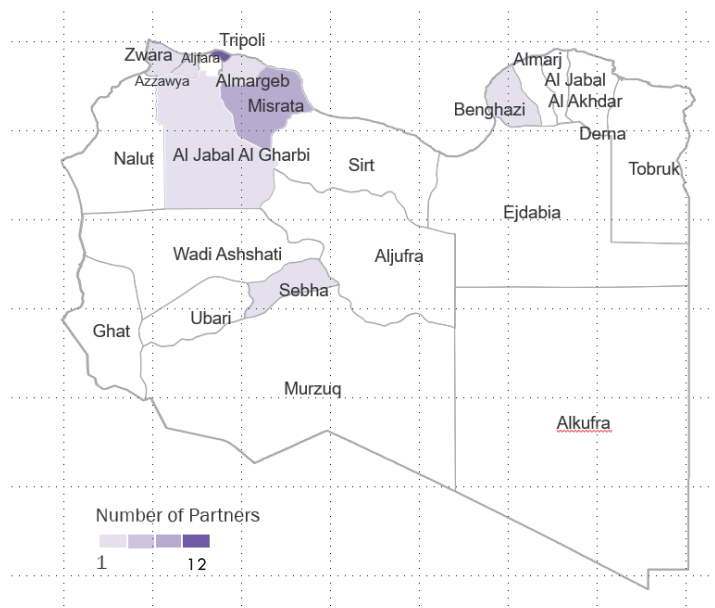













1. GBV SERVICE PROVISION

There are currently 5 international partners, including 7 national partners providing GBV services in 10 Mantikas of Libya. The services available include specialized health care (clinical management of rape), MHPSS, GBV Case management and material assistance (dignity kits distribution). Additionally GBV prevention through community-based awareness raising is also conducted. Most humanitarian assistance are however concentrated in Tripoli of West Libya while Mantikas such as Murzuq, Derna, Alkufra, Zwara, Wadi Ashshati, Ubari, Sebha, Ghat, Aljufra, Ghiryan, Almargeb, Aljifara, Ainzara, Sirte and some parts of Tripoli are lacking GBV services largely due to funding limitations and humanitarian access challenges. Most of the GBV services targeting Libyans are static provided at the women centres and within primary health care facilities while those targeting non-Libyans provided at the community development centres and social centres are mostly static. Mobile GBV services have been provided for IDPs in collective shelters including recently displaced urban migrants. Critical gaps in GBV service provision include lack of CMR and case management services in 18 out of the 22 Mantikas. Legal aid services are completely absent across Libya. The GBV sub-sector does not also recommend referrals to the police stations which are mostly manned by different militia groups. With the limited available GBV services, needs remain highly unmet in most part of Libya.



2. PROGRESS AND ACHIEVEMENT - HRP

Objective	Icon	Target Reached		Activity	Progress	
		Target	Reached		Libyans	Non-Libyans
Objective 1: Improve access to safe, timely, confidential and coordinated GBV services, provided according to a survivor-centered approach		8	5	Functional WGFS	60%	
		10,800	5,373	Women and girls visiting WGFS, participating in structured PSS activities	5,035	338
		30	0	Lawyers trained in GBV		
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		3	2	Functional referral pathways in place	66%	
		240	87	Staff trained in GBV prevention and response		
		30	7	DCIM officials trained on GBV	23%	
		180	63	Agencies staff trained on case management and GBVIMS	35%	
Objective 3: 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.		12	12	Safety audits conducted	100%	
		7	3	Agencies utilizing GBVIMS	43%	
Objective 4: Ensure enhanced coordination regarding advocacy, development and distribution of key messages, campaigns and events amongst all members of the WG and other key stakeholders.		70,000	3,844	Women and girls of reproductive age received dignity kits	2,440	1404
		100,000	3,592	People reached with key GBV messages	3,464	128

Note: Figure reported above are cumulative numbers from January to September 2019, sourced from 4W or direct partner reporting.

<https://www.humanitarianresponse.info/en/operations/libya/gender-based-violence-working-group>

For more information, contact GBV AoR Coordinator Ken Otieno otieno@unfpa.org & Helia Farahnoosh, GBV sub-sector co-coordinator heliafarahnoosh@cesvioverseas.org

3. SITUATIONAL HIGHLIGHTS

The last 6 months witnessed renewed armed clashes in Tripoli which started on 4 April leading to the displacement of an estimated 23,985 families (approximately 119,925 individuals) while about 4,754 migrants remain in detention centers in Tripoli and nearby areas and considered to be at high risk of being affected by the conflict. In June, heavy rains led to flooding in Ghat and surrounding areas that led to displacement of about 5,075 individuals including 450 migrants from Niger, Mali, Burkina Faso, Ghana, Mauritania and Sudan. Similarly, armed clashes erupted in Murzuq, leading to the displacement of approximately 16,705 individuals and 620 migrants. Information about trends on GBV is currently based on rapid assessments conducted in Libya as there lacks a harmonized system for collecting, storing, analysing and sharing GBV data. For instance, in a recent joint protection needs assessment conducted in May following the armed skirmishes that erupted in Tripoli in April, more than half of Libyan and non-Libyan key informants reported that sexual violence perpetrated by militants in Tripoli was happening. Despite strong advocacy by GBV partners in Libya, sexual violence continues to be perpetrated with impunity by traffickers and smugglers along migration routes, in detention centres, judicial police prisons, and against urban migrants by militants and armed groups.

Emerging issues perpetuating GBV in Libya

Arbitrary detention : Sexual violence, including sexual torture, against female and male refugees and migrants is still widespread in Libya. Sites of sexual violence include official detention centers, clandestine prisons, in the context of forced labor and enslavement, during random stops and at checkpoints by armed groups, in urban settings by gangs, and in private homes. Sexual violence is used for extortion, subjugation, punishment, and entertainment, and frequently involves elements of profound cruelty and psychological torture. Sexual victimization is usually not a single event: findings suggest that refugees and migrants are repeatedly exposed to multiple forms of sexual violence by a variety of perpetrators in contexts of impunity. Men and boys are forced to witness sexual violence against women and girls (including lethal rape with objects) in official and unofficial centers of captivity and in the desert. It is frequently reported that men and boys are forced to rape women and girls, including family members. Women are also forced to perpetrate sexual violence against refugee and migrant men and boys. Much of this violence is carried out in public or filmed for humiliation and/or extortion purposes. Sexual victimization can disturb male survivors' relationships with female family and community members, and women and girls are reported to be emotionally and psychologically impacted by the sexual victimization of men and boys.

Lack of confidential spaces : Most of the detention centres do not have confidential spaces, making provision of individualized psychosocial support and disclosure of GBV incidents extremely difficult.

Discrimination : The recent events showed that migrants continue to face continuous discrimination while seeking medical treatment in public hospitals especially if not in the company of DCIM official or referred by an INGO, UN agency or implementing partner while others also faced challenges accessing shelter services that were being offered by the municipalities. Other challenges noted include, lack of CMR protocols and guidelines.

Lack of specialized GBV services : Recent GBV service mapping conducted in Libya indicate a general lack of specialized multi-sectoral GBV services including specialized case management and psychosocial support, clinical management of rape, safety and security and legal justice services for survivors of GBV. GBV services are completely absent in 13 Mantikas namely; Derna, Ejdaiba, Murzuq, Ghat, Nalut, Zwara, Sirt, Almargeb, Aljafra, Al Jabal Al Akhdar, Wadi, Ashanti and Al Jabal Al Gharbi. There is also very little knowledge by community members about the available limited GBV services in Libya. According to a recent GBV situational analysis, the percentage of respondents who knew about activities specifically targeting women and girls was as low as 5% in Sirte. In Benghazi only 4% of the respondents knew about activities specifically targeting women and girls.

Culture of impunity and lawlessness: Armed groups on all sides continue to take hostages, carry out unlawful killings, torture and forced disappearances, including of civilians. Individuals are targeted on the basis of family or tribal identity, gender, affiliations and political opinions, as well as for ransom or prisoner exchange. Among the migrants, refugees and asylum seekers, smugglers, traffickers, criminal gangs, individuals and some cases the police and guards associated with the Ministry of Interior are implicated as perpetrators of rape and other forms of sexual violence. The armed groups in Libya continue to dominate the smuggling and trafficking business. 86% of women in Libya reported that they travelled with only one smuggler from the start of their journey. Among the men interviewed, 67% report having journeyed with one smuggler. Local NGOs in Sabha report that up to 10% of women smuggled or trafficked are less than 18 years with the arrival of girls as young as 18 years recorded in the second quarter of 2017. In addition, 1 out of 10 women who report human rights violations during their journey to 4Mi monitors report forced labour and forced prostitution.

Pre-existing factors perpetuating GBV in Libya

Mandatory reporting : The issue of mandatory reporting of all cases of physical violence (including sexual violence) by clinicians in public and private hospitals registered under the MOH is particularly worrying as it poses a huge barrier to access of services as it goes against survivors' wishes, rights and the Do no Harm principle. Mandatory reporting applies to both Libyans and non-Libyans.

Gender discriminatory laws : The existence of discriminative laws in Libya undermines access to justice as victims of sexual assault can be prosecuted under Libya's criminal law for engaging in extra-marital affairs thus discouraging survivors from seeking justice in the first place. This is because sexual violence in the penal code is treated as a crime against the victim's 'honor' rather than violation of bodily integrity. This may serve to undermine justice by leading the Libyan courts to focus on the victims' sexual history and 'honor' rather than the alleged violence committed. In addition, the provisions of article 424 of the penal code encourage perpetrators to marry their victims in order to have the penalties and offences extinguished. This is necessitated by the need to protect the victims from social stigma and marginalization.

Cultural barriers: There is a widespread stigma associated with being a victim of GBV, and victims of violence often become outcasts in their family and community. In addition, the lack of freedom of movement and the need to seek permission from men, further limits women access to services. For instance, according to a GBV situational analysis conducted in Jadu, women mentioned they could not access services related to their sexual and reproductive health without bringing a close male relative with them. This is particularly a huge barrier to access of services in situations where the perpetrator is a close male relative (e.g. husband, father or brother).

1 Sexual violence against men and boys on the central Mediterranean route to Italy, WRC, March 2019.

2 Sexual violence against men and boys on the central Mediterranean route to Italy, WRC, March 2019.

3 UNFPA. 2017. GBV situational analysis in Libya

4 Based on interviews conducted by 4Mi in 2017, see: Hidden Figures (2017)

5 4Mi (2017) Invisible Labour

6 Human Rights Watch. 2014. Priorities for legislative reform: A human rights Roadmap for a new Libya.

7 UNFPA. 2017. GBV situational analysis study in Libya.

On-going GBV Response efforts in Libya

1 PRIMERO Roll Out : UNFPA in collaboration with Libya is rolling out the PRIMERO/GBVIMS+ (a software application that will help partners securely collect, store, manage, and share GBV data). The Roll out of the PRIMERO at interagency level which would lead to GBV data sharing and analysis for better advocacy and programming.



2 Case Management Capacity Building Initiative : The implementation of the GBV case management capacity building initiative; Through this initiative GBV survivors will have access to quality, timely and safe access to GBV case management services. Gap: Only 3 agencies out of the 10 are currently utilizing GBVIMS and providing GBV case management services due to limited resources and capacity especially among the national partners.

3 Service Provision :

a) Provision of emergency GBV case management and psychosocial support through mobile teams in collective shelters, urban areas and the CDCs : UNFPA (with its local partners, Women Union, Amazounet, Albayan and PSS Team) and the International Rescue Committee (IRC), IMC, CESVI continue to provide psychosocial support services and GBV case management to internally displaced persons in Tripoli and the in need host communities in Sebha and Benghazi) reaching only 5,373 women and girls out of the targeted 10,800. Gap : General lack of specialized multi-sectoral GBV services including specialized case management and psychosocial support, clinical management of rape, safety and security and legal justice services for survivors of GBV. GBV multi-sectoral services are only available in 4 out of the 22 Mantikas in Libya.



b) Meeting specific needs of women and girls through Dignity kits distribution: UNFPA, IMC, UNHCR, IOM, GVC and IRC distributed dignity kits to women and girls. Gap: Dignity kits stocks fewer than the demand as we continue to witness and increase in number of displaced women and girls. Out of the targeted 70,000 women and girls in need, only 3,844 have been distributed since the beginning of the year largely due to funding limitations.

c) GBV Information dissemination sessions. These are conducted at the women centres, the CDCs and at the health facilities. At the women centres, GBV messages are openly shared with women and girls who regularly visit the women centre while at the CDCs and the health facilities, GBV messages have been integrated into health message. Gap: More than two thirds of women and girls, particularly migrants and refugees, do not know about services available to them nor do they know about NGOs that provide these services, which poses a hindrance to access of services. Out of the targeted 100,000, only 3,592 have been reached as information dissemination sessions is only limited to locations where services are provided (4/22 Mantikas).



RECOMMENDATIONS

1. Continue to fundraise in order to expand GBV programming across Libya. Most of the GBV targets remain unmet largely because of funding constraints. Out of the total ask of \$5M only 10% was funded.
2. GBV sub-sector strongly calls for the abolishment of mandatory reporting regulations which goes against GBV survivors wishes, rights and the Do No Harm Principle
3. The GBV sub-sector, recommends issuance of a communiqué to both parties involved in conflict to hold accountable militants perpetrating incidents of sexual violence against civilians.
4. The GBV sub-sector urges the Libyan Government of National Accord through the Ministry of Social Affairs and the Ministry of Health develop a national action for GBV prevention and response.
5. The GBV sub-sector, urges the review and amendment of current legislations related to article 424 of the penal code by the Libyan Government Accord as it poses a huge barrier to access of GBV services.
6. Explore rolling out the MARA in Libya to ensure systematic monitoring of conflict related sexual violence.
7. Fund the roll the ongoing roll out of PRIMERO in Libya as it will ensure GBV data is safely collected, stored, analyzed and shared which will enhance better programming and advocacy.

GBV PARTNERS IN LIBYA

