referral pathways in place	Yes	Yes	-	-
#Of agencies trained on case management and GBVIMS	7	29%	0	2
#Of teachers trained on GBV related topics	100	15%	15	7
SOPs in place	Yes	No	-	-
#Of functional GBV coordination groups	3	30%	1	1

PROVIDE TARGETED RECOMMENDATIONS AND ANALYSIS ON EXISTING AND NEWLY EMERGING GBV RISKS, PATTERNS AND TRENDS FOR PURPOSES OF RISK MITIGATION, IMPROVED PROGRAMMING AND RESOURCE MOBILIZATION

Performance indicator	Target	Reach coverage	Total reached since July	Reached in reporting period
#Of safety audits conducted	4	25%	1	1
Guidance on dignity kits developed	Yes	No	-	-

STRATEGIC OBJECTIVE 3: ENSURE ENHANCED COORDINATION REGARDING ADVOCACY, DEVELOPMENT AND DISTRIBUTION OF KEY MESSAGES, CAMPAIGNS AND EVENTS AMONGS ALL MEMBERS OF THE WG AND OTHER STAKEHOLDERS

Performance indicator	Target	Reach coverage	Total reached since July	Reached in reporting period
#Of people reached with key GBV messages	1440	64%	930	522
#Of women and girls receiving dignity kits	8894	37%	3328	214

Challenges/Gaps reported by partners

1. Migrants and refugees not accessing the health facilities in Misrata to seek medical services
2. Lack of privacy conditions in DCs limits the provision of confidential and individualized services provision including disclosure by GBV survivors in a safely manner. Response is limited due to the DCs' setting that carries the risk of further harm.

Key recommendations

1. IRC to explore the possibilities of conducting an assessment to on existing barriers to access of health services by the refugees and migrants in Misrata
2. There is need to continue to advocate for improved conditions in the DCs including the provision of services in a safe and dignified manner.
3. GBV sub-sector to develop a minimum service package for provision of services at the Detention centres including a guidance note
4. Additional resources and guidelines requested by local partners on working with men and boys including those who have experienced GBV
5. There is need to strengthen the hot line modality to and the referral pathway for Tripoli

GBV sub-sector members contributing to the October consolidated report



Other GBV sub-sector members

