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illions of people across Libya continue to endure life-threatening risks and lack of food, water and essential services due to persisting political instability, conflict and insecurity. An estimated 823,000 people, including approximately 278,000 women, are in need of humanitarian assistance. Refugees and migrants face grave human rights violations. Following the 2011 uprising, the crisis is ongoing and fighting has recently intensified: In the last 12 months, conflict in populated areas has directly affected an estimated 1.62 million people in Libya. Following an eruption of armed clashes in April 2019, UNFPA adopted a psychosocial support (PSS) model to respond to the needs of the most vulnerable women and children.



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# and children. Health facilities in the capital have reported that the stress and psychological impact of the war may have contributed to the increasing number of miscarriages among women. Damage to mental health may also lead to anxiety, post-traumatic stress disorder, depression and suicide. Women and adolescents are usually predominantly targeted by assaults but, in some instances, adult men have also been subjected to sexual violence. The impact of such violence, especially rape, can be devastating for survivors and their communities.

### Recent fighting underscores urgent need for humanitarian assistance

Heavy clashes broke out 4 April 2019 in Tripoli and surrounding areas between the Libyan National Army (LNA) and armed groups affiliated with the Government of National Accord (GNA). The World Health Organization reports that more than 1,000 people have been killed since the offensive began, and the International Organization for Migration (IOM) reported that 94,000 people have fled their homes as a result of the fighting, while thousands more remain trapped in conflict-affected areas. Rapid assessments carried out from April to June 2019 by humanitarian partners found that movement out of the front-line areas closest to conflict remains heavily restricted, criminality and civilian unrest has increased, and Tripoli's healthcare system has been seriously disrupted. A humanitarian corridor was established in July 2019 to provide aid and bring people to safety.

## Poor access to health care endangers women and girls

The protection environment in Libya remains tremendously challenging because access to health care is denied to many, and gender-based violence (GBV) is widespread. Women and girls who have fled their homes require sexual and reproductive health care, GBV treatment and prevention, and basic personal items to maintain their health and dignity while being displaced. As the conflict continues to escalate, women and girls are continuously at risk of sexual exploitation and abuse either while fleeing conflict areas, where they might be forced to negotiate for safe passage, or while accessing humanitarian aid.

### Mental health suffers under prolonged conflict

The prolonged nature of the conflict and the recent escalation of violence have had a severe psychological impact on local populations, especially women

# **STRATEGIES AND INTERVENTIONS**

### Rapid Response Mechanism and mobile lifesaving services

In response to the intense clashes that erupted in Tripoli in early April 2019, four United Nations organizations: UNFPA, IOM, UNICEF and the World Food Programme — launched the Rapid Response Mechanism (RRM) in partnership with the Libyan Scouts, who distributed supplies. Immediate humanitarian assistance was provided to the displaced and most vulnerable individuals in collective shelters and urban settings to meet their basic and immediate needs. Mobile teams of psychosocial workers (PSS teams) were assembled through local partners Elssafa and Al-Bayan and dispersed to provide free-of-charge psychosocial support and counselling, at different levels of interventions.

# **UNFPA RESPONSE OBJECTIVES**

### To support populations in need in Libya, UNFPA is working to:

- Strengthen local capacity to establish Women and Girls charge multisectoral services
- Build capacity of women and girl survivors of GBV to integrate positively into the community in a way that ensures their dignity and respect
- specialized GBV services and support structures and ensure rapid delivery of services to those in need
- Initiate a GBV case management system for local partners to ensure proper documentation of GBV survivors according to UNFPA standards and GBV response principles



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# Participation in group and individual PSS sessions

In Women and Girls Safe Spaces and other locations, group psychosocial support sessions include information-sharing on GBV, sexual and reproductive health, stress management and coping mechanisms. Sessions are facilitated by a trained co-worker or social worker and are conducted in the collective shelters or at spaces identified by the individual seeking support. Women and girls may also participate in training sessions to acquire livelihood skills, and attend awareness-raising sessions on gender-related issues. This contributes to the empowerment and protection of vulnerable women and girls in crisis-affected areas.

# "They make death outside, while we make life here inside."

Internally displaced woman inside UNFPA-supported shelter

# PROGRESS AND RESULTS

The Rapid Response Mechanism mobilized after the outbreak of the Tripoli crisis on 4 April, and by 24 April had delivered assistance, including food parcels, hygiene kits, dignity kits, and non-food items, to ensure basic and immediate needs for:

 9,500 newly displaced people including 3,802 children and 2,470 women received assistance

In the five months since violence erupted in April, UNFPA and partners have reached thousands of women and girls with critical services.

**Eight PSS mobile teams** have been deployed with UNFPA support. In collective shelters and urban communities, social workers on the teams have provided psychosocial first aid and counselling to:

8,211 internally displaced persons (IDPs)

Four Women and Girls Safe Spaces (Benghazi, Mistrata, Sabha and Tripoli) have been established by UNFPA in partnership with local civil society organizations. Services provided by the safe spaces have included:

- 2,156 group PSS sessions provided
- 101 individual cases managed involving PSS



8,211
IDPs have received psychosocial care from

PSS mobile teams from April to July 2019

# LESSONS AND CONCLUSIONS

The escalation of the armed conflict and political instability in Libya continues. The widespread lack of understanding of the importance of PSS in such contexts, however, presents a major barrier to the provision of psychosocial support and GBV awareness activities. Stigma associated with mental health care is a particular challenge in urban communities.

UNFPA-supported Rapid Response Mechanism teams, mobile psychosocial support teams, and PSS services provided at Women and Girls Safe Spaces are making a difference in the lives of women and girls in Libya, but significant challenges need to be addressed to extend services to meet rising needs.



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"The displacement has made us all under one umbrella. We all feel each other, our hearts are on each other, we calm each other, and we find safety in our company. For an hour and a half daily during the PSS sessions, we cry and complain to each other; we cry over our people who got killed during this crisis, over the destruction that happened to our houses, and then we laugh over the tiniest things. We train ourselves on meditation, and we pray to Allah to make us brave and for this war to pass with the least loss."

Internally displaced woman inside UNFPA-supported shelter

# PARTNERS AND DONORS

### **Partners**

Al Bayan in Tripoli (Implementing Partner)

Amazonet in Benghazi

International Rescue Committee in Misrata

Libyan Scouts (kit distribution in displacement contexts)

Libyan Women's Union in Sabha

### **Donors**

Canada

Central Emergency Response Fund

France

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