



**FINAL REPORT**  
**HUMANITARIAN PARTNERSHIP FORUM “SHARAKA”**  
**SEMIRAMIS INTERCONTINENTAL, CAIRO**  
**6 JUNE 2011**

**I. Introduction/Summary**

The Humanitarian Coordinator (HC) for Libya, Panos Moutziz, The Humanitarian Forum, and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) hosted a Round-table Meeting in Cairo, bringing together more than 35 Arab, Islamic and Western organizations involved in providing relief in Libya. Conducted in Arabic, the meeting was designed to strengthen partnerships (*Sharaka*), better coordinate the provision of aid and come up with results-orientated action plans.

The HC, Panos Moutziz, opened the workshop and emphasized that the primary purpose of the event was to **improve humanitarian coordination in order to deliver relief aid to all people in need in all of Libya**. He said it was important to "work hand-in-hand within the framework of a partnership in the field...to be more practical and to focus our work on the objectives we wish to achieve." He added that that the meeting's second objective was to identify priorities and needs to assist humanitarian organizations in delivering aid effectively in all parts of Libya.

“We hope that there will be an end to the crisis in Libya as soon as possible,” said the HC during the plenary session. “The longer the crisis continues, the direr the needs become and the more challenging the humanitarian response will be”. The HC added that “today our aim is to have effective humanitarian partnerships in the field”. Mr. Moutziz stressed that the humanitarian principles of impartiality, independence and neutrality guide the work of the United Nations in Libya. He also highlighted the need for better information sharing and coordination among humanitarian partners in order to reach currently inaccessible areas and determine the still unmet humanitarian needs.

Dr. Hany El Banna, the Head of the NGO the Humanitarian Forum, emphasized the need to facilitate better coordination between the various relief organizations working inside Libya as equals. He proposed that the League of Arab States, the Organization of Islamic Conference and the United Nations establish a joint coordination mechanism to strengthen civil society partnerships and improve overall humanitarian response effectiveness.

Ambassador Laila Nejm, representing the League of Arab States, emphasized the need for organizations to work together as one team in order to avoid any duplication in responding to the humanitarian situation. She praised OCHA for "constantly updating information about the situation on the ground" and went on to state that "today, we celebrate a real partnership between some major UN agencies and major Arab and Islamic governmental organizations represented by the League of Arab States and the Organization of the Islamic Conference”

A general discussion with the key players, including members of the League of Arab States, was followed by presentations from four technical thematic working groups on Food Security, Health, Borders and Early Recovery, wherein they set out their respective plans of action for each thematic area to inform the ongoing work of humanitarian partners.

**Key Themes:**

- Importance of local response; invest in strengthening the local NGO sector and its coordination, and build the capacity of NGOs.
- Importance of Arab/Regional humanitarian leadership.
- Builds on previous THF events and Cluster meetings.

*(See ANNEX 1 for detailed Agenda)*

**Media:** There was substantial media interest in the Round-table event. Many international, regional and local media groups covered the plenary session, which was open to media attendance. The HC was interviewed by various media outlets including: the Financial Times, Aljazeera English, Reuters Arabic Service, AP TV, Egyptian State TV, Turkish (IHLAS news Agency) and the Al-Karama newspaper (Egyptian). Humanitarian partners present at the Sharaka Round-table meeting were also interviewed by various media outlets. A Press Statement was released after the session to regional and local media outlets. The HC's interview with the Financial Times appeared in the paper on 7 June.

*List of media outlets attending the plenary session:* Financial Times, Aljazeera English, Reuters Arabic Service, AP TV, Egyptian State TV (News Channel and Satellite channel), Turkish (IHLAS news Agency), Iran Press TV, Iraq (private channel), Al-Shourouk Egyptian daily newspaper, Al-Ahram Egyptian newspaper, Al-Youm Al Sabeer Egyptian daily newspaper, Al Karama newspaper (Egyptian), Al-Arabeyya TV, El Bidaya El Gadida magazine, Al-Gomhoriya newspaper, El Sihawil Osra magazine, El Moheet, El Hayah, Akhir Saa, El Ra'ey, Al-Taawon, Al-Messa'eya, Hawa' MENA, Daily RosaEIYoussif, Al-Alam Al-Youm, Al-Gamahir, and Sot-Al-Oma.

## II. Participants

There were participants from various local, regional and international organizations, NGOs, media agencies and governments. Egypt, Libya, Kuwait, Turkey, the USA and Slovenia were the countries represented. Represented organizations included:

Al-Khair Foundation, Arab Medical Union, Atawasal (Libya), Boy scouts (Libya), Direct Aid (Kuwait) , ECHO, El Massa'd, Egyptian Red Crescent, Embassy of Slovenia, Embassy of Turkey, Egyptian Red Crescent, Egyptian Food Bank, Emergency Rescue committee (ERC), FAO, Humanitarian Forum (UK), Human Relief Foundation, ICRC, IOM, Internews (NGO), Islamic Relief-Egypt, International Rescue committee (IRC), Islamic Help, The League of Arab States, Mercy Corps, Oxfam, Resala U.K, Tawasal Society (Libya), OCHA Libya, OCHA Romenaca, UNDP Cairo, UNDP Sudan, UNFPA, UNHCR Libya, UNHCR regional Office, USAID, US Embassy, WHO, and WFP. *(See Annex 2 for a complete Participant List)*

## III. Thematic Working Groups and Key Outcomes

The forum comprised four thematic working groups: Health, Early Recovery, Borders and Food Security. Groups discussed general coordination mechanisms, humanitarian gaps and how to improve partnerships between actors to meet identified needs. The participants in these groups represented a wide variety of Arab charitable organizations, donors and cluster partners. The main findings of the four working groups were as follows:

**Health :** *( See Annex 4 for Health thematic working group minutes/notes)*

**Rapporteur: Dr Amr Arfeen – AMU**

The health working group conducted a mapping exercise to identify the areas in Libya where medical assistance is being provided. The map showed that, while there were six or seven organizations carrying out various activities in eastern Libya around Benghazi, there were limited health activities being implemented in the western and southern parts of the country. The group agreed on a list of 11 priorities that they felt the health sector should focus on (listed below).

The Health working group agreed on an initial project to provide medication for non-communicable diseases such as high blood pressure, diabetes and cancer. The League of Arab States and the Arab Medical Union would supervise the project and Islamic Relief would support it. The final conclusions highlighted the need for improved coordination and planning between partners, joint priority setting, and balancing the aide effort in the eastern and western parts of the country. WHO has reached an agreement with the Libyan government to provide safe passage for the delivery of relief and medical aid to western parts of Libya.

### **Key Outcomes:**

- The priority needs within the health sector were identified by the group as: the provision of medication/drugs for non-communicable diseases, area coverage in western Libya, human resources (qualified medical staff), physiotherapy for amputees, support of transitional financing mechanisms, resource mobilization and advocacy to cover gaps in health delivery in camps, pre-positioning of health capacity, TCNs in the South, mental health and psychosocial support, case management of Gender Based Violence (GBV), and longer term supplies.
- Improve communication between partners for better coordination and planning;
- Establish partnerships between stakeholders; ensure joint priority setting and scope and identify needs for the east and west of the country to avoid the duplication of work.

**Early Recovery :** ( *See Annex 5 for Early Recovery thematic working group minutes/notes* )**Rapporteur: Hesham Issa – Islamic Relief**

Following a presentation by UNDP, the Early Recovery working group discussed and de-mystified the meaning of early recovery. They agreed to a broad definition which understands early recovery as 'a multi-stage process aimed at the stabilization of communities and institutions following disaster or conflict.' The group agreed that capacity building of Libyan communities was an essential component of early recovery. It was noted that efforts to involve women and youth in capacity building initiatives, particularly regarding civil society, should continue.

The working group recognized the importance of approaching Libya as a united entity to ensure longer term cohesion, but also appreciated that the situation in the east is more conducive to the integration of early recovery approaches at present. It was further accepted that all relevant UN agencies and international NGOs should integrate early recovery approaches into their activities, to ensure the smooth transition from relief to longer term processes.

The group stressed the key role that local media and other communication channels – civil society, religious community leaders- could play in creating crucial links with local communities. It also agreed that efforts to engage civil society organizations and other stakeholders in the early recovery activities should be maintained.

The group called on the UN to continue to assume leadership of the humanitarian effort in order to mobilize the international community and improve coordination. The group suggested that the establishment of an Information Management working group would help strengthen overall accountability. It also recommended engaging local authorities involved in education, health and social affairs as part of any early recovery efforts. With respect to the capacity building of civil society, the group called for support to prepare administrative systems and structures and relevant legislation to develop the institutional capacities of Libyan civil society.

**Key Outcomes:**

- Establish a taskforce or mechanism for the homogenizing of activities and emphasize working with existing structures;
- Focus on the dual role of information management in capacity building service provision and advocacy, local media and communication channels;
- Create a parallel track of working with clusters, and engaging all actors and stakeholders and balance early recovery with immediate needs, map information technology capacities and develop data base; and
- Conduct labour market survey in coordination with Ministry of Labor to build up database on livelihoods.

**Borders :** ( *See Annex 6 for thematic working group minutes/notes on Borders* )**Rapporteur: Dr Magda El Sherbiny – Egyptian Red Crescent**

First, the group agreed that the word "borders" encompasses operational and protection issues that go beyond national borders and also includes urban areas within Libya and neighbouring countries. The group called for continued financial support to the emergency response and improved donor relations. It was also maintained that it was essential to increase support to neighbouring countries, especially Tunisia and Egypt, which have so far been bearing the brunt of this humanitarian crisis.

The group emphasized the necessity of building the capacities of local authorities, institutions and NGOs, and assessing the specific needs of host populations to strengthen local coping mechanisms.

With regard to protection, the borders working group called for advocacy efforts with European countries to strengthen burden sharing and rescue at sea operations (especially Italy and Malta). The group called for continuing awareness campaigns about the risks and dangers of trafficking and illegal crossings by sea and by land. It also highlighted the need to ensure adherence to international humanitarian law and respect for basic human rights for migrants.

The working group agreed that information sharing mechanisms needed to be strengthened at the regional level so that all stakeholders have similar access to all available information. The group also recommended the development of a map which depicted the organizations working on border-related issues to prevent overlaps, duplication and misunderstandings.

The group called for the humanitarian principles under which humanitarian actors operate to be emphasized; in particular this included impartiality and neutrality, not just for donors, but also for host and displaced communities. The group finally recommended an

increase in psychosocial support and mental health programs for refugees who spend long periods of time in border camps. It was agreed that assistance standards must be adapted to the specific cultural and social environment and setting.

After the presentation, UNHCR elaborated on the proposal to move some Libyan refugees from camps in Tunisia to the eastern part of the country. UNHCR called for caution when it comes to these discussions and reminded the forum of international principles that need to be respected for any possible relocation of displaced populations. UNHCR also stressed that the security situation in Libya continues to be precarious and volatile.

#### **Key Outcomes:**

- Improve the response mechanisms to reach the most vulnerable at the borders;
- Work with European countries to strengthen burden sharing and rescue at sea operations (especially Italy and Malta); and
- Advocate and lobby for the increase of resettlement slots for refugees/TCNs from Libya.

**Food Security:** *(See Annex 7 for Food Security thematic working group minutes/notes)*

**Rapporteur: Ahmad Darwish – Islamic Relief**

The field's standard for food - "the right to receive humanitarian assistance is a necessary element of the right to life with dignity. This encompasses the right to adequate food...which is expressly guaranteed in international law" - underpins the work of this group.

There is ongoing concern for the security of those providing assistance as well as those receiving it. Working with local actors was recommended as a result. Such an approach has also improved coordination, since local partners are able to move around more freely and obtain necessary information.

Most food commodities are available in shops, although prices have soared due to the lack of fuel and cash and insecurity, while the hoarding of supplies is prevalent.

The need for both rapid assessments and more in-depth, household food security surveys was underlined, as was the need to share information. A recent inter-agency assessment mission to Western Libya has been undertaken, focusing on the availability of commodities, access to food and how the crisis has impacted people and families in terms of food security. The main target groups for food assistance are IDPs, mainly from the Nafusa Mountains and Misrata where fighting is ongoing, but the fuel crisis is hampering efforts. Specific gaps in information were also identified.

#### **Key Plans and Recommendations:**

- Important to share information currently available to cluster partners, such as on flights and shipping opportunities, free storage, transportation by road on a cost recovery basis etc. Strengthen and include others not yet involved in partnerships;
- Ensure that there is complementary food items delivered by the various NGOs by improving information sharing;
- Organized meetings between the UN and the Islamic relief organizations should be set up;
- Specific information that could lead to partnerships would need to be done in the hubs, not in Cairo. However, the partnership cannot be improved until joint mapping in the three hubs is approved and the key players, including the smaller NGOs, are identified. All participants agreed that these partnerships cannot be established until there are regular meetings;
- Support public distribution mechanisms and other social safety nets;
- Ensure the rehabilitation of public and commercial infrastructure for food production, importation and transportation;
- Capacity building for NGOs, civil society for planning, monitoring and reporting; and
- Harmonize assessment tools and techniques and then share and widely train others in their use.

#### **IV. Consolidated Next Steps**

Ambassador Layla Nejm of the League of Arab States, in her closing remarks, stressed the importance of maintaining the momentum and spirit of cooperation "We must have one voice when we address the international community." The HC expressed hope that the round table meeting would be a continuation, not the end, of fruitful coordination and cooperation among all participants, which was also echoed by Dr Hany El Banna of The Humanitarian Forum. Dr. El Banna stated that he was pleased with the meeting, which was, in his experience, **one of the rare meetings organized by the UN that began and ended in the Arabic language.** He thanked the UN for continuing this initiative to "forge a partnership with large communities, which are donor communities, not recipients." He described the discussions held by the four thematic working groups as "rich" and emphasized that the two most important conclusions reached during the meetings were the key role of civil society and the importance of building the capacities of the Libyan civil society institutions, even before the end of the emergency.

One of the potential key outcomes suggested by The Humanitarian Forum was to create a joint coordination committee with the OIC, the League of Arab States and the UN (OCHA) to work on response operations, not only on Libya, but also in respect of other emergencies in MENA.

To build on the commitments made during the forum, a series of meetings, trainings and capacity building forums are planned in the future:

- The Humanitarian Forum and Qatar Red Crescent are holding training workshops in Benghazi, AlBeyda and Derna during mid/late June 2011. This meeting will involve capacity-building training with technical support provided by OCHA Libya.
- In addition, OCHA Libya will facilitate capacity-building trainings for humanitarian actors operating in other parts of the country.

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**ANNEX 1: FORUM AGENDA**

**Objectives:** The Round-table meeting on 6 June will further strengthen partnerships and cooperation between the regional, Arab and Muslim charitable organizations and the United Nations. It will also identify key gaps in humanitarian assistance.

**08.30**            **Registration opens:** coffee, tea

**09.00-10.30**    **Welcome; introductions**

- Facilitators: Dr Hany el Banna of The Humanitarian Forum and Panos Moutzis, the UN Humanitarian Coordinator, Libya,
- Organization of the Islamic Conference,
- League of Arab States;

General discussion

**10.30-11.00**    **Tea and coffee** available

**11.00-13.00**    **Thematic working groups;**

- Health, facilitated by WHO and regional partner, TBC
- Food, facilitated by WFP and regional partner, TBC
- Borders, facilitated by UNHCR/IOM and regional partner, TBC
- Early Recovery, facilitated by UNDP and regional partner, TBC

**13.00-14.00**    **Networking lunch**

**14.00-15.00**    **Libya, feedback from the working groups by rapporteurs**

- Health rapporteurs
- Food Security rapporteurs
- Borders rapporteurs
- Early Recovery rapporteurs
- Final comments: Dr Hany el Banna of The Humanitarian Forum
- Final comments: key recommendations presented by Panos Moutzis, UN Humanitarian Coordinator, Libya

**ANNEX 2: PARTICIPANT LIST**

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**ANNEX 3: OPENING SPEECH BY HUMANITARIAN COORDINATOR FOR LIBYA, PANOS MOUMTZIS**

**Speech by Mr. Panos Moutzis  
The Humanitarian Coordinator for Libya;  
Plenary Session- Round-table Meeting  
On the Theme of "Sharaka" [Partnership]  
Cairo, 6 June 2011**

Good morning,

I am pleased and honoured to be with you all today and I would like to thank you very much for being here with us at this Round-table meeting on "Sharaka" [Partnership].

I would like to extend special thanks to the Humanitarian Forum and Dr. Hany El Banna, who is a co-host of this meeting with us.

This meeting has two main objectives: first, to improve coordination and enhance cooperation and partnership relations between the various institutions of the humanitarian family; and second, to identify priorities and come up with a number of clear and practical proposals in four areas: health, food security, borders (refugees and internally displaced persons) and early recovery.

Allow me first to give a brief overview of the main humanitarian repercussions of the crisis in Libya.

More than 900,000 people have fled Libya, including 375,000 Libyans and 540,000 non-Libyans.  
About 250,000 have been displaced inside Libya, including 160,000 in areas controlled by the government and 90,000 in other areas  
There are about 55,000 refugees in Tunisia

But...

The crisis is defined not by numbers, but by humanitarian needs and the impact of the conflict on civilians in Libya.

The main concern continues to be the protection of civilians, who face daily threats to their lives, particularly those who are on the front line, where heavy fighting is taking place.

Since the start of the Libyan crisis on the 17th of February, the United Nations has been closely monitoring the humanitarian situation in Libya, providing assistance and responding to needs.

The United Nations is operating in the Libyan crisis, as in other crises, in accordance with its humanitarian duty and guided by the three main humanitarian principles of independence, neutrality and impartiality.

At the top of the list of priorities of UN humanitarian organizations is the provision of assistance and relief efficiently and effectively, and ensuring that it reaches those all over Libya, whether in the east, west, north or south, who need it urgently in order to alleviate their suffering.

At the start of the crisis, the main focus was on providing assistance to those stranded on the border, particularly on the Libyan borders with Egypt and Tunisia.

On the border, UN humanitarian organizations have provided assistance, including the evacuation of more than 140,000 people to their countries of origin. The United Nations, in cooperation with international non-governmental organizations, has also provided health, water and sanitation services, as well as shelter, in an attempt to alleviate suffering and find the best solutions to the ongoing crisis.

As for the situation inside Libya, 250,000 Libyan citizens have been internally displaced as a result of the conflict as they fled from the heavy fighting taking place in areas like Misrata and the Nafusa Mountains.

Based on these figures, 15% of the total population of Libya, both Libyans and non-Libyans, may have been displaced as a result of the crisis. This is a large number, and means that there is a need to provide more humanitarian assistance in the short-term and identify an intrinsic solution to the crisis as soon as possible.

With regard to the priorities of the UN humanitarian organizations, we are following up the issue of humanitarian access, by which I mean access for UN humanitarian teams to all parts of Libya, especially the areas most affected by the conflict.

To this end, I led a team of 11 people representing various sectors, such as health, food, shelter, water, sanitation and education, on a visit to Tripoli last week.

The team made two field trips to Al Khums, Zliten and Gharyan in the Nafusa Mountains to provide humanitarian aid and identify needs more accurately.

In addition, a team of UN organizations visited Misrata to deliver food aid and evacuate a number of wounded individuals and foreign workers.

At the start of the crisis, humanitarian community institutions launched a Flash Appeal for assistance to mitigate its impact. On 18 May, the United Nations revised this Flash Appeal for Libya and called on donor countries and other parties to provide \$407 million to meet humanitarian needs. So far, this appeal has reached 45% of its target amount. The following countries provided the largest contributions: the United States, the European Commission, the United Kingdom, Australia, Sweden and Norway.

This appeal covers the fields of health, food, water and sanitation, education and shelter.

Returning to our meeting this morning, it is very important in my view for a number of reasons:

Humanitarian organizations and Arab and Islamic charitable relief organizations have played a key role in providing humanitarian assistance to civilians affected by the Libyan crisis. They have also made a significant contribution to ending the deterioration of the humanitarian situation in Libya and its neighbouring countries.

From this standpoint, and in order to improve cooperation, and based on the United Nations' belief in, and adoption of, urgent and necessary work that we can do together, we are holding this meeting today. We have chosen the title "Sharaka" (Partnership) in the hope that in the course of this meeting we would identify the basis of a partnership between the humanitarian organizations operating in Libya, whether they are Arab or Western, in order to ensure the effective delivery of aid.

In conclusion, the most important message I would like to send from here is the urgent need to end this conflict as soon as possible. The longer this conflict continues, the more severe the humanitarian consequences will be for civilians all over Libya.

Thank you

## **ANNEX 4: SUMMARY & MINUTES OF THE HEALTH THEMATIC WORKING GROUP**

Highlights of the Health working group meeting and meeting minutes:

### **1. Identified gaps in Libya:**

- Primary healthcare is a gap; each of the red dots on the map represents a medical team at a hospital providing trauma medical evacuation and medical supplies. Only one agency mentioned **primary health care**;
- Access to healthcare: physical access in terms of roads and availability is difficult. Healthcare is still free of course, but the cluster's help is focused elsewhere (according to the concentration of red dots) bearing in mind that 80% of the population is in the north, 88% of whom are in **rural areas** while the cluster is focusing on the big cities;
- Non-communicable diseases: the main concern is the aged population. Demographics of Libya: 12.7% of population above the age of 62 out of a total population of 6 million; 45% of the population over 45 years old have diabetes or hypertension. This is a population that was used to a constant primary healthcare service which was disrupted. There is a need for coordination on where to start the work and in what area; cannot assume all needs have been assessed;
- Critical medical supplies of drugs and equipment: some partners are delivering surgical goods to Benghazi. Cluster faced major gaps in Benghazi in anti-cancer supplies, immune suppressives for post-renal dialysis and surgical seizures for specific cases;
- Critical shortage in HR;
- Care for those with disabilities and reintegration. According to IMC assessment report in Misrata, around 4000 injured over last few weeks reported to Al Hekma and other trauma centres in Misrata; 400 amputations, 45% of which were on children in Misrata. Previously they had a rehab centre which has now been totally destroyed. Rehab after amputation is very critical for the patient. There is also a necessity to educate children on existing dangers and how to avoid them, especially landmines, before they go back to the streets again; now is the golden time. There is a working group meeting in Benghazi every Thursday at 11 o'clock. These address these interventions led by ICRC, MSF and IMC;
- National healthcare system is now disrupted and centres are disconnected from each other and from training, guidelines, monitoring, planning and regulatory functions, which were all very centralized before the crisis;
- Monitoring of drinking water and waste management: of concern especially in Ajdabia and RasLanof. Reports available in printed form for participants;
- Patient referral outside Libya: according to trauma management centre in Misrata, 46 critical trauma cases need referral; 46 cancer patients, none of whom have trauma care; only 8 children have been evacuated in the IMC hospital on the IOM boat 2 weeks ago and they have had their legs amputated. The cancer patients cannot continue treatment. There is a clear need for the revitalization of the health system and capacity building. The concern here is that it is a timely process. There is a tight gap and a tight schedule. A lot of NGOs and international parties are helping but need to be informed and inform others so that there is no duplication of work and money.
- **Summing up: all participant organizations sent medical teams to Benghazi, only one of which works in primary healthcare; all sent trauma surgical care, a very limited number sent non-communicable diabetes and hypertension drugs, and none provided anti-cancer drugs.**

### **2. Summary of main priority areas which need to be addressed:**

- Human resources (doctors and nurses) in Benghazi and Jabal and Misrata (5);
- Deployment of more NGOs and Libyan groups in all of the western areas - Nafoussa, Yafran (6);
- Resource mobilization and advocacy for underfunded areas to cover gaps in health service delivery in camps and at borders of Tunisia and Western Libya (3);
- Prepositioning of health capacity (0);
- Medication for non-communicable diseases (hypertension and diabetes and cancer) (7);
- TCNs in the south (0);
- Support of transitional financial mechanisms to ensure drugs, medical supplies and human resources are provided long-term (4);
- Mental health, hygiene, psychosocial support, capacity building of psychologists (2);
- Capacity building, provision of clinical management of gender based violence and rape and reproductive health services and systems (3);
- Physiotherapy for amputees: after any operation and amputation the next two months of physiotherapy are very critical for rehabilitating the patient (4);

- Long-term supplies (providing drugs for a longer time versus providing them only when requested) (0).

**The team and facilitators concluded that the top priority, encompassing all others, is the need for improved communication between partners, the use of better coordination and planning methods, partnership between stakeholders, joint priority setting, and helping the eastern and western areas of Libya equally without duplicating effort and money.**

### 3. Three levels of action were identified:

- Some organizations can or might be able to directly provide help, for example dedicating their resources to the supply of non-communicable disease drugs (possibly two from the League of Arab States and the Arab Medical union; if they both can do this, then they should work together and not duplicate their efforts);
- Some might reprogram or shift money and resources to other issues;
- Some cannot actively help but will advocate for the issues identified following the meeting.

**(HOW)** For all levels of actions there is a need to:

- Coordinate all stakeholders so that there is no duplication of the use of existing websites, emails and social media networking; advocate for these links and tools;
- Have one platform for communication; maybe assign a coordinator to implement the work between all stakeholders and synthesize the tasks and responsibilities between partners.

### Health Working Group Minutes:

**Facilitators:** Dr. Ahmed Ganainy from the World Health Organization and Dr. AmrArfeen from the Arab Medical Union.

**Purpose of the meeting:** Improve the partnerships of health humanitarian actors and come up with a joint goal and action plan on: how to meet the gaps in the health aid activities provided to Libya in view of the current crisis; and how each of the participant organizations can contribute, building on the work of the cluster and the two previous meetings organized since the start of the Libyan crisis.

Dr. Ahmed Ganainy started the session by setting out its duration (2 hours) and the ground rules for the meeting, being in the form of an open, very informal, discussion. He also emphasized that the session will not end without identifying practical outcomes to its objectives. English and Arabic languages were available, but English was the main one used. The session began with each participant introducing themselves to the rest of the group.

### Participants:

Lisa Brown, WHO, Turkish embassy, Ashraf Barakat, AMU, Noora El Koussy, International Medical Union, Josiane El Koussy, UNFPA, Nabil Al Terkait, Directaid.org, Kuwait, Mustafa Salama, Islamic Relief, Felicia Genet, USAID, Johan Heffink, ECHO, Chadia Wannous, UNRC-UNSIC Regional Coordinator, Laila Negm, LAS, Dr. Ahmed Gaainy, WHO (facilitator), Dr. Amr Arfeen, AMU (facilitator). **Minutes by:** Radwa Maghawry

### Expected outcomes:

- Identify health intervention priorities;
- Adopt a common strategic direction;
- Task allocation between partners (Who, What, Where);
- Coordination framework.

### Background info on situation in Libya by facilitator, Dr. Ganainy:

Libya awoke to new realities, with new mortality and injury rates and complicated cases of non-communicable diseases due to a lack of access to health care, the medical workforce having to leave for various reasons, including: cuts in finances; insecurity; end of contract; total collapse of primary health care; shifting all medical services towards trauma treatment; damage to the infrastructure and all other supporting infrastructure; many landmines and only one mobile company working; no road safety; and less water and fewer power supplies.

The country's medical service was provided for free, focusing on primary healthcare, non-communicable disease surveillance and control, general and specialized hospital care, plus rehab clinics for the disabled and oil medical care centres for oil workers. Ninety percent of pregnant women received health checks by well trained doctors and a lot of them got tetanus shots. Libyans are, therefore, by default used to primary health checks and know how and where to receive them; they have good health awareness. The distribution of the workforce was not equitable across the country; high in some areas and low in others, major discrepancies.

So, in a snapshot, Libya had a good healthcare system overall; all of the population had access to it. On the regional comparison level, Libya provided a fairly high quality of healthcare to its people, free of charge, despite some geographical discrepancies. This fairly high level of service and good medical capacity has relatively decreased health vulnerability and the impact of the crisis because the system was "ready" and well equipped. The health service has thus been relatively able to cope with the crisis.

The meeting moved on to Dr. Amr, who spoke about the impact of the crisis. A lot of work was done and money was expended in helping Libya and a lot more needs to be done in cooperation with participant organizations. A vital element here is the coordination factor, which will improve the work process and save money as it will prevent the duplication of effort and money. Dr. Amr highlighted that there is still some degree of a lack of coordination and sums of money get lost (duplication of effort and money).

Dr. Amr then asked each of the participants to provide a brief overview for five minutes on their respective organizations' work in Libya; *what was being done (primary, secondary of tertiary healthcare), when and where?*; They were also asked to provide their input on the key points and to agree a joint project and goal under the overall health cluster umbrella. The results were shown on the map by red dots highlighting which geographical areas saw most of the work, thus demonstrating where the gaps are.

- Turkish diplomat: We evacuated by ship to Turkey some hundreds of people from the port at Misrata; in Benghazi gave food and treatment as well;
- Ashraf Barakat: mainly concerned with secondary and tertiary medical aid; up to now, 15 convoys have been sent consisting of more than 90 different specialties of doctors, pharmacists and nurses. They have a permanent office in Benghazi providing a trauma team in Benghazi medical centre; they also have approved doctors in Al Baida, Misrata, and will reach al Zantan (JabalGharbi);
- Josiane Khoury (UNFPA): started their work on the borders of Egypt and Tunisia; hoping to work in Benghazi starting next week. Sexual and reproductive health kits, deployed RH kits in Benghazi just waiting to use them; capacity building of partners on RH kits, psychosocial support, clinical management of gender based violence and rape, referral systems, hygiene kits;
- Noora El Koussy (International Medical Corps): entered the country on February 24<sup>th</sup>; started out in Benghazi, based in east, then started moving as security permitted, distributing medical supplies as they went along to RasLannouf, Braga and Al Baida, and a few little towns as far as Ajdabia; now working in Ajdabia hospital and Benghazi medical centre. They provide primary healthcare, capacity building and training in psychosocial care, ambulance training and ER. They provide doctors and nurses, mostly the latter, to the hospital. They are in Benghazi treating evacuees coming off the ships from Misrata. In Misrata, they have doctors in hospitals and on the ships providing medical treatment as needed. They are also present in Lout and entered Zentan recently. They have a health post in RasAjdir camp in Tunisia, and are about to open up a health post in Shousha camp, which had a conflict last week; they are relocating camps and are moving in the new camp as well. They are also at the Dahibat camp, about to enter the IFRC camp, and have just made a medical supply delivery to Yafran and Kalaa;
- Nabil Al Terkait (Direct Aid Kuwait): provided food assistance, did not yet receive request for medical assistance but would like to help in this field;
- Mustafa Salama (Islamic Relief): most of the work has been in food assistance; he is not sure whether they helped with medical aid but they have pledged 5 million pounds sterling; thinks they will be working in health but has not been briefed yet so is not sure;
- Felicia Genet (USAID): role primarily coordinating between teams within Egypt, going to Libya. She has no statistics on details of health aid provided (can provide if requested) but most recently USAID provided emergency health kits requested for the Noufoussa Mountains;
- Johan Heffinck (ECHO): it is difficult for participants to say where and what because there are a lot of details, so this is just a snapshot. Assistance was provided in health and food and protection items. The total amount available is now 70 million Euros, which has not yet been allocated; would be good to sketch priorities. Many of the organizations began at the border areas of Tunisia and Egypt; a lot of money has gone into this in terms of the repatriation of third country nationals who had to get out. A lot of money has also been allocated to besieged cities such as Misrata, and cities in the Nafoussa Mountains for health. The vulnerable population is in the East especially; they are there in the West too but they are less reachable. Capacity building of the civil society. In this sense, assistance has been given in health and other sectors.

Dr. Ganainy thanked the participants for sharing their thoughts, and asked them to have a quick look at the map with the red dots. He then stated the following:

**At a glance the results of the MAP revealed that:**

- Work is very much concentrated in Benghazi and Misrata, but is very scattered where help is needed most, in the besieged cities. We did not even mention what we will do for people if they would like to go back to the deserted cities we are working with. No mention of primary healthcare except once by IMC;
- Help related mainly to trauma medical evacuation.

There is a protection concern as civilians and hospitals are being attacked and no protection is available, which is both a health and a protection concern. This is a problem for the health workforce and an obstacle to the work of the organizations.

Available help is still very limited compared to the size of the country. A lot of resources were allocated to medical evacuation and referral. When it comes to medical supplies, there is the example of Ghaza; 5.8 tons of medical supplies had to be dumped. The cost of these supplies, their transportation and risks is huge. We don't want to repeat the same mistake. Dr. Ganainy visited Al Hawary renal hospital centre in Benghazi 100 days on from the crisis and the first response of the medical director was: 'you are the 8<sup>th</sup> person to come and make this assessment'. This is an alarming situation. Assessment is still needed but coordination beforehand and sharing information is key. Organizations need to consult with each other before making visits or sending supplies, and this meeting will enhance this notion as well. Now, a lot of the participant organizations will consult before sending teams to Benghazi, and will consult with and contact other people now working in Yafran and Nawout, who have had access and have carried out assessments there.

**Needs according to the map:**

- Primary healthcare is a gap; each of the red dots represents a medical team at a hospital providing trauma and medical evacuation services and medical supplies. Only one agency mentioned **primary health care**;
- Access to healthcare: physical access in terms of roads and availability is difficult. Healthcare is still free of course, but our help is focused elsewhere (according to the concentration of red dots) bearing in mind that 80% of the population is in the North, 88% of whom are in **rural areas**, while the cluster is focusing on the big cities;
- Non-communicable disease: the main concern is the aged population. Demographics of Libya: 12.7% of population above the age of 62 out of a total population of 6 million; 45% of population above the age of 45 has diabetes or hypertension. This is a population that was used to a constant primary healthcare service and this has been disrupted. There is still a need for coordination on where to start the work and in what areas; cannot assume all needs have been addressed;
- Critical medical supplies of drugs and equipment: some partners are delivering surgical goods to Benghazi. Cluster faced major gaps in Benghazi in anti-cancer supplies, immune suppressives for post-renal dialysis, surgical seizures for specific cases;
- Critical shortage in HR;
- Care for disabilities and reintegration. According to IMC assessment report in Misrata, around 4000 injured over the last few weeks reported to Al Hekma and other trauma centres in Misrata; 400 amputations, 45% of which were on children in Misrata. Before this they had a rehab centre that has now been completely destroyed. Rehab after amputation is critical for patients. There is also a need to educate children on existing dangers and how to avoid them, especially landmines, before they go back to the streets again; now is the golden time. There is a working group in Benghazi meeting every Thursday at 11 o'clock. They address these interventions, led by ICRC, MSF and IMC;
- National healthcare system is now disrupted and centres are disconnected from each other and from training, guidelines, monitoring, planning and regulatory functions, which were all very centralized before the crisis;
- Monitoring of drinking water and waste management: of concern, especially in Ajdabia and RasLanof. Reports available in printed form for participants;
- Patient referral outside Libya: according to trauma management centre in Misrata, 46 trauma critical cases need referral; 46 cancer patients, none of whom have trauma injuries; only 8 children have been evacuated from the IMC hospital on the IOM boat 2 weeks ago; they have had their legs amputated. The cancer patients cannot continue treatment. There is a clear need for the revitalization of the health system and capacity building. The concern here is that it is a timely process. There is a tight gap and a tight schedule. A lot of NGOs and international parties are helping but need to be kept informed and inform others so that there is no duplication of work and money.
- **Summing up: all of the participant organizations sent medical teams to Benghazi; only one works in primary healthcare; all sent trauma surgical care, a very limited number sent non-communicable diabetes and hypertension drugs and none provided anti-cancer drugs.**

Dr. Amr then took over (with the help of Dr. Ganainy) and asked the team to identify a list of the priority areas which need immediate attention and work. Members were then asked to vote for the most important ones (number of votes between brackets at the end of each point):

- Human resources (doctors and nurses) in Benghazi and Jabal and Misrata (5);
- Deployment of more NGOs and Libyan groups in all of the western areas - Nafoussa, Yafran (6);
- Resource mobilization and advocacy for underfunded areas to cover gaps in health service delivery in camps and borders of Tunisia and Western Libya (3);
- Prepositioning of health capacity (0);
- Medication for non-communicable diseases (hypertension and diabetes and cancer) (7);
- TCNs in the south (0);
- Support of transitional financial mechanisms to ensure drugs, medical supplies and human resources are provided long-term (4);
- Mental health, hygiene, psychosocial support, capacity building of psychologists (2);
- Capacity building, provision of clinical management of gender based violence and rape and reproductive health services and systems (3);
- Physiotherapy for amputees: after any operation and amputation the next two months of physiotherapy are extremely critical for rehabilitating the patient (4);
- Long-term supplies (provide drugs for a longer time versus providing only when requested) (0).

**The team and facilitators concluded that the top priority, encompassing all others, is improved communication between partners, using better coordination and planning methods, partnership between stakeholders, joint priority setting, and helping the eastern and the western areas of Libya equally without duplicating effort and money.**

#### **Interventions from different participants throughout the priority list exercise:**

**Mr. Panos** made an intervention during this segment. As he travelled between Benghazi and Tripoli, cluster meetings in Benghazi considered 20% of the population in the east, while 80% of population is actually in the West. This is where the big gap is. In addition, the Arab NGOs and organizations are not present and felt on the ground, unlike the European NGOs. Perhaps there could be partnerships between the different NGOs (Arab and foreign), but there is no communication between them and there is a need to work together. It is important to bridge the gap between the different NGOs and between NGOs and areas other than Benghazi, like the Nafoussa Mountains and other sensitive, dangerous locations. Also, because of the sanctions, measles vaccines are not being delivered and this is unacceptable. The role of the cluster and other organizations is to highlight these problems and advocate on their behalf. There is an agreement assuring the safety of humanitarian workers and there is the full support of the Libyan government. The environment is very politically charged. It is important to ensure the neutrality and partiality of health humanitarian aid from any political issues; stick to the humanitarian cause in all areas as much as possible, stress that partnerships between stakeholders and all organizations should advocate for this, which was done in Bosnia. Even though the humanitarian team carries the same UN flag as the Security Council, it is still the humanitarian team.

**Ms. Felicia Genet:** USAID is not involved on the ground inside Libya and would like to know what the areas which are not highlighted, other than the famous locations that are being bombarded, need in terms of the replenishment of medical supplies. Dr. Ganainy answered that, for example, one month's worth of support of cancer patients in Misrata is 1.2 million US\$ and this is ongoing.

**Mr. Johan Heffinck** from ECHO made the following points:

- Neglect of the areas in the south: Kufra, Katrun and Saba. There are no red dots there on the map though they do see some action – information is sporadic, need to get deeper into what is needed there;
- Have to find a way around embargos and frozen assets in Tripoli, which prevent the purchase and delivery of medical supplies; need to find alternative funds there belonging to the country which can cover food and medical supplies, otherwise WHO will run out of free supplies;
- A final note was made on the session itself and how it relates to the work of the cluster; how it can be made any different and how it can be useful and relevant in terms of impact, since most of the participants are not in the field. There are perhaps many other people working in the field making other lists of priorities. Need to place what is happening in the session within the overall context of the cluster.

**WHO representative** feedback: hoping to come out with a proposal that has very specific proposals to implement in the field which go hand in hand with the work of the cluster. That is why the thematic groups are facilitated by cluster leads so there are no attempts to reinvent the wheel and we come out with a few ideas which can be implemented and translated into concrete actions. Also hoping the issue of partnerships will be discussed as this is the cross-cutting theme if we can come up with proposals to work better in the future.

**Noora El Koussy (IMC):** WFP reported they are about to go to Kufra. Is WHO willing to fund an assessment in Kufra? Is USAID willing to provide funds? Since various hospitals are getting requests to communicate directly with the donors, are the donors communicating with each other as well? Donors and the UN should probably get together in meetings and discuss matters.

**Johan Heffinck (ECHO):** In Benghazi, there was a meeting every two days with the donor so it was very intense. The medical supplies list is the one MSF was sending out and is very clearly establishing needs and making an appeal not to bring in whatever donors want, but to instead concentrate on what is on the list. In terms of funding assessments, it is not just a funding problem, but also a matter of access and getting authorization to go to areas like Kufra, Saba and Katrun. Saba's 50,000 people are not negligible in terms of size; should get numbers of the population in different areas to prioritize.

**Dr. Ganainy's update on medical supplies:** the list of required medical supplies was created after studying all stock at the central medical store in Benghazi and is the same list issued by the local health authority; this is a good start. Following this list, inside eastern Libya, a revision of the stock within the hospitals was being carried out, identifying a focal point within the Ministry of Health to have the authority to mobilize the extra stock between hospitals, which was not even the case before the crisis. The same exercise is happening in Misrata. The cluster now has stocks of everything that arrived in Misrata. A lot of the supplies are still related to trauma medical treatment, which is okay if there is a change in their destination. In one sense, Benghazi and Misrata can turn into operation hubs for newly accessible areas, where people are displaced the most, or on the borders (1/3 of the products to go to the Tunisian border and 2/3 possibly inside). The second approach can continue to identify gaps on the list identified by the revision of all of the stock. Whatever has been delivered in terms of trauma treatment supplies is still okay but should be deployed in new areas. Benghazi and Misrata are very much open to redistributing the supplies.

#### What participants expected from the meeting:

- A communication plan and better information sharing;
- Relating the work and results of the meeting to the work of the clusters and other organizations;
- Finding new implementing parties in the field;
- Identifying gaps which would help the USAID in DC to make more informed decisions on humanitarian coordination teams and needs.

#### Dr. Ganainy clarified that this meeting is a process to:

- Know the *What, Where and How*;
- Gain insight for agencies and donors;
- Highlight efforts and actions;
- Strengthen partnerships and advocate health mobilization;
- Establish a mechanism by which organizations can coordinate while tracking orders and money so nothing is duplicated, with a clear approach to delivery that is helpful for the entire cluster.

Of the listed work priority areas and task distribution, Dr. Ganainy moved on to the next phase, which is *who can do what, where and how*? Three levels of action were identified:

#### (WHO)

- Some organizations might be able to/can directly provide help, dedicating their resources to, for example, supplying non-communicable disease drugs (possibly two of the participants – the League of Arab States and the Arab Medical union; if they both can then they should work together and not duplicate their efforts);
- Some might reprogram or shift money and resources to other issues;
- Some cannot actively help but will advocate for the relevant issues following the meeting.

(**HOW**) For all levels of actions there is a need to:

- Coordinate the approaches of all stakeholders so as to not duplicate the use of existing websites, emails, and social media networking; advocate for these links and tools;
- Have one platform for communication; maybe assign a coordinator to implement the work between all stakeholders and synthesize the action plan.

**Mr. Panos 2<sup>nd</sup> intervention:** two of the key partners in the East could not attend this meeting, the Qatari and UAE Red Crescents. They are very committed and will be eager to see the results. One issue to address is diversifying the donor base instead of going to the same three or four bodies. It is not about money, but about being able to work together and create partnerships. The point of the Cairo meeting is to come out of the cocoon and communicate with each other and avoid the duplication of work (delivering of the same shipment twice by different partners, for example).

**Feedback to Johan: confusion on how the session relates to the cluster:** the international humanitarian community - established the IASC, which includes the UN agencies and the NGOs. In every crisis, like in Haiti, Rwanda and Libya, they establish the Humanitarian Country Team (HCT) for all organizations to come together and start providing help. The HCT meets once a week (Panos chairs this one on Libya); they have divided Libya into four zones in terms of coordination: Benghazi, Tripoli, Zarzis and Cairo, and they have established a 4-way telephone video link. So, for example, when they meet, the Benghazi team communicates through the link on what is happening in their area, the Zarzis team does the same and so on, each covering an area of Libya. The IMC reports back to the NGOs which participate in this and they report back to IMC which reports back to HCT and so on. In the Arab world, this kind of communication is still difficult and miscommunication and duplication rule. When they go to the hospital in Misrata, the pharmacist tells them there is no more room for drugs so there is much miscommunication and duplication of supplies. Coordination is critical. This meeting is not a repetition of the cluster's work. It brings to the table their work and lets us see what others are doing and how can they add to this.

## **ANNEX 5: SUMMARY OF THE EARLY RECOVERY THEMATIC WORKING GROUP**

### **1. What is happening in civil society?**

- 92 NGOs registered in the last 2-3 months, with 40-50% female involvement and 25-30% from the country's youth;
- A civil society coalition with 40 organizations has been loosely established;
- Civil society members are calling for both support in order to understand their role as a civil society, and to be treated as equals rather than implementing partners of the international community;
- UNDP has committed to recruiting a civil society advisor to engage in this sector to provide capacity support (training, mentoring, catalyze other forms of support, scoping the needs for more targeted support, support to NGO management and establishment);
- Clusters should support civil society actors in their own specific area (rapid mapping needed);
- New media should be supported as a mechanism for government accountability and the provider of independent news.

### **2. Capacity building discussion:**

- This is integrated into the Common Humanitarian Action Plan and by definition falls under the banner of humanitarian response;
- Service provision institutions have called for capacity building support which would include the training of public servants, but also more tangible input such as hardware (IT equipment, V-Sat) to improve their coordination; clusters should include this type of support in their project submissions; NOTE: The Health cluster has done this.
- Discussion on need for a Capacity Building Working Group. (Personal belief: this could fit into the early recovery working group – see later).

### **3. Humanitarian and aid coordination:**

- A mechanism for coordinating aid needs to be introduced, with a national authority in the lead. This would minimize overlaps and reduce gaps in responses (both humanitarian and, later, development);
- An online web-based system could be used and made available for donors and all other response actors to view.

### **4. Across the board:**

- Information is needed to develop a more solid understanding of what capacity building is needed. Research and assessments should be conducted immediately for civil society, media and public service providing institutions;
- Communicating this information is vitally important to ensure all actors know the issues they are dealing with (Information Management Working Group);
- Leadership is needed to catalyze events. This means leadership at an executive level, i.e. leadership of the early recovery working group (see below), but also early recovery leadership and promotion from the humanitarian coordinator and humanitarian country team, particularly to encourage donors.

### **5. Early Recovery Working Group:**

- An early recovery working group will be formulated. A draft ToR for such a group exists, and serious interest in it has come from Mercy Corps, IMC, Save the Children, ACTED, the WASH cluster, the Protection Cluster, the Education Sector Coordinator and OCHA. The HC has indicated his support for this initiative. The unofficial group of NGOs mentioned have been given *carte blanche* to go ahead with planning and activities.

## **ANNEX 6: SUMMARY OF THE BORDERS THEMATIC WORKING GROUP**

This working group saw the attendance of UNHCR, the Egyptian Red Crescent, IOM, OCHA, WFP and representatives of Libyan civil society. The session, which was co-chaired by IOM and the Director of the Egyptian Red Crescent, Dr. Magda Elshab, began with two brief presentations by IOM and the Red Crescent respectively. The first of these focussed on the current situation, a needs assessment and future challenges along the five main borders, namely Tunisia, Egypt, Chad, Niger and Algeria. The Red Crescent listed activities and outcomes implemented in Saloum, along the Libya-Egypt border. The two presentations paved the way for a fruitful discussion on the immediate and necessary actions required of the Humanitarian team as a whole in order to ensure the efficient and successful management of border issues. The aim of the discussion was twofold: on the one hand, the revision of very practical day-to-day needs and problems, such as the improvement of the coordination mechanisms between the actors involved and the involvement of civil society in any crisis response. On the other hand, the working group aimed to initiate a more far-reaching approach by taking on board current and future sensitivities and proposing possible solutions: in this sense, the importance of providing immediate support to the already overwhelmed and overstretched hosting communities in Egypt and Tunisia in order to not lose their thus far excellent support was recognized. All of this group's recommendations were considered, discussed and revised before their final submissions were made at the end of the Forum. These submissions are as follows:

**Note:** The group recommended not limiting its name to "borders", since it actually addresses operational and protection issues which go beyond border matters, including covering urban areas in Libya and its neighbouring countries.

### Fundraising:

- Ensure the continued provision of financial support to the emergency response;
- Improve the understanding of specific donor interests and reporting;

### Support neighbouring countries:

- To maintain protection and asylum space, highlight and emphasize the "generosity" of neighbouring countries, especially Tunisia and Egypt, which have been bearing the brunt of this humanitarian crisis;
- Achieve a better understanding of the needs of neighbouring countries and communities, including for the reintegration of their own nationals who have left Libya;
- Capacity building for local authorities, institutions and NGOs on the different aspects of the emergency response;
- Assess the specific needs of the host populations to strengthen their coping mechanisms and include the most vulnerable in the assistance and response mechanisms developed;
- The Humanitarian Team should study the proposals to be made by some of the concerned Libyan actors in order to reduce the pressure caused by the refugee and migrant populations in neighbouring countries. (Note: the UNHCR called for caution when it comes to these discussions and reminded the forum of international principles which need to be respected for any possible relocation of displaced populations: 1) respect for the principle of non-refoulement. To this end, the security situation in Libya continues to be precarious and volatile; 2) any movements have to be voluntary and undertaken following an informed decision.

### Protection:

- Work with European countries to strengthen burden sharing and rescue at sea operations (especially Italy and Malta). People fleeing via Libya's maritime borders needs to have the same priority as Libyans fleeing into Tunisia and Egypt. UNHCR and IOM will continue to call for better search and rescue approaches by Europe and on shipmasters to render assistance to those in distress at sea;
- Disseminate information about the risks and dangers of trafficking and illegal crossings by sea and by land;
- Ensure the continuation of the Assisted Returns Programme of Third Country Nationals (TCNs) to their countries;
- Encourage the governments of countries from which migrants originate to assume more responsibility for their citizens and ensure that they respect their basic human and work related rights;
- Advocate and lobby for an increase of resettlement slots by resettlement countries for refugees from Libya and ex-Libya currently in surrounding countries.

### Information management:

- Identify best practices and lessons learned from the humanitarian operation in a real-time manner;
- Improve information sharing at the regional level, including the development of mechanisms to "publicize" the availability of information tools and systems, and make them more accessible (both donors and humanitarian actors);

- Map the organizations that work in the region to get a better understanding of their work and mandates to prevent overlaps, duplication and misunderstandings and to encourage coordination and cooperation.

Operations management:

- Emphasize the humanitarian principles under which humanitarian actors operate (why we are there, impartiality, neutrality), not just for donors, but also directed at host and displaced communities;
- Increase psychosocial support and mental health programs;
- Adapt assistance standards to the specific cultural and socio-economic environment and setting.

## **ANNEX 7: SUMMARY OF FOOD SECURITY THEMATIC WORKING GROUP**

### **1. Participants:**

Cluster Coordinator, Marianne Ward, WFP, Line Rindebaek, WFP, Dr. Renda Sukker, Egyptian Food Bank, Mohamed Abdalla, Egyptian Red Crescent, Michel Tomaszek, WHO, Ahmed Dazmoh, Islamic Relief, Salah Daak, HRF, Cecilie G. Orestis, OCHA, Laura Tiberi, FAO, Lamia Aabdel-Wahed, LAS, Laila Negm, and LAS Coordination:

### **2. What is required in order to support the Libyan population in need and what is the best way of achieving this?**

The facilitator opened the session by referring to the field's standard for food: "the right to receive humanitarian assistance is a necessary element of the right to life with dignity. This encompasses the right to adequate food...which is expressly guaranteed in international law". This is the basis for the work of the Food Security and Livelihoods' Sector (FS&LC) in the Libyan crisis. The facilitator clarified that though the cluster is a mechanism that has been put together by the wider humanitarian forum, and not the UN, the WFP and FAO are joint cluster leads, both locally and globally, and are therefore accountable. The cluster lead agencies also provide the information management system which underpins the cluster work; for example the tracking of assistance through the 4W matrix (Who, What, Where and When). The participants unfamiliar with this type of information sharing were encouraged to contribute. It was clarified that the cluster is operating through three hubs: Cairo (border and Egypt), Zarzis (South Tunisia and Western Libya) and Benghazi (Eastern Libya).

Questions from participants raised concerns over the security of the actors providing assistance, as well as those who are being assisted. The participants agreed that the safest option for aid delivery, both for those who provide and those who receive assistance, is to work through local actors, who are more likely to be accepted than their external colleagues. This should also be a point for recommendation. However, several participants raised some concern about the capacity of these organizations. It was clarified that several cluster partners are providing training in reporting and monitoring as well as the general capacity building of a key partner, the Libyan Red Crescent. In addition, it was agreed that new NGO partners will require capacity building and technical knowhow in order to be efficient. However, it was noted that assistance to local NGOs is already provided by the Libyan Red Crescent.

When discussing the point of potential coordination mechanisms outside of the FS&LC, it was clear that very few structures currently exist – as illustrated by the initial lack of coordination between the large number of Diaspora groups/NGOs providing aid to the Nafusa Mountains and the WFP and the Committee of West Mountain Assistance, which made it difficult to establish coverage/gaps as well as overlaps. The importance of sector wide coordination was illustrated by the fact that although these organizations maintained good pipeline records and recipient/distribution lists, many of these lists duplicated the targeted villages. With WFP Zarzis leading the coordination efforts, the collaboration between different actors in the area has improved significantly – to the point where the WFP food basket is being added to by these NGOs. However, a key aspect of the cluster-Diaspora group coordination is that these groups are able to move freely in areas where, for example, WFP cannot, and they are thus able to provide valuable information on where assistance is needed. It is therefore always preferable to work through local partners. Another case in point is the neighbourhood committees and groups in Misrata which have created complete databases (names, contact information) for almost 50,000 people in the city, which goes far beyond the capacity of the international community.

### **3. Assessments leading to decisions:**

The presentation went on to describe various types of assessments completed or underway in Tunisia, Libya and Egypt pertaining to the Libya crisis. The need for both rapid assessments and more in-depth, household food security surveys was underlined.

The WFP Zarzis representative provided a brief overview of the food security related findings of the recent inter-agency assessment mission to Western Libya, focusing on the availability of commodities, the access to food and how the crisis has impacted people and families in terms of food security.

The assessment team met with the key ministries and visited several entry points (ports and Tunisian border), schools, markets, hospitals and IDP concentration areas, such as hotels. The main group targeted for assistance is the IDPs – 162,000, mainly from the Nafusa Mountains and Misrata. In Zleitin, around 40,000 have arrived who are situated in Tripoli; amounts to 40 – 50 000, mainly originating from Misrata. Outside of Tripoli there are IDPs, living mostly in Zlitan, numbering 113,000, who originate from the Nafusa Mountains. WFP's main counterpart in the West remains the Red Crescent, which is an important partner due to its neutrality. Although the LRC in the West is trying to help everyone, it does not have the capacity or the staff required to do so.

The fuel crisis is hampering the operational capacity of the organization, is crippling movement in general, and is thus affecting food security. Food availability at the moment is not too worrying, although the stocks of oil and sugar are low and baby milk is out of stock.

The WFP assessment team could also verify that the shipment of food sent with the Red Crescent to Jefra had been distributed. Moreover, other food is being brought in; at the port, four Turkish ships were unloading food when the assessment team was there. Tunisian products are also smuggled over the border; in addition there is availability of food stocks. However, the fuel crisis is hampering accessibility outside of Tripoli. High insurance premiums are preventing or increasing the costs of importing food by sea, and the docking and offloading of the ships is taking longer. In addition, the banking crisis has led to a lack of liquidity.

Currently, the bakeries are distributing bread free of charge; the wheat flour is provided by the government. Reportedly, the 160,000 IDPs in Tripoli (from Misrata and the Nafusa Mountains) should begin receiving food assistance by the end of July, provided by the government. The best port for offloading is located at Port ahl.

The participants also discussed the need for more assessment reports and the need to share information. It is important that the organizations which do not normally participate in the cluster coordination mechanisms still share their reports and assessments with OCHA, which will make them accessible on the website <http://libya.humanitarianresponse.info>. The participants discussed the need for these reports to use the same methodology and/or standardize their approach.

In Tunisia, many of the NGOs are targeting host families. A gap identified is the registration of these host families, since there are cases where as many as 10 Libyan families are living with one Tunisian host.

Another suggestion included highlighting information in reports, for instance by asking OCHA to include "major findings" as a highlight in the OCHA Situation Report. Main figures, needs or core messages could be posted on the cluster website in a separate "information box".

The group also discussed the relevance of using the standard EFSA module when conducting assessments, as this method is already established by all cluster partners.

#### **Immediate food assistance:**

The participants joined in the map exercises, where those present who not provided information to the food cluster's 3W map had posted their activities directly on the map posted on the wall in the conference room.

- ICRC had provided the WFP with information on their distribution of family kits in Benghazi;
- The Turkish Red Crescent is distributing 6000 pieces of bread each day in Benghazi;

#### **The following information has not been collected or we need more information:**

- Infant feeding and nutritional needs of small children; Ministry has some information, but there are no official records;
- Veterinary assistance;
- Animal food/fodder;
- Support the price stability fund with technical assistance after the crisis; targeting needs to be adjusted. Further assessments involving staff from technical agencies should be undertaken;
- Definition of how to establish vulnerability needed;
- Poultry – disease and demise leads to health issues in general. Lack of antibiotics for animals etc.;
- FAO- From farm to fork, look at the whole food chain system, safety, quality; do the farmers have access to credit, consumer protection etc? How do we get production up and running? Safety of populations also an issue, as is access for the vulnerable parts of the population. How can we involve local communities? Think beyond the distribution aspect of the assistance as a cluster, but how can we revive the food chain? Capacity building, NGOs being created, capacity building of the NGOs, vegetable production etc.

#### **Future Planning:**

- Important to share information currently available to cluster partners, such as on flights and shipping opportunities, free storage, transportation by road on a cost recovery basis etc.;
- Ensure that there is complementary food items delivered by the various NGOs by improving information sharing;
- Issue on the Benghazi side: need more than wheat flour and oil;

- Improve and strengthen partnerships – all participants should do their bit to include partners who are currently not involved in the cluster structure by adding them to the mailing list, recommending who can participate at the cluster meetings, or recommending meetings to the cluster coordinator or other partners who should attend;
- In particular, organized meetings between the UN and the Islamic relief organizations should be set up. There are a lot of Muslim charitable organizations present in Libya. Every other week a cluster meeting should be held with the League of Arab States in order to ensure their participation. Qatar is sending aid, Sudan is sending aid, nobody knows where this aid is going;
- Some participants suggested that only those involved with the focal points should meet every week or every other week. The Partnership Forum meeting should be the first step to ensuring a regular mechanism for coordination between the two groups;
- Does the Humanitarian Forum provide a structure that represents the rest of the Arabic NGO world?

**Next steps and recommendations:**

- The Food Cluster: the three hub system should continue;
- The League of Arab States, the Humanitarian department led by Leila/Humanitarian Forum, Hanil Benda, and Islamic Relief could be selected to represent these organizations and be the key contacts for the coordination;
- Mapping; main messages: in plenary for other actors; the 3W mapping should be a joint exercise for all organizations involved in food security;
- Planned workshop: need to do more EFSA training; liaison with the League of Arab States and Humanitarian Forum to include potential partners for the training;
- Website cannot replace the coordination process; can request that important aspects of the cluster activities be highlighted on the OCHA site reps;
- Specific information which could lead to partnerships would need to be done in the hubs, not in Cairo. However, we cannot improve partnerships until we approve joint mapping in the three hubs and identify the key players, including the smaller NGOs. All participants agreed that these partnerships cannot be established until we have regular meetings;
- A sub-working group within the cluster should be established to focus on early recovery, which would ensure a focus on the more long-term technical institutions.