VICTIM ASSISTANCE IN LIBYA

POSITION PAPER

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FOREWORD

This document was commissioned by the United Nations Mine Action Service (UNMAS) in Libya in coordination with the Libyan Mine Action Centre (LibMAC) to support Mine Action actors and other stakeholders in developing Victim Assistance (VA) in Libya. UNMAS thanks the Government of the Netherlands for its generous contribution to enable this study.

Key findings of the research, conducted from January to April 2019, are presented in the form of a multi-stakeholder and intersectoral situational analysis, a stakeholders mapping, and operational recommendations for future VA interventions.

Primary Recipients: *LibMAC, UNMAS*
Recommended Secondary Recipients: *Sector co-leads, UNHCR, UNICEF, WHO, UNOCHA and other UN Agencies, Mine Action Non-Governmental Organizations, Landmine Monitor Monitoring and Reporting Team, relevant Libyan National Stakeholders*

This position paper expresses solely the opinions of the author and does not necessarily reflect the views of the United Nations, the United Nations Mine Action Service and/or the Libyan Mine Action Centre.

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LIST OF ACRONYMS

ACLED	Armed Conflict Location and Event Data Project
ACTED	Agence d'Aide à la coopération technique et au développement
AXO	Abandoned Explosive Ordnance
BMZ	German Federal Ministry for Economic Cooperation and Development
CCS-Helpcode	Centro Cooperazione Siviluppo onlus-Helpcode
CEFA	CEFA onlus
CESVI	Cooperazione e Sviluppo onlus
CSO	Civil Society Organization
DCA	Danish Church Aid
DDG	Danish Demining Group
DEVCO	European International Cooperation and Development
DFID	UK Department for International Development
DHIS	District Health Information System
DRC	Danish Refugee Council
DTM	Data Tracking Matrix
ECHO	European Civil Protection and Humanitarian Aid Operations
EO	Explosive Ordnance
ERW	Explosive Remnants of War
GBV	Gender-Based Violence
GICHD	Geneva International Centre for Humanitarian Demining
GIZ	German Society for International Cooperation
GNA	Government of National Accord
GVC	We World GVC onlus
HI	Handicap International
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IACG-MA	UN Inter-Agency Coordination Group on Mine Action
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Crescent
IDP	Internally Displaced Person
IED	Improvised Explosive Device
IFRC	International Federation of the Red Crescent
IMAS	International Mine Action Standards
IMC	International Medical Corps
IMSMA	Information Management System for Mine Action
IOM	International Organization for Migration
IP	Implementing Partners
IRC	International Rescue Committee
LibMAC	Libyan Mine Action Centre
LMAS	Libyan Mine Action Standards
LRC	Libyan Red Crescent
MA AoR	Mine Action Area of Responsibility
MHPSS	Mental Health and Psychosocial Support

MoE	Ministry of Education
MoFA	Libyan Ministry of Foreign Affairs
MoH	Libyan Ministry of Health
MoSA	Libyan Ministry of Social Affairs
MSF	Médecins Sans Frontières
MSNA	Multi-Sectoral Needs Assessment
NCDC	National Centre for Disease Control
NTS	Non-Technical Survey
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OFDA	Office of U.S. Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights
OPD	Organization of Persons with Disabilities
PHC	Primary Health Care
PSS	Psychosocial Support
PUI	Première Urgence Internationale
PwD	Person with Disabilities
RE	Risk Education
REACH	REACH Initiative
SARA	Service Availability and Readiness Assessment
SSF	Social Security Fund
TDH	Terre des Hommes
TS	Technical Survey
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
UNSMIL	United Nations Support Mission In Libya
UXO	Unexploded Ordnance
VA	Victim Assistance
WG	Working Group
WHO	World Health Organization
3F	Free Fields Foundation

EXECUTIVE SUMMARY

This document was commissioned by the United National Mine Action Service (UNMAS) in Libya in coordination with the Libyan Mine Action Centre (LibMAC) to support Mine Action actors and other stakeholders in developing Victim Assistance (VA) in Libya. **VA involves multiple sectors** across six main areas of interventions:

Emergency and ongoing medical care

Psychological and psychosocial support

Physical rehabilitation

Socio-economic inclusion

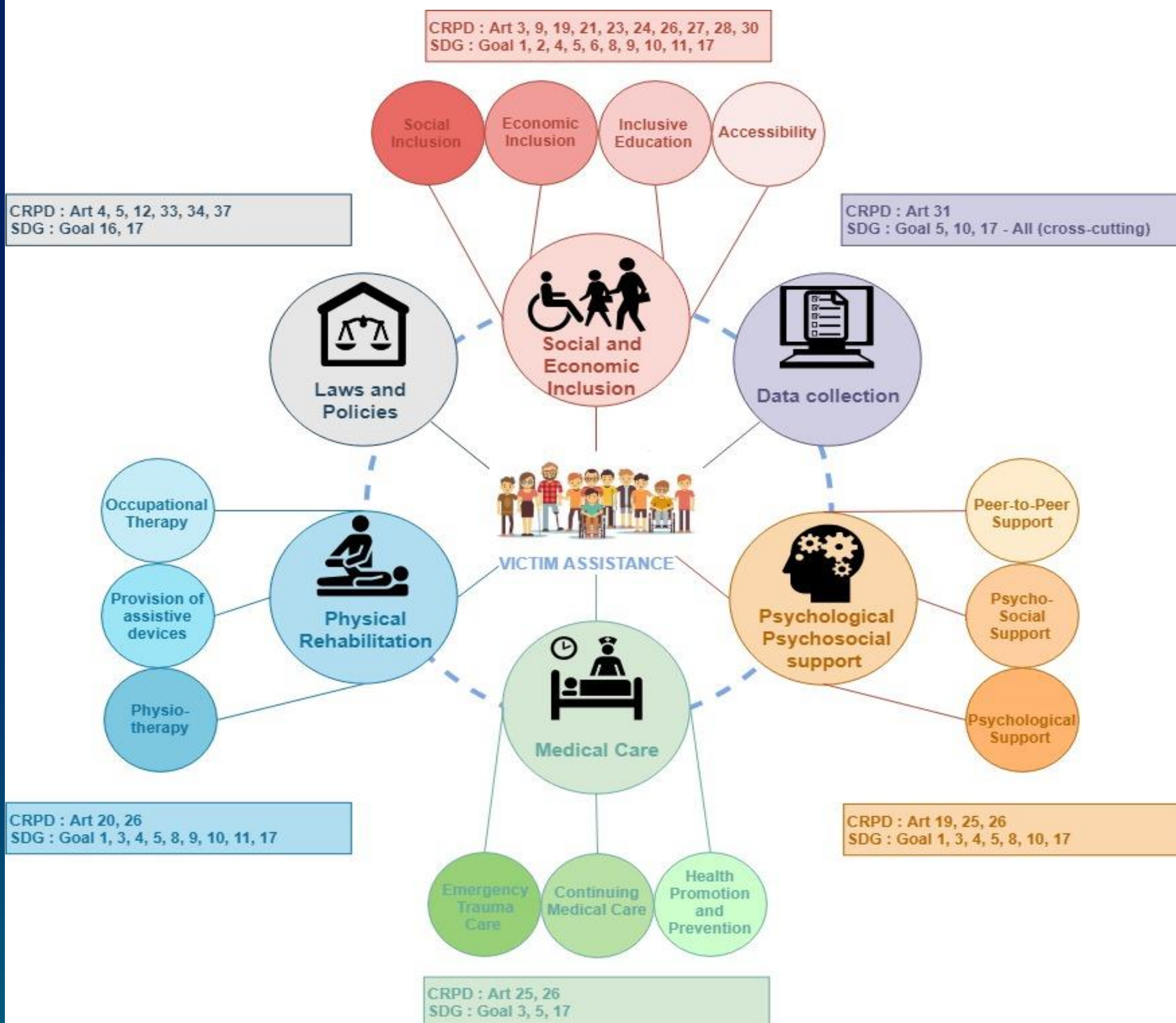
Data collection

Laws and policies

VA refers to all adequate age and gender-sensitive support provided to victims of Explosive Ordnance (EO), with the purpose of reducing the physical and psychological implications of their trauma, and overcoming their economic loss, social marginalization or the impairment of the realization of their rights[1]. It requires the adoption of an **integrated and comprehensive approach** that **combines broader multi-sector efforts by non-mine action actors** to reach people injured by EO, survivors and indirect victims, and **specific victim assistance efforts undertaken by the mine action community**.

VA is an enabler of the Sustainable Development Goals (SDGs) and inextricably **linked with and supported by the Convention on the Rights of Persons with Disabilities (CRPD)**, ratified by Libya in February 2018.

[1] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.3



Despite significant global progress in addressing the other pillars of Mine Action, notably with regards to anti-personnel mines and cluster munitions, **VA remains a difficult challenge to overcome by countries and other relevant actors**. VA is **historically and globally an underfunded** component of Mine Action and received, in 2018, only 2 percent of international contributions to the Mine Action Sector[2].

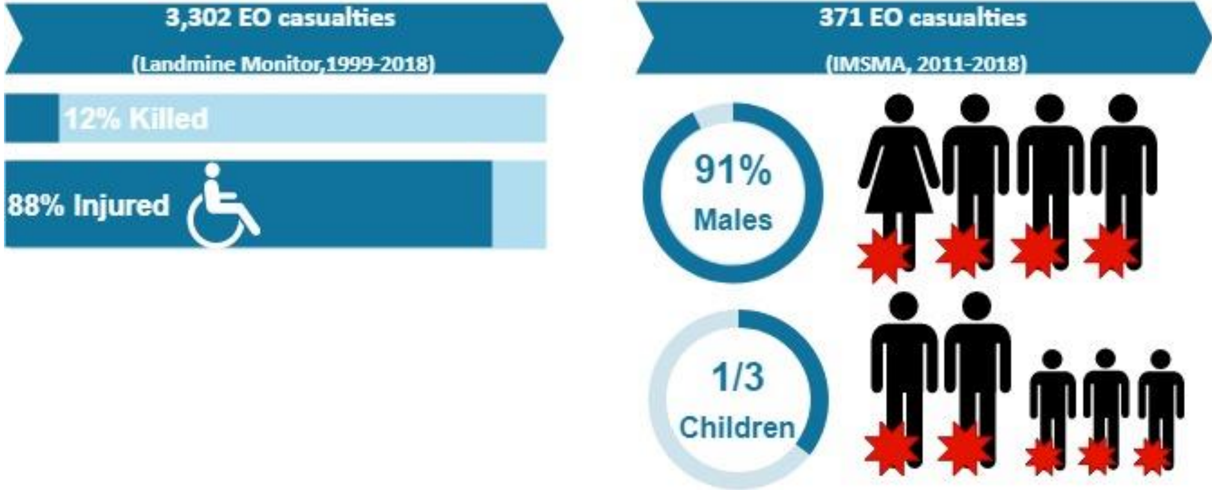
At global level, VA is gaining momentum: UNMAS is currently undergoing VA assessments and projects in Afghanistan, Libya, Somalia, Syria and Western Sahara[3]. Moreover, the United Nations Mine Action Strategy 2019-2023 dedicates one of its five strategic outcomes to VA, **calling on UN Agencies to ensure victims are accessing needed health services and are included in social and economic life**[4].

[2]Report on Mine Action Libya, Landmine Monitor 2018: International funding was distributed among the following sectors: clearance and risk education (59% of all funding), victim assistance (2%), capacity-building (1%), and advocacy (1%). The remaining 37% was not disaggregated by the donors.
[3] Interview with UNMAS Global M&E consultant (List of interviewees in Annex 1)
[4] United Nations Mine Action Strategy 2019-2023, United Nations, 2019, p. 23

The LibMAC is committed to developing coordination efforts towards the development of VA interventions that could address the current challenges faced by survivors, indirect victims and Persons with Disabilities (PwDs). The LibMAC, in coordination with UNMAS, organized a VA workshop in March 2019 that raised the interest of many key stakeholders of the National and international community and laid the ground for future VA interventions to support survivors, indirect victims of EO and PwDs.

VA requires national ownership to be mainstreamed in national welfare systems and ensure sustainability. Due to political instability and insecurity, efforts towards the development of a VA National Plan will face many challenges in the near-term. **However, coordination and synergies should be pursued**, especially with the Ministry of Health and Ministry of Social Affairs to guarantee the success of future VA interventions and create positive precedents to build upon.

There are **at least 2,886[5] survivors and 14,528 indirect victims of EO** in Libya, although the actual **numbers are believed to be much higher**, and do not include people injured during the recent Tripoli clashes (April-August 2019). **In 2017, Libya was part of the nine states with the most recorded mine/ERW casualties**[6].



Survivors often develop permanent disabilities and psychological trauma, and are identified, similarly to PwDs, as a **vulnerable group**, in the Libya Humanitarian Response Plan 2019: "within crisis-affected communities, **children and adults with disabilities are** usually among the most marginalized, yet they often are **not included and fail to benefit from humanitarian assistance**, **and face challenges in accessing appropriate basic services**. They also have

[5] Libya Casualty Report 2017, Landmine Monitor 2018. Data provided by the Landmine Monitor on a database to the consultant for 2018 were added to the 2017 figures.

[6] Libya Casualty Report 2017, Landmine Monitor 2018

specific needs related to their vulnerabilities such as requiring rehabilitation support, and assistive devices"[7].

PwDs in Libya most likely represent at least 15 percent of the total population[8]. EO survivors and PwDs access to basic services and specialized assistance is hindered by the current conflict, and the availability and capacity of national health and social protection systems.

Despite the lack of specific assessment on the impact of the Libyan crisis on EO survivors and PwDs, sectoral assessments relevant to VA and findings of this research show that:

- **Only 12%** of households with a member reported to have physical disability **have adequate access to the needed healthcare**, while 85% have limited access or no access to it.[9].

- **Only 5%** of Libyan households with a member reported to have physical disability **could access the needed mental healthcare services**, 47% reported no access to services and 44% limited access[10].

- **Only 15%** of households with a member with a physical disability reported **access to physical rehabilitation services**, 85% of households reported limited access or no access to physical rehabilitation services.[11]

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[7] Humanitarian Response Plan Libya, UNOCHA, 2019, p.12
[8] World Report on Disability, World Health Organization, 2011, p.29
[9] MSNA 2018 Libya, Mine Action Indicators, provided by REACH to UNMAS Libya
[10] Multi-Sectoral Needs Assessment report Libya 2018, REACH, 2019
[11] Multi-Sectoral Needs Assessment report Libya 2018, REACH, 2019

- **Survivors and PwDs are facing barriers to their full social and economic inclusion.** Despite the lack of proper and comprehensive study on the subject, representatives of organizations of PwDs[12] pointed out the lack of access to inclusive education leading to important school and study drop-out; the lack of inclusive employment policies and opportunities; and the lack of adapted professional training as major gaps in the socio-economic inclusion of survivors and PwDs.

- **There is an overall lack of casualty and disability data collection and analysis**, both in the mine action community and non-mine action community that prevents accurate and informed decision making and programming of relevant stakeholders.

- **Laws and policies are insufficient to guarantee the rights of PwDs and survivors** and require advocacy interventions, especially to comply with the CRPD.

The research thoroughly details initiatives and stakeholders involved in VA areas (Chapter IV), that could be envisaged as partners to coordinate and implement future interventions.
Four priority areas in VA were identified for recommendations targeting inter-sectoral and multi-stakeholders interventions to address the needs of survivors, victims and PwDs:

1) **Emergency and ongoing medical care**

Suggested VA interventions:

- Advocate for further health sector assessments to include an increased focus on disability and VA-related indicators (access to services, specific health needs, availability of specific services for amputees such as post-operative trauma care, survival rates of EO casualties in emergency services…)

- Support first aid and trauma care capacity development of health care stakeholders in remote conflict areas

- Support specific training/capacity development of health staff of main emergency and trauma care structures on casualty data collection

- Advocate for health and Gender-Based Violence (GBV) indicators to be inclusive of PwDs and EO survivors

[12] Interviews of Representatives of OPDs Zaykum Zayna, Noor, IOPCD (see Annex 1 List of interviewees) and minutes of VA workshop

- Support the inclusion of VA in the agenda of Health and GBV Humanitarian working groups.

- Support disability-awareness training for health professionals including GBV focal points

- Support projects that improve access to medical care services for survivors and PwDs

- Develop referral systems to facilitate access for survivors, PwDs, especially women and children, to all health services

2) Psychological and Psychosocial Support

Suggested VA interventions:

- Ensure the mapping of Mental Health and Psychosocial Support (MHPSS) services - that will be developed by the MHPSS Technical Working group in 2019 - is distributed to stakeholders developing programmes to support survivors and other PwDs, especially physical rehabilitation, health stakeholders and Organizations of PwDs

- Develop a referral system for MHPSS stakeholders to refer survivors and PwDs to relevant health, physical rehabilitation or socio-economic services

- Advocate for further MHPSS assessments to include more disability and VA-related indicators
- Support specific training/capacity development of psycho-social support (PSS) stakeholders on vulnerability, disability, specific PSS for amputees and Psychological First Aid

- Support specialized PSS training of caretakers and school-based social workers for survivors and PwDs

- Advocate for MHPSS indicators to measure progress in access to MHPSS services for PwDs and EO survivors

- Support projects that improve access to PSS services for survivors and PwDs ((community-based peer-to-peer support…)

3) Physical Rehabilitation

Suggested VA interventions:

- Conduct assessments on availability and readiness of Physical Rehabilitation Services across Libya

- Develop support to Libyan physical rehabilitation health structures based on findings of assessments

- Organize workshops/meetings on physical rehabilitation, involving key Libyan and international stakeholders, survivors and organizations of PwDs to discuss challenges and programming

- Develop a referral system for Mine Action organizations, humanitarian stakeholders and local NGOs to refer survivors and PwDs to rehabilitation services

- Develop mapping and directory of physical rehabilitation services for relevant organizations to inform survivors and PwDs on availability and access to services

- Build capacity of rehabilitation stakeholders to refer and orient PwDs and survivors to PSS and socio-economic inclusion stakeholders.

- Promote availability, knowledge and use of assistive devices amongst survivors, other PwDs and caretakers.

- Support projects enhancing health services capacity in acute post-surgical rehabilitation
- Support training/capacity development initiative on physiotherapy, Prosthetics and Orthotics (P&O) and pain management

- Advocate for Health indicators to measure progress in access to rehabilitation services for PwDs and EO survivors

- Support coordination between rehabilitation structure and PSS stakeholders

- Support projects that improve access to rehabilitation services for survivors and PwDs (mobile and community-based rehabilitation services, …)

4) **Data Collection**

Suggested VA interventions:

- Coordinate with the Ministry of Health (MoH) and the Ministry of Social Affairs (MoSA) through Memoranda of Agreement to collect data on casualties and populate Information Management System for Mine Action (IMSMA) database
- Follow-up World Health Organization and MoH implementation of the District Health Information System (DHIS) to collect data disaggregated on Persons with injuries and PwDs
- Sensitize Mine Action stakeholders on the need to collect casualty data
- Monitor the inclusion of casualty data collection in RE and NTS activities implemented by Mine Action stakeholders
- Enhance quality assurance and data analysis of casualty data collection
- Develop specific assessments to better identify unmet needs and barriers in access to services for survivors and PwDs
- Develop standard data-sharing and data-protection guidelines, based on UNOCHA future guidelines in data collection and protection, to support coordination in data collection and analysis between Mine Action actors and other stakeholders
- Support the inclusion of VA indicators within Multi-Sectoral Needs Assessment (MSNA) Mine Action indicators, especially on the number of people injured/killed by EO, type of disability and unmet basic needs of survivors and PwDs
- Advocate for Washington Group sets of questions to be included in IMSMA Victim forms, Multi-sectoral Needs Assessment (MSNA) and other assessment initiatives
- Advocate for data collection and assessment initiatives to be inclusive of PwDs and survivors, especially through the Information Management Working Group (IMWG)
- Advocate for Protection Working Group indicators and 4W to be inclusive of survivors, PwDs and VA activities
- Advocate for the Libya Census to include Washington Group sets of questions, liaising with UNFPA

- Support the implementation of Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of PwDs in the Mine Action sector

To foster ownership, key national stakeholders should be involved from the assessment and the programming stage. **The inclusion of survivors, PwDs and relevant OPDs is a must to ensure interventions are relevant** to their needs, demands, and concerns. **In Libya, key players** are in the first instance, the **Ministry of Health and the Ministry of Social Affairs**. The latter is a focal point for PwDs through its department of “Disabled People’s Affairs” and oversees the attribution of pensions for survivors and PwDs but is also in charge of supervising and supplying, in coordination with the Ministry of Health, the country’s public physical rehabilitation structures. Moreover, **four other Ministries have a department dedicated to the inclusion of PwDs**: the Ministry of Labour, the Ministry of Education, the Ministry of Youth, Sport and Leisure, and the Ministry of Transportation. They are considered as key stakeholders involved in the socio-economic inclusion of survivors and PwDs.

The LibMAC, UNMAS, and the Mine Action community have an important role to play in supporting specific VA efforts, coordinating with the above-mentioned stakeholders and the humanitarian community to include survivors in broader efforts. **Priorities** for mine action actors are further detailed in the Chapter V of this document. **They shall aim at:**

1) **Bridging gaps in IMSMA casualty data collection**
2) **Bridging gaps in data collection on the needs of victims and PwDs**
3) **Bridging gaps in access to life-saving services and assistance** for victims and PwDs
4) **Strengthening capacity of Mine Action actors in VA** and referral of EO victims
5) **Enhancing advocacy efforts to obtain or provide VA earmarked funding**
6) **Continuing coordination and advocacy efforts with key Libyan ministries and international humanitarian action actors** to facilitate and monitor a multi-sector response for survivors and indirect victims

INTRODUCTION

This report was commissioned by the United Mine Action Service (UNMAS) in Libya in coordination with the Libyan Mine Action Centre (LibMAC) to:

1) Produce a situation analysis and stakeholder mapping for VA interventions
2) Help identify national needs and priorities in assistance to victims of explosive ordnance in Libya
3) Formulate recommendations to help inform the development of a Victim Assistance (VA) Plan in Libya

The methodology used to produce this position paper is based on a review of relevant documents and individual interviews with over 40 stakeholders as listed in Annex 1. Moreover, the organization of a VA Launch Meeting and a VA workshop, respectively in January and March 2019, provided the opportunity for group discussions and the formulation of a preliminary situation analysis. The meetings also helped identify the prioritization of sectoral interventions that are reflected in this document.

This report would not have been possible without the support and commitment of the LibMAC who organized and facilitated the workshops and several interviews in coordination with UNMAS.

1. KEY CONCEPTS AND DEFINITIONS

The following key concepts and definitions will be used throughout this document.

Mine Action

According to International Mine Action Standards[13], Mine action refers to “those activities which aim to reduce the social, economic and environmental impact of explosive ordnance. The objective of Mine Action is to reduce the risk from explosive ordnance to a level where people can live safely; in which economic, social and health development can occur free from the constraints imposed by explosive ordnance and in which the victims’ needs can be addressed.

Mine action comprises five complementary groups of activities:

a) Risk Education (RE)

[13] IMAS 01.10, Second Edition, Amendment 9, March 2018, p.2

b) Clearance: Survey (Non-technical Survey-NTS; Technical survey (TS), others), marking and clearance of Explosive Ordnance
c) Victim Assistance, including rehabilitation and reintegration;
d) Stockpile destruction;
e) Advocacy

In Libya, Mine Action activities are coordinated by the LibMAC, and operations and advocacy are conducted by accredited Mine Action Organizations:
UNMAS: UNITED NATIONS MINE ACTION SERVICE
3F: Free Fields Foundation
HI: Handicap International
DDG: Danish Demining Group
DCA: Danish Church Aid
The HALO Trust

Explosive Ordnance

According to International Mine Action Standards, Explosive Ordnance (EO) is "interpreted as encompassing mine action's response to the following munitions:

- Mines
- Cluster Munitions
- Unexploded Ordnance (UXO)
- Abandoned Ordnance (AXO)
- Booby traps
- Other devices[14]
- Improvised Explosive Devices" [15]

The term "ERW" encompasses UXO, AXO and cluster munitions.
The humanitarian, socio-economic and environmental impact of explosive ordnance can last for decades after a conflict, "hampering stabilization, peacebuilding, reconciliation, infrastructure recovery and the return to normal life, as well as slowing down local, national, and regional development".[16]

Victim Assistance

According to the United Nations Mine Action Policy on Victim Assistance, it refers to all adequate age and gender-sensitive support provided to victims of explosive ordnance, with the purpose of reducing the physical and psychological implications of their trauma, and

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[14] As defined by Convention on Conventional Weapons Additional Protocol II
[15] IMAS 01.10, Second Edition, Amendment 9, March 2018, p.2
[16] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.3

overcoming their economic loss, social marginalization or the impairment of the realization of their rights[17].

Therefore, the aim of VA is ensuring the full and effective participation of explosive ordnance survivors and indirect victims in the society.

VA comprises the following areas:

1) **data collection**, including context analysis and needs assessment for services referral, as a starting point to understand the extent of the problem and the challenges ahead;
2) **emergency and continuing medical care**, including emergency first aid to the victim of the explosion and ongoing medical care other than physical rehabilitation;
3) **physical and other rehabilitation,** including physiotherapy, as well as assistive and mobility devices;
4) **psychological and psycho-social support,** including counselling by psychology and psychiatry professionals; activities aimed at improving psychological well-being and peer-to-peer support;
5) **social and economic inclusion, inclusive education**, as well as access to basic services and disability awareness;
6) **establishment, enforcement and implementation of relevant laws and public policies.**

According to the UN Mine Action Policy on VA, "the above-mentioned components shall not be seen in isolation or as separate sets of actions. They form the basis for a holistic and integrated approach for the realization of the human rights of the victims"[18].

Explosive ordnance victims

According to the United Nations Mine Action Policy on Victim Assistance[19], the word "victim" shall refer to a person who has suffered physical, emotional and psychological injury, economic loss or substantial impairment of his or her fundamental rights through acts or omissions related to the use of explosive ordnance.

Victims include:

- **Direct victims**, also referred as explosive ordnance **casualties**: people killed or maimed by explosive ordnance, including people who have survived the accident – also referred as "**survivors**".

[17] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.3
[18] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.4
[19] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.4

- **Indirect victims:** families of direct victims and communities affected by mines, ERW, cluster munitions or IEDs.

Persons with Disabilities

According to the Convention on the Rights of Persons with Disabilities (CRPD) (Art.1), Persons with Disabilities (PwDs) include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Non-discrimination

Non-discrimination is a fundamental Human Rights principle and is explicitly reasserted in Article 5 of the CPRD, as well as in UN Victim Assistance Policy. In this framework, VA efforts shall not discriminate against persons injured or impaired in another manner or against or between victims; all of them shall be guaranteed equal rights. VA efforts should benefit other PwDs, in the same manner as efforts to advance the rights of PwDs and their families should include survivors and their families.

Victim Assistance Integrated Approach

VA should be implemented according to a VA integrated approach[20], rooted in the human rights principle of non-discrimination and the CRPD.
The dual imperatives of this approach are:

1) **Broader multi-sector efforts by non-mine action actors** reach people injured by explosive ordnance, survivors and indirect victims, and;
2) **Specific victim assistance efforts undertaken by the mine action community**
    - Bridge gaps in data and in services, including through obtaining or providing victim assistance earmarked funding
    - Advocate for, facilitate and monitor a multi-sector response for people injured, survivors and indirect victims so as to ensure that mainstream actors respond to the needs of victims

The following chapters, especially the stakeholders mapping and situation analysis are based on the VA integrated approach.

Referral system/Referral pathway

A referral system, also known as referral pathway in the UN Mine Action Strategy 2019-2023[21] represents the process by which survivors of explosive ordnance access and benefit from different types of assistance.

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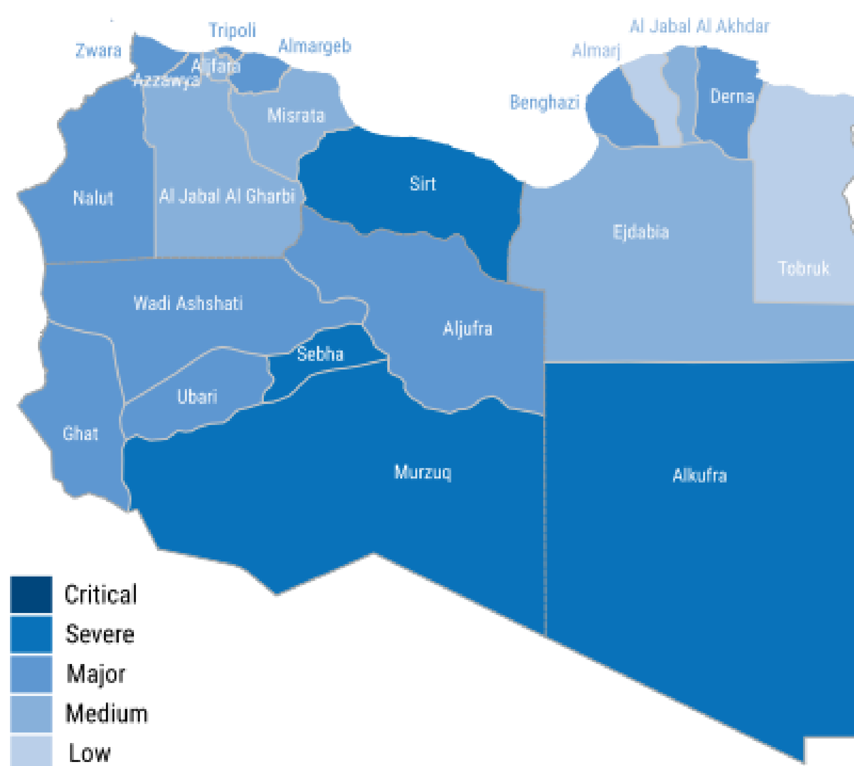
[20] Guidance on VA integrated approach, Handicap International et alii, p.3-4
[21] United Nations Mine Action Strategy 2019-2023, 2019, p.13

2. BRIEF CONTEXT OVERVIEW

The current context in Libya is shaped by eight years of continuous crisis, which has been marked by armed clashes, long-lasting political divisions, and economic hardships that affect several regions. In early 2016, a new United Nations-backed government, the Government of National Accord (GNA), was formally settled in Tripoli. It has continued to face opposition from rival entities and militia groups, especially from the Eastern part of the country, and the Libyan National Army (LNA). The protracted crisis is detailed in the 2019 Humanitarian Needs Overview (HNO)[22] and will therefore not be repeated in this position paper.

According to the 2019 HNO, an estimated 823,000 people (11% of the population), including around 248,000 children, are in need of humanitarian assistance, especially in protection; access to critical services such as healthcare and education services; access to basic household goods and commodities[23].

Map of severity of humanitarian needs per Mantika. Source: HNO 2019, p.25



[22] Humanitarian Needs Overview, UNOCHA, Libya, 2019 p.8-12
[23] Humanitarian Needs Overview, UNOCHA, Libya, 2019, p.6

As shown in the map above, main people in need are migrants (288,000), refugees and asylum seekers (125,000), Internally Displaced People (IDPs, 97,000), returnees (165,000) and host communities/non-displaced people (148,000) affected by the crisis across the country. Overall people with the most severe needs are located in the Mantikas of Sirt, Alkufra, Murzuq and Sebha[24], as shown in the map below.

Since 2011, the outbreak of several waves of violence has caused a sizeable number of civilian injuries and fatalities and consequent population displacement. According to the Armed Conflict Location and Event Data Project (ACLED), cited in the 2019 HNO, there were 344 outbreaks of conflict and armed clashes in 2018.

From January to December 2018 the United Nations Support Mission in Libya (UNSMIL)/Office of the High Commissioner for Human Rights (OHCHR) documented at least 196 civilian deaths and 369 injuries caused by gunfire, Explosive Remnants of War (ERW), airstrikes, shelling and Improvised Explosive Devices[25] (IEDs).

The recent clashes in Tripoli caused the displacement of 100,000 individuals and 6845 casualties (1093 fatalities) between April 4th and July 15th 2019, according to the World Health Organization (WHO)[26].

Contamination by explosive ordnance is notable, following former battle areas and conflict lines. The country is also affected by anti-personnel and anti-vehicle mines, a legacy from World War II. Improvised mines are suspected to have been laid during 2016 by Islamic State in areas that they controlled, such as in Sirt and Benghazi[27]. As identified in the Humanitarian Needs Overview (HNO), **"the threat of explosive hazards is an overarching protection concern and threat to civilians**. **Civilians, especially Internally Displaced (IDPs) and returnees, continue to be killed and maimed**, exposed to explosive hazards, such as landmines, unexploded/abandoned ordnance, other explosive remnants of war and improvised explosive devices, that affect lives, physical security and access to much needed services". **Furthermore, there is a concerning lack of provision of specialized assistance to survivors of explosive hazards.**

Ongoing security risks often prevent timely decontamination of explosive hazards and the low number of people who have been made aware of the risks of explosive hazards indicates a concerning gap that could impact further the capacity of the Libyan population to cope with the threat. **According to the MSNA 2018, an estimated 4% of displaced households reported at least one member injured by a UXO[28]".**

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[24] Humanitarian Needs Overview, UNOCHA, Libya, 2019, p. 25

[25] Human Rights Report on Civilian Casualties, OHCHR/UNSMIL Jan-Dec 2018

[26] Twitter-WHO Libya https://twitter.com/WHOLIBYA/status/1150785254564802565

[27] Report on Mine Action Libya, Landmine Monitor 2018

[28] Humanitarian Needs Overview, UNOCHA, Libya, 2019 p.49

The extent, impact and precise location of explosive ordnance contamination is unknown[29], but according to UNMAS, the LibMAC, and Mine Action stakeholders**, the presence of landmines, ERW and IEDs, is posing "a serious threat to displaced, returnees and host communities, in terms of safety, access to services and mobility. It also hinders the safe return and restricts access for humanitarian workers"**. The 2018 MSNA confirms this statement since **4% of households reported the presence of explosive ordnance at neighbourhood level**, and **9% of IDPs have not returned to their area of origin due to the threat of explosive ordnance.**

[29] Interview with UNMAS program team and the LibMAC (see list of interviewees Annex 1)

I. VICTIMS AND PWDS IN LIBYA

The following chapter presents available data and information on victims and PwDs in Libya. During this research, it was found that difficulties in getting reliable, available and accurate data represented a great limitation to conduct a detailed situation analysis and confirmed the need to strengthen specific data collection and data analysis efforts in order to inform relevant decision making and programming.

1. EXPLOSIVE ORDNANCE VICTIMS IN LIBYA

1. Direct victims

Libya shares a "numbers issue" with other countries affected by explosive ordnance when it comes to accurate casualty data collection[30]. The limited availability of data on explosive ordnance casualties and survivors is a concern for mine action stakeholders as it prevents understanding the scale of VA needs and further advocacy efforts to develop VA-related or specific programs. All interviewed stakeholders during the assessment mentioned that EO casualties were plausibly under-reported.

According to the Landmine Monitor, the exact number of explosive ordnance casualties in Libya is "unknown" and most probably of "many thousands". The Landmine Monitor succeeded in triangulating various sources of information (including data provided by mine action stakeholders in Libya), and could establish, that **between 1999 and 2018, there were at least 3,302 mine/explosive remnants of war (ERW) casualties:**

- **410 killed;**
- **2,886 injured;**
- **6 unknown survival outcome[31].**

Disaggregated data by age, gender and geographical areas were only available for 2017 and 2018 and are presented in the table below.

The Libyan Mine Action Centre (LibMAC) collects data on casualties through IMSMA victim forms. It is worth noting that the LibMAC excludes from casualty data collection: "those killed or injured as a result of bombing, artillery engagement, air or ground bombardment or rocket fire during military actions[32], and considers only civilians. **Since 2011**, **the LibMAC**, after centralizing field data from mine action stakeholders, **has recorded 371 casualties:**

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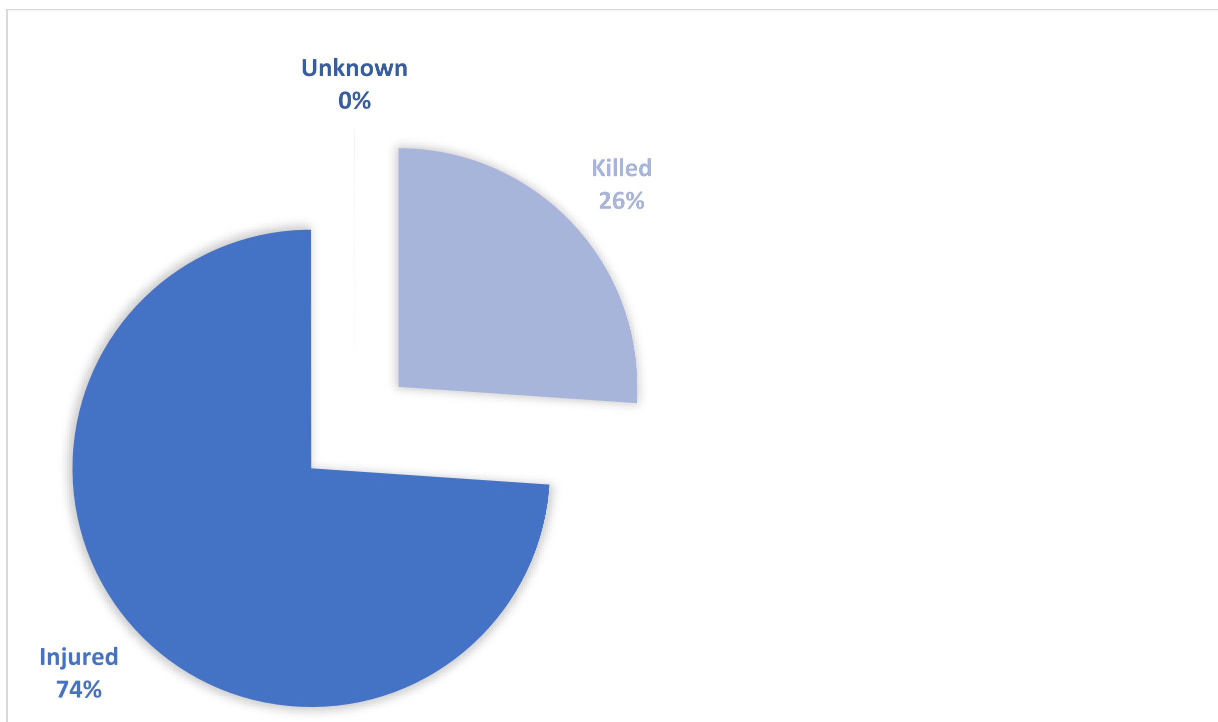
[30] Factsheet on casualty data collection, Landmine Monitor, p.1

[31] Libya Casualty Report 2017, Landmine Monitor 2018. Data provided by the Landmine Monitor on a database to the consultant for 2018 were added to the 2017 figures.

[32] Libyan Mine Action Standards (LMAS), Victim Assistance, LibMAC, 2017

- **96 killed;**
- **272 injured;**
- **3 unknown survival outcome**[33]

Graphic presenting age and gender disaggregated casualties caused by explosive ordnance in Libya, between 2008 and 2018, and recorded by the LibMAC in IMSMA[34]

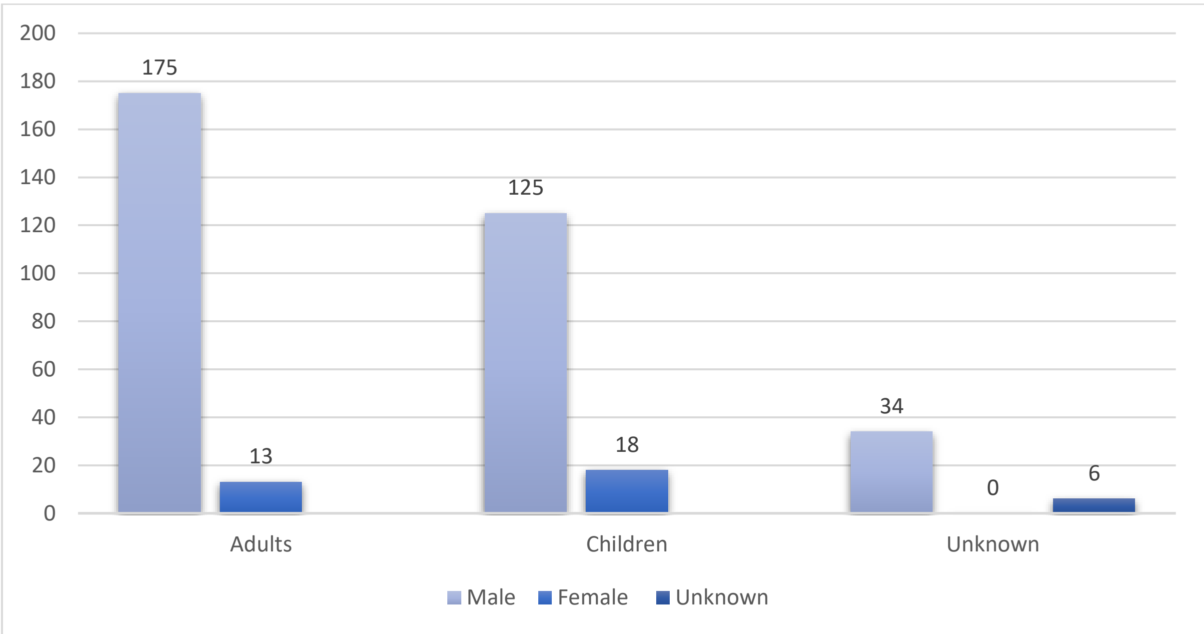


Among direct victims of explosive ordnance, **188 were adults** (175 men, 13 woman), **143 were children** (125 boys, 18 girls) and 40 were of unknown age (34 males, 6 unknown gender). As shown in the graphic below, **more than a third of explosive ordnance casualties are children**; 29 children were killed by explosive ordnance, 114 were injured. The most affected areas where casualties were recorded are Misrata (83), Jabal Nafusa (52), Sirt (38), Sabha (38), Benghazi (28), Al What (19), Tripoli (12), Nalut (9).

[33] Data provided by the LibMAC and analyzed by the consultant

[34] Information Management System for Mine Action

Graphic presenting age and gender disaggregated IMSMA data of casualties caused by explosive ordnance in Libya between 2008 and 2018 and recorded by the LibMAC:



The table below presents casualties recorded by the Landmine Monitor and the LibMAC in 2016, 2017 and 2018. It **highlights the gap in accessing accurate information and the importance to enhance and improve casualty data collection**, especially at country level.

Key information, such as potential survival rate, most affected areas, age/gender of casualties and device type causing casualties **can support not only better targeting of future VA projects, but also prioritization in other Mine Action activities, such as Risk Education (RE), Non-Technical Survey (NTS) and clearance**.

Comparative table of explosive ordnance casualties recorded in 2016, 2017 and 2018 by the Landmine Monitor and the LibMAC:

Year	2016		2017		2018	
Data Disaggregation	Landmine Monitor	IMSMA	Landmine Monitor	IMSMA	Landmine Monitor	IMSMA
Annual total	1610	43	184	24	50	N/A
Survival outcome: killed	145	12	88	7	28	N/A
Survival outcome: injured	1465	31	96	17	22	N/A
Potential survival rate	91%	72%	52%	70%	44%	N/A

Year	2016		2017		2018	
Data Disaggregation	**Landmine Monitor**	**IMSMA**	**Landmine Monitor**	**IMSMA**	**Landmine Monitor**	**IMSMA**
Device type causing casualties	1 anti-personnel mines 16 anti-vehicle mines	2 anti-personnel mines 2 anti-tank mines	8 anti-personnel mines	10 anti-personnel mines	15 anti-personnel mines 7 anti-vehicle mines	
	6 improvised mines	3 Improvised Explosive Devices	10 improvised mines	1 Improvised Explosive Device	8 improvised mines	
	71 unspecified mines		104 unspecified mines		16 unspecified mines	
	23 ERW	20 ERW	4 ERW	3 ERW	2 ERW	
	1,493 undetermined	16 undetermined	58 undetermined	10 undetermined	3 undetermined	
Status	N/A	43 civilians	45 civilians	24 civilians	37 civilians	
	N/A		5 deminers		3 deminers	
	N/A		40 military		10 military	
	N/A		94 unknown			
Age and Gender	N/A	**20 adults:** 4 women 16 men	**125 adults:** 6 women 118 men 1 unknown	**21 adults:** 3 women 18 men	**27 adults:** 1 woman 26 men	
	N/A	**18 children:** 2 girls 16 boys	**13 children:** 2 girls 6 boys 5 unknown	**3 boys**	**8 children:** 1 girl 5 boys 2 unknown	
	N/A	5 males of unknown age	42 unknown		15 unknown	
Main Areas	N/A	Jabal Nafusa (10) Tripoli (8) Sabha (6) Misrata (3) Sirt (3) Wadi al Hayaa (3)	Unavailable	Sabah (6) Jabal Nafusa (6) Sabha (6) Sirt (6) Wadi Al Hayaa (3)	Benghazi (37) Derna (12)	

Accidents often result in lower limb and/or upper limb amputation and other physical, visual and hearing impairments. Survivors often develop a permanent and life-long disability and psychological trauma. They are, in Libya, to be considered as part of **vulnerable populations in need of humanitarian assistance**, especially when their **access to adequate emergency**

health care response (acute trauma care and surgery) and **comprehensive rehabilitation is hindered by the conflict and the availability of services** in remote/rural areas[35].

The 2011 World Health Organization (WHO) world report on disability lists health complications that can be faced by explosive ordnance survivors and other Persons with injuries resulting from armed conflicts:

- Complications and long-term disability from traumatic injuries, from lack of appropriate follow-up;
- Complications and premature mortality in individuals with chronic diseases, as a result of suspended treatment and delayed access to health care;
- Permanent hearing loss caused by explosions, stemming from the lack of early screening and appropriate treatment;
- Long-term mental health problems from the continuing insecurity and the lack of protection.

The chapter IV of this research details further the current challenges faced by survivors, PwDs and other vulnerable groups in accessing quality health, rehabilitation and mental health services.

2. Indirect victims

There is **insufficient information on EO indirect victims in the country**. Based on available casualty data mentioned above and most recent demographic data available from the Family Health Survey of 2014[36], the **number of households potentially affected by the loss and/or the injury of a family members caused by EO** amounts to at least to **14,528 individuals**. Furthermore, according to the 2018 MSNA, **an estimated 4 per cent of displaced households reported at least one member injured by a UXO**[37]. According to the 2019 HNO, based on assessment and information provided by the Libyan Mine Action Centre (LibMAC), the **communities currently most affected by explosive ordnance are Tripoli, Benghazi, Sirt, Sebha, Barak Al Shati, Jabal Al Gharbi/Gharyan, Derna, Tawergha, and Alkufra**[38].

[35] World Report on Disability, World Health Organization, 2011, p.58

[36] The Libyan Youth Today: Opportunities and Challenges, UNFPA, 2018, p.9: 3,4 children per women; 5.4 individuals per nuclear family (couple and dependents).

[37] Multi-Sectoral Needs Assessment report Libya 2018, REACH, 2019, p. 79

[38] Humanitarian Needs Overview, UNOCHA, Libya, 2019, p.49

2. PERSONS WITH DISABILITIES IN LIBYA

Because EO accidents often result in impairments leading to disability, **understanding the needs and challenges faced by PwDs in Libya is of utmost importance to develop specific VA interventions**. It is also central **to ensuring that VA efforts benefit other PwDs, and that broader interventions benefitting PwDs are inclusive of survivors**.

Estimates of disability prevalence in Libya range from 2.9% to 14.3%. **A third of disabilities were suggested to be linked to conflict-related injuries**[39]. The last National Census in Libya dates from 2006. It established a disability prevalence of 2,9% and poorly included disability (disability was reduced to a restricted list of medical conditions). In the absence of reliable, updated and quality data on PwDs**, it is recommended to use the WHO estimate of 15% of the total population**[40] as a benchmark, although this percentage **could be higher**, as the conflict situation may further increase the population of PwDs.

The Ministry of Social Affairs of Libya (MoSA) is providing, through **the Social Solidarity Fund (SSF) basic social protection for survivors and PwDs**, through monthly financial support (450 LYD per month, subject to specific eligibility criteria), and access to public physical rehabilitation services in the country. In 2013, 96,031 persons or 1.5% of the population held a disability card provided by the General Directorate of the Social Solidarity Fund[41]. Data provided by the SSF show that in December 2018, there were 106,400 PwDs, (1,6% of the population in 2018) supported financially by the MoSA, among them, 1,460 survivors of explosive ordnance. Gender and age disaggregated data could not be obtained during the research. **The SSF minimum social protection** (monthly financial support and coverage) which is provided to only unemployed PwDs is **pointed by Organizations of PwDs (OPDs) as being insufficient and negatively impacted by the cash crisis and rampant inflation in Libya**[42].

A survey conducted in 2016 by the Libyan Bureau of Statistics[43] over 10,000 households across 20 municipalities determined the proportion of disabilities "caused by war" (without further details) among the broader population of PwDs. Findings showed that **disabilities "caused by war"** concerned:

- **12% of children with disability under 4 years old**
- **6% of children with disability aged 5 to 14 years old**

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[39] Disability in North Africa, Institute for Development Studies, April 2018, p.4
[40] World Report on Disability, World Health Organization, 2011, p.29
[41] Disability in North Africa, Institute for Development Studies, p.14
[42] Interviews with Organizations of People with Disabilities (List of interviewees in Annex 1); VA Workshop outcomes
[43] Main indicators for 2016, Libyan Bureau of Statistics and Census, 2016

- **5,7% of persons with disabilities aged 15 to 64 years old**
- **2% of persons with disabilities aged 65+**

An assessment was conducted by REACH and UNHCR on Internally Displaced People in 2016 in Libya using the recommended Washington Group approach to assess disability types and prevalence in IDP populations affected by the conflict. The report showed that:

- **47% of PwDs had difficulties with sight;**
- **45% had difficulties with movement or walking;**
- **34% had difficulties with hearing;**
- **17% had difficulties with communicating or using language**[44].

Other than the data mentioned above, **there is a clear lack of accurate data disaggregated by age, gender and disability status in Libya**. This prevents humanitarian actors to define and monitor appropriate indicators on the inclusion of PwDs in humanitarian action and developing access to services for PwDs and survivors in the country. Indeed, a multi-country online survey conducted by Handicap International in 2015 on inclusion of PwDs in humanitarian response showed that[45]:

- **30% of the respondents with disabilities** stated that the **service needed was too far from where they were and/or that transportation costs to reach assistance were too high**;
- **55% of respondents with disabilities** highlighted as a **priority the necessity of obtaining accessible information on the availability of services** or during the provision of services;
- **59% of respondents with disabilities** who had been internally displaced reported **having been subject to abuse**;
- **92% of the humanitarian actors** responding to the survey **estimated that PwDs were not properly considered in humanitarian response**.

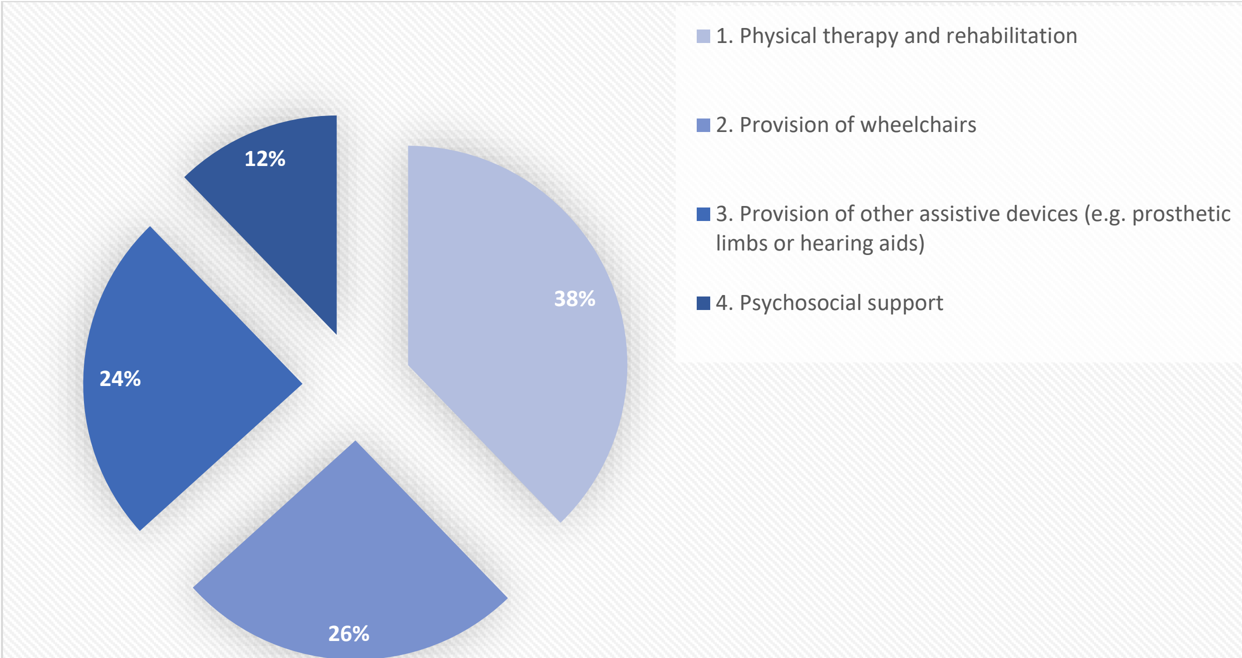
These results are coherent with the 2018 **Libya MSNA**, although it focused only on physical disability and access to certain health services: **only 12%** of households with a member reported to have physical disability **have adequate access to the needed healthcare**, while **85% have limited access or no access to it**. It is especially the case for the following Mantikas: Ubari, Tripoli, Murzuq, Ajdabiya, Aljufra, AlJabal al Gharbi, AlJabal al Akhdar[46].

[44]IDP Protection Assessment, REACH/UNHCR, 2016, p.17; 34-35

[45]Disability in humanitarian context: views from affected people and field organization, Handicap International, 2015.

[46] MSNA 2018 Libya, Mine Action Indicators, provided by REACH to UNMAS Libya

Proportion of people who reported to have a physical disability who could not access the needed health care, by type of service (source: MSNA 2018)



The 2019 HNO states that "**People with Disabilities, survivors of explosive ordnance, elderly people and people with chronic illnesses are among the most severely impacted by the deterioration of the public Health Sector** and resulting lack of access public healthcare, as the **services available to them are grossly insufficient to match their critical needs**"[47]. Furthermore, the HNO highlights that children and adults with disabilities should be of specific concern, as they are **"often excluded from humanitarian assistance"** and face **challenges in accessing basic services** such as water, shelter, food and health, but also specific services such as rehabilitation and assistive devices.[48] Based on this acknowledgement, the 2019 Humanitarian Response Plan (HRP) reasserts that "**humanitarian actors aim to address the needs of PwDs**, particularly those who have been heavily impacted by direct exposure to conflict and violence. Information on PwDs in Libya is limited, however, **humanitarian partners are committed to increased efforts to improve the availability and quality of data** regarding people with disabilities"[49].

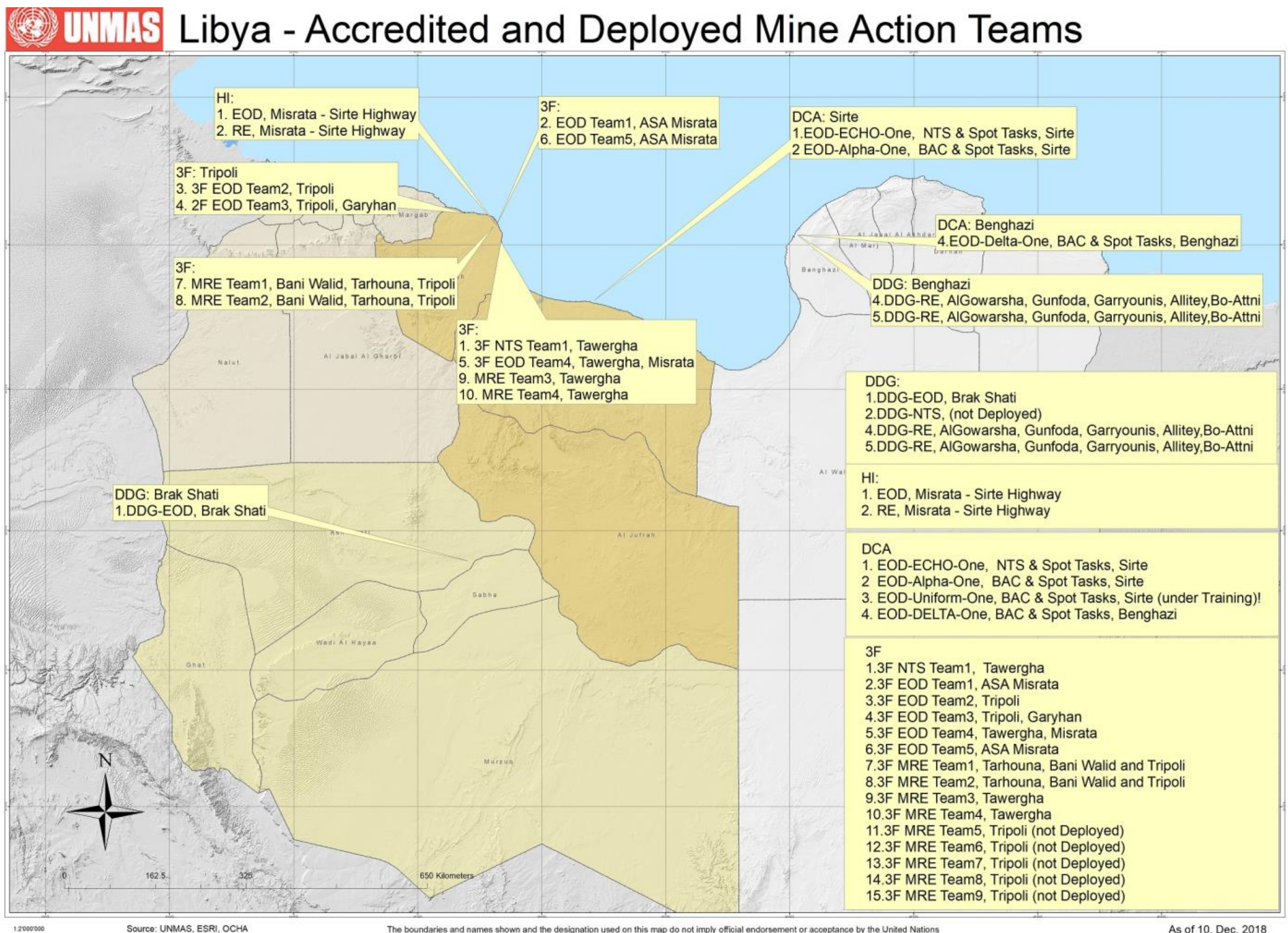
Chapter IV of this research provides further details on the current challenges faced by survivors, PwDs and other vulnerable groups in accessing services in areas relevant to Victim Assistance in Libya.

[47] Humanitarian Needs Overview Libya, UNOCHA, 2019, p.19
[48] Humanitarian Needs Overview Libya, UNOCHA, 2019, p.30
[49] Humanitarian Response Plan Libya, UNOCHA, 2019, p.12

II. MINE ACTION AND VICTIM ASSISTANCE IN LIBYA

To date, in Libya, main **Mine Action activities** have **focused on Risk Education (RE)** in affected communities, **clearance/Explosive Ordnance Disposal (EOD)**, and **Non-Technical Surveys (NTS)**. NTS supports mine action response by quantifying the scale and type of contamination in the country, is currently implemented by all accredited Mine Action actors and prioritized by the LibMAC in the following areas: Tripoli, Sabha, Misrata, Sirt and Benghazi. **Access to contaminated areas and implementation of Mine Action activities are hindered by the volatile security situation and ongoing clashes**. The map below presents the main activities conducted by the LibMAC, UNMAS and international and national Mine Action Organizations: 3F, Handicap International, DDG and DCA.

Accredited and Deployed Mine Action Teams in Libya, accredited map provided by UNMAS (last updated January 2019)



Since 2011, the LibMAC coordinates Humanitarian Mine Action activities, and receives technical support from UNMAS. In 2018, Mine Action stakeholders succeeded in:

- **Destroying 26,144 items of ERW**
- **Destroying 203 tons of ERW**
- **Releasing 674,087 sqkm land back to communities**
- **Providing Risk Education sessions to 96,862 direct beneficiaries (age and gender disaggregated data unavailable)**[50]

Before 2019, there is no record of Victim Assistance specific activities beyond the workshop on Victim Assistance in the context of Landmines, Cluster Munitions and other Explosive Remnants of War, that was co-organized by Handicap International, UNHCR and UNMAS in July 2017. The event was organized to support the LibMAC and other Libyan stakeholders in identifying key stakeholders and activities, to discuss gaps and opportunities, raise awareness among key stakeholders on the need to support survivors and PwDs through specific programs.

1. THE LIBYAN MINE ACTION CENTRE

The LibMAC started to operate in 2011 and **was officially mandated by the Libyan Ministry of Defence to coordinate humanitarian mine action activities** in early 2012. It is currently operating under the GNA and has offices in Tripoli (headquarters), Misrata, and Benghazi. The LibMAC receives financial support from the Ministry of Defence, and funding from ITF-Enhancing Human Security[51] (since 2015). UNMAS has also been providing technical support, institutional and operational capacity development to the LibMAC, especially to strengthen accreditation processes for Mine Action operators. There is no National Mine Action Strategy for Libya yet. **The LibMAC prioritizes survey and clearance operations by issuing task orders**, ensuring **quality control and quality assurance** over mine action activities, **leads accreditation processes** of mine action organizations and **coordinating the collection of accurate and comprehensive data** on activities conducted. **The LibMAC has a dedicated RE/VA department and a VA Officer onboard since 2015, to develop further VA activities**.

Little could be done on **VA** since 2015, due to **lack of specific funding, need of technical capacity development and difficulties to coordinate with Libyan Ministries** on data collection and coordination of a comprehensive VA response[52].

The LibMAC is recording casualty data on people killed and injured by EO through **victim forms and accident forms** recorded in the **IMSMA** database. Data on casualties is usually

[50] Data provided by the LibMAC and presented to the 22nd NDM
[51] https://www.itf.si/
[52] Interview of LibMAC Head of MRE and VA Department (List of interviewees in Annex 1)

collected during other Mine Action interventions, such as Risk Education activities or NTS, and **not through specific victim data collection activities**. It is centralized by the LibMAC IMSMA Officer who populates the IMSMA database with the field reports received by Mine Action Organizations.
2016 was a turning point for Mine Action stakeholders to improve their data collection and reporting capacity, as the **GICHD**, with support from UNMAS, started providing **technical support and capacity building to the LibMAC and mine action organizations on Information Management**. Strong focus was given to EOD, NTS, RE reporting, but also on quality assurance and quality control of the data collected and entered. Based on stakeholder's interviews, and the review of the current victim report database, **casualty data lacks accuracy and are generally under-reported, hindering clear analysis of age, gender, location but also type of devices involved in accidents, survivors' impairments and disability**. Further technical support from GICHD on Information Management for Victim and Accident reports is currently under discussion.

The **recent study on "Explosive hazard victim reporting and data management processes in Irak"** (reference available in Annex 2) conducted by Handicap International **could be of interest for the LibMAC and Mine Action actors in Libya** for improved coordination, reporting mechanism and information management[53].

In January 2019, the LibMAC, with support from UNMAS, organized a Victim Assistance Launch Meeting with key Libyan stakeholders, representatives from UN Agencies and Mine Action Organizations. Stakeholders were sensitized on the need to develop Victim Assistance in Libya, received information on basic VA concepts and integrated approach, and committed to continue their coordination efforts. This meeting led to the organization of a Victim Assistance Workshop from 11-12 March 2019, gathering more than 17 key Libyan and International stakeholders, in Tripoli, including:

- Representatives from the LibMAC, the Libyan Social Solidarity Fund (Ministry of Social Affairs), Ministry of Youth, Sports and Leisure;
- Libyan Civil Society Organizations (LRC, Psychosocial Support Team, Organizations of PwDs), Libyan mine action organization (3F);
- Representatives from UNICEF, WHO, UNMAS, UNHCR

Participants' awareness and knowledge on VA was raised through group exercises, where stakeholders developed a preliminary situation analysis on:

- The needs of survivors and PwDs;
- The resources available to address VA;

[53] Explosive hazard victim reporting and data management processes in Irak, Handicap International, April 2019, p.9

- The priority gaps to address in the access to and provision of specific services

The workshop positioned **the LibMAC as a central focal point to coordinate further Victim Assistance efforts**. It also allowed to identify potential key partners in the implementation of a VA comprehensive response that are mentioned in the Chapter IV of this paper.

The LibMAC, with adequate capacity development and technical support, could play a central role in VA in Libya. **Recommendations** for the LibMAC and the Mine Action community in Libya **to develop and support Victim Assistance** will be further detailed in a dedicated chapter of this paper **(Chapter V)**.

2. THE UNITED NATIONS MINE ACTION SERVICE IN LIBYA

UNMAS has been operating in Libya since 2011. It relocated in Tunis in November 2014 due to poor security conditions in Libya, as did other international humanitarian organizations and many other Mine Action operators. In 2017, UNMAS started to partly relocate in Libya.

The UNMAS programme is an integral part of the United Nations Support Mission in Libya (UNSMIL). **As the UNSMIL's Arms and Ammunition Advisory Section (AAS), UNMAS Libya** is mandated by UN Security Council Resolution 2434 (2018), to:

- **support key Libyan institutions**;
- **provide support for the provision of essential services and delivery of humanitarian assistance**;
- **provide support for securing uncontrolled arms and related materiel and countering their proliferation**;
- **coordinate international assistance**.

UNMAS in Libya has provided technical support to the LibMAC and **has assisted in the coordination of mine action activities** with National stakeholders and Implementing Partners, but also **with the UN Country team and sectors involved in the humanitarian response**.

UNMAS in Libya has received financial support from UNSMIL, France, Italy, Canada, Germany, the United Kingdom, Switzerland, Austria, Spain, Denmark, Netherlands through the VTF and the United Nations Central Response Fund (CERF). It also receives an in-kind contribution from the Swiss Government to strengthen Information Management. UNMAS supports the LibMAC throughout **accreditation process of mine action operational teams**, p**rovides technical advice and quality assurance and control** through its operations team and quality assurance

officers. It also **supports the LibMAC for the coordination and organisation of the monthly LibMAC meetings with Implementing Partners**, that gather **donors, mine action international and national organizations** (3F, DDG, DCA, HI, Halo Trust), UNMAS and relevant stakeholders.

In July 2017, UNMAS, in coordination with UNHCR, and Handicap International co-organized a first VA workshop with representatives from Libyan Ministries, Civil Society Organizations, Organizations of PwDs and international stakeholders. In December 2018, UNMAS hired a Victim Assistance specialist in order to develop this position paper that could support the LibMAC in developing a Victim Assistance National Plan. A launch meeting in January 2019 in Tunis, followed by a VA workshop in March 2019 in Tripoli, were organized in collaboration with the LibMAC to re-launch a **VA dynamic** and **involve further stakeholders in discussions towards the development of VA**.

Although VA has been a neglected pillar of Mine Action in the country programming in the past few years, there is a **strong commitment from UNMAS program team to continue supporting VA efforts and advocate for earmarked funding**[54].

At global level, UNMAS is currently dedicating 2% of its budget to VA. VA has been **historically underfunded**, and received, in 2018, only 2% of International contributions to the Mine Action Sector[55]. However, **VA is currently gaining momentum**: UNMAS is currently undergoing VA assessments and projects in Afghanistan, Somalia, Western Sahara, Syria and Libya[56]. **The UN Mine Action Strategy 2019-2023 dedicates one of its five strategic outcomes** to Victim Assistance, calling UN Agencies to ensure victims are accessing needed health services and are included in social and economic life, as shown in the theory of change below[57]:

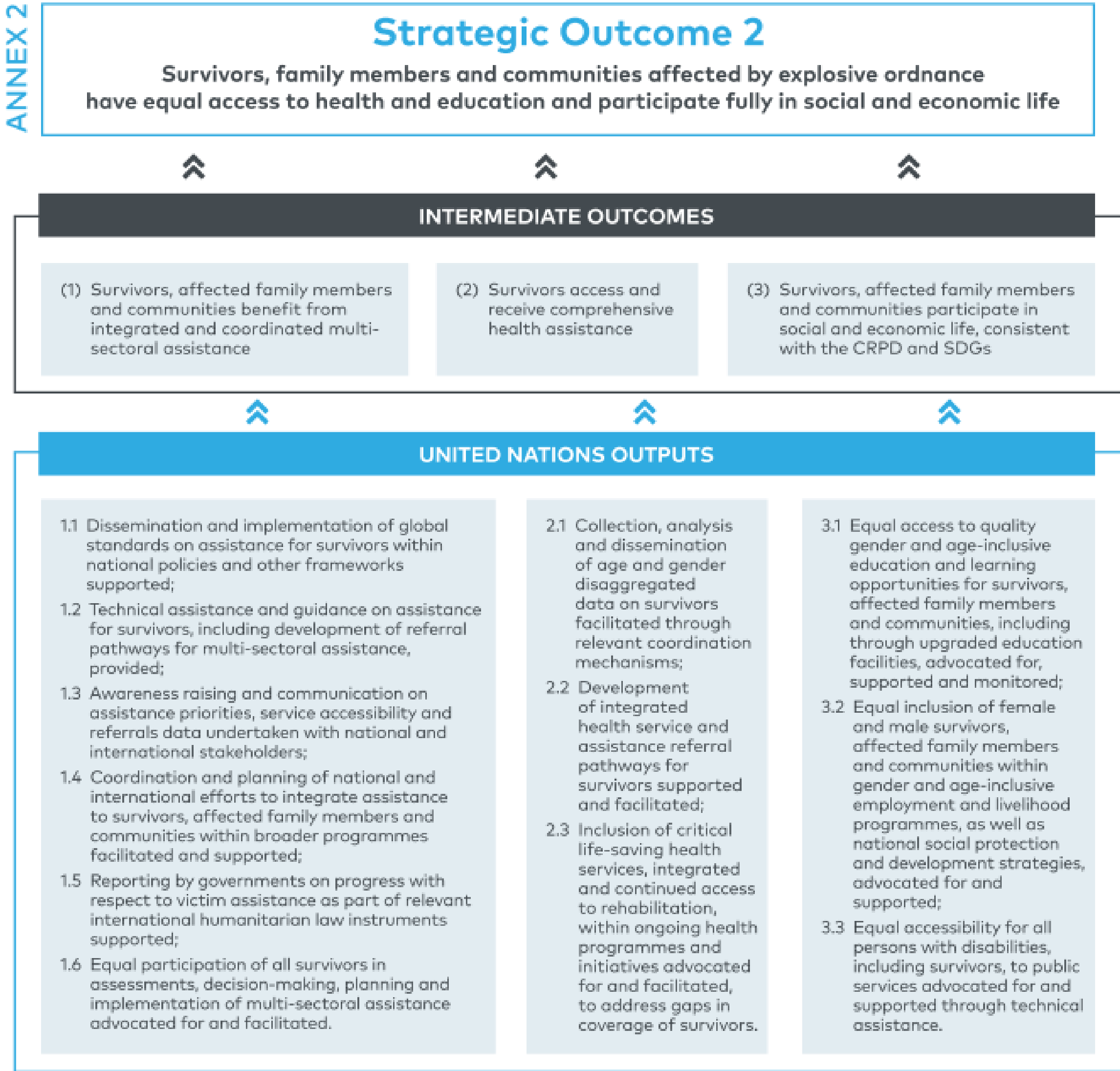
[54] Interview with UNMAS Libya Program Team (List of interviewees in Annex 1)

[55]Report on Mine Action Libya, Landmine Monitor 2018: International funding was distributed among the following sectors: clearance and risk education (59% of all funding), victim assistance (2%), capacity-building (1%), and advocacy (1%). The remaining 37% was not disaggregated by the donors.

[56] Interview with UNMAS Global M&E consultant (List of interviewees in Annex 1)

[57] United Nations Mine Action Strategy 2019-2023, United Nations, 2019, p. 23

Strategic Outcome 2, detailed in the UN Mine Action Strategy 2019-2023



UNMAS is also taking part in inter-agency and inter-sectoral coordination mechanisms, and participates in:

- The Protection Sector Working Group (led by UNHCR)
- The Information Management Working Group (led by OCHA)
- The Humanitarian Access Working Group (led by Mercy Corps)
- The Communication Working Group (led by UNICEF)
- The Gender Working Group (led by UNWOMEN/UNFPA)

The Mine Action sector (Mine Action Area of Responsibility – MA AoR) is currently under the umbrella of the Protection Working Group (PWG). UNMAS, with other mine action non-governmental organizations, and in coordination with the LibMAC, ensures that mine action

priorities are part of the Protection sector programming and included the Humanitarian Needs Overview and Humanitarian Response Plan processes.

This positions UNMAS in a central role, especially to advocate for inter-sectoral and multi-stakeholder coordination to ensure survivors are included in humanitarian response, along with PwDs.

Recommendations for UNMAS and the Mine Action community in Libya **to develop and support Victim Assistance** will be further detailed in a dedicated chapter of this paper **(Chapter V)**.

3. MINE ACTION IMPLEMENTING PARTNERS

1. Free Field Foundation (3F)

3F is the only Libyan accredited Mine Action operator in the country. 3F is currently **conducting Explosive Ordnance Disposal (EOD), NTS and Risk Education (RE)** in:
-Tripoli, Sirt, Tawargha, Yefren, Gharyan (RE and EOD only)

Risk Education sessions are also delivered in Bani Walid, Misrata, Azizia, Sabratha, Sabha, and to Tawargha IDPs (in Benghazi and Tarhouna)[58].

Although 3F is not implementing any specific VA activity, its RE and NTS teams are encouraged to collect data on casualties. Interviews showed that field teams had **difficulties in identifying victims**, and that people identified were reluctant to share their personal information. 3F tried to collect data on people injured by mines/ERW/IEDs by liaising with hospitals but those attempts were unsuccessful. 3F is currently funded by DDG (EU funding), the UK Government, the Swiss Government, the Netherlands and UNMAS. 3F has proven to have good organizational, operational capacities and access to several conflict-affected areas. The Organization could be seen as a reliable partner to set-up a referral system in place for identified victims.

2. Danish Demining Group (DDG)

DDG is operating in Libya since 2011-2012. **DDG has partnered with 3F and contributed in building its capacity for several years to ensure it could operate as an independent organization in Libya**. It is now funding part of 3F activities through EU funds, as well as **deploying NTS, Battle Area Clearance and EOD teams** in Sabha, Tawergha, Gharyan, and

[58] Interview with 3F MRE coordinator (List of interviewees in Annex 1)

Tripoli. DDG is not conducting any specific VA activities, and highlighted that donors were mainly interested in funding clearance operations[59]. **DDG teams are collecting casualty data through RE and NTS activities and mentioned the difficulties field teams had in identifying victims**. DDG is not planning to develop VA activities in the near future, but to focus on mechanical and manual demining where pertinent, as well as to deploy in Benghazi University area, marked by heavy contamination. DDG showed interest in developing a more systematized referral system that could support field teams in orienting victims to external services once identified.

3. *Danish Church Aid (DCA)*

DCA is operating in Libya since 2011. It is the **biggest International Mine Action Organization in Libya, in terms of funding**. DCA could not be interviewed during the research. Through an email, DCA Program Manager highlighted that the **organization's focus** was **on clearance only**, and, in case there is an opportunity or donors' interest, DCA might "look into doing some VA work in Sirt"[60]. DCA has implemented a Psychosocial Support program in 2017-2019 but no further details could be gathered on assessments and activities conducted. The organization is currently deployed in Tripoli, Misrata, Sirt and Benghazi and has recently developed a **partnership with Halo Trust**.

4. *Handicap International*

Handicap International is operating in Libya since 2011. Funded by various Donors, it is currently conducting **Risk Education and clearance activities** in Benghazi and Misrata. Handicap International is the **only mine action organization conducting activities integrating VA**, although it is not through earmarked funding. HI has developed a **broad program to support vulnerable PwDs in accessing health, rehabilitation and psycho-social support services, including EO survivors, in Benghazi, Misrata and Tripoli**.

HI work relies on **outreach teams of social workers** who **identify people in need of support**, **based on vulnerability criteria including health, disability, and social factors**. **Individual and personalized assessments are then conducted by psychosocial workers and physiotherapists** who **attend/refer the person** depending on the needs. The Organisation has set an internal and external referral system to help ensure beneficiaries' access to the services needed in HI areas of intervention. **HI has received referral from other organizations, including mine action organizations**[61], and has a **functioning hotline in Tripoli and Benghazi**, as well as a **Facebook page** in order to receive direct requests for support and self-referrals[62].

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[59] Interview with DDG Head of Program (List of interviewees in Annex 1)
[60] Mail from DCA Program Manager
[61] Interview with HI Head of Mission (List of interviewees in Annex 1)
[62] Facebook page: https://www.facebook.com/Handicap.International.Libya/
Hotline: Hotline Tripoli: +218 (0)92-307-22-73, Hotline Misrata: +218 (0)92-307-22-76, Hotline Benghazi: +218 (0)94-424-39-79

HI highlighted that an **important challenge in VA** was **to identify EO victims**, hence, casualties are under-reported. In 2016, HI trained several focal points in hospitals to collect data on inpatients victims of explosive ordnance, in partnership with the Ministry of Health and the LibMAC. Due to lack of funding, the project did not continue.

Based on interviews, HI insisted on the need to **enhance inter-sector and inter-INGO referrals for a comprehensive approach of VA**, to **raise awareness among Libyan and international stakeholders on this cross-cutting issue**, and to **develop further initiatives to map available services for PwDs and survivors**. The Organization has launched a **service mapping in Tripoli and Benghazi** and will develop a **directory of services in both areas** to inform PwDs and survivors and support access to services. HI has been co-leading several initiatives at global level, including in advocacy and should be considered an important stakeholder and partner for future VA initiatives in Libya.

5. HALO Trust

HALO Trust has recently (early 2019) started operating in Libya through a **partnership with DCA**. HALO Trust **focuses on Information Management, NTS and mechanical clearance** to complement current EOD operations in Sirt. HALO trust will be collecting casualty data through NTS activities and reporting them to the LibMAC. To date, no VA intervention is planned. The Organisation will also **conduct a field assessment, contamination assessment, and socio-economic baseline assessment throughout 2019**. These three data sets may include **useful information on affected communities and the socio-economic impact of explosive ordnance**.

III. VICTIM ASSISTANCE FRAMEWORKS

The following section will detail VA frameworks, understood as international and national laws, policies and regulations guiding the implementation of VA interventions.

1. THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Libya ratified the CRPD, without its optional protocol[63] **in February 2018**, after long-lasting debates (the Treaty was signed in 2008). Other significant treaties in VA, such as the 1997 Anti-Personnel Mine Ban Convention[64] (Article 6.3), the Convention on Certain Conventional Weapons (CCW)[65] Protocol V and the Convention on Cluster Munitions (Article 5) were not adhered to by Libya. They will therefore not be detailed in this position paper.

The CRPD provides significant guidance for the implementation of VA, by **strengthening the recognition of the rights of PwDs**, **including those impaired by EO**, and providing a **Human Rights framework** for the implementation of VA, especially by **ensuring EO survivors are systematically included into broader programming for PwDs**. The CRPD's main objective is to "**promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PwDs**, and to promote respect for their inherent dignity". The CRPD has eight guiding principles:

1) **Respect for the inherent dignity,**
2) **Individual autonomy and independence of PwDs;**
3) **Non-discrimination;**
4) **Full and effective participation and inclusion in society;**
5) **Respect for difference and acceptance of PwDs;**
6) **Equality of opportunity, accessibility for PwDs,**
7) **Equality between men and women with disabilities;**
8) **Respect for children with disabilities.**

These principles are reasserted in the UN VA Policy (2016)[66]. **VA** is therefore **inextricably linked with and supported by CRPD**, as shown in the graphics below, for each VA area of intervention defined in the UN VA Policy.

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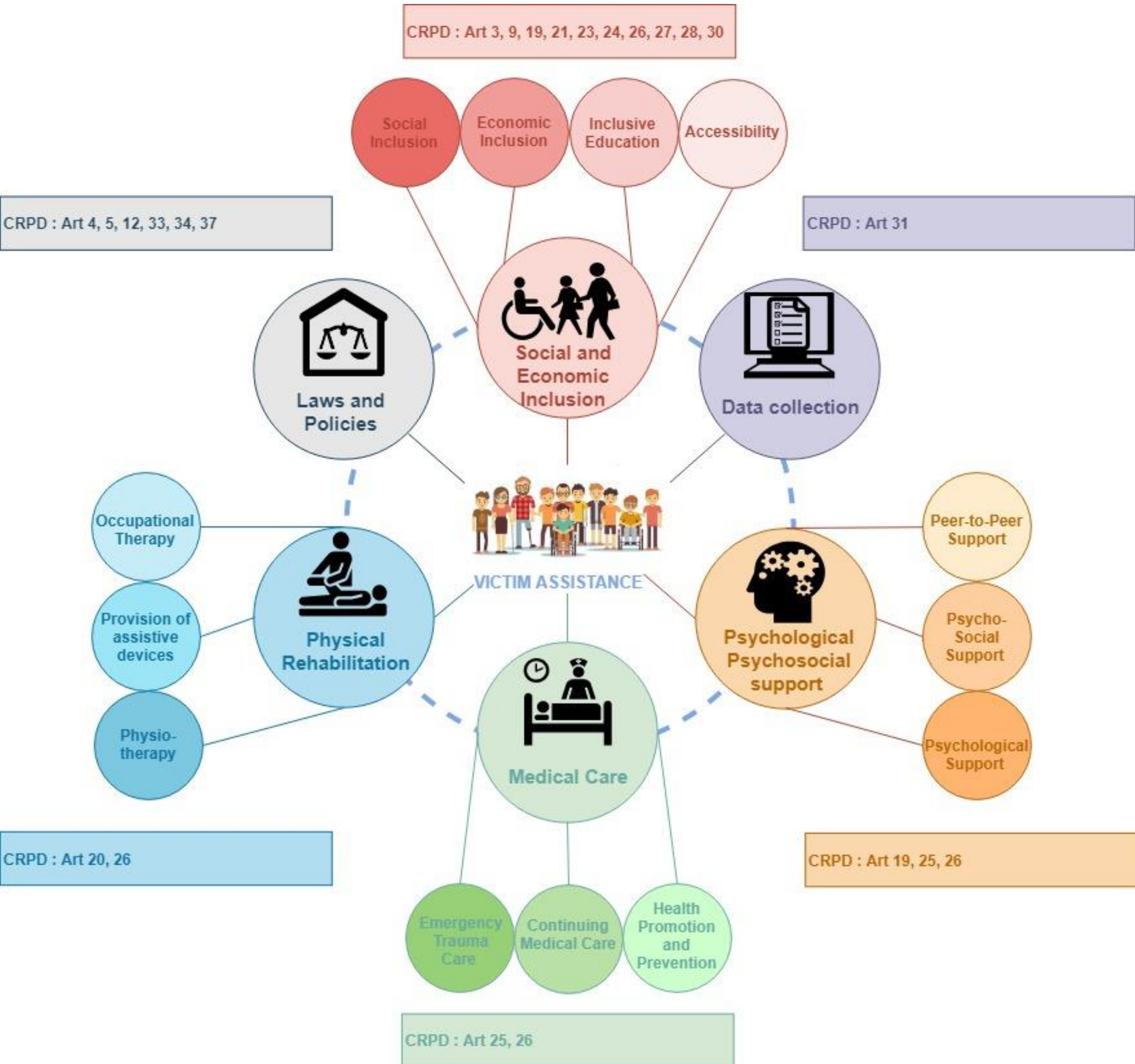
[63] CRPD optional protocol establishes an individual and collective complaints mechanisms in case of violation of the rights guaranteed by the CRPD
[64] Anti-Personnel Mine Ban Convention (APMBC) and Optional Protocols
[65]
[66] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.3

Relationship between CRPD articles and VA areas of interventions



Accurate and disaggregated data collection is an obligation that must be fulfilled under Article 31 of the CRPD. This can help compel States Parties to collect data to "identify and address the barriers faced by PwDs in exercising their rights". **Good data collection and information are critical for the formulation of adequate national and international assistance mechanisms for PwDs and survivors**. Furthermore, **Article 32 of the CRPD calls upon international cooperation to fulfil Treaty obligations** including the provision of technical and economic assistance, ensuring that development **programmes** are **"inclusive of and accessible to PwDs"**.

To date, Libya has not presented its initial report to the CRPD, and there is no report from Civil Society Organizations on the progress made on the situation of Human Rights of PwDs in Libya since October 2014[67].

2. THE CONVENTION ON THE RIGHTS OF THE CHILD

Libya ratified the Convention on the Rights of the Child in April 1993, and two optional Protocols to the Convention, especially the Optional Protocol on the involvement of children in armed conflict in Oct 2004. The Convention sets out the **civil, political, economic, social, health and cultural rights of children**. Through its **Article 2**, the Libyan State committed to **protect the rights of all children, without discrimination, including children with disabilities**. **Article 23 is dedicated to children with disabilities** and compels the State parties to ensure "that **a mentally or physically disabled child should enjoy a full and decent life**, in conditions which ensure dignity, promote self-reliance and facilitate the child's **active participation in the community**" (Art 23.1), and "that the **disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities** (Art 23.3).

3. VA AND SUSTAINABLE DEVELOPMENT GOALS

In 2015, countries, including Libya, adopted the 2030 Agenda for Sustainable Development and its **17 Sustainable Development Goals (SDGs)**.

SDG 16 calls to "promote just, peaceful and inclusive societies" and provides the most **direct entry point for Mine Action**, particularly in target 16.1 which seeks to "significantly reduce all forms of violence and related death rates everywhere".

Moreover, a study made by the GICHD and UNDP calls for **Mine Action** to become **an enabling sector of the SDGs**: " as mine action sector matures, its role as a transformational activity that **not only reduces violence and fear, but also enables and accelerates broader sustainable development**, should be strengthened."[68]

SDGs are interlinked with existing Human Rights and International Legal frameworks, including the **CRPD and the Convention on the Rights of the Child**. **They refer to PwDs in vulnerable situations, hence, to EO survivors and victims**: "**socially and economically, survivors and indirect victims tend to be marginalised and discriminated against**, as they are often perceived as not fully contributing members of a family or society, but rather as a

[67] Stakeholder Report to the United Nations Human Rights Council Universal Periodic Review- Libya Submitted by The National Libyan Organisation for the Development of People with Disabilities, October 2014

[68] Leaving no one behind: Mine Action and the Sustainable Development Goals, GICHD/UNDP, 2017, p.8

burden. The impairment of household members or the exclusion of indirect victims often heavily affects entire families (and the communities at large). Socio-economic marginalisation can at times, therefore, contribute to a vicious cycle of vulnerability"[69].

Key global SDG targets relevant to VA are presented below.

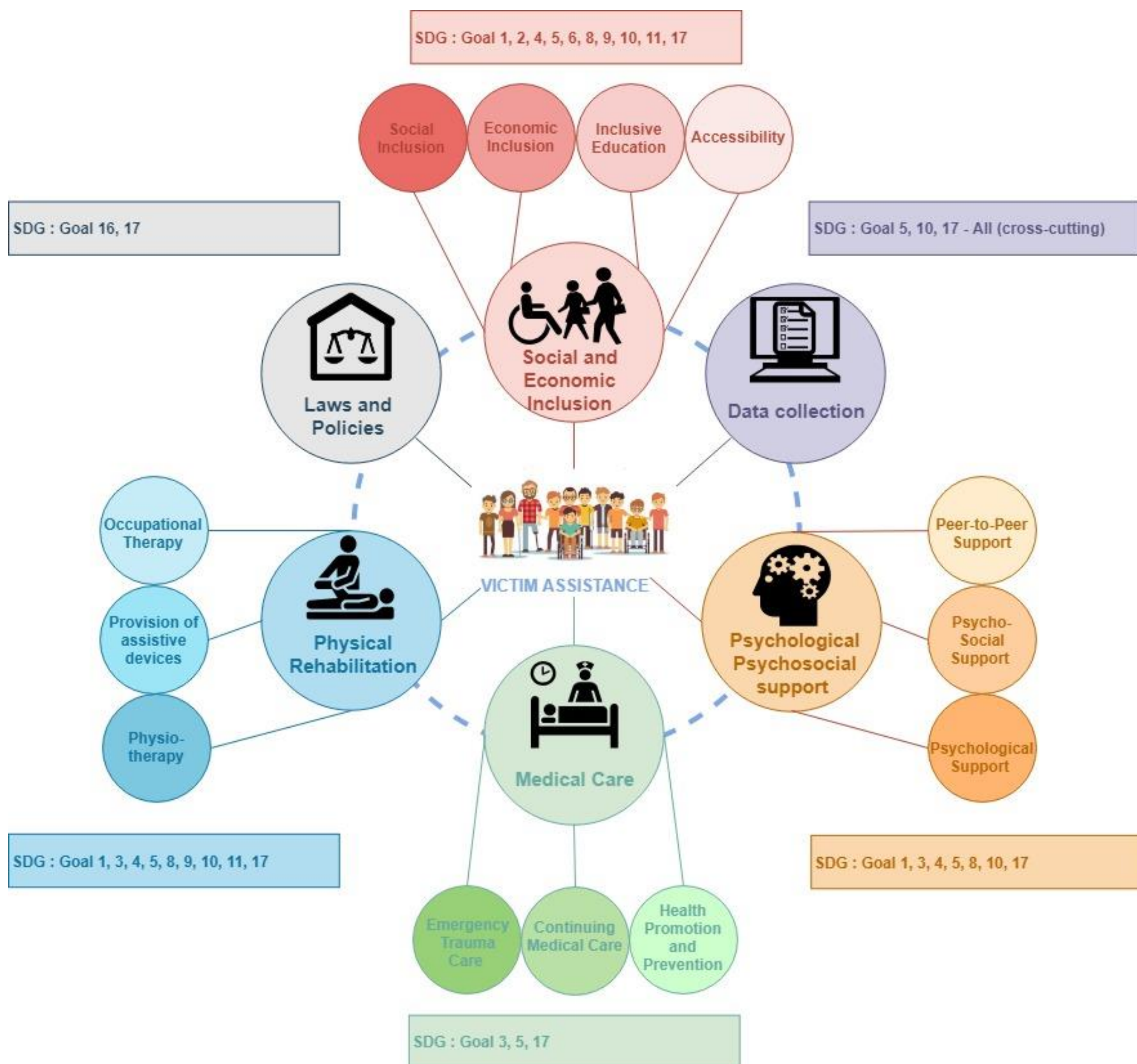
Key global SDG targets with direct relationship to Victim Assistance, source: Leaving No One Behind: Mine Action and the Sustainable Development Goals, GICHD/UNDP[70].

VA involves inter-ministerial, inter-stakeholder coordination and capacity development efforts, for States affected by explosive ordnance and Donor States. It is therefore linked to **SDG 17**, as "**Mine Action rests on the principles of national ownership, and international cooperation and assistance in the development of capabilities across all its pillars**[71].

The graphic below shows the **relationship between SDGs and each VA area of intervention**, including SDG 17, and underlines age, gender, and disability disaggregated data collection as a key area to inform programming towards the achievement of each SDG.

[69] Leaving no one behind: Mine Action and the Sustainable Development Goals, GICHD/UNDP, 2017, p.36
[70] Leaving no one behind: Mine Action and the Sustainable Development Goals, GICHD/UNDP, 2017, p.37
[71] Leaving no one behind: Mine Action and the Sustainable Development Goals, GICHD/UNDP, 2017, p.42

Relationship between SDGs and VA areas of intervention.



4. NATIONAL LEGAL FRAMEWORK ON DISABILITY

This section is dedicated to the national legal framework on disability, that applies for EO survivors. None of the documents consulted for this research or information from interviews indicated that specific laws or provisions for EO victims exist in Libya.

1. The Libyan Interim 2011 Constitutional Declaration and New Constitutional Draft

The interim Constitutional Declaration of 3rd of August 2011 does not contain any provisions mentioning PWDs. Article 6 states that all "Libyans shall be equal before the law" and Article 8 mentions that the Libyan State shall "guarantee for every citizen equal opportunities and shall provide an appropriate standard of living and "guarantee the right of work, education, medical care, and social security."

To support Libya's post-revolutionary transitional process, a Constitutional Assembly oversaw the drafting a new Constitution for the country. Through broad consultations, a **draft of the Constitution was approved in July 2017** and **shall be submitted to a referendum**. Although the politically unstable situation led to an indefinite postponement of the referendum that was planned in 2018, the **Constitutional Draft represents significant positive progress for the Rights of PwDs**. Indeed, according to interviews conducted with representatives of Libyan organizations of PwDs (OPDs), **seven OPDs contributed to** the Libyan Constitutional Draft, writing **Article 60 on Rights of Persons with Disabilities**, and working along with the constitutional panel to **amend articles (access to education, electoral requirements…) that were considered as discriminatory**. Article 60 of the Constitutional Draft approved on the 29 July 2017 mentions that "**The State shall be committed to guaranteeing the health, social, educational, economic, political, sports and entertainment rights of PwDs on equal footing with others. The State shall customize public and private facilities and surrounding environment that enable them to integrate into society in a complete and effective manner. The State shall take the necessary measures to activate the laws that guarantee that.**" [72] The **principles of the New Constitutional draft are aligned with the CRPD** and guarantee the Rights of PwDs.

2. Law n°5 of 1987 on PWDs

The Law n°5 of 1987 on Persons with Disabilities is the main **National legal reference on PwDs** to date. It defines a "disabled person" as "whoever is suffering of a permanent impairment precluding him totally or partially, from performing work, behaving normally in the Community, regardless of whether due to his mental, psychological, sensorial or physical impairment, and irrespective of whether it be congenital or acquired (Art. 2). In its Article 3, the Law presents a list of impairments that shall be considered to "classify" **Person with Disabilities** in order for them **to be "granted" "one or more benefits"** such as access to

[72] Constitutional Draft of the Libyan Constitution, 29th of July 2017

shelter, education and rehabilitation services, public transport or acceding tax exemption to support their economic inclusion (Art. 3).

According to academic research conducted in 2018[73], **to be eligible to benefits granted by Law n°5, PwDs "needed to demonstrate an 80% loss of earning capacity** and in doing so they received a pension of at least 50% of the full old-age pension". To these financial benefits would be added "dependent supplements" for a "wife and each child under age 18 (no limit for an unmarried daughter)". PwDs might as well benefit of a "constant attendant allowance" for "constant attendance of others to perform daily functions" which was 25% of the disability pension". **In addition to pensions, PwDs were eligible for equipment and free treatment in hospitals and rehabilitation centres**.

The Ministry of Social Affairs (MoSA) was responsible for providing for PwDs, in addition to other welfare recipients:

- Pensions;
- rehabilitation services;
- community services.

The Ministry of Health (MoH) was responsible for providing:

- emergency, acute and primary care for PwDs
- general medical primary, district and hospital care for PwDs and other Libyan citizens.

This system has been most probably affected by the conflict and cash crisis, although no specific assessment has been conducted on the subject.

Law n° 5 is criticized by OPD[74] as promoting a **charitable and medicalised approach** of disability that is **in contradiction with the principles of the CRPD**. As an example, Article 7 of Law n°5 suggests that PwDs should reside with their family and only be provided with accommodation when necessary. **The Libyan State will most probably have to amend Law n°5 in order to abide for the CRPD principles** of:

- Non-discrimination;
- Individual autonomy and independence;
- Full and effective participation and inclusion in society of PwDs.

Amendments will be required in the event of the adoption of the Constitutional Draft, as it expressively mentions that "The State shall take the necessary measures to activate the laws that guarantee that [the rights of PwDs]" (Art. 60). **Advocacy initiatives from organizations of**

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[73] PWDs in Libya are a medicalised minority, Anne Cusick and Rania M. Hamed El Sahly, 2018, p.2

[74] Interview of representative from Zaykom Zayna, part of an advocacy network (List of interviewees in Annex 1); Stakeholder Report to the United Nations Human Rights Council Universal Periodic Review- Libya, The National Libyan Organisation for the Development of People with Disabilities, October 2014

PwDs should be supported in the future as a broader effort to ensure EO survivors and PwDs can access their Rights.

3. Other laws on Disability

Law No. (4) of 2013, refers to "the issuance of provisions related to War of Liberation victims with permanent disability", for **people who were injured from 15 February 2011 up to the date of the declaration of the liberation of Libya on 23 October 2011**[75]. **Under certain conditions, injured survivors receive immediate and ongoing financial assistance** (up to 5,000 LYD monthly), more than that provided to other PwDs through Law n°5 of 1987. This includes funding to travel and stay in foreign countries for treatment, rehabilitation and education. **This law was criticized by organizations of PwDs as discriminatory[76]. The Ministry of Martyrs Wounded and Missing oversees the implementation of the programme** to support war injured people. **The number of people with war-related injuries who are benefitting from State support is currently unknown** as the Ministry could not be reached during the research. Secondary sources suggest that in 2012, 3,116 people with conflict-related injuries were eligible for Wounded Affairs support[77].

5. IMAS AND LIBMAS

International Mine Action Standards (IMAS) have been developed to "improve safety, efficiency and effectiveness in Mine Action and to promote a common and consistent approach to the conduct of mine action operations"[78]. They "**provide guidance, establish principles and, in some cases, define international requirements and specifications**" and **assist "National Mine Action Authorities (NMAA) to establish national standards and national SOPs** by establishing a frame of reference, which can be used, or adapted for use, as a national standard" [79]. IMAS have been developed for more than 19 years across various mine action pillars, but there is no specific IMAS on VA to date. **IMAS for VA are currently at the draft stage and will be adopted in the course of 2019**.

There is no National Mine Action legislation, or National Mine action Strategy in Libya, but the **LibMAC has elaborated Libyan Mine Action Standards (LibMAS)**, in Arabic and English, with

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[75] Law No. (4) of 2013 on the issuance of provisions relating to War of Liberation victims with permanent disability
[76] Interview of representative from Zaykom Zayna, part of an advocacy network (List of interviewees in Annex 1); Stakeholder Report to the United Nations Human Rights Council Universal Periodic Review- Libya Submitted by The National Libyan Organisation for the Development of People
with Disabilities, October 2014
[77] People with Disability in Libya are a Medicalised Minority, Anne Cusick and Rania M. Hamed El Sahly, p.6
[78] IMAS 01.10, Second Edition, Amendment 9, March 2018, p.3
[79] IMAS 01.10, Second Edition, Amendment 9, March 2018, p.3

the support of UNMAS. They were approved by the Government of National Accord in August 2017[80].

The LibMAS on VA provides standards and guidelines for VA in Libya and applies to all organisations carrying out or intending to carry out Victim Assistance activities in Libya[81]. **VA LibMAS have a strong focus on assistance to mine/ERW survivors**. The terms "Victims" and "Survivors" are used interchangeably, and "Victim Assistance" or "Survivor's Assistance" used to describe the same activity. It also states that **VA** covers "**more than just the medical care to treat the results of mine or ERW accidents**. **VA must also cover the rehabilitation of victims and their full reintegration into society**. Additionally, **VA does not just involve personnel injured by these devices; VA also includes families and communities** that have suffered as a result of mine/ERW accidents."

In the LibMAS, VA is seen as a group of seven complementary groups of activities comprising:

1) Emergency medical care
2) Continuing medical care
3) Physical rehabilitation
4) Psychological and social support
5) Employment and economic integration
6) Advocacy for the rights of Mine/ERW victims
7) Data collection

LibMAS are aligned with the terminology and definitions of the UN VA Policy, including on the compliance of humanitarian principles (protection, neutrality, impartiality, non-discrimination), although no reference to the CRPD is made. However, they do not provide detailed guidance for mine action actors to implement the group of activities listed above. The LibMAS also acknowledge that **VA is a shared responsibility with other sectors** and their relevant authorities: "**Endorsement of VA project plans is to be obtained from the LibMAC prior to the VA activities commencing. This is in addition to any necessary formal agreement with relevant and appropriate Ministries**."[82] Consequently, LibMAS states that "**currently VA organisations are not required to gain accreditation from LibMAC** before they implement their projects"[83].

The adoption of VA IMAS in the near future shall provide clarity and guidance to the LibMAC, UNMAS and mine action organizations on the coordination and implementation of programmes that can support survivors, victims and PwDs in accessing their Rights.

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[80] Report on Mine Action Libya, Landmine Monitor, 2018
[81] Libyan Mine Action Standards (LMAS), Victim Assistance, LibMAC, 2017 p. 4
[82] Libyan Mine Action Standards (LMAS), Victim Assistance, LibMAC, 2017, p. 7
[83] Libyan Mine Action Standards (LMAS), Victim Assistance, LibMAC, 2017, p. 7

6. THE UN MINE ACTION POLICIES AND STRATEGIES

The UN policy on Victim Assistance sets the legal and policy framework for VA, while the UN Mine Action Strategy 2019-2023 positions VA as a central pillar to enable SDGs.

1. The UN Policy on Victim Assistance

The UN policy on VA[84] was last updated in 2016 and is currently under review in order to be aligned with the UN Mine Action Strategy 2019-2023. It **sets the nature, principles, legal framework and scope of VA interventions that shall be supported by UN Agencies**, but also defines clear roles and responsibilities between entities of the **Inter-Agency Coordination Group on Mine Action (IACG-MA)**[85] at global and country level.

UNMAS, chair of the IACG-MA, is clearly designated as the coordinator of Mine Action, including VA, within the United Nations system[86]. UNMAS "shall **advocate for the development of assistance and programmes to support mine and ERW victims** in collaboration with other partners". Furthermore, UNMAS should "**support efforts to mobilize required resources for victim assistance** and may, whenever appropriate, **directly support victim assistance projects through its country programmes**" and "**extend its support on victim assistance to other explosive hazards victims, including those of IEDs**"[87].

As coordinator of the Global Protection Cluster (GPC) Mine Action Area of Responsibility (MA AoR), **UNMAS should "advocate for the inclusion of VA in humanitarian programme cycles** especially **in humanitarian response plans (HRP)**"[88], in coordination with OCHA and other IACG-MA partners. Among them, the **UNHCR and UNICEF are key players**[89]:

- **UNHCR** shall coordinate closely with Mine Action and other relevant actors, "in particular, **where Protection Clusters exist, the Mine Action Area of Responsibility should ensure the provision of adequate services for mine and ERW victims**";

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[84] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016

[85] According to the VA UN Policy, 2016, p.1, "the IACG-MA is chaired by the Under-Secretary-General for Peacekeeping Operations at the Principals' level and by the Director of the United Nations Mine Action Service (UNMAS) at the working level. Other members of the IACG-MA are the Office for the Coordination of Humanitarian Affairs (OCHA), Office of the UN High Commissioner for Human Rights (OHCHR), UN Office for Disarmament Affairs (UNODA), Food and Agriculture Organization of the UN (FAO), UN Development Programme (UNDP), Office of the UN High Commissioner for Refugees (UNHCR), UN Children's Fund (UNICEF), UN Office for Project Services (UNOPS), UN Entity for Gender Equality and the Empowerment of Women (UN Women), World Food Programme (WFP), World Health Organization (WHO), United Nations Institute for Disarmament Research (UNIDIR) (Observer), and the World Bank (Observer)".

[86] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.9

[87] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.11

[89] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.11

- **UNICEF**[90] "**supports survivors and other victims of mines and ERW as part of its comprehensive support to children affected by armed conflict and to children with disabilities**". UNICEF shall also provide:
    - Support for "**the development and implementation of national policies that integrate victim assistance effectively into mine action programmes**";
    - Support for "**the strengthening [of] injury surveillance systems [that] contribute to the identification and assessment of the needs of mine and ERW survivors"**;
    - **"Technical and financial support for the development of local and national strategies for assistance to survivors** and contribute to the **development of public and community health, disability and social reintegration strategies** to **recognize the rights of survivors and to render services accessible**, particularly for children and women."

UNMAS, UNHCR, UNICEF have an important role in fostering VA in Libya. Their current and potential VA interventions are detailed in the Chapter IV of the report (Stakeholder's Mapping and Analysis).

2. The UN Mine Action Strategy 2019-2023

The United Nations Mine Action Strategy 2019-2023 "constitutes an accountability framework for the UN system and participating UN entities". It reflects "the **collective engagement by the members of the United Nations IACG-MA**[91]" to **contribute to the SDGs through five Strategic Outcomes (SO):**

- **SO1: Protection of individuals and communities from the risks and socio-economic impacts of explosive ordnance strengthened;**

- **SO2: Victims of explosive ordnance have equal access to comprehensive health assistance and education and participate fully in social and economic life;**

- **SO3: National institutions effectively lead and manage mine action functions and responsibilities;**

- **SO4: Momentum and profile of mine action efforts, including through mainstreaming in humanitarian assistance, human rights, peacebuilding, stabilization, and sustainable development, maintained and enhanced (cross-cutting);**

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[90] United Nations Policy on Victim Assistance in Mine Action, United Nations, 2016, p.11
[91] United Nations Mine Action Strategy 2019-2013, 2019, p.1

- **SO5: Mine action programmes address the specific needs of women, girls, men and boys from diverse groups, while facilitating empowerment, inclusion and greater gender parity in employment (cross-cutting).**

By dedicating one of its Strategic Outcomes (SO2) entirely to VA, the United Nations call for enhancing assistance to survivors and victims of EO "in accessing to the needed health services and ensuring their inclusion in social and economic life".
It clearly states that "**the UN will prioritize an integrated approach** by advocating for, facilitating and supporting **comprehensive and multi-sector national responses** and, where necessary and subject to the availability of capacities and resources, **addressing critical gaps in sectoral assistance**, while taking into account the specific needs and priorities of men, women, girls and boys".
Three Intermediate Outcomes (IO) are contributing to the achievement of SO2[92]:

- **IO1: Integrated national multi-sectoral assistance strategies, programmes and frameworks exist;**

- **IO2: Survivors are able to access and benefit equally from comprehensive national health services, including emergency and ongoing medical care, rehabilitation and psychological support;**

- **IO3: Survivors, affected family members and communities are included in social and economic programmes (including education, work/employment and social protection.**

Moreover, the UN Strategy mentions **the importance of partnerships with States**, but also **international and regional organizations and civil society** to **strengthen National capacities** "until such time as the assistance of the UN is no longer requested"[93]. This implies that **capacity-development and capacity-building interventions towards National Mine Action authorities on Victim Assistance** also **contribute directly to the achievement of SO3 and its related Intermediate Outcomes.**

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[92] United Nations Mine Action Strategy 2019-2013, 2019, p.12, 13, 14.
[93] United Nations Mine Action Strategy 2019-2013, 2019, p.6

IV. STAKEHOLDERS' MAPPING AND ANALYSIS

The stakeholders' mapping and analysis presented in this section are based on:

- Key stakeholders' interviews;
- Analysis of documents shared by humanitarian actors and Libyan stakeholders;
- Assessment/research available online.

As any schematic representation, the mapping reflects only information that was available during the time of the research and therefore cannot render entirely the complexity of relationships and diversity of actors. **Stakeholders and services identified** are, for most of them, **not VA-specific but rather part of broader functioning intervention schemes and systems in Libya that include/shall include victims and PwDs**.

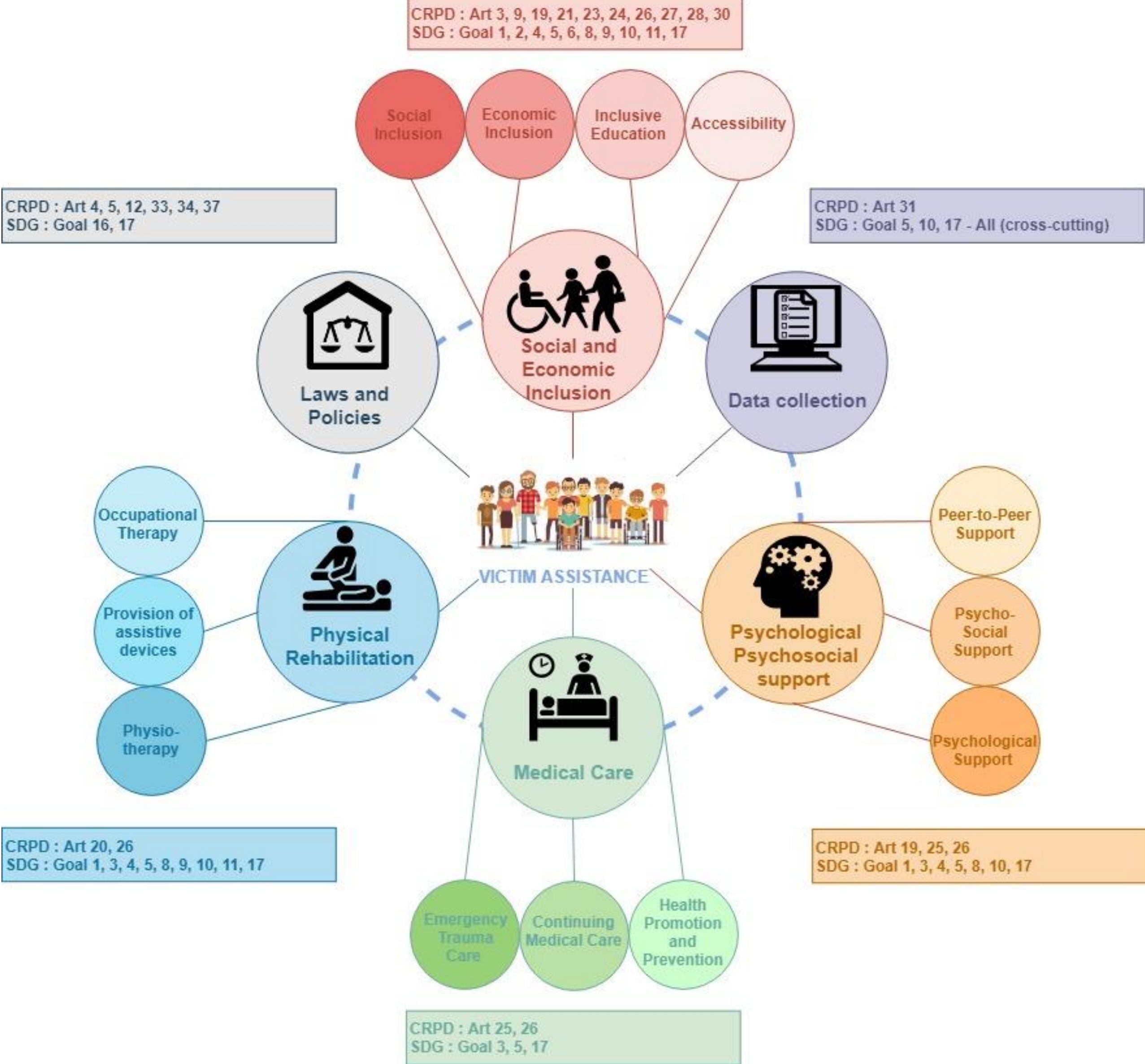
The stakeholders mapping considers each VA area and sub-area of intervention from victims and PwDs beneficiaries' perspectives: the stakeholders closest to the centre are the ones offering the most direct and accessible support. The infographics represent governmental and non-governmental service providers and depict the coordination links and relationships between stakeholders, as well as possible gaps in service provision.

Across six sections, dedicated to the six areas of VA interventions, this document provides:

- A mapping of key stakeholders
- A situation overview
- A stakeholders' analysis, including a description and analysis of main roles, responsibilities and interactions of key stakeholders. This section shall be consulted while identifying each relevant stakeholder within the mapping available.
- A short section with a focus on a specific stakeholder that is considered relevant for future VA interventions
- A section with key points summarizing main information and including suggestions on sectoral interventions and coordination initiatives with relevant stakeholders.

The graphics below represents the six areas of VA interventions developed into sub-areas of interventions and their relationship with articles of the CRPD and SDGs.

Relationship between SDGs, the CRPD and VA areas of intervention



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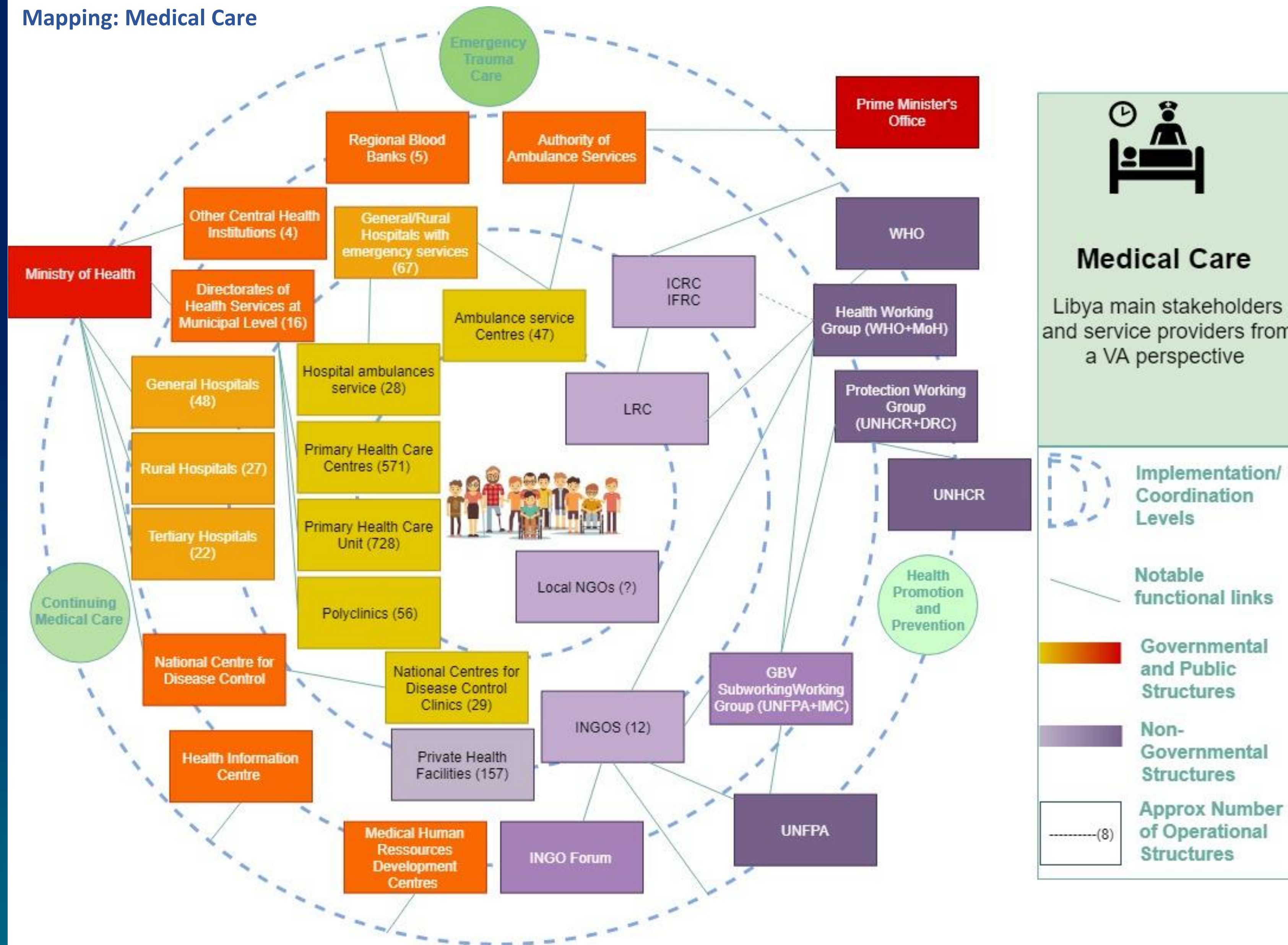
Mapping: Medical Care



1. MEDICAL CARE

1. Situation Overview

According to the 2018 MSNA, health care continues to present the most substantial obstacles to Libyan households with the highest proportion of households facing unmet needs (23%) due to **three main barriers in access to services**:

- **Lack of medical staff (43%)**
- **Lack of money to pay for care (37%)**
- **Lack of medical supplies (32%)**[94]

The most affected Mantikas are **Wadi Ashshati, Murzuq, Al Kufra, Sebha, followed by Sirt, Derna and Ubari**.

The 2018 MSNA also shows that only **12% of households with a member reported to have physical disability** have adequate access to the needed healthcare**, while 85% have limited access or no access to it**. It is especially the case for the following Mantikas: Ubari, Tripoli, Murzuq, Ajdabiya, Aljufra, AlJabal al Gharbi, AlJabal al Akhdar[95].

According to the 2019 HRP, **17.5% of hospitals, 20% of primary health care facilities and 18 specialized hospitals are partially or completely damaged** by the conflict[96]. PwDs without access to the needed healthcare are part of the priority vulnerable target groups for the health sector response (among 388,000 people targeted). Its objective is "to improve access to integrated and essential health services, [but also] focus on addressing shortages of supplies and lack of adequate medical staff[97]."

To date, **no specific data is available at national level on the impact of the lack of access to essential health services for PwDs and EO survivors**. A global study from UNFPA reveals that **girls and young women with disabilities face up to 10 times more gender-based violence** than those without disabilities. Girls with intellectual disabilities are particularly vulnerable to sexual violence[98].

Medical Care relates particularly to Art 25, 26 of the CRPD.
Interventions and advocacy in Medical Care contribute to SDGs 2, 5 and 17.

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[94] Multi-Sectoral Needs Assessment report Libya 2018, REACH, 2019 p. 8
[95] MSNA 2018 Libya, Mine Action Indicators, provided by REACH to UNMAS Libya
[96] Humanitarian Response Plan Libya, UNOCHA, 2019, p.30
[97] Humanitarian Response Plan Libya, UNOCHA, 2019, p.30
[98] Young Persons with Disability, Global Study, UNFPA, 2018, p.28

2. Stakeholder’s Analysis

1. Governmental Stakeholders

The public health sector is the main health service provider, allowing citizens to benefit from free-of-charge healthcare. Libya’s health system has been **severely impacted by the conflict** and remains fragile, with weakened technical and operational capacities of the national health workforce. Hence, the wealthiest Libyans continue to favour private health structures and seek specialized health care, surgery and post-operative care in foreign neighbouring countries. The Ministry of Health (MoH) directly supervises an extensive network of Central Health Institutions and Directorates, overseeing promotive, preventive, curative, and rehabilitative services at all levels:

1) **Primary Health Care (PHC) Structures: PHC Units (728), PHC Centres (571), National Disease Centre Clinics (29) and Polyclinics (56)**.
2) **Secondary Health Care Structures: General Hospitals (48), Rural Hospitals (27)** receive referrals from PHC, and provide care in multiple areas including emergency and trauma care (67 General and Rural Hospitals in total), surgery, obstetrics/gynaecology and general medicine.
3) **Tertiary Health Structures: 22 Tertiary Hospitals** offer specialized services such as chest, cardiology, trauma, and eye hospitals.

Trauma cases structures: according to a WHO Service Availability and Readiness Assessment (SARA), any PHC facility and hospital can receive trauma cases. “Primary management and where necessary, stabilization, is done at PHC facilities, with more complicated cases referred to the nearest hospital (a total of 67 hospitals offer functioning emergency services) for further treatment”[99]. Ambulance services will transport referral cases. All general hospitals can receive and manage all types of trauma cases. “**More complicated trauma cases** in the western part of the country are **referred to the specialist trauma centre in Tripoli (Abu Salim Hospital) or the Trauma Department of Tripoli Central Hospital**. In the Eastern part of the country they are referred to **Al Jalaa Hospital and Benghazi Medical Centre**”[100].

The **overall availability of emergency services, major surgery and blood transfusions is low**, with only a small proportion of facilities offering these services across Libya. Additional services are available through 47 ambulance service centres and five blood banks”. [101] **Two districts, Wadi Al Haya and Ghat, do not have hospitals that offer emergency services**. **Three districts (Sirt, Wadi Al Haya, and Ghat) do not have blood transfusion services available**,

[99] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017, p.157

[100] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017, p.157

[101] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017, p.188

while three others **(Alkufra, Azzawya, and Murzuq) have a very poor availability of blood transfusion services**.

Ambulance services: there is an **overall lack of ambulance services availability with 0.7 centres per 100,000 population**, and **no service available Ghat, Wadi Al Haya and Benghazi**. Ambulance services are supervised directly by the Prime Minister's Office, under the Authority of Ambulance Services[102]. Interviews conducted with health sector stakeholders suggest that this relative disconnection between emergency operators and ambulance services management might hinder the services' availability and readiness, depending on the area considered.

Blood banks: Five Blood banks are currently operational, providing health structures with safe blood. The ones in Sebha, Misrata, and Azzawya are functional, but operate at a smaller scale than the ones in central blood banks of Tripoli and Benghazi. **Albayda blood bank remains closed**[103].

Orthopaedic and General surgery structures: there are **47 hospitals which mostly provide major orthopaedic and general surgery**, although there is also a capacity to do organ transplants and cardio-thoracic surgery. **Four districts (Sirt, Aljufra, Wadi al Haya, and Ghat) do not have major surgical services available**, while **eight districts have readiness scores below 50%**. SARA highlighted the need to improve these services[104].

No information was available on the quality of post-operative care and acute post-surgical rehabilitation which are decisive for EO survivors.

2. Non-Governmental Stakeholders

Private Health facilities

There are 157 private inpatient facilities and 503 outpatient clinics in Libya **located mainly in Tripoli, Benghazi, Aljafara and Misrata**. According to SARA: "At present, services delivered through private providers are generally restricted to basic activities such as simple operations, as the absence of health insurance means that the population would have to pay out of pocket for more expensive treatment in the private sector"[105]. However, interviews suggested that some INGOs, faced with the poor quality of services in the public sector, have no other choice

[102] Interview with WHO Health Working Group Coordinator (List of interviewees in Annex 1)
[103] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017p.179
[104] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017, p.174
[105] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017, p.188

but to refer some of their beneficiaries to private facilities and cover the cost of their treatment.

Humanitarian Stakeholders and Local NGOs

A small number of non-governmental stakeholders and UN Agencies provide health services across Libya, with **unequal coverage of districts**, due to lack of access and the security situation, especially for Wadi Ashshati, Murzuq, Al Kufra, Derna and Ajdabbya and Nalut districts.

Health Working Group: through the Health Working Group, **co-chaired by WHO and the MoH**, the Health Sector Response is coordinated between[106]:

- The Libyan Red Crescent Society (LRC)
- Approximately 11 INGOs: IRC, IMC, PUI, Mercy Corps, Handicap International, MSF Holland, MSF France, CCS-Helpcode, GVC, CEFA, CESVI, DRC
- The International Committee of the Red Crescent and International Federation of the Red Crescent (observers)
- WHO, IOM, UNFPA, UNICEF, UNHCR

Interventions are focused mainly on[107]:

- Distribution of medical supplies
- Provision of Primary Health Care Services/Support to PHC Structures
- Provision of Specialized Health Care Services/Support to Specialized Health Care structures
- Polio and Measles vaccination campaigns and support to the National Centre for Disease Control (NCDC)
- Health Information and Prevention

Non-governmental organizations' interventions are coordinated with the MoH through ad-hoc Memoranda of Understanding to support health structures and refer beneficiaries to PHC, hospitals and specialized health services.

Medical Care organizations : Handicap International appears to be the only organization to focus on health support (mainly through referrals) to EO survivors and PwDs, while others focus mainly on migrants, refugees, people of concern and other vulnerable groups, coordinating as well with UNHCR and the Protection Working Group and deploying **outreach services such as mobile or semi-mobile clinics**. **ICRC delivers first aid training to LRC** and other

[106] List of Organizations participating in HWG provided by WHO Health Working Group Coordinator
[107] Health Sector Coverage, Libya, World Health Organization, 2018, provided by WHO Health Working Group Coordinator

stakeholders, and **supports Primary Health Care Centres mainly in Tripoli, Misrata, Sabha and Benghazi**. ICRC also organized **war surgery** seminars in 2018, and is planning to have another one in 2019, including **emergency room trauma courses** for Libyan stakeholders. **ICRC currently supports three Physical Rehabilitation Centres for PwDs (Janzour, Misrata, Benghazi**).

GBV organizations: in coordination with UNICEF and WHO, **UNFPA has developed a comprehensive GBV program** working with a few local and international partners in the areas of Health, PSS and rehabilitation for GBV survivors. Fourteen health facilities across **11 districts are equipped with specific kits and have trained focal points in GBV response**. The **GBV sub-Working Group (co-chaired by UNFPA and IMC)**, is under the umbrella of the Protection Working Group and coordinates with Health and MHPSS Working Groups.

Focus on: LRC

*LRC has **35 branches across Libya** and is **major Libyan stakeholder** and an **MoH trusted partner**. Its **emergency response team**, based on **several hundreds of volunteers, can answer any medical/health emergency and refer inpatients to PHC and hospitals**. The LRC is supported by ICRC in capacity development, training and provision of equipment. The Organization has three clinics in Tripoli (Sook Juma, Janzour, Nasser Street) where it provides healthcare at an affordable cost. **The LRC also provides school-based non-specialized Psychosocial Support and Mine Risk Education to the Libyan population**, especially in conflict areas. The LibMAC has developed a good relationship with LRC volunteers that have participated in several opportunities to VA events co-organized by the LibMAC and UNMAS. Their interest in VA, diversity of VA-related interventions, and popularity **shall be considered for future partnerships**, especially in **capacity development and referral of EO survivors and PwDs** to health, MHPSS and rehabilitation services.*

Medical Care: Key points

Suggested VA interventions:

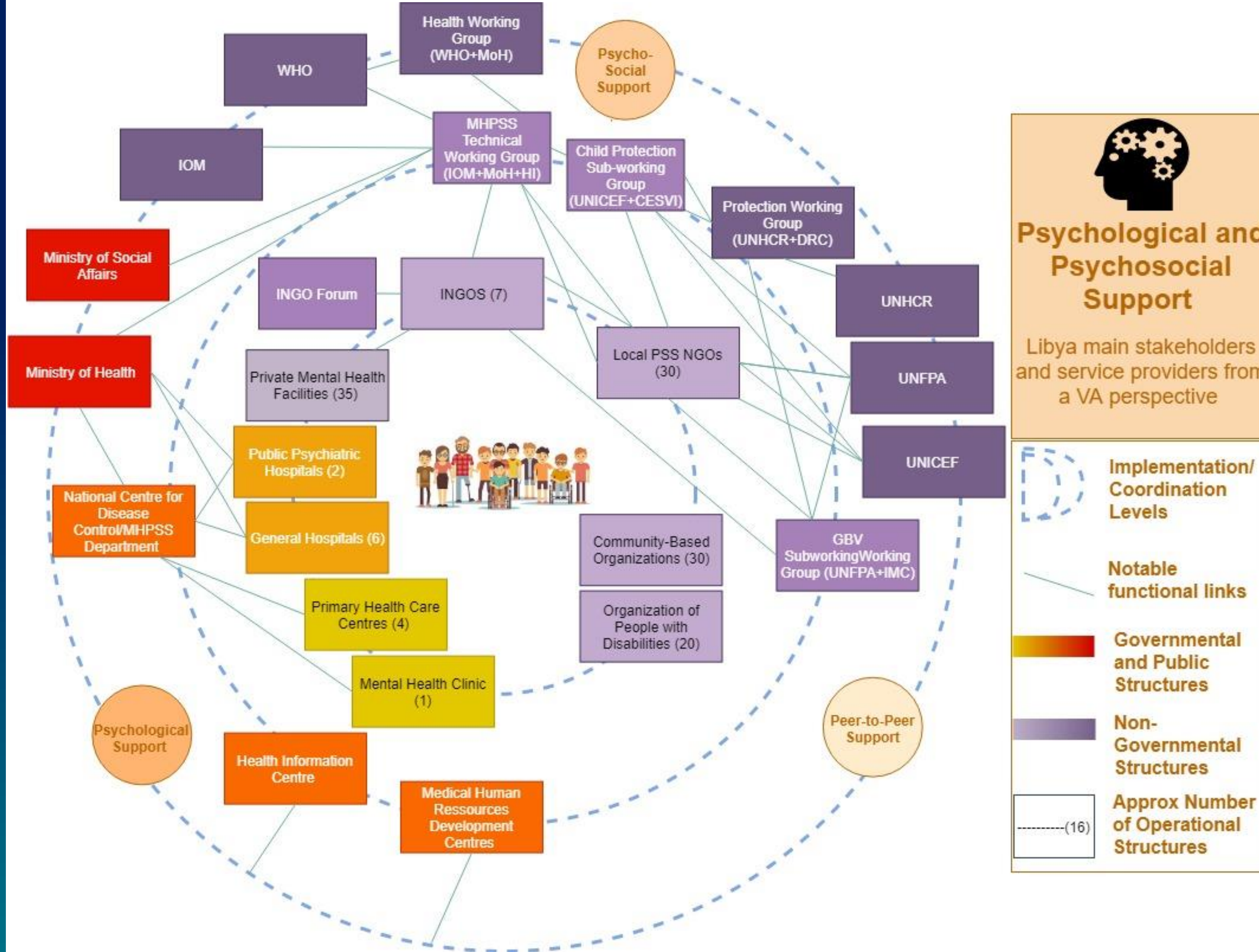
- *Advocate for further health sector assessments to include more disability and VA-related indicators (access to services, specific health needs, availability of specific services for amputees such as post-operative trauma care, survival rates of explosive ordnance casualties…)*
- *Support first aid and trauma care capacity development of health care stakeholders in remote conflict areas*
- *Support specific training/capacity development of health staff of main emergency and trauma care structures on casualty data collection*
- *Advocate for health and GBV indicators to be inclusive of PwDs and explosive ordnance survivors*
- *Support the inclusion of VA in the agenda of Health and GBV working groups*
- *Support disability-awareness training for health professionals including GBV focal points*
- *Support projects that improve access to medical care services for survivors and PwDs*
- *Develop referral systems to facilitate access for survivors, PwDs, especially women and children, to all health services*

- *Focal point for intervention at National level**: Ministry of Health***
- *Focal point for intervention at humanitarian response level**: WHO***
- *Coordination structure**: Health Working Group***
- *Relevant national partners for future interventions**: LRC***
- *Relevant international partners for future interventions**: WHO, ICRC, HI***
- *Donors**: ECHO, DEVCO, EU Trust Fund, GIZ, OFDA, WHO, UN Agencies, others***

CRPD: Art 25, 26

SDGs: Goal 3, 5, 17

Mapping: Psychological and Psychosocial Support



2. PSYCHOLOGICAL AND PSYCHOSOCIAL SUPPORT

1. Situation Overview

According to the 2018 MSNA**, only 5% of Libyan households with a member reported to have physical disability** could **access the needed mental healthcare services**, **47% reported no access to services and 44% limited access**. The most affected Mantikas are **Al Kufra, Sebha, Tripoli, Tobruk, Sirt, Benghazi and Al Marj**[108].

Furthermore, the MSNA shows that **23% of households with a member with a physical disability reported to have limited or no access to the psychosocial support needed**, especially in **Sabha, Misrata and Benghazi**. Interviews conducted with Mental Health and Psychosocial Support (MHPSS) stakeholders pointed out several **gaps and challenges** in services provision, especially:

- **Lack of clear mental health policy or mental health legislation**
- **Lack of career path, guidelines, clear terms of references and professional certification** for MHPSS professionals
- **General lack of specialized staff**: the number of professional psychiatrists is estimated between 23 and 64 individuals for the whole country. Only one psychiatrist in available in Sabha[109].
- **Over-concentration of MHPSS services in the capital (78%)**, leaving other areas with little to no services
- **Lack of clinical social work**

Moreover, **public financing of mental health** services is limited. In 2012, the Ministry of Health's annual budget provided 13 million Libyan Dinars for the two mental health hospitals of Tripoli and Benghazi, accounting for **0.45% of total public health budget**[110].

Psychological and Psychosocial Support relates particularly to Art 19, 25, 26 of the CRPD. Interventions and advocacy in Psychological and Psychosocial Support are cross-cutting and contribute to SDGs n° 1,3,4,5,8, 10, 17.

[108] Multi-Sectoral Needs Assessment report Libya 2018, REACH, 2019

[109] Interview with Libyan Psychosocial Support Team (NGO), interview with MHPSS Technical Working Group Co-lead (List of interviewees in Annex 1), Libya 2017 MHPSS Response, mhpss.net, 2017

[110] Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support (MHPSS) in Libya, Libya 2017 MHPSS Response, mhpss.net, 2017

2. Stakeholder's Analysis

1. *Governmental Stakeholders*

MHPSS public health structures: MHPSS service delivery is limited to only **8 out of 22 districts across the country**:

- **2 Psychiatric Hospitals** (Al Razy Hospital in Tripoli, Benghazi Psychiatric Hospital),
- **6 General Hospitals** (2 in Tripoli, 2 in Misrata, 1 in Jabal al Gharbi, 1 in Al What/Ajdabya)
- **1 Mental Health clinic** (Sebha)
- **4 PHC facilities**, including **3 facilities with emergency mental health services** (2 in Azzawya, 1 in Al Margheb, 1 in Misrata) [111].

Those services provide mainly **clinical management of mental health disorders** by specialists (e.g. psychiatrists, psychiatric nurses, and psychologists working at primary health care/ general/mental health facilities). As stated in SARA, "**general practitioners in the PHC facilities have little formal training and/or experience with the diagnosis and treatment of mental health disorders**, including anxiety and depression. **Little referral takes place**, patients usually go directly to one of the two specialist hospitals in Benghazi and Tripoli or to the private sector for diagnosis and treatment"[112]. There is **an acute lack of qualified and trained staff in all public mental health structures**, especially in the areas of mental disorders and disabilities, **lack of proper guidelines and shortage of essential medicines** in those structure.

Ministry of Health and National Centre for Disease Control (NCDC): the MoH is in direct supervision of the Public MHPSS service delivery system. With support from WHO **in 2015, a mental health program** (based within the NCDC) was set "to transform the institution-based approach into a **community-based approach to mental health**"[113], following a Mental Health National Strategy (2015-2019) to **improve and increase the number of available services in the country**. Interviews recently conducted with MHPSS stakeholders suggested that **little to no progress has been made in this regard**.
No information was available on the existence of prior trainings received by PSS workers on specialized psychological support for EO survivors and PwDs linked to amputation and disability, or specialized training provided to caregivers.

Ministry of Social Affairs (MoSA) and school-based social workers: Social workers are present in each school of the country. The social workforce is under the supervision of the MoSA, and the current number of available workers in the country is unknown. Interviews

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[111] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017, p.144
[112] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017, p.144
[113] Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support (MHPSS) in Libya, 2017, WHO and MHPSS.net

and previous studies[114] suggest that this workforce is **not properly trained, under-utilized and under-appreciated**, besides being **poorly prepared** for their roles. Therefore, they were not represented in the mapping above, although **they could be considered for future capacity development activities, especially in Psychological First Aid and Psychosocial Support**.

2. *Non-Governmental Stakeholders*

Private MHPSS Facilities

Severe social stigma exists towards people with mental health issues, "some families prefer private clinics, if they can afford these, to reduce or avoid the stigma"[115]. Interviews showed that international and local stakeholders seem to trust the **quality of services** of certain **Mental Health private clinics** such as Psycare, in Tripoli. According to the Directory of MHPSS services (2017), there are approximately **35 Private Mental Health facilities**, 15 of them being in Tripoli, one in Zintan, ten in Misrata, five in Sabha, two in Benghazi, one in Albayda, one in Derna[116].

Humanitarian Stakeholders and Local NGOs

MHPSS Technical Working Group (TWG): The MHPSS TWG has been recently created to **support MHPSS actors** in "the **delivery of a comprehensive package of mental health and psychosocial support at both clinical and community levels**"[117]. It is under the umbrella of the Protection Working Group (led by UNHCR) and coordinates closely with the Health Working Group. The MHPSS TWG's main objectives for 2019 are to coordinate capacity-development efforts with the MoH, deploy research and development efforts to support programming, and develop a comprehensive mapping, focusing on the quality and availability of services across the country[118].

The MHPSS TWG is **co-chaired by IOM, the Ministry of Health and Handicap International**[119] and gathers:

- Libyan National Centre for Disease Control (MoH)
- Libyan Medical Human Resources Development Centres (MoH)

[114] MHPSS Assessment, IMC, 2011, quoted in 4Ws in Mental Health and PSS Libya, mhpss.net, World Health Organization, 2017p.20
[115] MHPSS Assessment, IMC, 2011, quoted in 4Ws in Mental Health and PSS Libya, mhpss.net, World Health Organization, 2017p.18
[116] Libya 2017 MHPSS Response, mhpss.net, 2017
[117] Humanitarian Response Plan Libya, UNOCHA, 2019
[118] Interview of MHPSS TWG coordinator (List of interviewees in Annex 1)
[119] MHPSS Technical Working Group Members list, updated 27/03/2019, provided by MHPSS TWG coordinator

- Libyan Ministry of Education
- Libyan Ministry of Social Affairs
- Two Libyan local NGOs: Kafaa Organization and Libyan Psychosocial Support Team
- Approximately nine INGOs: MSF Holland, IMC, Intersos, HI, CESVI, ACTED, IRC, PUI, HI
- WHO, IOM, UNFPA, UNICEF, UNHCR

Interventions are mainly focused on:

- Provision of community-based psychosocial support and individual counselling
- Capacity development of local NGO partners
- Capacity development of institutional partners
- Awareness-raising and public information

Handicap International and CESVI: Handicap International is the only organization to focus on mental health support to EO survivors and PwDs while others focus mainly on migrant, refugees, and IDPs, although **CESVI, through its new program in Misrata**, is broadening its scope of beneficiaries, **working on community resilience and training of local CSOs in case management**.

Child-Protection sub-working Group: UNICEF is currently co-chairing the Child protection sub-working group (under the umbrella of the Protection Working Group) **with CESVI**, to support vulnerable children, including children with disabilities, through **access to child protection specialized services, community-based MHPSS and capacity development**[120]. The Child Protection Sub-Working Group is coordinating the support of:

- several international organizations: Save the Children, TDH Italy, CEFA, Intersos, IRC, IOM, CESVI, Albero de la vita, DCA, HI, ACTED, UNHCR, IOM.
- five local organizations: Al Safa for Mental Health Association for Children, Al Nahla, Al Tadhamon, Nour Al Hayat, Multaqa.

Local organizations: other local NGOs (approx. 20), along with **Community-Based Organizations** (CBOs, approximately 30) and **Organizations of PwDs** (approximately 20) **report non-specialized activities** mostly linked to peer-to-peer support, strengthening communities and family through recreational activities and psychological support in education settings[121].

Services provided by Non-Governmental actors are highly centralized, as roughly **75% of MHPSS non-governmental stakeholders can be found in Tripoli, Misrata and Benghazi**[122]

[120] Interview with Child Protection Working Group coordinator (List of interviewees in Annex 1)
[121] Libya 2017 MHPSS Response, mhpss.net, 2017
[122] Libya 2017 MHPSS Response, mhpss.net, 2017

Focus on: Libyan Psychosocial Support Team

*The Libyan PSS Team is a local NGO registered in 2014. It was **supported by an IOM program (2012-2014)** aimed at building local stakeholder's capacity to deliver PSS services. Initially funded by donations from the private sector, the PSS Team has **partnered with several international stakeholders** to build its capacity further and **implement PSS activities** (WHO, IOM, HI, CESVI, DCA). It currently **provides psychosocial support to people in need in Sabha** (13 members), **Tripoli** (28 members**) Misrata** (9 members) and **Zuwara** (22 members) and is **part of the MHPSS Technical Working Group**. The PSS Team is willing to start a **PSS Hotline in the coming months**, a pilot project that is likely to be funded by UNFPA[123] for six months. The PSS **team could be considered a valuable implementing partner**, especially for **capacity-building, outreach activities and referral of PwDs and EO survivors** to other services.*

[123] Interview with Libyan PSS Team Head of Organization (List of interviewees in Annex 1)

Psychological and Psycho-Social Support: Key points

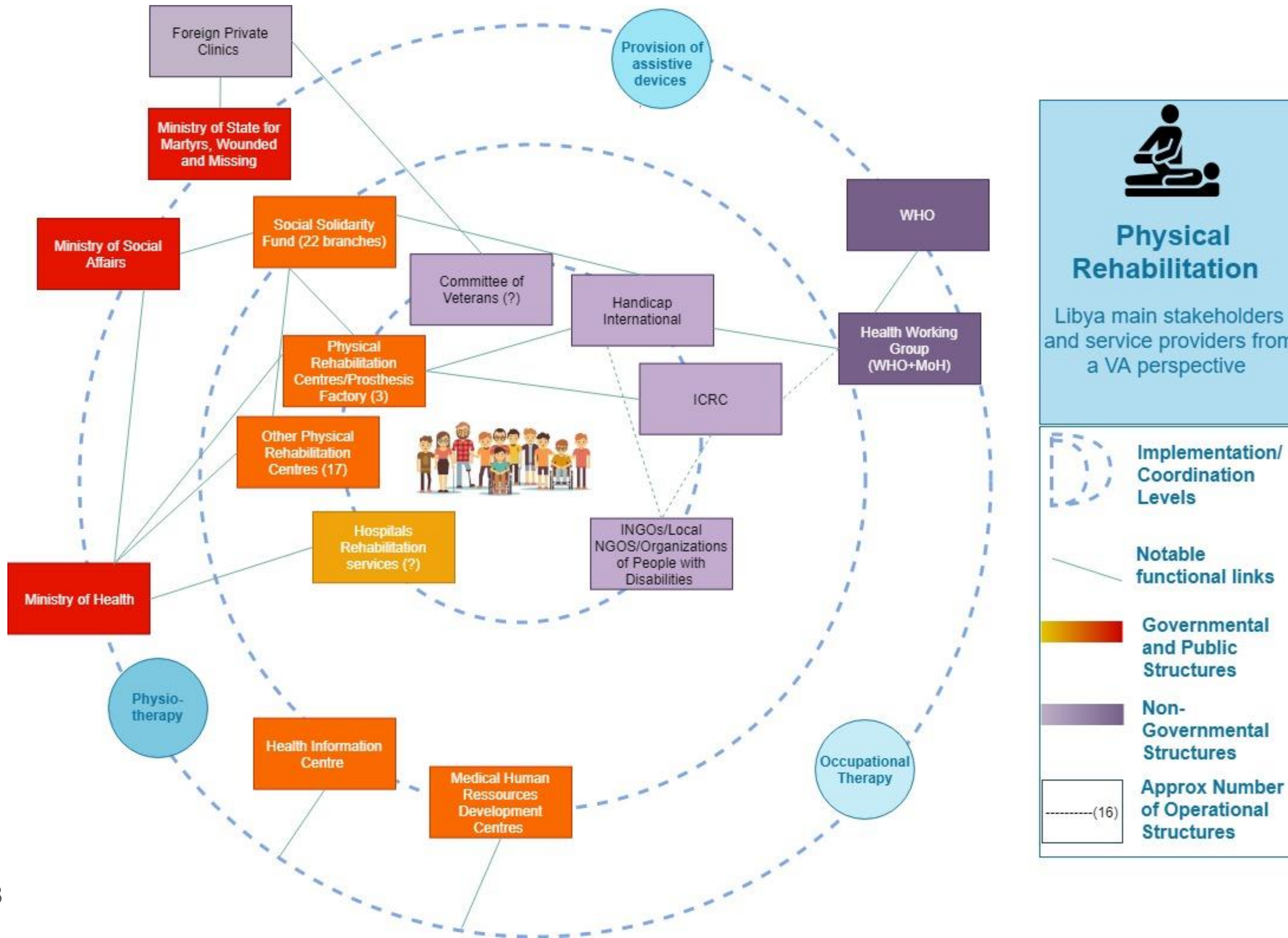
Suggested VA interventions:

- *Ensure mapping of MHPSS services that will be developed by the MHPSS Technical Working group in 2019 is distributed to stakeholders developing programs to support survivors and other PwDs, especially physical rehabilitation, health stakeholders and Organizations of PwDs.*
- *Develop referral system for MHPSS stakeholders to refer survivors and PwDs to relevant health, physical rehabilitation or socio-economic services*
- *Advocate for further MHPSS assessments to include more disability and VA-related indicators*
- *Support specific training/capacity development of PSS stakeholders on vulnerability, disability, specific psycho-social support for amputees and Psychological First Aid*
- *Support specialized PSS training of caretakers and school-based social workers for EO survivors and PwDs*
- *Advocate for MHPSS indicators to measure progress in access to MHPSS services for PwDs and EO survivors.*
- *Support projects that improve access to PSS services for survivors and PwDs ((community-based peer-to-peer support…)*

- *Focal point for intervention at National level:* ***Ministry of Health***
- *Focal point for intervention at humanitarian response level:* ***IOM; HI; UNHCR***
- *Coordination structure:* ***MHPSS Technical Working Group; Protection Working Group***
- *Relevant national partners for future interventions:* ***Libyan PSS Team***
- *Relevant international partners for future interventions:* ***IOM, UNICEF, HI, CESVI***
- *Donors:* ***DEVCO, EU Trust Fund, GIZ, French MoFA, OFDA, WHO, IOM, UN Agencies, others***

CRPD: Art 19, 25, 26
SDGs: Goal 1, 3, 4, 5, 8, 10, 17

Mapping: Physical Rehabilitation



3. PHYSICAL REHABILITATION

1. Situation Overview

According to the 2018 MSNA, **85% of households with a member with a physical disability** reported to **have limited access or no access to physical rehabilitation services**. Main **unmet needs** were identified to be:

- **Physical therapy and rehabilitation (71%)**, especially in Ubari, Tripoli, Sabha, Misrata, Ajdabiya, and Benghazi
- **Provision of wheelchairs (48%)**, especially in Tripoli, Sabha, Sirt and Al Jufra
- **Provision of other assistive devices (46%)**, especially in Ubari, Sabha, Al Marj, Al Kufra, Al Jufra and Al Jabal Al Akhdar. [124]

Very **little information is available on the quality and accessibility of physiotherapy services, assistive devices**[125] and **occupational therapy services** or on the **extent of the needs in rehabilitation of PwDs and EO survivors** in Libya. In 2016, Handicap International tackled the subject through a Rapid Assessment of Health Structures in Western Libya. The report stated that "**the rehabilitation system is under developed in Libya**, not being able to address the needs of people with injuries and PwDs."[126] There is **no information** on the **availability and quality of post-operative care and acute post-surgical rehabilitation**, which are **key in EO injuries recovery and individual rehabilitation pathways**.

Handicap International is currently conducting a **mapping exercise on services available for PwDs in Benghazi, Misrata and Tripoli** areas which might help identify better stakeholders involved and possible gaps in services, at least for the three Mantikas considered[127].

Physical Rehabilitation relates particularly to Art 20, 26 of the CRPD.
Interventions and advocacy in Physical Rehabilitation contribute to SDGs n° 1, 3, 4, 5, 8, 9, 10,11, 17.

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[124] Multi-Sectoral Needs Assessment report Libya 2018, REACH, 2019
[125] Assistive devices include Prostheses and Orthotics (P&O) and other mobility devices such as wheelchairs and walkers
[126] Rapid Assessment of Health Structures in Western Libya, Handicap International, 2016, p.36
[127] Interview with Handicap International Head of Mission (List of interviewees in Annex 1)

2. Stakeholder's Analysis

1. Governmental Stakeholders

Ministry of Social Affairs: the Ministry of Social Affairs (MoSA), through its **Department of PwDs**, and **Social Solidarity Fund (SSF)** is playing a key role in **physical rehabilitation programs**, as well as in the **supervision and provision of equipment and supplies**[128] to rehabilitation centres. The coordination links **and division of roles and responsibilities with the MoH are unclear**, the same is true for the setting of priorities in supporting rehabilitation centres.

Public physical rehabilitation centres: according to the Cabinet Decree on the MoSA's organizational structure, the **Benghazi Centre for the Rehabilitation of the Disabled**, the **Janzour Centre for the Rehabilitation of the Disabled** and **AlSwani Rehabilitation Centre for PwDs in Warshefana** (30 km from Tripoli) shall "work in affiliation with or under the supervision of the MoSA "[129]. Those three centres, along with **Misrata Physical Rehabilitation Centre** seem to be the **main reference, and the most functional and operational** in Libya. The MoSA (Department of Disabled Affairs/SSF) provided a list of 17 other rehabilitation centres for Persons with Physical Disabilities:

- **2 centres, in Murzuq and Sirt** appear to have been **destroyed** during the conflict and are **not functioning anymore**.
- **15 other centres were said to be operational (but less equipped)**, across the country[130]: in Jamil (Central region), Alzawya, Bani Walid, Tobruk, Murzuk, Ubari, Barak Shati, Zintan, Jado (Western Mountains), Gharyan, Jalo (Ajdabbya), Bir Alganam (Alzawya), Sidi Essid (Tarhouna), Al Marj and Tripoli Rehabilitation Centre for Children.

Only **Benghazi, Misrata and Janzour** rehabilitation facilities seem to have **prosthetics factories**[131], but interviews highlighted **the lack of qualified Prosthetics & Orthotics (P&O) technicians available**.
Interviews and discussions show that rehabilitation centres have **insufficient inpatient capacity** and are **overwhelmed with demands**, as stakeholders reported important waiting lists. As an example, ICRC, who supports Janzour, Misrata, and Benghazi Rehabilitation

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[128] Cabinet Decree No. (120) of 2012 adopting the organisational structure and competences of the Ministry of Social Affairs and organising its administrative unit, article 13
[129] Cabinet Decree No. (120) of 2012 adopting the organisational structure and competences of the Ministry of Social Affairs and organising its administrative unit, article 4.
[130] List of Physical Rehabilitation Centres provided by MoSA to the LibMAC in Feb 2019; Interview with Social Security Fund (MoSA) representatives and discussions during Workshop. (List of interviewees in Annex 1)
[131] List of Physical Rehabilitation Centres provided by MoSA to the LibMAC in Feb 2019; Interview with ICRC (List of interviewees in Annex 1)

Centres stated that the **waiting list for 2019 across the three centres** is approximately **700 people**, **preventing the structures to accept more referrals**.

Public health structures with physical rehabilitation services: According to the HI 2016 Rapid Assessment of some structures in Western Libya, it appears that some General and Tertiary Hospitals have inpatient capacity and rehabilitation outpatient wards and functional physiotherapy and functional therapy services, such as:

- **Abu Saleem Hospital, Central Hospital and Burns and Plastic Surgery Hospital in Tripoli**
- **Gharyan Educational Hospital in the Western Mountains**

The assessment highlighted important **needs in trained staff, rehabilitation equipment/supplies and quality mobility devices**[132]. There is **no other assessment documenting availability and readiness of rehabilitation services** in other hospitals or Primary Health Care structures in the country.

As a result of the limited number of available and efficient rehabilitation and P&0 services in country, the wealthiest Libyans are going abroad to receive rehabilitation, especially to Tunisia, Egypt, Jordan, Qatar, Turkey, and Europe (Italy, Germany and France)[133].

Social Solidarity Fund (SSF): the **SSF has 22 functioning branches** (approximately **60 offices**) across the country[134]. Apart from providing financial support to the most vulnerable PWDs (including survivors), the SSF, through its Equipment Department **provides assistive devices** (**wheelchairs, hearing aid, and crutches only**) to PwDs and the elderly, under certain conditions. Each individual situation is assessed by a committee chaired by representatives of the SSF and the MoH at branch and sub-branch level, as explained in the text box below ("Focus on SSF"). The SSF did not communicate on the number of beneficiaries of mobility devices.

Ministry of State for Martyrs Wounded and Missing: The Ministry of State for Martyrs Wounded and Missing appears to play a role in **providing financial support to war-injured**, especially through **local Committees of Veterans**[135]. Some stakeholders interviewed mentioned that a lot of **injured people** were **sent abroad, their health care, rehabilitation, and accommodation being financially covered by the government**. This could not be cross-checked with the directly involved stakeholders (since representatives of the Ministry could

[132] Rapid Assessment of Health Structures in Western Libya, Handicap International, 2016, p.34-36
[133] Rapid Assessment of Health Structures in Western Libya, Handicap International, 2016, p.34-36
[134] Interview with SSF representative (List of interviewees in Annex 1)
[135] Law No. (4) of 2013 on the issuance of provisions relating to War of Liberation victims with permanent disability

not be reached), neither the number of people with injuries and EO survivors that were concerned, nor the criteria of eligibility for support. Secondary sources suggest that in 2012, 3,116 people had conflict-related injury eligible for Wounded Affairs support[136].

Focus on: Social Solidarity Fund

*Under the umbrella of the MoSA, the SSF plays a **key role in social protection and inclusion of PwDs and EO survivors**. SSF has its own budget, independent from the budget allocated to the MoSA, based on a contribution of 1% deducted from the total revenue from employees (public or private), self-employed workers, donations and zakat income[137]. Through its sub-offices, the individual situation of PwDs are assessed by two independent committees (at Sub-Office level and at Central level) composed of Health, PSS and Admin staffs who evaluate the need to provide financial support (450 LYD per month) and mobility devices to the most vulnerable (unemployed) and their caretakers (in case of severe disability**). SSF is currently the only government entity dealing individually with PwDs through a personalized assessment**. It currently **supports more than 106,400 PwDs** in the country, **including 1,460 EO survivors** of all ages. SSF **supports financially the Paralympics Committee** and contributes to the socio-economic inclusion of PwDs. It **intervenes in the various stages of a comprehensive approach of rehabilitation and inclusion** and could be **considered as a valuable partner**. Support to SSF could focus on developing a **referral system, staff capacity development to refer EO survivors and PwDs** to pertinent complementary services/structures and **distribution of a directory of services for EO survivors and PwDs**. The SSF could potentially **support data collection efforts**, but also contribute to discussions on rehabilitation and support to PwDs in Health, MHPSS, Protection, Cash Working Groups.*

2. Non-Governmental Stakeholders

Private Rehabilitation facilities

Currently, no information could be gathered on the availability, quality and use of private rehabilitation services.

Humanitarian Stakeholders and Local NGOs

[136] People with Disability in Libya are a Medicalised Minority: Findings of a Scoping Review, Anne Cusick and Rania M. Hamed El Sahly, p.6

[137] Law n°20 of 1998 on the Social Security Fund, Libya, 1998

The Health Working Group: rehabilitation interventions are coordinated with the Health Working Group **co-chaired by the MoH and WHO**. It does not appear that the MoSA participates in the coordination, despite its key role in the rehabilitation and inclusion of PwDs and survivors. A WHO representative acknowledged the **current gap in humanitarian assistance to rehabilitation structures** and the **need to address it**[138].

Rehabilitation organizations: only two INGOs are currently providing rehabilitation services for EO survivors and PwDs:

ICRC is currently supporting **Janzour, Misrata, and Benghazi** Rehabilitation Centres in operating **comprehensive rehabilitation programs**, including physical rehabilitation, MHPSS and socio-economic inclusion (individual cash assistance, support to organizations of PwDs, support to Paralympic sports teams). The centres are receiving **beneficiaries from Western, Central and Eastern Libya, and from Sabha** where a referral system has been recently put in place. ICRC is providing the centres with **raw materials and capacity development**. It is also **covering** all expenses **for four P&O technicians to be trained** in Jordan (4-years bachelor's degree) and **six P&O technicians** to Germany (1-year **specialization in lower-limb prosthesis**)[139]. For 2019, ICRC is planning to build a dormitory in the **Benghazi** Rehabilitation Centre to **increase inpatient capacity and welcome more referrals** from other cities. In **2018**, ICRC has **provided 990 people with prosthetics and orthotics** (**38 were survivors of mine/ERW/IED/gunshot**) across the three centres.

Handicap International is implementing a **comprehensive outreach rehabilitation and PSS programme for PwDs** (including EO survivors) and their caretakers, in **Benghazi, Tripoli, and Misrata**. Through **hotline services, the HI Facebook page, referral from INGOs or local organizations**, and **their outreach team** (social workers, physiotherapists and PSS workers), identifies, assesses, and provides **personalized rehabilitation services** (physiotherapy, mobility devices…) and **PSS services**, **and/or refer to other organizations** in case another type of support is needed (cash assistance, socio-eco inclusion, etc…). HI is also **providing the Janzour Rehabilitation Centre with P&O raw materials** and has **donated to the SSF mobility devices** (wheelchairs and crutches) for them to be distributed to SSF beneficiaries[140].

INGOs and NGOs mentioned in the stakeholders mapping above have no specific rehabilitation intervention, but some of them play a role in referring PwDs to rehabilitation stakeholders, although no specific or systematized inter-sectoral and inter-agency referral system is in place.

[138] Interview with WHO Health Working Group Coordinator (List of interviewees in Annex 1)
[139] Interview with ICRC Health Coordinator (List of interviewees in Annex 1)
[140] Interview with HI Head of Mission (List of interviewees in Annex 1)

Physical Rehabilitation: Key points

Suggested interventions:

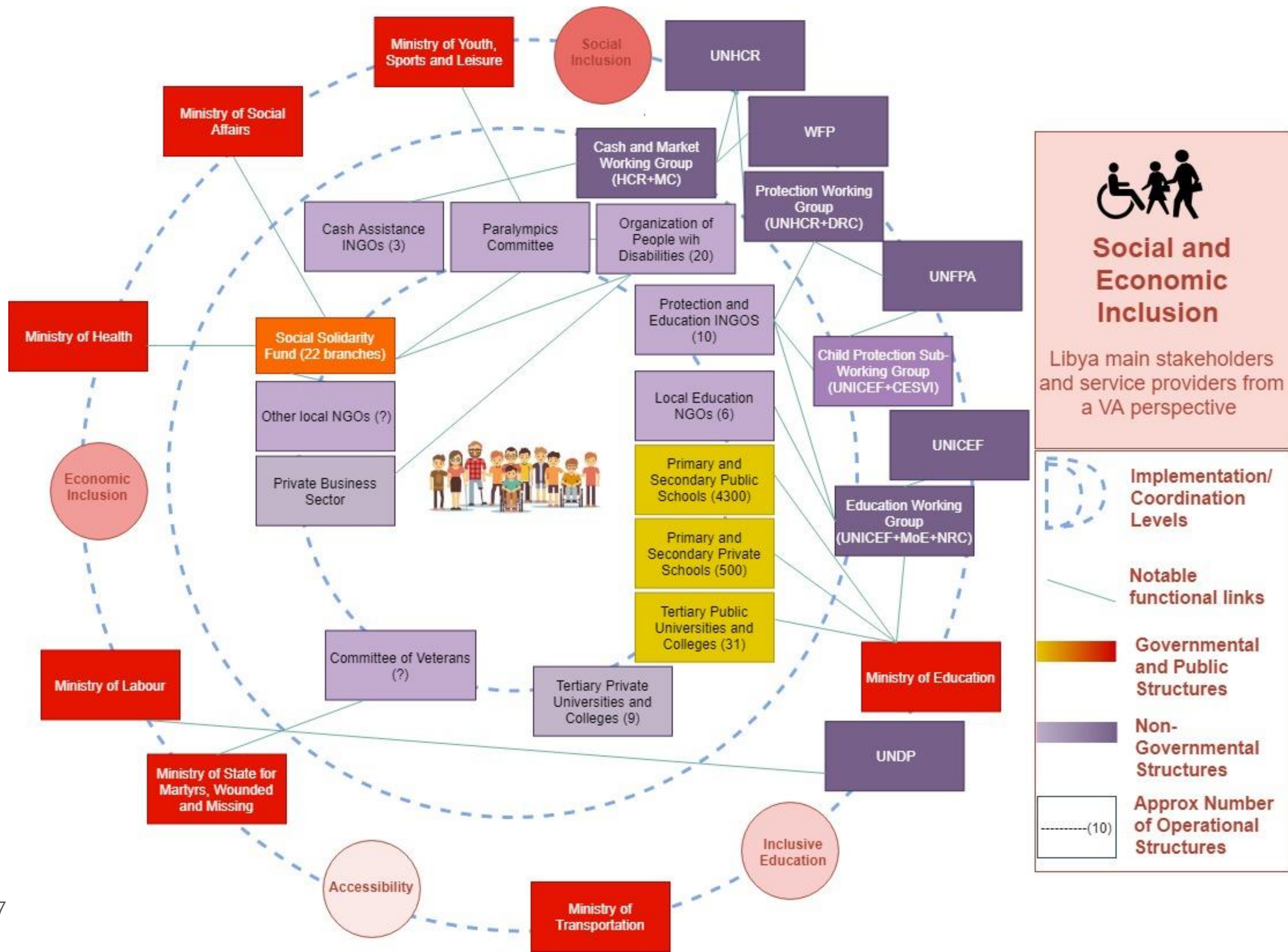
- *Conduct assessment on availability and readiness of Physical Rehabilitation Services across Libya*
- *Organize workshops/meetings on physical rehabilitation, involving key Libyan and international stakeholders, EO survivors and organizations of PwDs to discuss challenges and programming*
- *Develop support to Libyan physical rehabilitation health structures based on findings of assessment*
- *Develop referral system for Mine Action organizations, humanitarian stakeholders and local NGO to refer EO survivors and PwDs to rehabilitation services*
- *Develop mapping and directory of physical rehabilitation services for relevant organizations to inform survivors and PwDs on availability and access to services*
- *Build capacity of rehabilitation stakeholders to refer and orient PwDs and survivors to PSS and socio-economic inclusion stakeholders.*
- *Promote availability, knowledge and use of assistive devices amongst survivors, other PwDs and caretakes.*
- *Support projects enhancing health services capacity in acute post-surgical rehabilitation*
- *Support training/capacity development initiative on physiotherapy, P&O and pain management*
- *Advocate for Health indicators to measure progress in access to rehabilitation services for PwDs and EO survivors*
- *Support coordination between rehabilitation structure and PSS stakeholders*
- *Support projects that improve access to rehabilitation services for survivors and PwDs (mobile and community-based rehabilitation services, …)*

- *Focal point for intervention at National level:* ***Ministry of Social Affairs, Ministry of Health***
- *Focal point for intervention at Humanitarian Response level:* ***WHO***
- *Coordination structure:* ***Health Working Group***
- *Relevant national partners for future interventions:* ***SSF***
- *Relevant international partners for future interventions:* ***WHO, ICRC, HI***
- *Donors:* ***French MoFA, ICRC, UN Agencies, WHO, others***

CRPD: Art 20, 26

SDGs: n° 1, 3, 4, 5, 8, 9, 10,11, 17

Mapping: Social and Economic Inclusion



4. SOCIAL AND ECONOMIC INCLUSION

1. Situation Overview

Very little information exists on the socio-economic inclusion of PwDs and EO survivors in Libya. Representatives of **Organizations of PwDs (OPDs) pointed** out **the lack of access to inclusive education** leading to important school and study drop-out; the **lack of inclusive employment policies and opportunities**; and the **lack of adapted professional training** as **major gaps** in socio-economic inclusion of EO survivors and PwDs[141].

At humanitarian response level, the **2019 HRP** states that "humanitarian actors aim to address the needs of PwDs, particularly those who have been heavily impacted by direct exposure to conflict and violence. Within crisis-affected communities, **children and adults with disabilities are usually among the most marginalized**, yet they often are not included **and fail to benefit from humanitarian assistance**, and face **challenges in accessing appropriate basic services**. They also have **specific needs related to their vulnerabilities** such as requiring rehabilitation support, and assistive devices"[142].

Socio-Economic Inclusion relates particularly to Art 3, 9, 19, 21, 23, 24, 26, 27, 28, 30 of the CRPD.
Interventions and advocacy in Socio-Economic Inclusion are cross-cutting and contribute to SDGs n° 1, 3, 4, 5, 8, 9, 10,11, 17.

[141] VA Workshop, Group exercise on analysis of needs and gaps in socio-economic inclusion, March 2019
[142] Humanitarian Response Plan Libya, UNOCHA, 2019, p.12

2. Stakeholder's Analysis

1. Governmental Stakeholders

In Libya, **five ministries** have **specific departments for PwDs:**

- **The Ministry of Social Affairs**
- **The Ministry of Labour**
- **The Ministry of Education**
- **The Ministry of Youth, Sport and Leisure**
- **The Ministry of Transportation**

Those Ministries **shall be considered as important stakeholders** to define priorities in socio-economic inclusion of PwDs. Some initiatives, such as the attempt to exempt PwDs from transportation costs, to increase employment rate of PwDs in the public employment sector, and to improve the accessibility of public infrastructure and schools were mentioned by stakeholders during interviews and workshop, but judged as dysfunctional and insufficient by Organizations of PwDs (OPDs).

Ministry of Social Affairs (MoSA) and Social Solidarity Fund (SSF): the MoSA **provides** (under certain restrictive conditions) **PwDs with pensions, entitlements and access to free treatment in the government rehabilitation centres**.[143]. According to OPD representatives, the S**SF is the only functioning system that supports PwDs**, providing a minimum level of social protection through financial compensation, although it is **currently affected by the cash crisis and rampant inflation**. SSF is **planning to increase financial compensation for PwDs** from 450 LYD per month (legal minimum wage in Libya) to 900 LYD per month, but this measure has not been implemented yet[144].

Ministry of Labour: in 2012, the Ministry of Labour[145] introduced a **5% quota for PwDs in state administrative jobs**. "As of yet, there has been **no mechanism** to suggest how it will be **implemented or reviewed**. Furthermore, the **quota is limited to administrative jobs** and fails to go far enough to advance roles for PwDs in other public and private sectors[146]".

Ministry of Education: the **Department of Disabled People's Affairs** in the Ministry of Education "works to **assist students with disabilities to complete their education within the public-school system** through **provision of direct support to students and teachers** and by

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[143] Disability in North Africa, Institute for Development Studies, April 2018, p.14
[144] Interview of SSF representative (List of interviewees in Annex 1)
[145] Statement n°1 of 2012, Ministry of Labour, May 2012
[146] Stakeholder Report to the United Nations Human Rights Council Universal Periodic Review- Libya, The National Libyan Organisation for the Development of People with Disabilities, October 2014, p.5

supplying the necessary tools, equipment, and training required to do so"[147]. **Public schools** in Libya are **rarely equipped to accommodate students with disabilities** in the classroom.

UNICEF, in collaboration with the **Libyan Ministry of Education**, assessed Libyan public schools in 2012, and reported **a "strikingly low" proportion of students with disabilities**. Over 4,800 primary and secondary schools in Libya (10,5% private)[148] only **1% of public schools had functional toilets for children with disabilities**, **less than 5% offered provisions for students with disabilities in the classroom** and **50% of schools stated the need for adapted textbooks, visual and audio aids** to improve teaching standards. Moreover, the Institute of Development study in April 2018 reported that **39.7% of PwDs are illiterate** (compared to 12.2% of the total population), a much **higher proportion of** which are **female (54.8%)** compared to male (28.8%). Boys with disabilities are also more likely to go to school than girls with disabilities[149].

According to the 2019 HNO, 212 schools were reported to be partially damaged, 14 schools were used as shelters for IDPs and 53 schools have been fully destroyed.[150] This shows that the **conflict might have further negatively impacted access to education for children with disabilities**, especially in conflict areas.

Ministry of State for Martyrs Wounded and Missing: the Ministry of State for Martyrs Wounded and Missing oversees the implementation of a programme supporting people who were injured from 15/02/2011 up to the date of the declaration of the liberation of Libya on 23/10/2011[151]. **Under certain conditions, injured survivors receive immediate and ongoing financial assistance** (up to 5,000 LYD monthly), more than that provided to other PwDs through SSF. This **includes funding to travel and stay in foreign countries for treatment, rehabilitation and education**. The number of people with war-related injuries who are benefitting from State support is currently unknown as the Ministry could not be reached during the research.

2. *Non-governmental stakeholders*

Private stakeholders

There is not enough information on the role of private structures in socio-economic inclusion. Some stakeholders report the **existence of private specialized schools for children with disabilities**.

Businesses, such as private Telecom companies, were often mentioned by local NGOs as **providing financial support in educational or economic empowerment project**. This role could not be assessed further during the research.

[147] Disability in North Africa, Institute for Development Studies, April 2018, p.14

[148] Libya Ministry of Education Nationwide school assessment, ACTED, REACH, UNICEF, 2012, p.10

[149] Disability in North Africa, Institute for Development Studies, April 2018, p.14

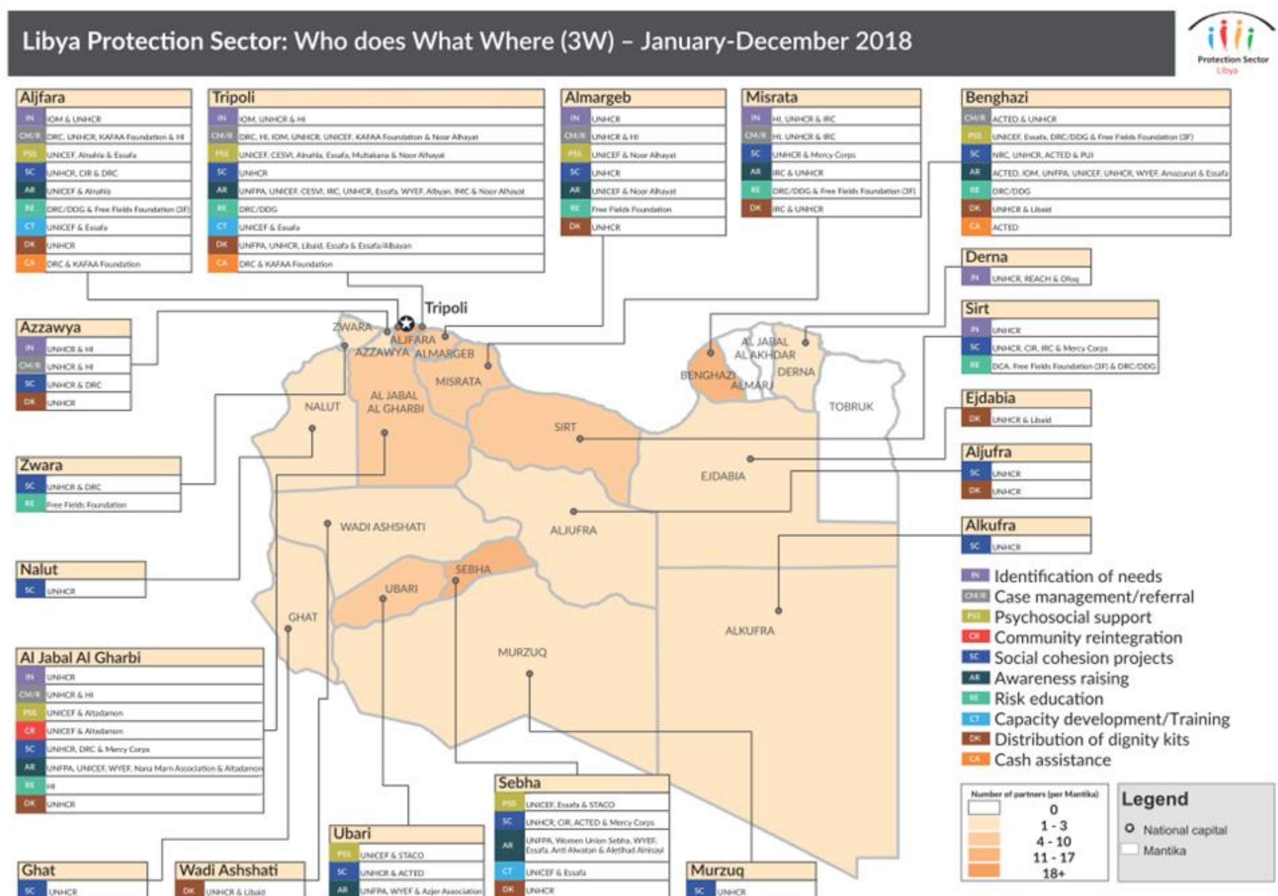
[150] Humanitarian Needs Overview Libya, UNOCHA, 2019, p.59

[151] Law No. (4) of 2013 on the issuance of provisions related to War of Liberation victims with permanent disability

Humanitarian Stakeholders and local NGOs

The **2019 HRP** aims at providing **tailored assistance to adults and children with disabilities** in crisis-affected communities, ensuring they have access to protection, education, cash and shelter assistance on an **equal basis with other vulnerable groups**[152]. The humanitarian response is coordinated through various sectoral working groups composed of INGOs, local NGOs and UN Agencies. **No disaggregated data on PwDs beneficiaries of humanitarian intervention is currently available**, although the **sectors** are **committed to improve their monitoring** in this regard.

The Protection Working Group: UNHCR is leading the Protection Working Group, which gathers several international and local INGOs, including Mine Action INGOs and UNMAS. Activities, areas of intervention, and stakeholders are detailed in the map below (Libya Protection Sector, 3W, January-December 2018[153]).



The protection sector **will develop inter-sector and inter-agency referral mechanisms** that could **improve access** of vulnerable groups, including PwDs and EO survivors, **to protection services delivered by humanitarian actors**[154].

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[152] Humanitarian Response Plan Libya, UNOCHA, 2019, p.12
[153] Libya Protection Working Group 3Ws, Jan-Dec 2018, UNHCR, 2018
[154] Interview of UNHCR Protection Coordinator (List of interviewees in Annex 1)

The Education Working Group: The Education Working Group is **co-chaired by UNICEF, the Ministry of Education and NRC**. Its main interventions are focusing on improving access of boys and girls to formal or non-formal education, through[155]:

- Catch-up classes for drop-out children
- Provision of teaching and essential learning materials/school supplies
- Training of teachers
- Provision of pre-fabricated schools

Areas covered by education interventions are Sabha, Ghat, Benghazi, Alzawya, Algurdha Ashshati, Murzuq, Ubari, Tripoli, Derna and Sirt.

Its implementing partners are:

- **1 INGO**: CESVI
- **6 local NGOs**: Libyan Association for Youth and Development (LAYD), Ekraa Assembly for Development and Education (Ekraa), Organization Breezes Libya for Sustainable Development (Breezes), Libyan Red Crescent (LRC), Afaq for Rights and Development, Emdad Charity Association
- The **MoH** department of Human Ressources Management

The Cash Working Group: the Cash Working Group (CWG), **co-chaired by UNHCR and Mercy Corps** is coordinating the **cash assistance programme**, based on **vulnerability criteria that include disability**. It is mainly composed of **three INGOs** (ACTED, DRC, Mercy Corps) and **two UN Agencies** (WFP, UNHCR). CWG members could not be reached during the research. However, resources available online show that the Cash Working Group, supported by ECHO, is currently **conducting a survey on Libyan national social safety nets**, the feasibility of **linking cash assistance to social safety nets in Libya and enhance coordination between international humanitarian actors and Libyan actors**[156]. The result of this survey could be of **interest to better evaluate social safety net mechanisms**, **inclusion/exclusion eligibility criteria** and **relevant stakeholders supporting vulnerable people**, including PwDs and EO survivors. Handicap International mentioned that a referral system is in place in Benghazi: PwDs and survivors supported by HI can also benefit from cash assistance delivered by Mercy Corps. This experience could be used to **advocate for inter-sectoral referral for PwDs and EO survivors** and further **linkages between cash services providers and VA/disability stakeholders**.

UNDP: in November 2018, **UNDP** organized a meeting with **the Ministry of Labour and OPDs** to "**analyze the status of PwDs in Libya**, discuss ways to **implement existing national policies**

[155] Education Working Group 4Ws 2018
[156] Cash Working Group Meeting minutes, 2018

and plans and **explore new mechanisms to promote the respect of their rights**"[157]. No additional information could be gathered during the research, but **this initiative and its progress should be followed-up**.

Organizations of Persons with Disabilities: The latest CSO roster[158] produced by UNICEF and UNDP (2013-2015) indicates that there were approximately **20 active OPDs across Benghazi, Misrata, Sebha, Tripoli, Zawya and Zuwara**. There is **no specific assessment on their role, number of beneficiaries, capacity and funding situation**. INGOs interviewed did not mention any partnership with OPDs on socio-economic inclusion projects. However, OPDs interviewed seemed to be very active, and declared to have received support from the private sector to implement their activities. As an example, the **renowned local NGO "Noor", based in Tripoli, is running a school for children with visual impairment**, and supporting graduates who join university. They provide children with education following the curriculum of the public sector and teaching materials in braille[159].

No organization of EO survivors has been identified throughout the various sources of the research. Interviewed **OPDs** mentioned that some of **their members and beneficiaries were EO survivors**, as it is the case of the Libyan OPD "IOPCD", the International Organization for People and Children with Disabilities, based in Benghazi.

Focus on: IOPCD

*IOPCD is an OPD operating in Benghazi since 2014. It has **previously been supported by DCA** to deliver **Risk** Education to community and schools in contaminated areas. It is currently implementing **socio-economic inclusion projects**, including recreational activities, **professional training for PwDs and EO survivors**, and **awareness-raising for PwDs to participate in electoral processes**. **Forty percent of its members are EO survivors**[160]. Last year, IOPCD implemented **two professional trainings** with the **support of SSF for on hundred PwDs**. Thanks to connections built with the private sector, approximately **50 training beneficiaries were employed by a travel company or started revenue-generating activities**. IOPCD could be considered as a **relevant OPD to support** for **socio-economic inclusion and advocacy projects** focusing on EO survivors and PwDs.*

[157] UNDP Press Release, "Ministry of Labor UNDP gather Libyan authorities and persons with disabilities to discuss ways to improve their lives" October 2018

[158] Libyan Civil Society Organizations Roster 2013-2015, UNDP, UNICEF, 2015

[159] Interview of Noor Representative (List of interviewees in Annex 1)

[160] Interview of IOPCD Representative (List of interviewees in Annex 1)

Socio-Economic Inclusion: Key points

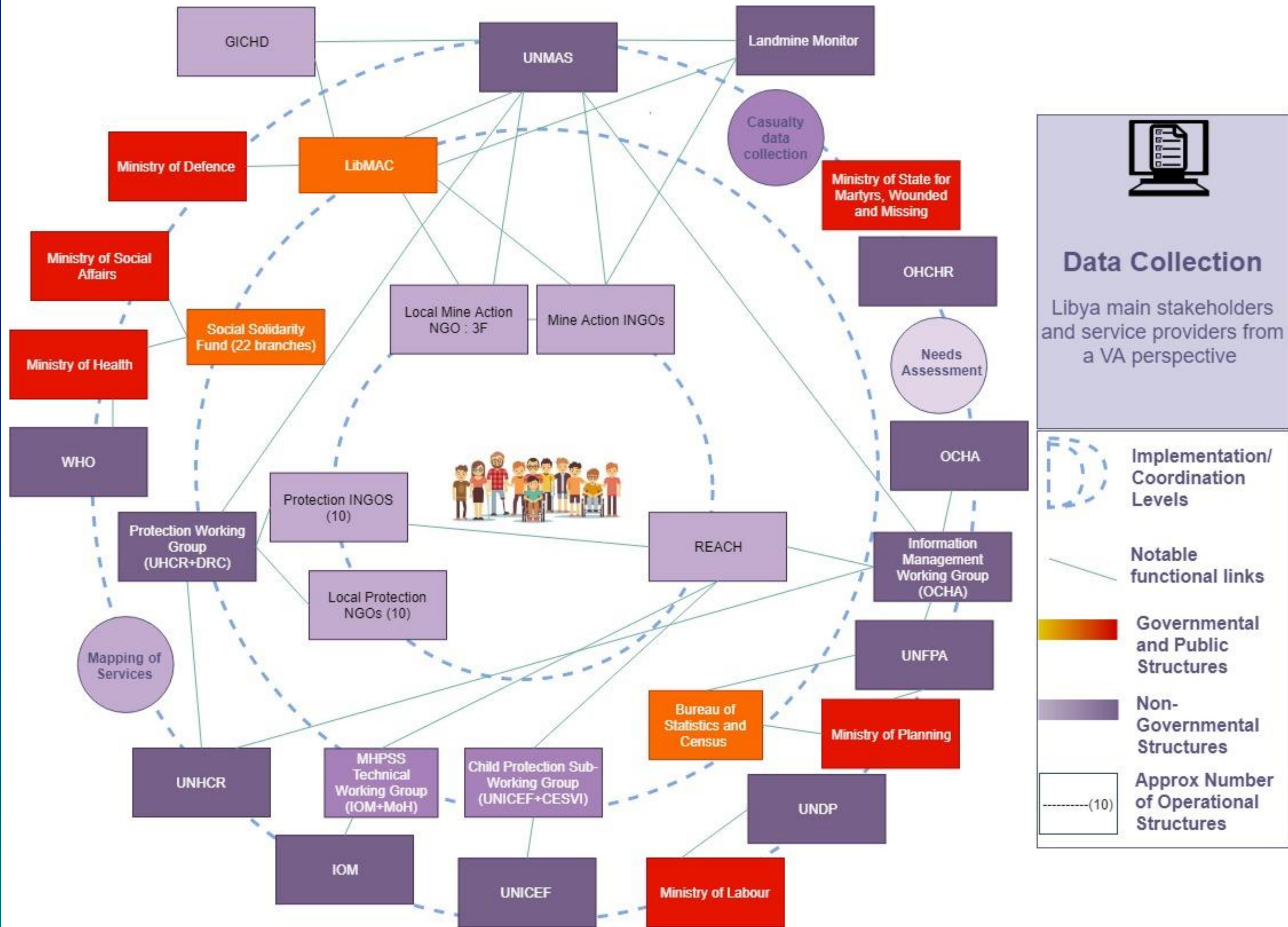
Suggested VA interventions:

- *Advocate for VA and disability mainstreaming in humanitarian response, especially for protection, cash and education sectors*
- *Support the development of inter-sectoral and inter-agency referral mechanisms to enhance access to services for survivors and PwDs*
- *Document further survivors and PwDs needs in socio-economic inclusion through specific assessment and secondary data analysis*
- *Support capacity assessment and mapping initiatives on organizations of PwDs active in Libya*

- *Focal point for intervention at National level:* ***Ministry of Social Affairs, Ministry of Education***
- *Focal point for intervention at Humanitarian Response level:* ***UNHCR, UNICEF***
- *Coordination structure:* ***Protection Working Group, Education Working Group, Cash Working Group***
- *Relevant national partners for future interventions:* ***SSF, IOPCD, other OPDs***
- *Relevant international partners for future interventions:* ***UNHCR, UNICEF, HI***
- *Donors:* ***ECHO, EU Trust Fund, OFDA, DFID, BMZ, UN Agencies, others***

CRPD: Art 3, 9, 19, 21, 23, 24, 26, 27, 28, 30
SDGs: Goal 1, 2, 4, 5, 6, 8, 9, 10, 11, 17

Mapping: Data Collection



5. DATA COLLECTION

1. Situation Overview

Data collection and analysis in Libya is a challenge. Several data collection and centralization systems exist and could support situation analysis on the needs of survivors and PwDs and their access to services. However, the **lack of data-sharing between stakeholders** and the **nature of information collected** does **not always allow the production of meaningful analysis** through triangulation of secondary data at national level.

EO casualties are believed to be heavily under-reported by Mine Action, health and other stakeholders. **Available casualty data varies by 10 to 100 times**, depending on the source of information, the database and the year considered. As an example:

- The **Landmine Monitor** was able to report, through triangulation of various sources of information, that between 1999 and 2017, there were **3,252 mine/ ERW casualties** (**382 killed; 2,864 injured; 6 unknown survival outcome**[161]).
- **The LibMAC** has reported **371 casualties** in its IMSMA[162] database since 2011 (**96 killed; 270 injured; 2 unknown survival outcome**)[163].
- **The Libyan Social Solidarity Fund** is currently providing financial support to **1,460 EO survivors**.

Under-reporting is also the case for PwDs that were not included in most data collection systems considered during the research. Estimates of disability prevalence in Libya range from 2.9% to 14.3%. **A third of disabilities were suggested to be linked to conflict related injuries**[164].

Regarding the humanitarian sector, according to the **2019 HRP**, "**information on PwDs in Libya is limited**. However, humanitarian partners are committed **to increased efforts to improve the availability and quality of data regarding PwDs**[165].

Data Collection relates particularly to Art 31 of the CRPD. It is a cross-cutting key issue to inform programming and decision-making. Therefore, interventions in data collection across sectors contributes to SDGs n° 5, 10, 17 and all other SDGs.

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[161] Libya Casualty Report 2017, Landmine Monitor 2018 last updated 21 October 2018
[162] Information Management System for Mine Action
[163] Data provided by the LibMAC (Victim Reports database)
[164] Disability in North Africa, Institute for Development Studies, April 2018, p.4
[165] Humanitarian Response Plan Libya, UNOCHA, 2019, p.12

2. Stakeholder's Analysis

1. Governmental Stakeholders

The LibMAC: the LibMAC is a **key national stakeholder in casualty data collection**. Under the authority of the Ministry of Defence, its mandate is to coordinate Humanitarian Mine Action activities, liaising with UNMAS, international Mine Action organizations (DDG, DCA, Halo Trust, HI) and local Mine Action organizations (3F). In this framework, data is centralized by the LibMAC on a monthly basis on:

- **Destroyed ordnance**
- **Areas cleared of explosive ordnance**
- **Areas surveyed through NTS**[166]
- **Risk Education sessions** delivered and their beneficiaries (age, location and gender disaggregated)
- **Victims of explosive ordnance** (age, location, gender disaggregated)
- **Mine/ERW and IEDs accidents**

Information on victims are **collected** through a standard **IMSMA**[167] victim form by **field teams, mostly during NTS and Risk Education operations**. A complete set of questions include personal data, date of accident, type of injury, type of explosive hazard involved and activity at the time of the accident. Interviews with Mine Action stakeholders[168] and the LibMAC **highlighted the difficulty for field teams to collect victim reports, and lack of data accuracy** in the forms collected for several reasons:

- Priority is not given to collect data on victims during NTS, but to identify suspected hazardous areas and contamination.
- The victim form is perceived as a lengthy and detailed questionnaire that requires time with the victim itself, or respondents who know the victim. Victim forms are seen as an additional reporting task among important data collection workload (especially in NTS)
- When field teams succeed in identifying victims of explosive ordnance, information available is scarce, not allowing them to fill out the victim report with the necessary data.
- Survivors or families of victims are reluctant to share information and suspicious of their personal data being collected.

[166] Non-technical survey encompasses all elements of the non-technical process revolving around identifying, accessing, collecting, reporting and using information to help define where explosive ordnance is to be found, as well as where it is not, and to support land cancellation, reduction and clearance decision making processes (IMAS 08.10).
[167] Information Management System for Mine Action
[168] Interviews with DDG, HI, 3F (List of interviewees in Annex 1)

Moreover, there is **no follow-up of the data collected, and no specific referral system in place** for victims to be informed and oriented to external services.

The **LibMAC received technical support from ITF, its main donor, UNMAS, and the GICHD** to **improve the quality of its data collection and data analysis systems**. Further enhancement of the casualty data collection system is currently under discussion. The LibMAC and UNMAS are **reporting every year to the Landmine Monitor on casualty data**, contributing to country and global casualty reports. **In 2017, Libya was part of the nine states with the most recorded mine/ERW casualties**[169].

Ministry of Health (MoH): the MoH **is centralizing data from health structures through its Health Information Centre**. Interviews with health stakeholders highlight that **the health information system needs strengthening, harmonization and capacity development** to ensure accuracy and reliability of the data. However, WHO, in coordination with the MoH, mentioned that "the percentage of deaths caused by injuries in 2012 was 12%", including 22% due to intentional injuries (72% collective violence and legal intervention and 15% as a result of interpersonal violence)[170]. It is **unclear if the MoH is currently collecting age, gender, sex disaggregated data on EO injuries**, as well as **survival rates for people injured by explosive ordnance**. An injury data collection system could be an interesting source of information to understand better the scale of victim assistance needs. **The MoH, IOM, UNICEF and WHO are currently jointly setting up the District Health Information System (DHIS)**[171] for health structures to collect age, gender disaggregated data and health information of patients. This **data is expected to be centralized in an online platform** and **enable health stakeholders to better tailor programs, identify sector needs and respond quickly to emergencies** (supply needs, disease outbreaks, specific vulnerabilities…). The **DHIS could support VA and Disability stakeholders in gathering useful information on Persons with injuries and disabilities**.

The Ministry of Social Affairs (MoSA) and Social Solidarity Fund (SSF): the MoSA, through the **SSF is collecting age, sex, gender, location and disability data on its beneficiaries**. To date, the SSF declared to have **provided financial assistance to 1,460 survivors of explosive ordnance with physical disability**. More detailed data could not be accessed during the research. **The SSF, and the Ministry of Social Affairs are key stakeholders to understand the needs and situation of most vulnerable PwDs and survivors in Libya**.

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[169] Libya Casualty Report 2017, Landmine Monitor 2018

[170] Service Availability and Readiness Assessment (SARA) of the Public Health Facilities in Libya, World Health Organization, 2017, p.188

[171] Interview with WHO Health Working Group Coordinator and DHIS consultant (List of interviewees in Annex 1)

The Libyan Bureau of Statistics and Census: Since 2006, no national census has been implemented, and the **population statistics are the result of projections**[172]. Through its 2018-2023 Strategy, the Libyan Bureau of Statistics and Census will focus "on developing and improving administrative information systems between ministries, institutions" and "develop its national statistical system to provide the necessary data for decision-making based on evidence in order to achieve the sustainable development"[173]. **UNFPA is currently bringing technical support to the Libyan Bureau of Statistics** to plan for the **implementation of a new census**. **This initiative should be followed-up to ensure the future census includes appropriate statistical measures of disability** to better inform planning and development and uses the internationally recommended **Washington Group Questions on Disability**[174].

2. *Non-Governmental Stakeholders*

A myriad of **international INGOs and UN Agencies** are coordinating efforts to **collect and analyse data on Libya** in order to **prioritize better humanitarian assistance**. The 2019 HRP states that "increased efforts will be made to **strengthen** the **collaboration with Protection, GBV and Mine Action partners to develop a harmonized approach towards data collection**, messaging and development of inter-agency coordination and standard operating procedures"[175].

The Information Management Working Group: OCHA is coordinating the **Information Management Working Group (IMWG)**, acting as a focal point for Information Management Officers of INGOs, UN Agencies and other International Organizations to **report against HRP indicators and humanitarian activities**[176]. The IMWG, in coordination with other sectoral working groups is also **centralizing various sources of qualitative and quantitative data in order to inform the HNO**, which takes place once a year and presents priority needs and justification for humanitarian interventions planned in the HRP. The **main sources** of the HNO are:

- The Multi-Sectoral Needs Assessment (MSNA) conducted by REACH,
- The Data Tracking Matrix (DTM)/International Organization for Migration (IOM) reports (mobility tracking of IDPs, returnees),
- Population data provided by UNFPA and the Libyan Bureau of Statistics and Census.

INGOs and other agencies are invited to share their assessment and mapping plans in an assessment registry available online[177].

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[172] Interview with Information Management Working Group coordinator (List of interviewees in Annex 1)
[173] Libyan National Statistics Development Strategy, 2018-2013, Bureau of Statistics and Census, p.3-4
[174] Washington Group on Disability statistics- Short set of Disability Questions
[175] Humanitarian Response Plan Libya, UNOCHA, 2019, p. 28
[176] Interview with Information Management Working Group coordinator (List of interviewees in Annex 1)
[177] Libya Humanitarian Response Registry Overview, UNOCHA, 2019

Humanitarian partners carried out 50 assessments in 2018 and 20 assessments in 2017 across multiple sectors. Some of them served as sources of information used for HNO/HRP processes. Interviews with stakeholders conducting various data collection exercises showed that **adults and children PwDs** (including EO survivors) **were very scarcely considered in assessments initiatives and in beneficiary reporting**, which **prevents informing HNO/HRP processes** and targeting specifically vulnerabilities linked to disability.

OCHA: OCHA, at global level, is currently **working on draft guidelines to provide guidance on responsibilities linked to data collection and sharing**. The guidelines will offer a set of key actions, outputs, and tools for data responsibility at each step in the data management process, from collecting and storing to analysing and disseminating/sharing. The working draft of the guidelines is available online. They are expected to be validated in the course of 2019, and **will support efforts in data sharing, especially in sensitive sectors such as protection, MHPSS, GBV and Mine Action where data confidentiality is a must**[178].

The Office of the High Commissioner on Human Rights (OHCHR)/UNSMIL: From January to December 2018, **UNSMIL/OHCHR documented at least 196 civilian deaths and 369 injuries caused by gunfire, explosive remnants of war, airstrikes, shelling and improvised explosive devices**.[179] OHCHR has a **dedicated monitoring team** that documents civilian casualties of the conflict by triangulating various sources of information, including the media, health structures and local NGOs. Detailed disaggregated data on age, gender, location and cause of casualty could not be accessed during the research.

The Inter-Agency Standing Committee: **the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action** are expected to be validated at the UN Global Validation Workshop in April 2019. They will provide guidance to support stakeholders in implementing quality humanitarian programs that are inclusive and reinforce participation of PwDs. The guidelines especially highlight the need **to include PwDs in data collection at each stage of humanitarian programming and recommends using tools such as the Washington Group Short Set of Questions**[180] and the **UNICEF/Washington Group Child Functioning Module**[181] in **surveys and needs assessments**[182].

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[178]UNOCHA Data Responsibility Guidelines, Working Draft, 2019

[179] Human Rights Report on Civilian Casualties, OHCHR/UNSMIL Jan-Dec 2018

[180] Washington Group on Disability statistics- Short set of Disability Questions

[181] Washington Group on Disability statistics- Child Functioning Module

[182] Inter-Agency Standing Committee-IASC Task Team on Inclusion of Persons with Disabilities, learning toolkit, 2019. The draft of guidelines was shared with the consultant by UNMAS Libya Program Team

Focus on: REACH

REACH is a joint initiative of IMPACT, its sister-organisation ACTED, and the United Nations Operational Satellite Applications Programme (UNOSAT). In 2016, REACH, in partnership with UNHCR, ***conducted an IDP Protection Monitoring Assessment using the Washington Group approach*** *to inform prevalence of disabilities/special needs IDP communities*[183]*. Every year, REACH is implementing a Mutli-Sectoral Needs Assessment that supports the humanitarian community in decision-making and planning. The MSNA team* ***consults with each sector*** *through the sector working groups to* ***define the most adapted and useful indicators****. In* ***2018****, the MSNA* ***surveyed 5,352 households across 20 Libyan Mantikas****, with a set of approximately* ***140 indicators***[184] *including* ***six indicators related to Mine Action*** *and* ***five indicators related to disability****. REACH relies on a* ***wide network of local partners and surveyors*** *to implement its assessment. It could be* ***considered as a valuable partner to conduct specific assessments*** *to understand better unmet needs of survivors and PwDs and barriers in access to services in IDP and host communities.*

[183] IDP Protection Assessment, REACH/UNHCR, 2016, p.35
[184] Interview of REACH MSNA focal point (List of interviewees in Annex 1)

Data Collection: Key points

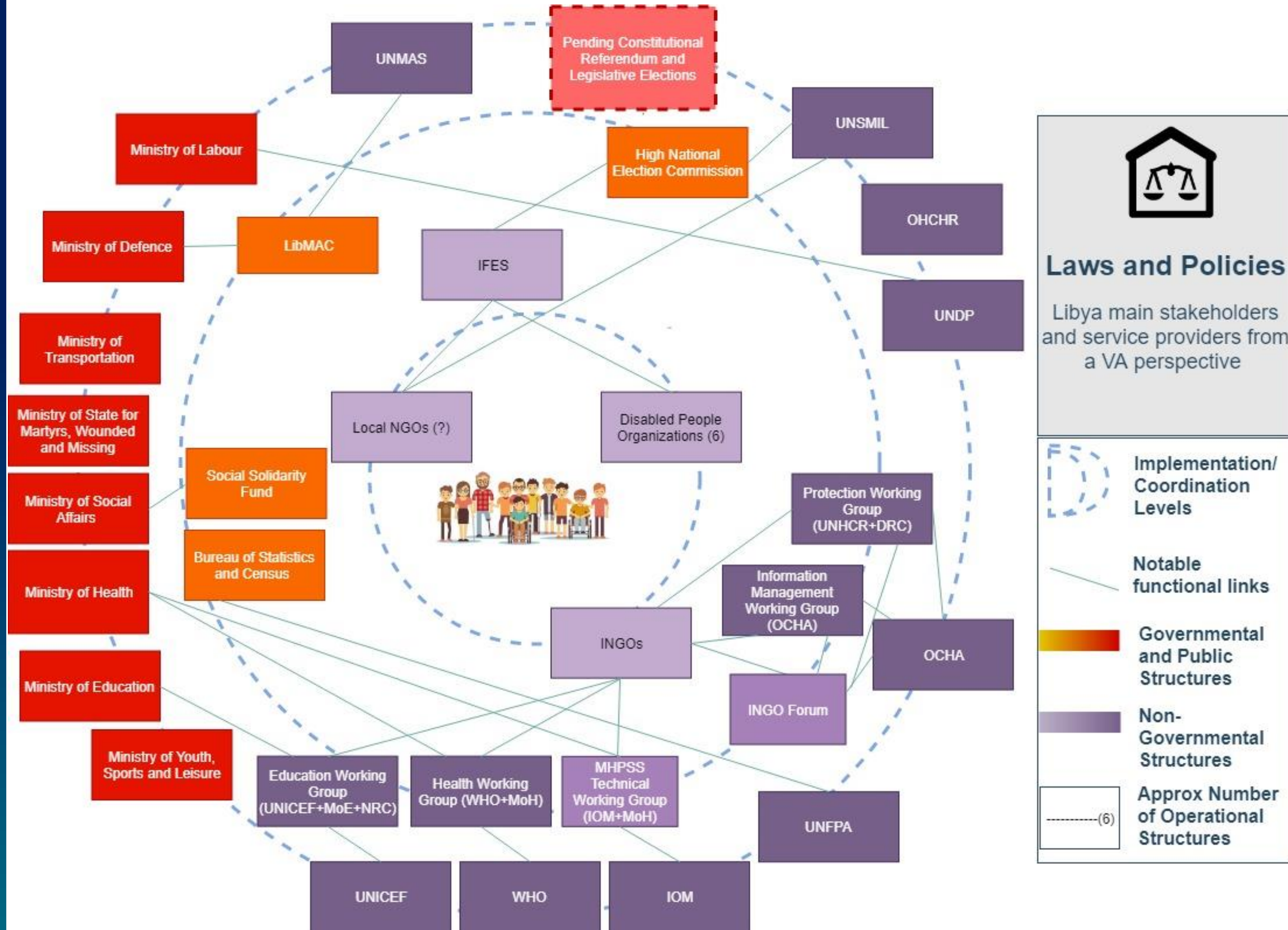
Suggested interventions:

- *Coordinate with MoH and MoSA through Memoranda of Agreement to collect data on casualties and populate IMSMA database*
- *Follow-up WHO and MoH implementation of the District Health Information System (DHIS) to collect data disaggregated on Persons with injuries and Persons with Disabilities*
- *Sensitize Mine Action stakeholders on the need to collect casualty data*
- *Monitor the inclusion of casualty data collection in RE and NTS activities implemented by Mine Action stakeholders*
- *Enhance quality assurance and data analysis for casualty data collection*
- *Develop specific assessments to identify better unmet needs and barriers in access to services for survivors and PwDs*
- *Develop standard data-sharing and data-protection guidelines, based on OCHA future guidelines in data collection and protection, to support coordination in data collection and analysis between Mine Action actors and other stakeholders*
- *Support the inclusion of VA indicators within MSNA Mine Action indicators, especially on the number of people injured/killed by explosive ordnance, type of disability and unmet basic needs of EO survivors and PwDs*
- *Advocate for Washington Group sets of questions to be included in IMSMA Victim Forms, MSNA and other assessment initiatives*
- *Advocate for data collection and assessment initiatives to be inclusive of PwDs and survivors, especially through the IMWG*
- *Advocate for Protection Working Group indicators and 4W to be inclusive of survivors, PwDs and VA activities*
- *Advocate for Libya Census to include Washington Group sets of questions, liaising with UNFPA*
- *Support the implementation of IASC Guidelines on Inclusion of Persons with Disabilities in the Mine Action sector*

- *Focal point for intervention at National level:* ***LibMAC, MoH, Ministry of Social Affairs (SSF), Bureau of Statistics and Census***
- *Focal point for intervention at Humanitarian Response level:* ***OCHA, UNHCR, REACH, UNMAS, UNICEF***
- *Coordination structure:* ***Information Management Working Group***
- *Relevant national partners for future interventions:* ***LibMAC***
- *Donors:* ***ECHO, UN Agencies, WHO, IOM, others***

CRPD: Art 31
SDGs: Goal 5, 10, 17 - All (cross-cutting)

Mapping: Laws and Policies



6. LAWS AND POLICIES

1. Situation Overview

Libya continues to suffer from the impact of a protracted political crisis, leading to the breakdown of rule of law and institutional legitimacy. This has created distinct **challenges for advocacy initiatives by OPDs**. The country is still divided between competing authorities. In July 2019, the **Constitutional Drafting Assembly voted to approve a draft Constitution** but **plans for a referendum are on hold**. From April to July 2018, UNSMIL and the Centre for Humanitarian Dialogue organised 75 meetings in Libya and internationally with "7,000 Libyans a quarter of whom were women. In addition to the consultation meetings, citizens also participated in the process via online platform, submitting over 1,700 completed questionnaires and 300 additional email contributions"[185]. The Libyan National Conference was planned to be held on 14-16 April 2019 to reach a political settlement on elections and a peace process. The LNA attack on Tripoli in early April 2019 led Ghassan Salamé, the Special Representative of the Secretary-General for Libya, to **postpone peace talks until the situation stabilizes**.

In this context, the **organization of activities involving Ministries and Institutions in the drafting of a VA National Plan seems premature**. References on VA National Processes are available in Annex 2 (List of References). The following analysis will mainly **focus on advocacy and coordination initiatives to include VA in broader disability plans, as well as on VA specific frameworks** to assist victims and **support the implementation of the CRPD**, ratified by Libya in February 2018. **Little information is available on stakeholders active in advocacy on the Rights of PwDs**. Further research shall be conducted in this regard.

Laws and Policies relates particularly to Art 4, 5, 12, 33, 34, 37 of the CRPD.
Interventions is Laws and Policies and advocacy contribute to Sustainable Development Goals (SDGs) n° 16, 17.

[185] The Libyan National Conference Process Report, November 2018, Centre for Humanitarian Dialogue, 2018, p.9

2. Stakeholder's Analysis

1. Governmental Stakeholders

Libyan Ministries: key stakeholders identified during the research are the **Ministry of Social Affairs and the Ministry of Health**. The Ministry of Social Affairs, through representatives from the Social Security Fund, has shown its interest and commitment in VA and was part of meeting and workshops organized by the LibMAC and UNMAS on the topic. The Ministry of Health was asked to participate in the same events but declined the invitations due to other commitments. It is, however, a central player in addressing the EO survivors and PwDs' need to access health, MHPSS, and rehabilitation services.

As seen above, other Ministries can play an important role, especially through their Department of Persons with Disabilities (Ministry of Education, Ministry of Youth, Sports and Leisure, Ministry of Labour, Ministry of Transportation).

Interviews and discussions held during the research showed that there was **little knowledge on VA among representatives of Libyan Institutions**, highlighting the need to raise awareness on the rights and needs of victim and PwDs among Ministries and other relevant stakeholders.

The Libyan Mine Action Centre (LibMAC): the LibMAC has shown **commitment in developing VA and initiating inter-ministerial and inter-sectoral discussions on VA**. In February 2019, the LibMAC Director, Col. Torjman participated in the 22nd International Meeting of Mine Action National Directors and United Nations Advisors, and made a presentation on the challenges of VA in Libya, stating that the LibMAC is committed to "coordinating efforts with relevant ministries, and national and international stakeholders to develop a VA plan, and advocate for VA to be more integrated in existing multi-sectoral initiatives"[186]. Supported by UNMAS, the LibMAC organized a VA Launch meeting in January 2019 and a VA workshop in March 2019. Representatives from Libyan Ministries (MoSA, MoE, Ministry of Youth, Sports and Leisure), UN Agencies, Libyan NGOs and OPDs gathered to **jointly develop a preliminary situation analysis on the needs of victims, identify existing resources and defining operational priorities that are reflected in this research**.

Its role in coordinating Humanitarian Mine Action positions the **LibMAC as the key focal point to support VA advocacy efforts and coordination with key Ministries**. The LibMAC's efforts could **focus on data collection on victims and victims' needs**, through casualty data collection and **implementation of specific assessments, allowing to raise awareness among Ministries on the right and needs of victims and PwDs**. With support from UNMAS or other likeminded stakeholders, the LibMAC could **continue to organize inter-ministerial and inter-sectoral fora on VA to lay the ground for a VA National Action Plan**. The International Day for Mine

[186]Mine Action National Director's Meeting presentation of Colonel Torjman, February 2019

Awareness and Assistance in Mine Action on 4 April, organized by the LibMAC in Tripoli, highlighted the importance of VA in Libya and **raised awareness among donors, national and international stakeholders to support VA initiatives**. Furthermore, the **LibMAC has recently developed a strong relationship with OPDs and civil society organizations** that can be considered for **future partnerships on VA**.

2. *Non-Governmental Stakeholders*

Sectoral Working Group: Sectoral Working Groups, especially in the Health, Education and Protection sectors are **platforms where VA topics can be discussed**. **The Health, Education Working Group** and **MHPSS Technical Working Group** are key for VA advocacy efforts at humanitarian coordination level as they are **co-chaired by Ministries that could be involved further in developing VA and including further PwDs in humanitarian assistance programs**. Working Groups could especially **ensure EO survivors and PwDs are considered in data collection initiatives**, **Working Group indicators 4Ws** and **future assessments planned**. HI is the only Mine Action organization operating in Libya and implementing projects focusing on PwDs and EO survivors. **Handicap International has a strong disability and VA technical capacity** and is part of most initiatives on VA and disability at global level. Its **advocacy work at country level** should be **supported further**.

UNMAS and UNICEF:
UNMAS is mandated to coordinate the Mine Action Area of Responsibility (MA AoR) in the United Nations system. In Libya, **UNMAS is coordinating Mine Action programmes** with the LibMAC and Humanitarian Mine Action Organizations. It is also **supporting the LibMAC through capacity building and technical expertise**. UNMAS is currently participating to the following Working Groups:

- Protection Working Group
- Information Management Working Group
- Access Working Group
- Communication Working Group (UNICEF)
- Gender Working Group (UNWOMEN/UNFPA)

UNMAS has a leading role in VA advocacy, especially "in support of international legal instruments related to landmines and ERW and the human rights of persons affected by them"[187].The **Strategic Outcome 2 of the UN Mine Action Strategy 2019-2023** prioritizes an "**integrated approach by advocating for, facilitating and supporting comprehensive and multi-sectoral national response**" to ensure "survivors, family members and communities

[187] United Nations Inter-Agency Policy on Mine Action and Effective Coordination, United Nations, 2005, p. 30

affected by explosive ordnance have equal access to health and education and participate fully in social and economic life"[188].

UNICEF is **co-leading several key Working Groups** that are relevant for VA at humanitarian level. According to the **United Nations Inter-Agency Policy on Mine Action** and effective coordination "**UNICEF is a strong advocate for the promotion of the rights of Persons with Disabilities, and the integration of victim assistance activities in public health, social services, education and other development programmes**" [189].

Further coordination of advocacy efforts between UNMAS and UNICEF, along with enhanced participation in the Health, Education and MHPSS working groups **could contribute to the development of VA initiatives across sectors**.

Office of the High Commissioner on Human Rights (OHCHR)/UNSMIL: part of the OHCHR)/UNSMIL mandate is to " promote the rule of law and monitoring and protect human rights, in accordance with Libya's international legal obligations, particularly those of women and people belonging to vulnerable groups, such as children, minorities and migrants" [190]. **The OHCHR reports regularly on the situation of Human Rights in Libya**[191]. This includes report on the **progress made by Libya on how the rights of PwDs** are being implemented. To date, **Libya has not presented its initial report to the CRPD**.

UNSMIL and UNDP: UNSMIL support to Human Rights advocacy, through the Human Rights, Transitional Justice and Rule of Law Division includes initiatives to "**strengthen the capacity of civil society groups in human rights monitoring and advocacy**, to tackle issues in Libyan society such as torture or discrimination, or to enable civil society to have input into the constitutional process".[192] In this framework, UNSMIL and UNDP, in partnership with organizations such as IFES (International Foundation for Electoral Systems), has developed **several partnerships with OPDs to strengthen their advocacy skills and support their advocacy initiatives**. As an example, these stakeholders contributed to the establishment of the **Electoral Access Working Group in 2012-2014**, composed of **members of OPDs and disability activists**, responsible for coordinating efforts to raise awareness about the rights of PwDs in Libya. The Working Group "has implemented **several ground-breaking projects in cities across Libya**, including assisting the HNEC (High National Election Commission) with establishing accessible polling stations; carrying out a nationwide awareness campaign, "Zaykum Zayna"; and advocating for disability rights through international treaties.[193]"

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[188] United Nations Mine Action Strategy 2019-2023, United Nations, 2019, p.15
[189] Inter-Agency Policy on Mine Action and Effective Coordination, United Nations, 2005, p. 37
[190] OHCHR/UNSMIL, Libya Programme
[191] Situation of human rights in Libya, Report of the United Nations High Commissioner for Human Rights to the UN General Assembly, 4 February 2019;
[192] Situation of human rights in Libya, Report of the United Nations High Commissioner for Human Rights to the UN General Assembly, 4 February 2019;
[193] IFES in the Middle East and North Africa, Activity Report, IFES, 2011, p.2

Organizations of Persons with Disabilities: The Libyan Forum for Persons with Disabilities, supported by IFES, was gathering OPDs from across the country until 2014. Its role was to introduce international laws pertaining to accessibility and implementation mechanisms as well as working on an electoral law that would guarantee the right of participation for PwDs and be presented to the HNEC. No further information about the organisations' activity in the country could be found online, but the interview with Zaykom Zayna, an OPD that was part of the project, showed that this initiative was successful. **Advocacy of OPDs is still dynamic** although main activities are conducted from a less formal network than the Libyan Forum for PwDs, gathering **nine main organizations**[194]. According to Zaykom Zayna representatives, **OPDs played a key role in advocating for the ratification of the CRPD in 2018**, 10 years after its signature. **Six OPDs also contributed to the Libyan Constitutional Draft**, writing Article 60 on Rights of Persons with Disabilities, and working along with the constitutional panel to amend articles (access to education, electoral requirements…) that were considered as discriminative.

Focus on: Zaykom Zayna

*Zaykom Zayna is an **active OPD since 2012** in the field of **advocacy and awareness-raising for the Rights of PwDs**. Supported by IFES, and by Handicap International in 2013, it benefitted from **enhanced capacity development in advocacy on the national and international legal frameworks, disability rights monitoring and participated in several networking opportunities** with OPDs from Algeria, Morocco and Tunisia. With IFES and the HNEC, Zaykom Zayna participated in a project targeting **1,700 centres for elections in public schools**, ensuring that **10%** of these centres were **accessible for PwDs**, setting requirements for accessibility, especially for Persons with physical disability and visual impairment. Its members are **strong advocates for PwDs to take part in the political transitional process** and ensure **Libyan institutions and laws will be inclusive of PwDs**. Zaykom Zayna highlighted the needs to advocate for the alignment of the National Laws (especially Law n°5 of 1987) with the principle on CRPD and "transform its charity approach into a right-based approach"[195]. This **OPD has shown commitment and interest for VA** and participated in the two events organized by UNMAS and the LibMAC. It could be **considered for future partnerships** to **promote the implementation of the CRPD and ensure VA initiatives are part of broader disability dynamics and advocacy initiatives.***

[194] Interview with Zaykum Zayna representative (List of interviewees in Annex 1)
[195] Interview with Zaykum Zayna representative (List of interviewees in Annex 1)

Laws and Policies: Key points

Suggested interventions:

- *Advocate for the inclusion of VA and Disability in Health, Protection and Education Working Groups, MHPSS Technical Working Group and inter-sector programming*
- *Raise awareness among Mine Action organizations, key Ministries and cluster leads in VA and disability frameworks, rights and needs of victims and PwDs and the importance of inclusivity*
- *Build advocacy capacity of the LibMAC and support its coordination initiatives with key ministries*
- *Strengthen casualty data collection of Mine Action stakeholders to inform advocacy initiatives*
- *Relay messaging provided by OHCHR to institutions about their obligations to PwDs and the importance of inclusivity*
- *Support the organization of fora, workshops, and discussions dedicated to VA and disability, including the active participation of OPDs and EO survivors*
- *Support capacity development initiatives of OPDs in VA advocacy, and knowledge of national and international legal frameworks*
- *Further assess OPDs active in the field of advocacy to support future partnership initiatives*
- *Advocate for fund-raising on VA and Disability and inform donors on the need to develop a VA integrated approach that benefit both PwDs and victims*

- *Focal point for intervention at National level:* ***Ministry of Social Affairs, Ministry of Education, Ministry of Health and others, LibMAC***
- *Focal point for intervention at Humanitarian Response level:* ***UNHCR, UNICEF, UNMAS, UNSMIL***
- *Coordination structure:* ***Protection Working Group, Education Working Group, MHPSS Technical Working Group, Child Protection Working Group, Health Working Group***
- *Relevant national partners for future interventions:* ***LibMAC, Zaykom Zayna and OPDs***
- *Relevant international partners for future interventions:* ***UNICEF, HI, OHCHR/UNSMIL***
- *Donors:* ***UNSMIL, UNDP, others***

CRPD: Art 4, 5, 12, 33, 34, 37
SDGs: Goal 16, 17

V. RECOMMENDATIONS

As in many countries affected by explosive ordnance, **VA is an underfunded component in Libya that requires further development and capacity development**. The **knowledge on VA of Mine Action actors needs to be strengthened** and **resources allocated** to develop further VA interventions. The adoption of VA IMAS in the near future shall:

- Provide guidance on VA projects,
- Provide clarity to the Mine Action community to identify better roles and responsibilities in the provision of VA
- Enhance multi-stakeholder and inter-sectoral coordination efforts in order to ensure victims are included in broader disability initiatives.

EO survivors, victims and OPDs shall take an active part in designing, implementing and evaluating VA projects to ensure the pertinence and relevance of actions taken.

Following the analysis made in this research, it is recommended that **priority in specific VA efforts** undertaken by the mine action community should be given to:

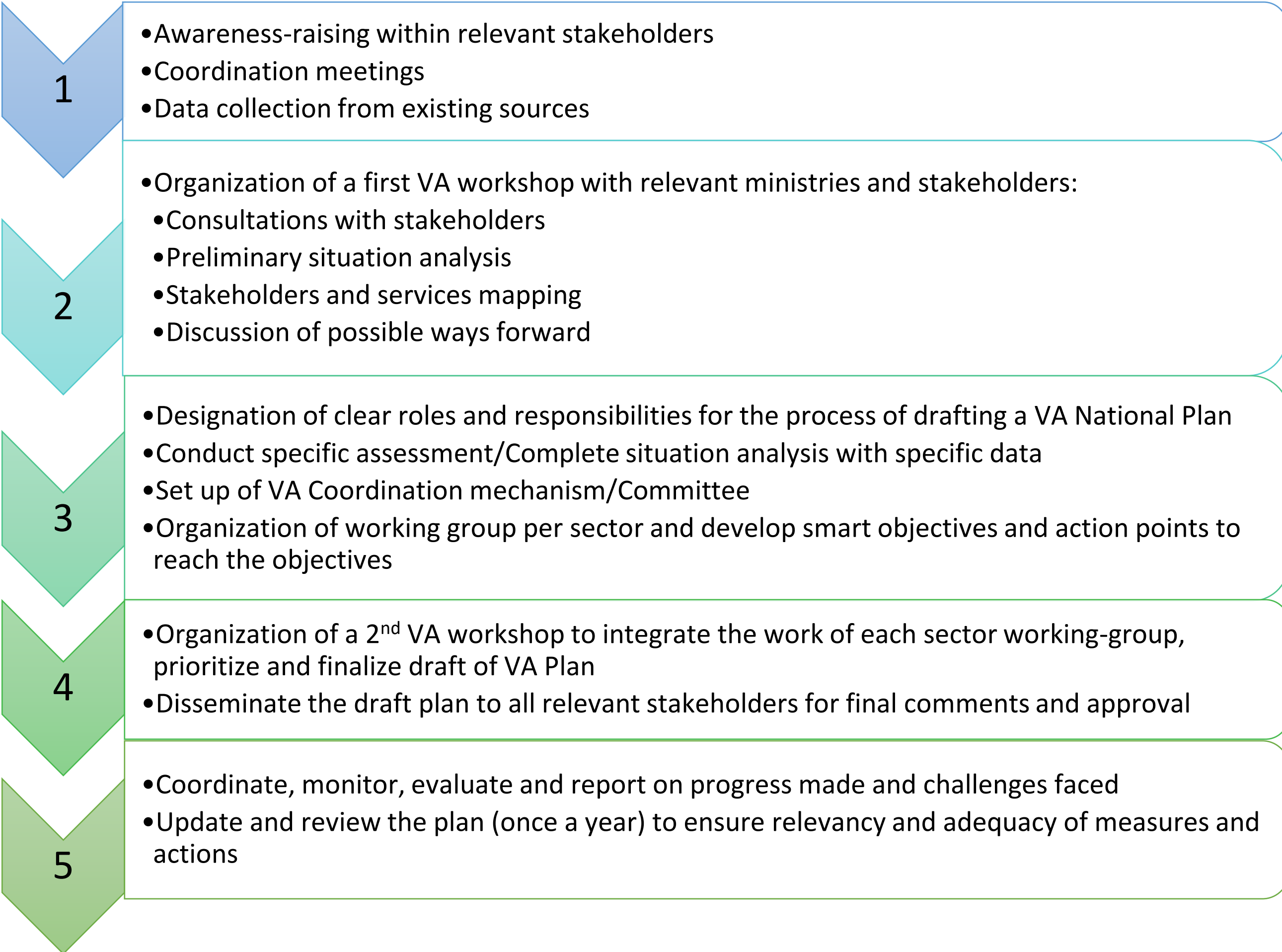
1) **Bridging gaps in IMSMA casualty data collection**
2) **Bridging gaps in data collection** on the needs of victims and PwDs
3) **Bridging gaps in access to life-saving services and assistance** for victims and PwDs
4) **Strengthening capacity of Mine Action actors in VA** and referral of explosive ordnance victims
5) **Enhancing advocacy efforts to obtain or provide VA earmarked funding**
6) **Continuing coordination and advocacy efforts with key Libyan ministries and international humanitarian action actors** to facilitate and monitor a multi-sector response for survivors and indirect victims

The **implementation of the following recommendations should be followed up and monitored through specific tools**, such as activity monitoring plan, of the recommendations chosen. **Annex 3** ("Recommendations for Libya and Monitoring of Progress Indicators") is **providing guidance to Mine Action Stakeholders** to **monitor each recommendation** and **orient the contents of their funding requests**. The **progress** made on support to VA shall be **discussed** on a monthly or bi-monthly basis **in the Implementing Partners'** meeting organized by the LibMAC and UNMAS.

The launch of a **Victim Assistance National Plan** may be **premature** given the lack of political stability and clear role and responsibility within National Institutions. However, **coordination and advocacy efforts can be pursued following existing guidance on national plan processes,**

available in Annex 2 (List of References). According to studies made by Handicap International/ Humanity and Inclusion[196], the process to develop a VA National plan involves the following steps[197]:

Flowchart presenting a 5-steps process to develop VA National plans



The **VA workshop** organized by the LibMAC in coordination with UNMAS in **March 2019** would be part of the **step 2** of the process towards a VA National plan. Progressing further would involve a high level of coordination with Libyan key Ministry representatives, including the Ministry of Health and the Ministry of Social Affairs.

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[196] Recommendations for National Plans on Victim Assistance, 2011-2015, Handicap International, 2015; Factsheets: How to implement Victim Assistance obligations, Handicap International, 2013 – Factsheet n°11 National Action Plans and Coordination; An integrated approach to Victim Assistance in Cambodia, and the role of Australia as supporting State, Humanity and Inclusion, November 2018.

[197] Flowchart based on the 10 steps towards Victim Assistance cited in Factsheets: How to implement Victim Assistance obligations, Handicap International, 2013 – Factsheet n°11 National Action Plans and Coordination, p.2

1. Bridging gaps in IMSMA casualty data collection

IMSMA casualty data collection efforts must be strengthened so as to enhance and support not only VA programming, but also prioritization of RE, explosive ordnance clearance and survey activities towards the communities most affected by contamination. This involves the following **recommendations**:

- **R1.1: Encourage, facilitate, and monitor field casualty data collection**, especially during RE and NTS operations. It implies **training RE and NTS teams in accurate data collection through Accident and Victim Forms** and **sensitizing team leaders** on the need to enhance casualty data collection efforts.

- **R1.2: Enhance QA and data analysis on Accident and Victim forms** in order to inform future VA programming and support advocacy efforts

- **R1.3: Customize IMSMA Victim Reports used in Libya**, so that the data collection process is rendered more user-friendly, allows **quantitative analysis** (including multi-answer options) and includes **core data sets** that are central for VA programming:
    - **Gender and age of the victim at time of accident**
    - **Place of Accident** (Mantika and Baladia)
    - **Direct victim/indirect victim**
    - **Survival outcome** (killed/injured)
    - In the event the victim is a **survivor**: **impairment resulting from accident**
    - In the event the victim is a **survivor**: **disability situation, using the Washington Group Short set of 6 questions**[198]
    - **First referral organization** (to ensure follow-up and monitoring)

- **R1.4: Link casualty data collection** (identification of victim) **with referral** of victims to a first organization of referral, depending on their needs. This point will be detailed below in “4. Strengthening capacity of Mine Action actors in VA”

- **R1.5: Ensure a data protection and data sharing policy is in place** to preserve victim’s anonymity

- **R1.6: Liaise with relevant actors**, such as the Ministry of Health (MoH), Ministry of Social Affairs (MoSA)/Social Solidarity Fund (SSF), and Organization of PwDs to **share data on casualties and import them on IMSMA core** (process detailed below), while ensuring the confidentiality of victims.

[198] Washington Group on Disability statistics- Short set of Disability Questions

The **launching of IMSMA core**, with the technical support of **GIHCD**, creates an **opportunity and momentum for the redesign of the IMSMA casualty data collection system**. Indeed, the review of the data collection IMSMA forms will allow the LibMAC and Mine Action stakeholders to **re-visit the Victim form questionnaire**, into a **cascading set of questions**. Those forms will be accessible offline and online on mobile data collection tools and **facilitate data entry**[199]. IMSMA core also offers the possibility to **import other data sets** (for example, data provided by the MoH on people injured by explosive ordnance, or SSF data on its EO beneficiaries supported financially) into a dashboard, that opens possibilities for data-sharing. IMSMA core will also **support data analysis and data-visualization** efforts to strengthen advocacy and inter-sectoral coordination.

By enacting those changes in casualty data collection, the **LibMAC** and Mine Action Stakeholders could be **seen as pioneers in VA**, especially by **including the Washington Group short set of questions on disability** in its victim data collection forms.

2. Bridging Gaps in Data Collection on the Needs of Victims and PwDs

The research showed that there is a **gap in data collection on the needs of victims and PwDs**. **Strengthening data collection efforts**, and **coordinating them** with relevant stakeholders, such as Mine Action organisations, Ministry of Health, Ministry of Social Affairs and Organizations of PwDs (OPDs) is of **central importance** to help **ensure accurate programming** and **inclusion of victims in broader interventions for support to PwDs**. This involves the following **recommendations**:

- **R2.1: Ensure mine action surveys** (Knowledge, Attitudes and Practices (KAP) surveys, Landmine Impact Surveys, baseline and endline surveys, NTS, TS…), **systematically include in their questionnaires information on victims**

- **R2.2: Conduct specific needs assessments of EO survivors and other PwDs** to enhance planning and programming, with a particular **focus on affected communities**

- **R2.3: Collect data/support data collection initiatives on existing services**, mapping of services and contribute to the development and dissemination of a **directory of services for EO survivors and PwDs**

[199] Interview with UNMAS IM Manager; Interview with GICHD Advisor in Information Management (List of interviewees in Annex 1)

- **R2.4: Clearly identify gaps in services for survivors and PwDs through specific assessment efforts**, liaising with the health, rehabilitation, and MHPSS sectors especially in **emergency medical care, physical rehabilitation, psychological and PSS.**

- **R2.5: Ensure coherence across data collection systems by defining minimum VA data requirements**, thus avoiding duplication of efforts and the availability of **coherent and comparable data sets**

- **R2.6:** Develop and implement a mechanism to **collect data on EO victims and other PwDs not normally reached through data collection efforts**, for example, in **remote areas or communities affected by conflicts**, through **training community focal points at Baladia or primary health structures levels**

- **R2.7: Advocate for the set-up of an injury surveillance system** in the health sector, as **part of the District Health Information System (DHIS)** and liaise with Ministry of Health and Health Working Group to ensure relevant information is shared with Mine Action stakeholders

- **R2.8: Advocate for further coordination and data sharing with the Social Solidarity Fund** to identify the survivors that are currently being supported, and understand better their needs, while ensuring the confidentiality of victims

3. Bridging Gaps in Access to Life-Saving Services and Assistance for Victims and PwDs

Access to life-saving emergency medical care, acute trauma care, and comprehensive rehabilitation services is a priority for EO survivors. Through the set-up of specific partnerships, for example with the LRC, coordination with the Ministry of Health, the LibMAC and Mine Action stakeholders could contribute to **bridging gaps in access to life-saving services and assistance for EO survivors and PwDs**. This involves the following **recommendations**:

- **R3.1: Identify areas where emergency case management system should be reinforced** and **coordinate with the health sector to bridge this gap**

- **R3.2: Rescue people injured by explosive ordnance especially in remote and conflict areas**, by **training community focal points/LRC volunteers** in **emergency first aid in contaminated areas**. This could be done through trainings provided by EOD medic and paramedic teams from Mine Action stakeholders

- **R3.3: Facilitate access to, or provide emergency medical transport** (for example, during NTS/TS/clearance operations, in case of an accident) **of people injured by explosive ordnance**

- **R3.4: Identify victims who lack information** on the needed health, rehabilitation, PSS services and **orient them to available services** through the **distribution of a directory of services or information materials**

- **R3.5: Liaise with the SSF to ensure survivors and PwDs newly identified** as beneficiaries of government pensions **receive appropriate referral to complementary services** and are **informed about available services** in their areas of residence, through the distribution of a **directory of services by SSF**. This would involve **training of SSF members on referral and use of directory of services**

- **R3.6**: **Share data on EO casualties and survivors with health, rehabilitation and PSS service providers** to facilitate the provision of services in identified areas and **identify gaps in provision of services**, while ensuring the confidentiality of victims

- **R3.7**: **Advocate to bridge gaps in rehabilitation and PSS services** by coordinating with rehabilitation and MHPSS stakeholders and **ensuring victims and PwDs are included in data collection and monitoring tools**

- **R3.8: Advocate to ensure humanitarian response includes EO victims and PwDs** and that their access to protection, shelter, cash, education programs is provided **on an equal basis as other vulnerable people**

- **R3.9: Advocate for the set-up of an inter-stakeholder's referral form**, by coordinating with health, MHPSS and rehabilitation stakeholders to ensure victims and PwDs are included in broader interventions

4. Develop capacity of Mine Action actors in VA

Globally, **Mine Action stakeholder's capacity and knowledge on VA needs to be developed**. However, **VA contributes to other Mine Action activities by supporting prioritization and helping ensure community's acceptance and access to conflict areas.** Interviews showed that Mine Action implementing partners had little understanding of what VA encompasses and how current activities could be slightly adapted to ensure that more support is provided to victims, without over-burdening current operational teams. This involves the following **recommendations**:

- **R4.1: Review LibMAS in accordance with the new VA IMAS** and disseminate LibMAS to all Mine Action stakeholders

- **R4.2: Strengthen the capacity of the LibMAC VA and MRE department** in line with a workplan to enhance engagement in VA

- **R4.3: Ensure implementing partners' operational teams are sensitized on the need to collect IMSMA casualty data and trained on Victim forms and Accident forms** once those will be reviewed

- **R4.4: Develop a referral form and a referral system** to provide clear guidance to Mine Action stakeholders and orient victims to the needed services

- **R4.5: Build capacity of operational teams to identify and refer EO victims** to the needed services by developing a referral system between Mine Action stakeholders and external actors

- **R4.6: Train multi-task RE/VA teams**, whose role will be to identify victims, undergo a preliminary personal assessment, and refer victims to a first referral organization depending on their needs and availability of services in the area. The first referral shall be recorded in the IMSMA victim form so as to ensure monitoring and follow-up

- **R4.7: Ensure VA is systematically discussed during implementing partners (IP) meetings** through a dedicated point of discussion that includes monitoring the progress made on VA based on the recommendations shared in this position paper

- **R4.8: Build capacity of Mine Action stakeholders to advocate for the inclusion of EO victims and PwDs** in current humanitarian response in Libya

- **R4.9: Formulate a VA and Mine Action workplan that will enable a future VA Plan/Strategy for Libya** and **disseminate it among relevant Libyan Ministries and Donors**

- **R4.10: Develop a National Mine Action Strategy** that would include **clear strategic objectives on VA for Mine Action stakeholders** and disseminate the document among relevant stakeholders

5. Enhancing Advocacy Efforts to Obtain or Provide VA Earmarked Funding

Donor States, UN Agencies, and other development actors may be in a position to contribute to VA efforts in order to support Libya in achieving SDGs, support Mine Action in line with

the UN Mine Action Strategy 2019-2023, and with their international obligations. **Libya**, as a State affected by explosive ordnance contamination **should also ensure specific resources are allocated to support EO victims, and to include them in broader efforts**. This involves the following **recommendations**:

- **R5.1: Identify gaps in resources and services available** for survivors and PwDs to **inform targeted funding and resource allocation requests**

- **R5.2:** Ensure **accurate data collection** efforts **support advocacy efforts towards donors**

- **R5.3: Support projects in the Mine Action Portfolio that have a pertinent VA component**

- **R5.4: Advocate and support Mine Action stakeholders to include VA in their funding requests**

- **R5.5: Advocate for VA earmarked funds as part of HMA budgets or other humanitarian assistance budgets**

- **R5.6: Advocate towards non-mine action donors to fund initiatives that strengthen the capacity of health, rehabilitation, MHPSS and socio-economic inclusion service providers** to respond to the needs of victims and PwDs

- **R5.7: Organize a seminar with donors, UN Agencies, and other humanitarian actors to share the information/findings from this research**; **raise awareness on VA needs**; and to present the workplan for the near-term activities that will support a future Action Plan

- **R5.8: Advocate for the allocation of national and international resources to enhance the capacity of the LibMAC** to support the implementation of the recommendations of this research; and to define and monitor action plans for EO victims

6. Coordinating and Advocating for Multi-Stakeholder and Inter-Sectoral Response

The formulation and implementation of a **National Action Plan on VA or a National Strategy** requires enough **institutional stability and clarity on the roles and responsibilities of key Libyan Ministries**. It also requires that **resources in the State budgets are allocated to each sector for the implementation and monitoring of progress**. In the present context, it may be

premature to deploy ambitious coordination efforts towards the formulation of a National Action Plan. However, during the transitional process, the **LibMAC and Mine Action stakeholders can continue strengthening and developing relationships, especially with the Ministry of Health and Ministry of Social Affairs**, and **facilitating platforms and workshops for discussions** and the definition of **joint operational framework** so as to address victim's and PwDs' needs. This involves the following **recommendations**:

- **R6.1 Organize multi-stakeholders and inter-ministerial workshops, involving EO survivors and Organizations of PwDs**, dedicated at including victims and survivors in broader initiatives and developing specific interventions for victims and survivors. This may include the definition of sectoral SMART (Specific, Measurable, Achievable, Relevant, Time-bound) objectives that will integrate the rights and needs of EO victims into existing frameworks

- **R6.2: Collaborate with the Ministry of Health and Ministry of Social Affairs through Memoranda of Understanding** to **support data collection efforts** mentioned above and **share data** relevant to victims and PwDs in order to inform programming, while ensuring the confidentiality of EO victims

- **R6.3: Facilitate the dissemination of data related to the needs of EO survivors and PwDs** especially in access to and provision of adequate, affordable and accessible services

- **R6.4**: **Continue to raise awareness on international international VA frameworks and on the Rights and needs of victims and PwDs among key Ministries** and **other relevant stakeholders**, by developing **information materials** and **involving victims in awareness raising activities**, including in the celebrations on the International Day for Mine Awareness and Assistance in Mine Action (4 April) and the International Day of Persons with Disabilities (3 December)

- **R6.5: Facilitate/support** the development and implementation of a programme to **train survivors, other PwDs and indirect victims to advocate for Victim Assistance and Disability**

- **R6.6: Advocate for the designation of a focal point on VA within relevant Ministries**

- **R6.7: Advocate for the inclusion of EO victim and PwDs in humanitarian action**

- **R6.8: Develop inter-sectoral initiatives**, **as recommended**, for each area of intervention in the **Chapter IV** of this document, with a **focus on emergency and ongoing medical care, rehabilitation and PSS**

It is important to note that, as shown in the Victim Assistance Report for Syria[200] that: "**data on VA services provided shall be considered as a cross-cutting indicator of the inclusion of EO victims in the humanitarian assistance for multi-sectoral response programs**". Hence, "a person benefiting from physical rehabilitation sessions can be reported both in Health 4W and Mine Action VA [indicators]" [201].

Indeed, **Mine Action VA indicators underline the humanitarian response to EO affected communities**, provided by stakeholders reporting to the LibMAC. Therefore, **Mine Action International Organizations and UNMAS reporting to the Humanitarian Protection Sector 4Ws, can also report the same beneficiaries or services to other humanitarian sectors: Health/MHPSS, Education, Cash, etc**. As an example, Mine Action stakeholders can report XX number of EO survivors identified and referred to and/or provided with health services under the Protection Working Group 4Ws. At the same time, they can report on the same number of EO survivors beneficiaries that have received referral and/or direct health services under the Health Sector 4Ws.

Mine Action Stakeholders in Libya could support and contribute to the creation of a Disability and Victim Assistance Sub-Working Group, in order to ensure a coordination instance between National and International exists on these topics. The Working Group could be under the umbrella of the Protection Working Group, or the Health Working Group and **develop coordination efforts to comply with the UN Disability Inclusion Strategy (UNDIS), the IASC Guidelines on Inclusion of People with Disabilities in Humanitarian Action, and the UN Policy on VA**. A Disability and VA Working Group should involve key Libyan Ministries (MoH, MoSA), the LibMAC, Organizations of People with Disabilities, Libyan CSOs, Mine Action Stakeholders and representatives of other key sectors of humanitarian action, especially the Protection Working Group, Health Working Group, the MHPSS Technical Working Group, and the Education Working Group.

This position paper expresses solely the opinions of the author and does not necessarily reflect the views of the United Nations, the United Nations Mine Action Service and/or the Libyan Mine Action Centre.

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[200] Victim Assistance Report, UNMAS Syria, Annex 2, VA 4W Guidelines MA AoR, p.5
[201] Victim Assistance Report, UNMAS Syria, Annex 2, VA 4W Guidelines MA AoR, p.5

ANNEXES

1. ANNEX 1: LIST OF INTERVIEWEES AND PARTICIPANTS IN VA EVENTS

Below is a list of people interviewed and/or met for informal discussions during the research, as well as participants to VA events that contributed discussions and group work on VA, reflected in the position paper.

List of people interviewed and met during the research:

Organizations	Contact Person	Position	Email
DDG	Darren Devlin	PM	ddg.pm@drc-libya.org
OHRCH/UNSMIL	Samia Ishag	Human Rights monitoring team	ishags@un.org
UNHCR	Yassin Abbas	Protection Sector Coordinator	abbasy@unhcr.org
UNICEF	Daniel Baro	Consultant on Monitoring and Reporting mechanisms	danielabaro@yahoo.co.uk
UNICEF	Khaled Khaled	Child Protection Chief	kkhaled@unicef.org
UNICEF	Paola Franchi	Child protection Working Group Coordinator	pfranchi@unicef.org
INGO Forum	Théophile Renard	Coordinator	coordinator@ingoforumlibya.org
ICRC	Bart de Poorter	Health Coordinator	bdepoorter@icrc.org
OCHA	Carlos Abbas	Deputy Head of Office	gehac@un.org
OCHA	Omar Al Daher	Coordinator of IM working Group	aldaher@un.org
WHO	Hussein Y. Hassan	Emergency Team Lead/Health Sector Coordinator	hassenh@who.int
WHO	Haroon-ur-Rashid	Consultant-Health Information system	hrashid@who.int
UNFPA	Ken Otieno	GBV Sub-Sector Coordinator	otieno@unfpa.org
IOM	Tassilo Teppert	Programme Coordinator DTM	tteppert@iom.int
IOM	Ibrahim Abou Khalil	MHPSS Working Group Coordinator	iaboukhalil@iom.int
HI	Cat Smith	Head of Mission	hom@hi-libya.org
HI	Elke Hottentot	Victim Assistance Global Advisor	e.hottentot@hi.org
REACH	James MOODY	MSNA Focal Point	james.moody@reach-initiative.org
Halo Trust	Liam Chivers	Head of Mission	liam.chivers@halotrust.org
CESVI	Cosimo Verrusio	Protection Coordinator	cosimoverrusio@cesvioverseas.org
Landmine Monitor	Jenny Rivers	Research Consultant	jenny@icblcmc.org
LibMAC	Khaled Alwadawi	Head of VA/MRE Department	mre@lmac.ly
LibMAC	Col Mohamed Al Torjman	Director	director@lmac.ly
Psychosocial Support Team	Khaled Hamidi	Head of Organization	khaledmhamidi@gmail.com
3F	Najwa Bounous	MRE coordinator	rjawashi@freefields.org

Social Solidarity Fund	Abdelkareem Heegazi	Department of Disabled Affairs	samsamo8877@gmail.com
Noor Association (OPD)	Hisham Harati	Head of Organization	-
Zaykom Zayna (OPD)	Basem Abuhmaeda	Head of Organization	basem.algarradhi@gmail.com
LRC	Khaled Alsawadiq	Volunteer/MRE	redcrescent.tripoli@gmail.com
IMC	Wael Elshibany	Program Manager	Welshibany@internationalmedicalcorps.org
IOPCD (OPD)	Mohamed Hassan/Mohamed Mustafa	Executive Director/Head of Organization	moh.cilini@gmail.com
UNMAS Syria	Henri Bonnin	VA short term consultant, Syria Program	HenriBO@unops.org
UNMAS Libya	Stephan Keller	Information Manager	stephank@unops.org
UNMAS Libya	Julie Myers Aurore Souris	Program Manager Program Officer	myerj@un.org aurores@unops.org
UNMAS Libya	Lance Malin	Head of Program	lancem@unops.org
UNMAS Libya	Samir Becirovic	Head of Humanitarian Mine Action	samirb@unops.org
UNMAS	Olivia Selbie	M&E Global Consultant	olivias@unops.org
GICHD	Suleiman Mukkahal	Information Management Advisor	s.mukahhal@gichd.org

Participants list in VA Launch Meeting on 30th January (co-organized by LibMAC and UNMAS)

Organizations	Contact Person	Position	Email
LibMAC	Col Mohamed Altorgman	Director	director@lmac.ly
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Zaykom Zayna	Abdelraouf SHANAB	Head of Media Department	abdelrauof.shanab@gmail.com
Ministry of Education (Benghazi)	Khaled ALRGGAS	International Affairs Department	elrggas@gmail.com

Participants list in VA Workshop on 11-12th March (co-organized by LibMAC and UNMAS)

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LibMAC	Mohamed Torjman	Director of LibMAC	director@lmac.gov.ly
LibMAC	Khaled Alwadawi	Head of MRE-VA Department	mre@lmac.gov.ly
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3F	Najwa Bounou	MRE Coordinator	rjawashi@freefields.org

IOPCD	Mohammed Hasan	Chief of Executive Director	Moh.cilini@gmail.com
IOPCD	Mohammed Mustafa	Head of Organization	Moh.cilini@gmail.com
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Psychosocial support team	Abdalmanum Esse Kankam	Psychosocial support team	akorkam@gmail.com
LRC	Ehab Zuhair Alnajh	Volunteer	Redcrescent.tripoli@gmail.com
LRC	Khaled Alsawadiq	Volunteer	Redcrescent.tripoli@gmail.com
UNICEF	Turkia Bensaoud	Program Officer	tbensaoud@unicef.org
WHO	Osama Fathi Sharif	Health System, Emergency Officer	sharifo@who.int
UNHCR	Hadil Drebi	IDP Protection Unit	drebi@unhcr.org

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Convention on Certain Convention Weapons (CCW) and Optional Protocols	https://www.gichd.org/topics/international-conventions/convention-on-certain-conventional-weapons-ccw/#.XOFJpcgzaM8
Convention on the Rights of Persons with Disabilities an Optional Protocols	https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf
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3. ANNEX 3: RECOMMENDATIONS FOR LIBYA AND MONITORING OF PROGRESS INDICATORS

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R1 Bridging gaps in IMSMA casualty data collection	R1 Progress Indicators	Priority level*	Complexity level**
•**R1.1:** Encourage, facilitate, and monitor field casualty data collection, especially during RE and NTS operations.	• XX victim and accident forms accurately filled monthly/yearly and entered in IMSMA database • Increase of XX% in number of victim and accidents forms filled between year1 and year2	1	1
•**R1.2:** Enhance QA and data analysis on Accident and Victim forms in order to inform future VA programming and support advocacy efforts	• Core data set is filled correctly and accurately within victim and accident form and reflected in IMSMA database • Data analysis including type of device, location of accident, age and gender of victim is produced at least every 2 months and disseminated among Mine Action Stakeholders and UN agencies • Data collected allows analysis of of patterns death and injury from mines, ERW and IEDs and survival rates	1	1
•**R1.3:** Customize IMSMA Victim Reports used in Libya, so that the data collection process is rendered more user-friendly, allows quantitative analysis (including multi-answer options) and includes core data sets that are central for VA programming	• IMSMA Victim Report and Accident Report are reviewed and include core data sets required for VA • IMSMA Victim Report includes the Washington Group Short Set of Questions	1	2
•**R1.4:** Link casualty data collection (identification of victim) with referral of victims to a first organization of referral, depending on their needs.	• Victim form includes an entry on "organization of referral" • XX identified survivors and/or victims have been referred to at least 1 referral organization following their identification • XX survivors/victims provided with information (directory of services, brochure..) on accessible and available services within their area of residence	2	2
•**R1.5**: Ensure a data protection and data sharing policy is in place to preserve victim's anonymity	• A data protection and data sharing policy is in place at LibMAC, UNMAS, and Mine Action Organization's level • A data protection and data sharing policy is in place for data sharing with other national and international stakeholders	2	2
•**R1.6:** Liaise with relevant actors, such as the Ministry of Health (MoH), Ministry of Social Affairs (MoSA)/Social Solidarity Fund (SSF), and Organization of PwDs to share data on casualties and import them on IMSMA core, while ensuring the confidentiality of the victims	• Data sets from external stakeholders are imported on IMSMA core • Data analysis on survivors and victims includes IMSMA database and other data sets	2	3

OVERALL INDICATORS :
- XX EO casualties, including survivors, newly identified
- XX victim reports completed and included in IMSMA database

Recommendations for Libya and Monitoring of Progress Indicators			
NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets * Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context. **Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding			
R2 Bridging Gaps in Data Collection on the Needs of Victims and PwDs	**R2 Progress Indicators**	**Priority level***	**Complexity level****
•**R2.1:** Ensure mine action surveys (Knowledge, Attitudes and Practices (KAP) surveys, Landmine Impact Surveys, baseline and endline surveys, NTS, TS...), systematically include victim information	• XX surveys and assessments conducted by Mine Action actors include in their data sets information about survivors and victims	1	1
•**R2.2:** Conduct specific needs assessments of EO survivors and other PwDs to enhance planning and programming, with a particular focus on affected communities	• XX assessments conducted on the needs of survivors and other PwDs by mine action and other stakeholders	1	2
•**R2.3:** Collect data/support data collection initiatives on existing services, mapping of services and contribute to the development and dissemination of a directory of services for survivors and PwDs	• Mapping initiatives are compiled within Directories of Services • XX Directory of Services are distributed to/shared with public services, local administration, civil society, survivors and PwDs	2	2
•**R2.4:** Clearly identify gaps in services for survivors and PwDs through specific assessment efforts, liaising with the health, rehabilitation, and MHPSS sectors especially in emergency medical care, physical rehabilitation, psychological and psychosocial support	• XX inter-sectoral and multi-stakeholders assessments identify gaps in provision of and access to services for survivors, victims and PwDs	3	3
•**R2.5:** Ensure coherence across data collection systems by defining minimum VA data requirements, thus avoiding duplication of efforts and the availability of coherent and comparable data sets	• Minimum VA core data set is defined by the LibMAC and shared with Mine Action stakeholders and humanitarian stakeholders • The data collected fills the minimum VA data requirements and allows comprehensive data analysis	2	3
•**R2.6:** Develop and implement a mechanism to collect data on EO victims and other PwDs not normally reached through data collection efforts, for example, in remote areas or communities affected by conflicts, through training community focal points at Baladia or primary health structures levels	• Data on EO survivors, victims and PwDs in remote areas is collected • XX community focal points from health structures, civil society, etc in remote areas are trained to collect data on EO victims and PwDs • Data collected in remote areas is included in IMSMA and shared regularly with relevant stakeholders to inform programming • Pertinent data is collected in affected areas while ensuring the confidentiality of victims	2	3
•**R2.7:** Advocate for the set-up of an injury surveillance system in the health sector, as part of the District Health Information System (DHIS) and liaise with Ministry of Health and Health cluster to ensure relevant information is shared with Mine Action stakeholders	• An injury surveillance system is in place as part of the DHIS • Information is shared by the health sector with Mine Action Stakeholders while ensuring the confidentiality of victims	3	3
•**R2.8:** Advocate for further coordination and data sharing with the Social Solidarity Fund to identify the survivors that are currently being supported, and understand better their needs, while ensuring the confidentiality of the victims	• SSF, the LibMAC and Mine action stakeholders are collaborating to identify needs and adress gaps in services for survivors • Pertinent data is shared by SSF while ensuring the confidentiality of victims	3	3
OVERALL INDICATORS : **- XX assessments/surveys focus/are partly dedicated to the needs of survivors, indirect victims and PwDs** **- Needs of EO survivors, indirect victims and PwDs are better identified and provide guidance for programming**			

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R3 Bridging Gaps in Access to Life-Saving Services and Assistance for Victims and PwDs	R3 Progress Indicators	Priority level*	Complexity level**
•**R3.1:** Identify areas where emergency case management system should be reinforced and coordinate with the health sector to bridge this gap	• Areas where emergency case management system should be reinforced are clearly identified • Mine Action and Health sector coordinate efforts to strenghtened emergency case management for EO accidents victims	1	2
•**R3.2:** Rescue people injured by explosive ordnance especially in remote and conflict areas, by training community focal points/LRC volunteers in emergency first aid in contaminated areas. This could be done through trainings provided by EOD medic and paramedic teams from Mine Action organizations	• XX CFP/LRC volunteers from contaminated/conflict areas trained in emergency first aid • XX CFP/LRC volunteers/public health facilities provided with emergency trauma kits • XX EO accident victims are rescued by teams trained in emergency first aid in contaminated areas	1	3
•**R3.3:** Facilitate access to, or provide emergency medical transport (for example, during NTS/TS/clearance operations, in case of an accident) of people injured by explosive ordnance	• Mine action stakeholders include emergency medical transport of EO victims in their SOPs	1	2
•**R3.4:** Identify victims who lack information on the needed health, rehabilitation, PSS services and orient them to available services through the distribution of a directory of services or information materials	• XX victims provided with information on available services and oriented to the needed service • XX victims, PwDs, local authorities are provided with a directory of services/information on available services	2	3
•**R3.5:** Liaise with the SSF to ensure survivors and PwDs newly identified as beneficiaries of government pensions receive appropriate referral to complementary services and are informed about available services in their areas of residence	• XX SSF staff trained on information and orientation to services for survivors, victims and PwDs • XX survivors, victims and PwDs oriented by the SSF to needed services through distribution of Directory of Services and/or counselling	2	3
•**R3.6**: Share data on EO casualties and survivors with health, rehabilitation and PSS service providers to facilitate the provision of services in identified areas and identify gaps in provision of services, while ensuring the confidentiality of victims	• Data on casualties is shared with service providers on a regular basis while ensuring the confidentiality of victims	1	1
•**R3.7**: Advocate to bridge gaps in rehabilitation and PSS services by coordinating with rehabilitation and MHPSS stakeholders and ensuring victims and PwDs are included in data collection and monitoring tools	• Disaggregated data on survivors, victims and PwDs data is collected by rehabilitation and MHPSS stakeholders • Mine action stakeholders participate regularly in MHPSS and Health working groups • Health and MHPSS programming are inclusive of survivors, victims and PwDs	1	2
•**R3.8:** Advocate to ensure humanitarian response includes EO victims and PwDs and that their access to protection, shelter, cash, education programs is provided on an equal basis as other vulnerable people	• Mine action stakeholders take effective participation in HNO and HRP processes to include victims and PwDs in humanitarian programming • Humanitarian sector programming and reporting include explicitely victims and PwDs for targeted activities	2	3
•**R3.9:** Advocate for the set-up of an inter-stakeholder's referral form, by coordinating with health, MHPSS and rehabilitation stakeholders to ensure victims and PwDs are included in broader interventions	• An inter-stakeholder/inter-agency referral form is developed with health and protection sectors	2	3

OVERALL INDICATORS:

- XX EO accident victims rescued by health/mine action stakeholders

- Critical gaps in access to life-saving services and assistance are assessed and disseminated

- XX EO survivors/indirect victims/PWDs referred to the needed services

- XX EO victims/PWDs/local authorities/community members provided with a directory of services/information on available services

- Mine Action (Protection), Health and MHPSS WG include victims and PwDs in 4Ws

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R4 Develop capacity of Mine Action actors in VA	R4 Progress Indicators	Priority level*	Complexity level**
•**R4.1:** Review LibMAS in accordance with the new VA IMAS and disseminate LibMAS to all Mine Action stakeholders	• LibMAS is updated based on the new VA IMAS • Reviewed LibMAS is disseminated and introduced to mine action actors during a dedicated meeting	2	1
•**R4.2:** Strengthen the capacity of the LibMAC VA and MRE department in line with a workplan to enhance engagement in VA	• LibMAC VA and MRE department benefit from dedicated VA training/workshops	1	2
•**R4.3:** Ensure implementing partners' operational teams are sensitized on the need to collect IMSMA casualty data and trained on Victim forms and Accident forms once those will be reviewed	• XX field team members/team leaders receive and hands-on training on Victim forms and Accident forms once those are reviewed and updated (R1.3) • The hands-on training on Victim forms and Accident forms include a session on methodologies and respecful communication with victims and PwDs	1	1
•**R4.4:** Develop a referral form and a referral system to provide clear guidance to Mine Action stakeholders and orient victims to the needed services	• A referral form exist and is used by Mine Action stakeholders during operations • XX victims oriented to services and properly recorded in referral forms that ensure confidentiality	1	1
•**R4.5:** Build capacity of operational teams to identify and refer victims to the needed services by developing a referral system between Mine Action stakeholders and external actors	• XX field team members/team leaders receive a hands-on training on referral and are able to orient victims to the needed services	2	2
•**R4.6:** Train multi-task RE/VA teams, whose role will be to identify victims, undergo a preliminary personal assessment, and refer victims to a first referral organization depending on their needs and availability of services in the area	• XX multi-task RE/VA teams trained	2	2
•**R4.7:** Ensure VA is systematically discussed during implementing partners (IP) meetings through a dedicated point of discussion that includes monitoring the progress made on VA based on the recommendations shared in this position paper	• XX% of IP meeting including a VA topic held during the year	1	1
•**R4.8:** Build capacity of Mine Action stakeholders to advocate for the inclusion of EO victims and PwDs in current humanitarian response in Libya	• XX Mine Action organization representatives are trained in basic advocacy skills for the inclusion of victims and PwDs in humanitarian response	2	2
•**R4.9:** Formulate a VA and Mine Action workplan that will enable a future VA Plan/Strategy for Libya and disseminate it among relevant Libyan Ministries and Donors	• A VA and Mine Action Workplan exist and is disseminated among Libyan Ministries and Donors	1	2
•**R4.10:** Develop a National Mine Action Strategy that would include clear strategic objectives on VA for Mine Action stakeholders and disseminate the document among relevant stakeholders	• A National Mine Action Strategy exists and includes clear VA strategic objectives • The National Mine Action Strategy is disseminated among relevant National and International stakeholders	2	2

OVERALL INDICATORS:

- XX survivors and indirect victims referred by Mine Action Stakeholders to the needed services

- XX Mine Action field teams receive a hands-on training on Victim Forms and Accident forms

- An intervention framework/workplan/strategy/intervention framework/position paper on VA is produced and disseminated among Mine Action Stakeholders, Humanitarian Stakeholders Libyan Ministries and Donors

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R5 Enhancing Advocacy Efforts to Obtain or Provide VA Earmarked Funding	R5 Progress Indicators	Priority level*	Complexity level**
•**R5.1:** Identify gaps in resources and services available for survivors and PwDs to inform targeted funding and resource allocation requests	• Funding and ressource requests are based on assessments and surveys identifying clearly gaps and intervention frameworks to bridge those gaps	1	2
•**R5.2:** Ensure accurate data collection efforts support advocacy efforts towards donors	• Data collection and data analysis are included in advocacy to Donors	1	1
•**R5.3:** Support projects in the Mine Action Portfolio that have a pertinent VA component	• XX projects supported in the Mine Action Portfolio have a VA component	1	1
•**R5.4:** Advocate and support Mine Action stakeholders to include VA in their funding requests	• XX projects submitted by Mine Action Stakeholders have a VA component	1	2
•**R5.5:** Advocate for VA earmarked funds as part of HMA budgets or other humanitarian assistance budgets	• XX % of HMA/humanitarian assistance budgets are dedicated to VA	1	2
•**R5.6:** Advocate towards non-mine action donors to fund initiatives that strengthen the capacity of health, rehabilitation, MHPSS and socio-economic inclusion service providers to respond to the needs of victims and PwDs	• XX non Mine Action Donors contacted and sensitized on the need to stregthen access to services for victims and PwDs	2	3
•**R5.7:** Organize a seminar with donors, UN Agencies, and other humanitarian actors to share the information/findings from this research; raise awareness on VA needs; and to present the workplan for the near-term activities that will support a future Action Plan	• A multi-stakeholder seminar including donors is organized on VA	2	2
•**R5.8:** Advocate for the allocation of national and international resources to enhance the capacity of the LibMAC to support the implementation of the recommendations of this research; and to define and monitor action plans EO victims	• Advocacy efforts towards Libyan national stakeholders and authorities are maintained and enhanced • XX meetings organized with Libyan national stakeholders held to support VA efforts	1	3

OVERALL INDICATORS:

- XX% of HMA budgets are dedicated to VA

- XX VA advocacy activities involving Donors, National and International stakeholders

Recommendations for Libya and Monitoring of Progress Indicators

NB: indicators shall be tailored based on activities and workplan agreed with the LibMAC and Mine Action stakeholders and include numerical targets

* Priority level classifies recommendations from high priority (1) to lower but yet necessary priority (3). Priority levels might be redefined by the LibMAC and Mine Action stakeholders depending on opportunities and context.

**Compared to a low complexity level (1), high complexity level (3) involves important coordination efforts with several external stakeholders and/or several prior actions to take, and/or prior capacity development activities and/or dedicated funding

R6 Coordinating and Advocating for Multi-Stakeholder and Inter-Sectoral Response	R6 Progress Indicators	Priority level*	Complexity level**
•**R6.1** Organize multi-stakeholders and inter-ministerial workshops, involving EO survivors and Organizations of PwDs, dedicated at including victims and survivors in broader initiatives and developing specific interventions for victims and survivors	• XX multi-stakeholders and inter-ministerial workshops/initiatives organized on VA involving survivors, victims and PwDs	1	1
•**R6.2:** Collaborate with the Ministry of Health and Ministry of Social Affairs through Memoranda of Understanding to support data collection efforts mentioned above and share data relevant to victims and PwDs in order to inform programming, while ensuring the confidentiality of EO victims	• Memoranda of Understanding between the LibMAC and/or UNMAS and/or Mine Action Stakeholders with MoH and/or MoSA exist and sets a framework for data collection and data sharing, while ensuring the confidentiality of victims	2	3
•**R6.3:** Facilitate the dissemination of data related to the needs of survivors and PwDs especially in access to and provision of adequate, affordable and accessible services	• Mine Action Stakeholders collect and disseminate data on the needs of survivors and PwDs through Working Groups, HNO/HRP processes and other relevant platforms	1	1
•**R6.4:** Continue to raise awareness on the VA framework and on the rights and needs of victims and PwDs among key Ministries and other relevant stakeholders, by developing information materials and involving victims in awareness raising activities, including in the celebrations on the International Day for Mine Awareness and Assistance in Mine Action (4 April) and the International Day of Persons with Disabilities (3 December)	• Specific information and communication materials to raise awareness on the rights and needs of victims and PwDs are created and disseminated to relevant stakeholders • XX information and communication materials produced and distributed	1	1
•**R6.5:** Facilitate/support the development and implementation of a programme to train survivors, other PwDs and indirect victims to advocate for Victim Assistance and Disability	• XX members of civil society organizations and other relevant organizations, including XX survivors, PWDs and indirect victims trained in advocacy on VA and Disability	2	3
•**R6.6:** Advocate for the designation of a focal point on VA within relevant Ministries	• Relevant Ministries nominate a VA focal point	3	3
•**R6.7:** Advocate for the inclusion of victim and PwDs in humanitarian action	• XX advocacy activities and/or actions taken by Mine Action stakeholders to include victims and PwDs in humanitarian action • Victims and PwDs are included in XX humanitarian programs as beneficiaries targeted by relevant activities	1	3
•**R6.6:** Develop inter-sectoral initiatives, as recommended, for each area of intervention in the Chapter IV of this document, with a focus on emergency and ongoing medical care, rehabilitation and PSS	• XX inter-sectoral initiatives in emergency and ongoing medical care, rehabilitation and PSS target specificly survivors, victims and PwDs or include them as part of broader categories of beneficiaries (providing disaggregated data on beneficiaries)	2	3

OVERALL INDICATORS:

-XX EO survivors and indirect victims are beneficiaries of humanitarian and/or National programs (by sector, age/gender/location and type of impairment disaggregated)

-XX PwDs are beneficiaries of humanitarian and/or National programs (by sector, age/gender/location and type of impairment disaggregated)

-XX survivors and indirect victims referred through multi-stakeholder and inter-sectoral referral mechanism

-Data on EO survivors and indirect victims is shared by National Authorities with the LibMAC, Mine Action Stakeholders and Humanitarian Stakeholders, while ensuring the confidentiality of victims