

HUMANITARIAN EVACUATION ON THE LIBYAN BORDER



28 February 2011–28 May 2011
Three-month report on IOM's response



I. SUMMARY/OVERVIEW

The Libyan Arab Jamahiriya has witnessed unprecedented civil unrest since 16 February 2011. As the security situation deteriorated and casualties mounted, many countries called on their citizens to leave the country.

Before the crisis, the Libyan Arab Jamahiriya reportedly hosted over 2.5 million migrant workers from neighbouring countries, as well as Africa and Asia. Thousands of these workers have fled the country since the outbreak of violence, and many governments have requested assistance from the International Organization for Migration (IOM) to ensure the safe and timely return home of their nationals. As of 28 May, over 885,600 persons, including Libyans, have crossed the Libyan border, with thousands more waiting to cross the border or stranded at sea and in airports.

Decongesting the Libyan border has been one of the international community's top priorities in its response to the crisis. Therefore, IOM and the United Nations High Commissioner for Refugees (UNHCR) have launched a massive joint humanitarian operation in support of tens of thousands of third-country nationals (TCNs). This operation is coordinated at the central level by the joint IOM–UNHCR Humanitarian Evacuation Cell (HEC), which is now hosted by IOM in its capacity as lead agency in the evacuation of TCNs. Over the past three months of evacuation operations, IOM and its partners have provided transport assistance to more than 140,700 stranded TCNs from Algeria, Chad, Egypt, Niger, Sudan and Tunisia.

IOM's presence in Chad, Egypt, Italy, Malta, Niger, and Tunisia makes it well-positioned to rapidly provide assistance to stranded migrants. IOM teams have been deployed for the registration of incoming migrants at the main border crossing points between the Libyan Arab Jamahiriya and neighbouring countries, for the provision of food and non-food items (NFIs), and for the provision

of pre-departure health checks (including fitness to travel), facilitated health referrals, and medical escort services when needed. IOM has also provided critical consular services (for the purposes of identification), ground transport from transit locations to air and sea ports, and international transport of TCNs to their countries of origin via charter flights and/or regular scheduled flights. Thanks to its missions in different countries, IOM is also able to provide assistance at transit points and upon arrival in home countries.

As compared to the onset of the crisis, more vulnerable migrants, particularly pregnant women, children, the injured and the chronically ill, were observed to be crossing the Libyan border in the past weeks. Higher vulnerability has increased emotional and psychosocial concerns of a non-clinical nature among migrants.

The current operational context requires IOM to be flexible and responsive, as frequent adjustments to the scope and timing of its airlift and ground operations are needed so the Organization can increase its capacities when population movements necessitate urgent intervention in border areas and when the security situation allows humanitarian access to stranded populations. Conditions in transit facilities and border camps have also been worsening, with frustration growing among migrants who have been stranded there for several weeks. Increasing numbers of migrants are fleeing the Libyan Arab Jamahiriya through its border with Chad and with Sudan, which pose serious humanitarian risks due to the harshness of the journey through the desert.

While migrant volumes have been kept at manageable levels at the Libyan border thanks to a rapid and consistent surge in airlift capacity, groups keep crossing into neighbouring countries in large numbers. It is therefore essential that consistent response capacity for evacuation be maintained.

IOM firmly believes that the prompt repatriation of stranded migrants to their home countries will alleviate the dire conditions that they have been facing since the outbreak of violence, and prevent further deterioration of the humanitarian situation in host countries whose absorption capacity of a rapid influx of large migrant populations is limited.

The purpose of this report is to provide a cumulative overview of the evacuation operations of IOM and

its partners over the past three months through 28 May, supplemented with graphs and photos to provide more detail. In addition to the macro-level information, highlights of activities and caseload at the country level are also presented in subsequent sections. The report’s final section gives a human face to the crisis through the personal accounts of migrants and TCNs who benefited from IOM assistance.

Figure 1: Coordinated departure summary

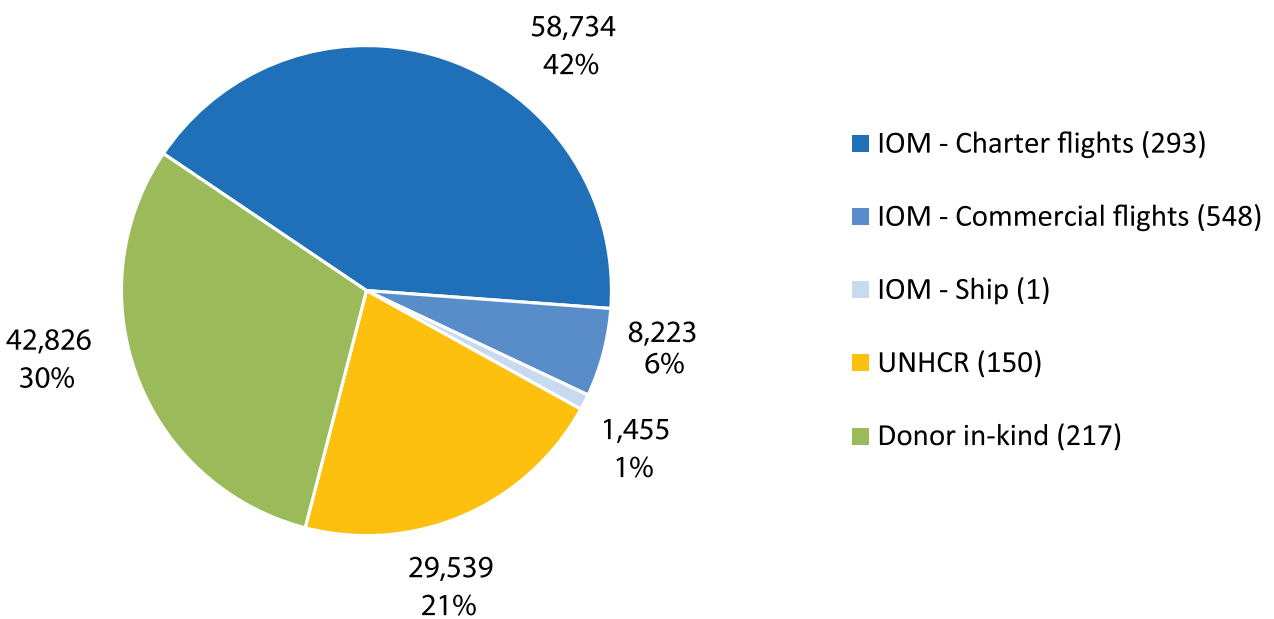


Figure 2: Repatriation of third-country nationals

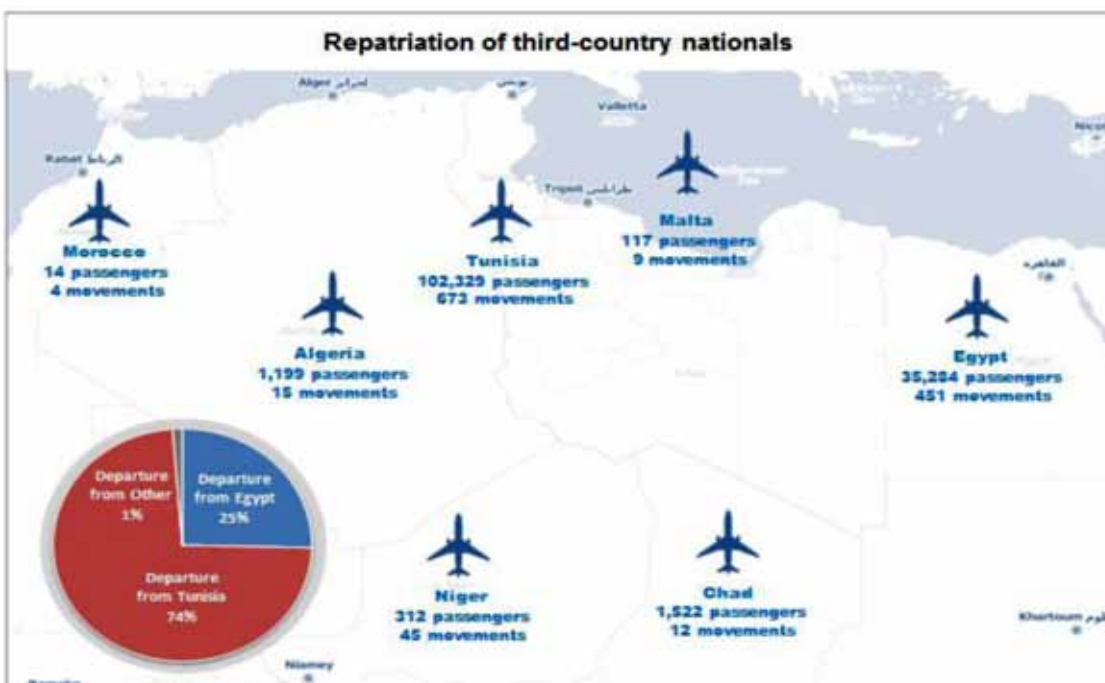
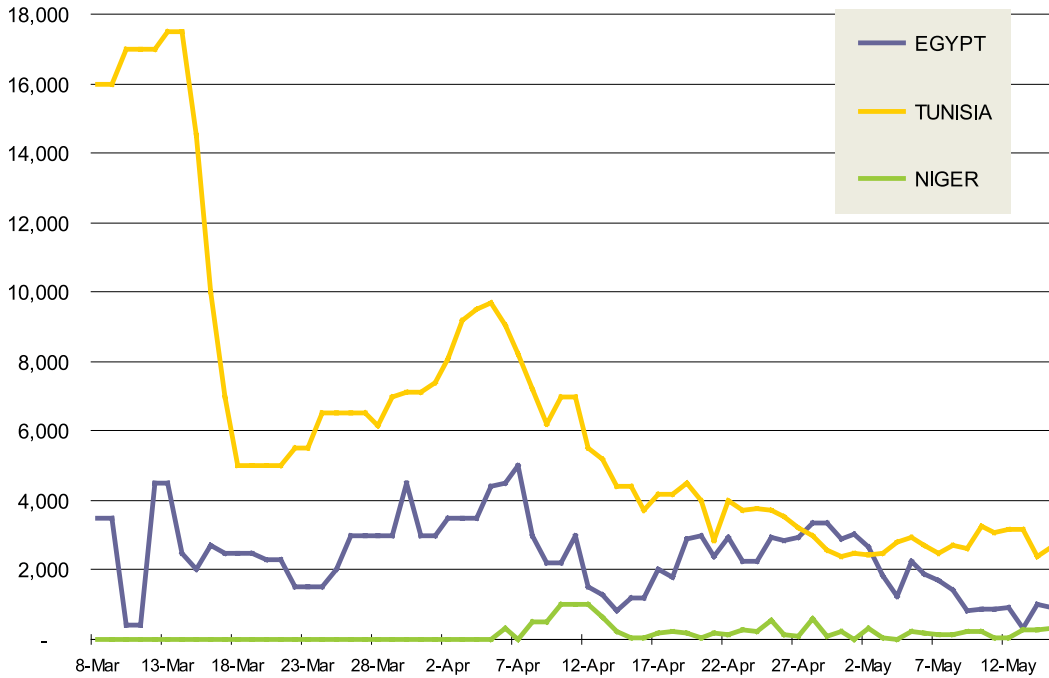
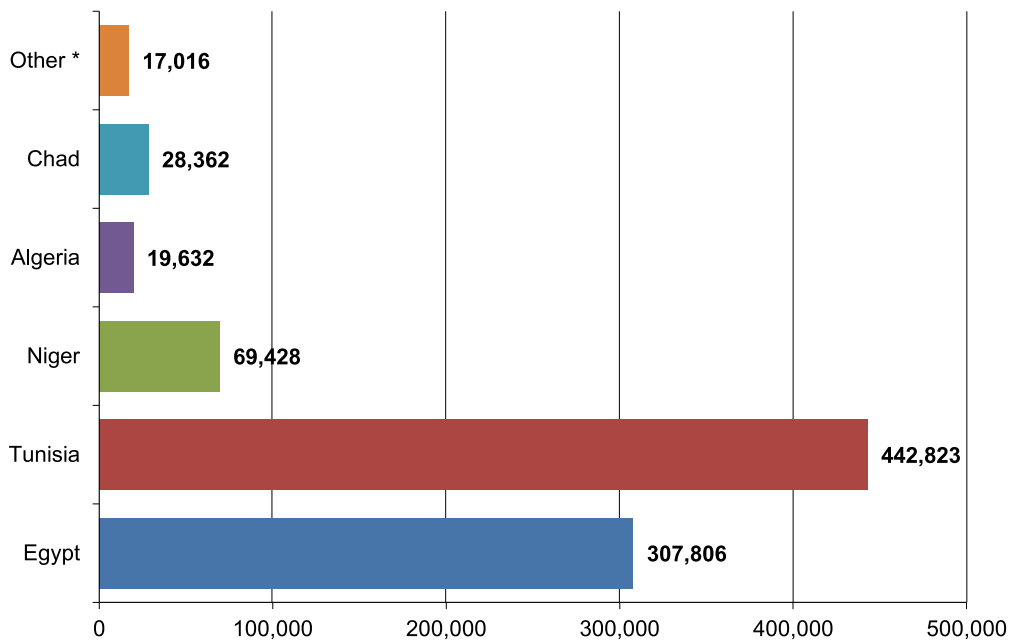


Figure 3: Timeline chart of TCN caseload in Egypt, Tunisia and Niger**Figure 4: Cumulative cross-border movements arrival**

* Other includes Italy, Malta and Sudan

“Thanks to the generous contribution of donors, IOM and its partners have conducted life-saving evacuations for almost 140,700 migrants and provided humanitarian assistance for thousands more in response to the Libya crisis. We hope to count on further support from the international community as we continue to provide humanitarian and repatriation assistance to these migrants.”

– William L. Swing, Director General, IOM

II. COUNTRY HIGHLIGHTS

TUNISIA

- Tunisia is the largest recipient of migrants fleeing from the Libyan Arab Jamahiriya. Due to its proximity to Tripoli and other major Libyan cities, TCNs and Libyans have flocked to the main border points of R'as Ajdir and Dehiba.
- In the initial weeks of the crisis, TCNs constituted the majority of cross-border movements. However, since the beginning of April 2011, Libyan arrivals equalled and eventually surpassed the number of TCNs entering Tunisia. When asked by IOM staff about their future plans, a high number of Libyans stated that they plan to return home. Others chose to stay put in Tunisia and reside with host families until the crisis is resolved. As of 28 May, fewer than 3,000 Libyans were residing at the many transit centres in Tunisia.
- Rapid pre-departure health checks for fitness to travel have been carried out by IOM at Tunisia's main airports to ensure that TCNs receive adequate medical attention and are healthy enough to travel to their final destinations. TCNs in need of urgent health care are referred to local hospitals for further evaluation or treatment, including follow-up care in local hospitals. When needed, TCNs are provided with medical escorts on their return home, as in the case of those with cardiac or mental conditions, and women in the later stages of pregnancy. IOM has initiated discussions with the Tunisian Ministry of Health and the World Health Organization (WHO) to support the existing health referral system in the Medenine region with coordinated transportation services for TCNs.
- Despite challenges in monitoring the population flow, which hindered the booking of flights and thus delayed the departure of TCNs, IOM was still able to maintain a rapid flow of TCNs back to their countries of origin, thereby freeing up space for arriving migrants and also keeping the level of discontentment low.
- The large influx of migrants and returning Tunisians has strained the resources of host communities that could have threatened stability in the border area. In response to a request from the Government of Tunisia, IOM will continue to look at solutions to strengthen public services, in particular the health referral system currently stretched by the large influx of people.





COUNTRY HIGHLIGHTS

Figure 5: TCN departures from Tunisia by nationality

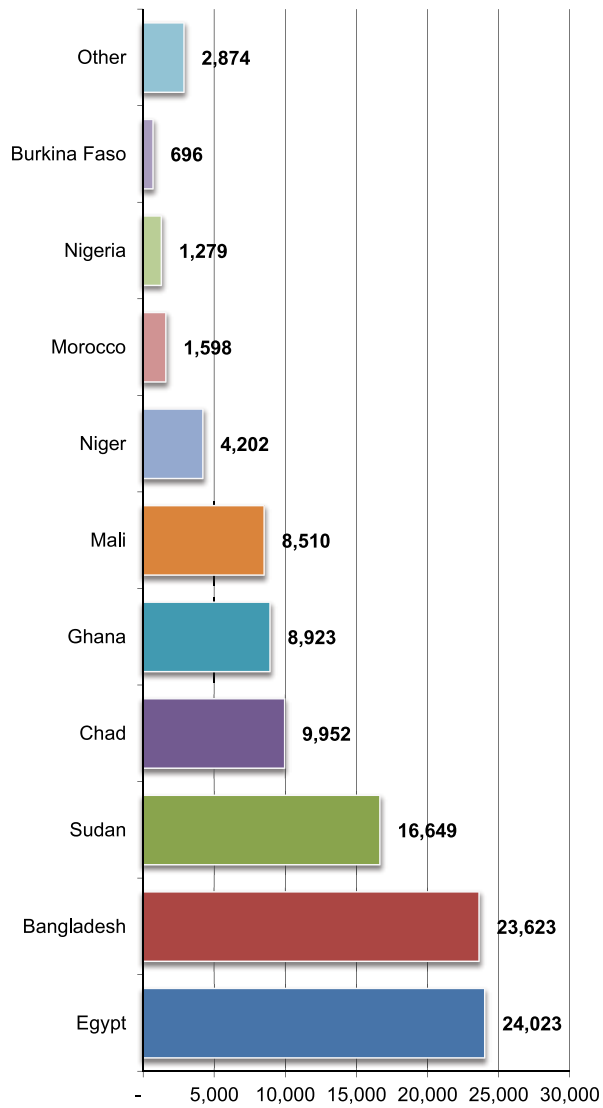


Figure 6: Cross-border movements: Arrivals in Tunisia

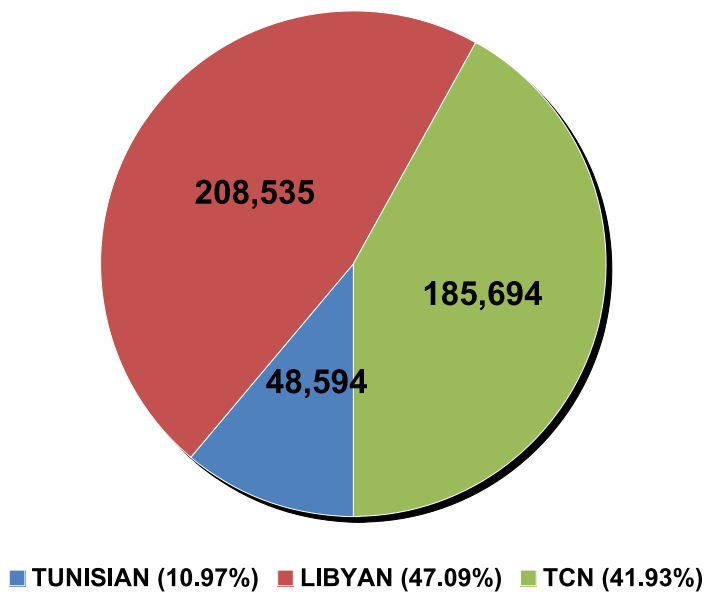


Figure 7: Number of Libyans arriving in Tunisia and number of Libyans departing Tunisia and returning to the Libyan Arab Jamahiriya

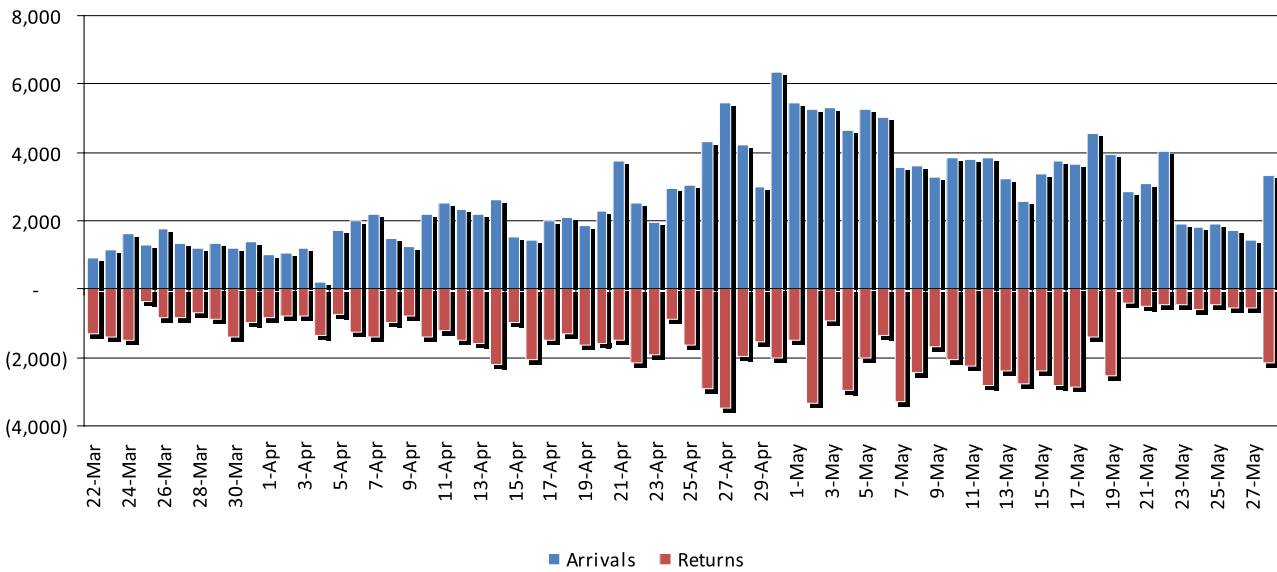
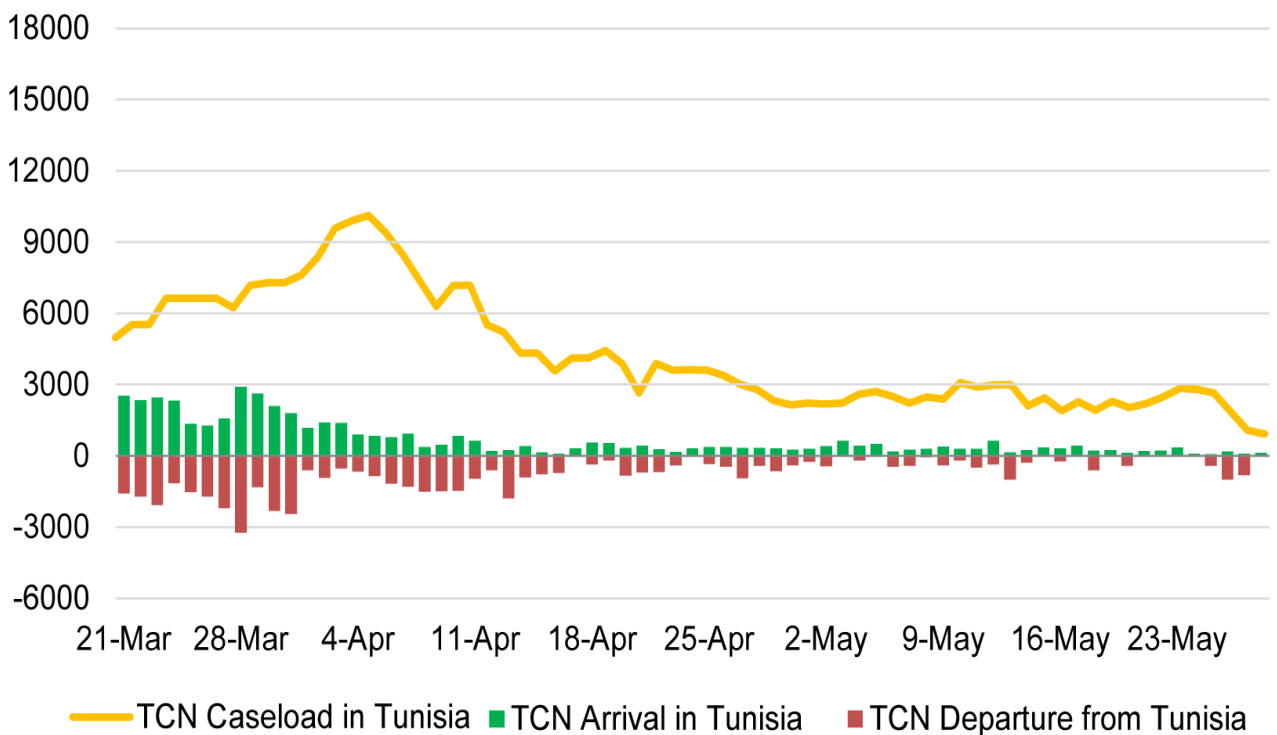


Figure 8: Daily TCN arrivals, departures and caseload in Tunisia



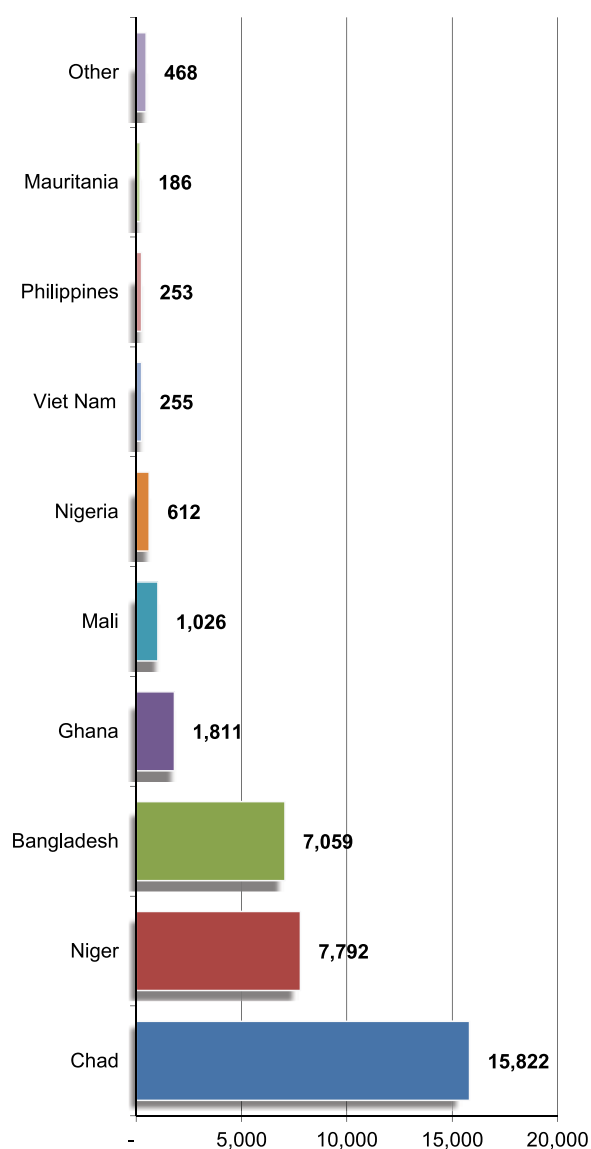
EGYPT

- Prior to the crisis, an estimated 1 million Egyptians were residing in the Libyan Arab Jamahiriya, accounting for the largest group of migrants in the country. Thus, it came as no surprise to find large numbers of Egyptians among the fleeing population. At one point, over 12,500 Egyptians crossed the border on a single day.
- The number of Libyans crossing into Egypt has fluctuated, but more recently it has surpassed the number of Egyptian returnees. However, the majority of Libyans

entering Egypt have returned or plan to return to the Libyan Arab Jamahiriya.

- Regular evacuation of TCNs has been absolutely essential in maintaining order at the Sallum Transit Centre; the number of departures of TCNs to their countries of origin needed to correspond with the high arrival rate.
- IOM continued to support the Egyptian Ministry of Health clinic at the Sallum border with the presence of a team of medical doctors, nurses and a psychologist. The Organization also facilitated referrals of TCNs to hospitals in Masrah Matrou, Alexandria or Cairo as needed.

Figure 9: TCN departures from Egypt by nationality



COUNTRY HIGHLIGHTS

Figure 10: Cross-border movements: Arrivals in Egypt

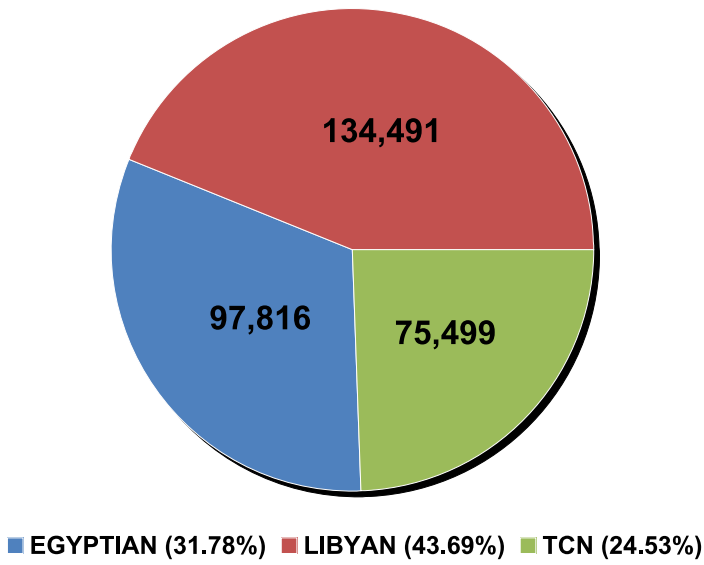


Figure 11: Number of Libyans arriving in Egypt and number of Libyans departing Egypt and returning to the Libyan Arab Jamahiriya

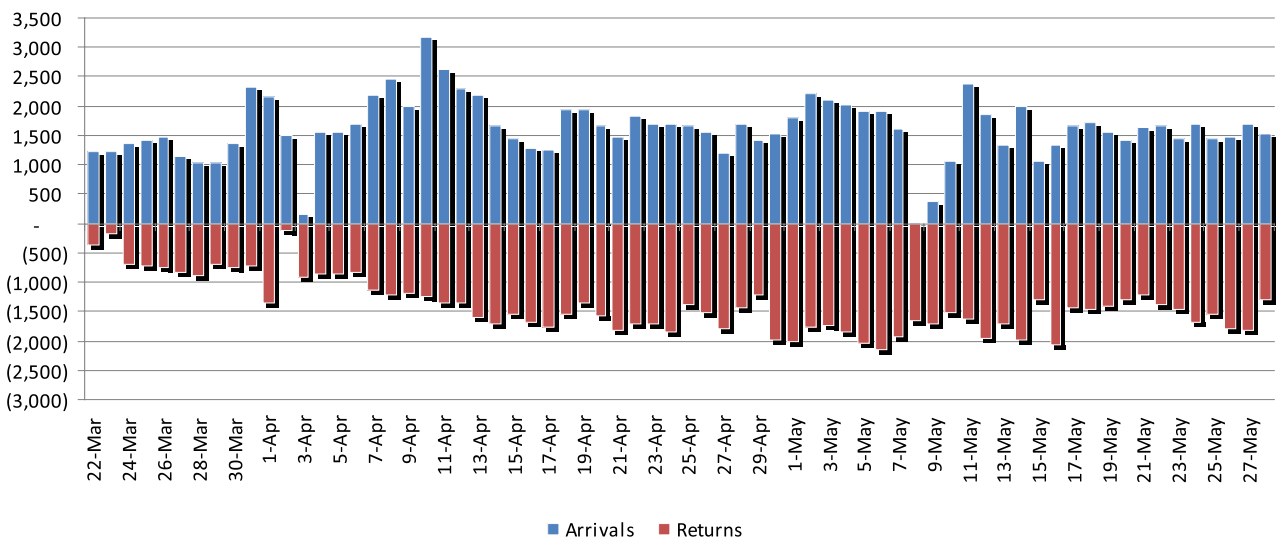
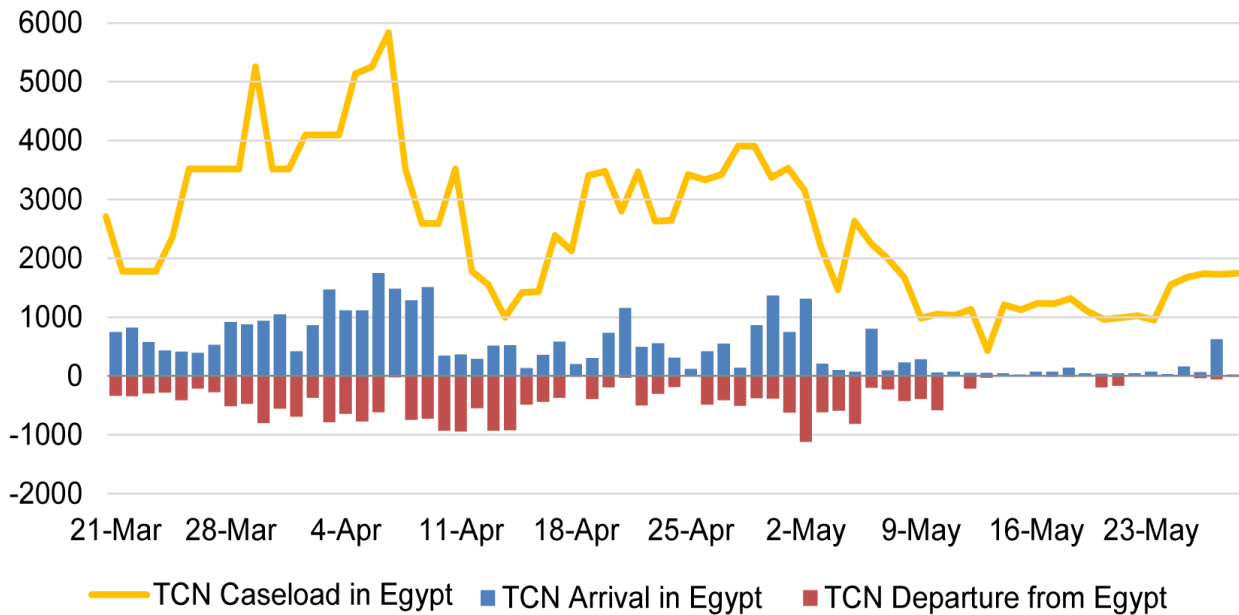


Figure 12: Daily TCN arrivals, departures and caseload in Egypt



CHAD

- The vast majority of arrivals into Chad consist of Chadian male migrants previously employed in the Libyan Arab Jamahiriya.
- Chadians faced many difficulties returning home as most trucks could not cross directly into Chad due to the landmines along the main road from the Libyan Arab Jamahiriya to Faya (Chad). As such, trucks took detours through Niger, thereby lengthening the journey and creating more obstacles (and costs) for the returnees. Others chose another route further east to the small town of Kalait, Chad. Migrants transported on these trucks were exposed to the elements and arrived in a state of dehydration and fatigue. As a result, IOM established a presence in Kalait and Faya to provide onward transportation to Abeche and N'Djamena.
- Due to the vast distances and difficulties with regard to ground transportation, IOM has provided domestic flights from Faya and Kalait to Abeche and N'Djamena for the most vulnerable migrants who are unable to take the trip on truck.
- Besides the extreme weather and harsh desert conditions impeding access to much of the country, IOM faced difficulties in early March due to the high volume of Chadians being repatriated from Tunisia and Egypt by air. At the height of arrivals, 2,200 Chadian passengers arrived in N'Djamena over a 15-hour period. Health care and psychosocial services have been set up in N'Djamena, Abeche and Faya to assist them upon return.
- IOM has completed a profiling exercise of the Chadian returnees and rapid field assessments in main areas of return to determine their needs and to help plan community stabilization programmes accordingly. IOM is currently focused on assisting returnees to reach their homes, while discussions about future community stabilization projects are also ongoing with donors and the Government of Chad.

Figure 13: Cross-border movements: Arrivals in Chad

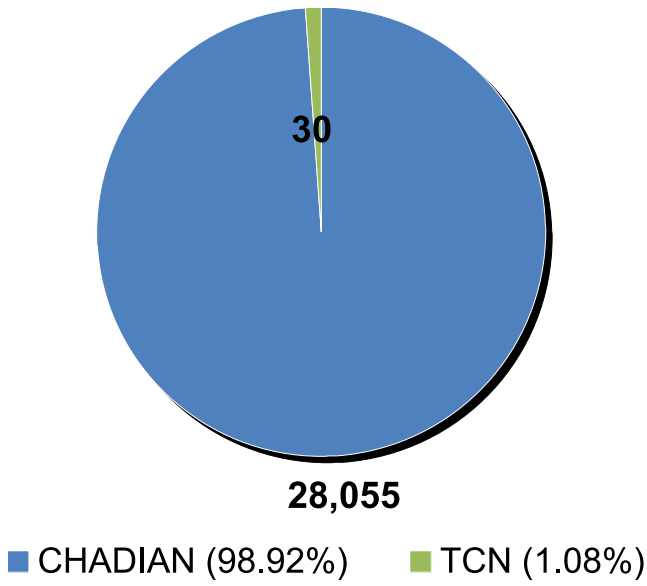


Figure 14: Repatriated Chadians from Egypt and Tunisia

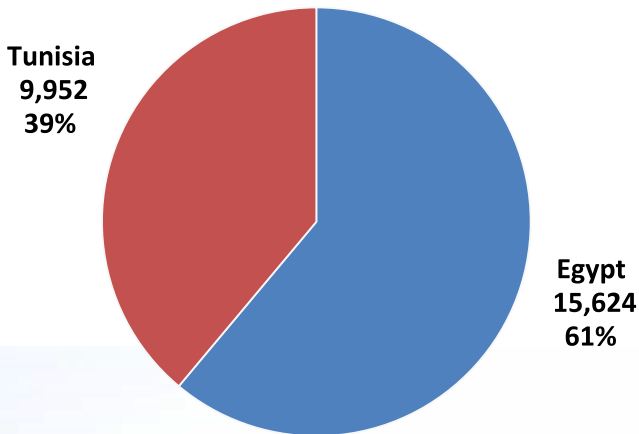
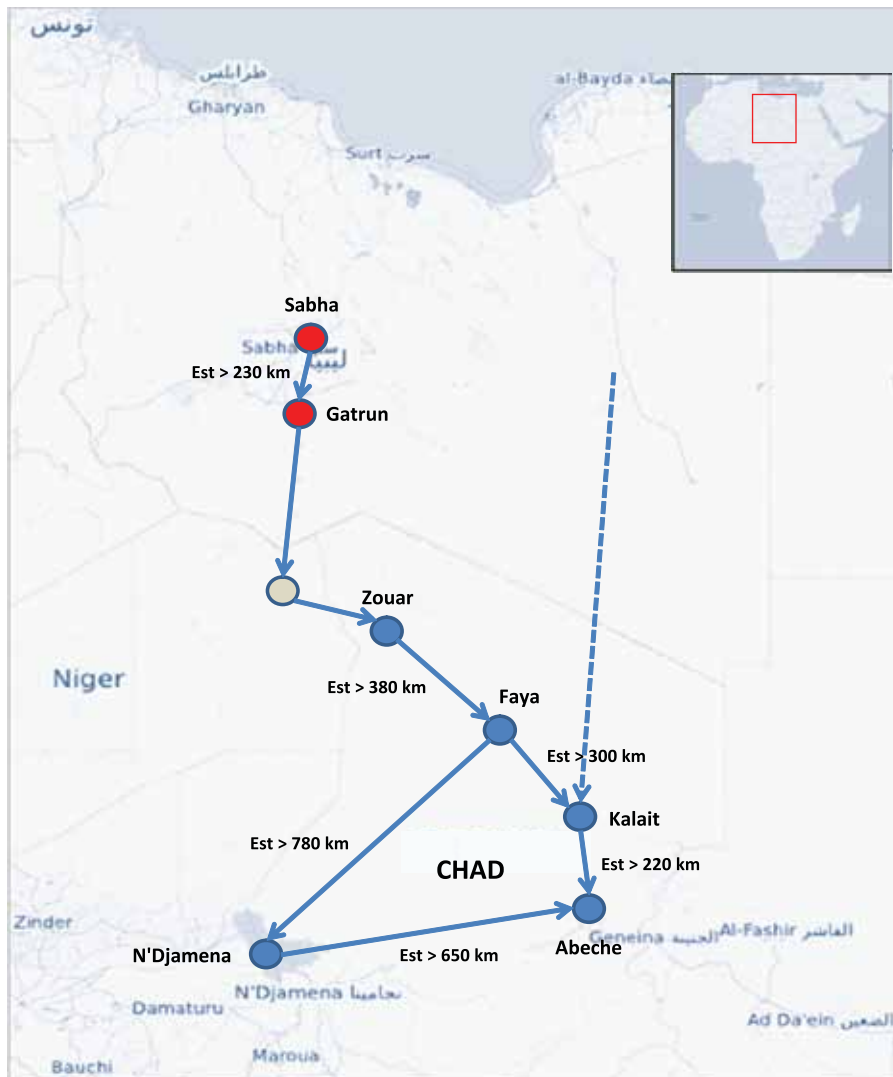


Figure 15: Return route from the Libyan Arab Jamahiriya to Chad



NIGER

- As of 28 May, 65,750 Nigeriens have returned to Niger; most of these migrants are men that had previously been employed in the Libyan Arab Jamahiriya. An additional 3,000 TCNs have been provided transportation assistance, mostly via ground transportation, from Niamey, Niger to their countries of origin.
- Migrants usually arrive in a small town in the northern part of the country, where IOM's transit centre provides a rest stop for those fleeing the Libyan Arab Jamahiriya. Having been exposed to extremely difficult conditions while crossing the desert aboard trucks, many are in need of medical attention. IOM provides health-care services in partnership with a health non-governmental organization (NGO) and with support from WHO. However, there is a need to strengthen psychosocial support services for returning TCNs.
- From Dirkou, trucks carrying migrants take two to three days to arrive at their destination – either Agadez or Niamey. Dirkou has experienced disruptions in the flow of imported goods from the Libyan Arab Jamahiriya, and the large number of newly arrived migrants has exacerbated the situation. The remoteness of the village also increases costs and creates additional challenges.
- Military convoys are necessary inside Niger for security reasons. However, these convoys hinder the speed of operations,

as IOM must liaise with military and local authorities to gain permission and accompany the trucks.

- IOM, other United Nations agencies and international organizations are concerned that the crisis could deepen, given the already vulnerable state of Niger’s food security, as well as the fact that many

families depend on remittances sent by family members working in the Libyan Arab Jamahiriya. This has prompted discussions among the government, the United Nations Country Team and the donor community on reintegration options, as well as community stabilization programmes, to support and help absorb the high number of returnees.

Figure 16: TCN departures from Niger by nationality

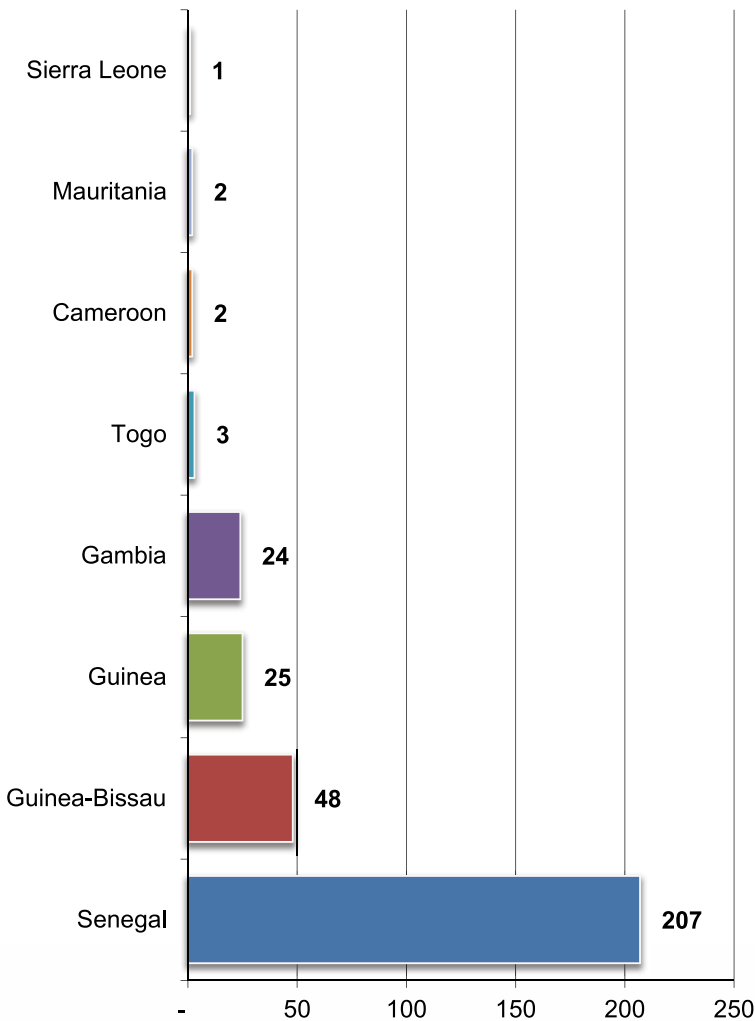
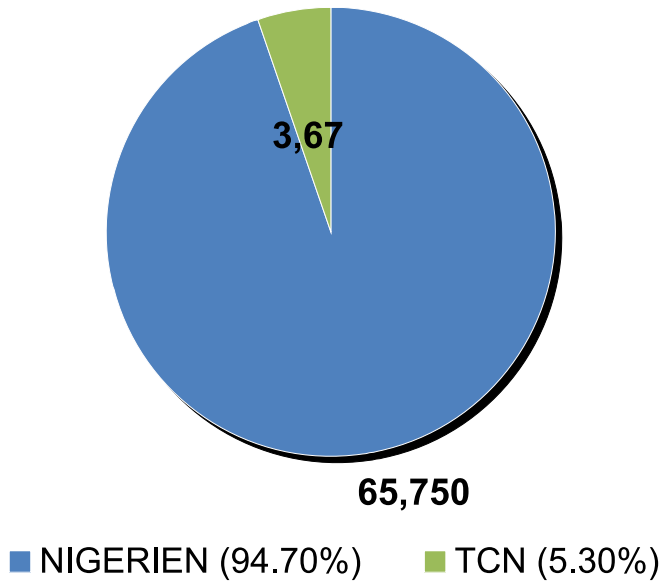


Figure 17: Cross-border movements: Arrivals in Niger



ITALY AND MALTA

- Cross-border arrivals to Italy and Malta represent 1.6 per cent of overall movements.
- Although IOM has established a field presence in areas receiving arrivals from the Libyan Arab Jamahiriya, most of IOM's operations in these regions has consisted of coordination and monitoring. IOM has supported the authorities in identifying shelter for approximately 10,300 people in both Italy and Malta, especially in the very early days of the emergency, when official presence was limited.
- Within the first few days of the crisis, IOM reopened its offices in Lampedusa to provide counselling to newly arrived migrants and to help Italian authorities manage mixed migratory flows coming from Tunisia and the Libyan Arab Jamahiriya. In Malta, IOM – in coordination with other agencies, including UNHCR and the Red Cross – created a committee to tailor responses to the needs of migrants. IOM continues to assist in the resettlement of persons accepted under UNHCR's refugee resettlement programme to a third country. This includes processing legal documents, conducting medical screenings, counselling, cultural orientation, language and skills training, pre-departure orientation, and movement assistance.



WITHIN THE LIBYAN ARAB JAMAHIRIYA: MISRATAH OPERATIONS

- In the early days of the conflict, thousands of migrants moved to the port area of Misratah city in the hopes of fleeing the violence. Living in deplorable conditions, most slept in the open air while others sought shelter in containers abandoned at the harbour.
- Following reports of approximately 8,300 migrants stranded at the port of Misratah,

IOM began operations to rescue the TCNs squatting at the harbour waiting to receive humanitarian aid.

- The ships used by IOM in this operation – Ionian Spirit and Red Star One – endured and eventually overcame obstacles such as shelling, constant fire and sea mines to rescue 6,966 stranded people at the harbour of Misratah.
- Until the end of May, through a total of seven rotations between Benghazi and Misratah, the ships were able to deliver 1,900 tons of humanitarian aid along with medical personnel to relieve the exhausted physicians of Misratah, as well as eight ambulances with vital medical supplies.



III. HUMANITARIAN ASSISTANCE

- IOM has provided a wide range of humanitarian assistance to people fleeing the Libyan Arab Jamahiriya. From the provision of food and shelter to health care and psychosocial support, IOM has ensured that gaps in services are addressed to respond to the needs of migrants.
- IOM has provided shelter, non-food items (NFIs), water and food where needed, setting up transit centres and way stations to provide relief to fleeing migrants.
- IOM has identified several areas where migrants desperately needed humanitarian assistance (such as food distribution in Sallum and stranded trucks in Chad) and responded to these requests with food, water, and health-care and psychosocial support services.

IOM health-care and psychosocial response

- Within the framework of existing health systems in countries of transit and return and coordinated humanitarian responses, IOM has provided rapid pre-embarkation health checks to ensure the fitness to travel of departing migrants. The Organization has facilitated: health-care referrals, continuity of care and provision of medical escorts for migrants ready to travel home, mental health referrals and direct psychosocial support through counselling, and the creation of safe spaces for women and children; psychosocial first aid training for humanitarian actors; and, where possible, capacity-building of health counterparts in travel health and psychosocial assistance.

Figure 18: Humanitarian assistance in Egypt

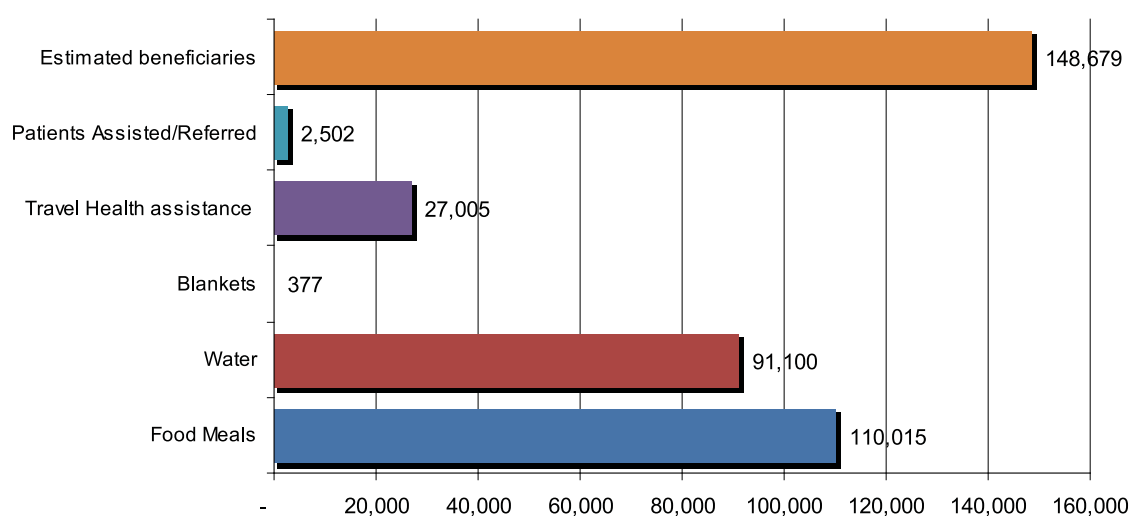


Figure 19: Humanitarian assistance in Niger

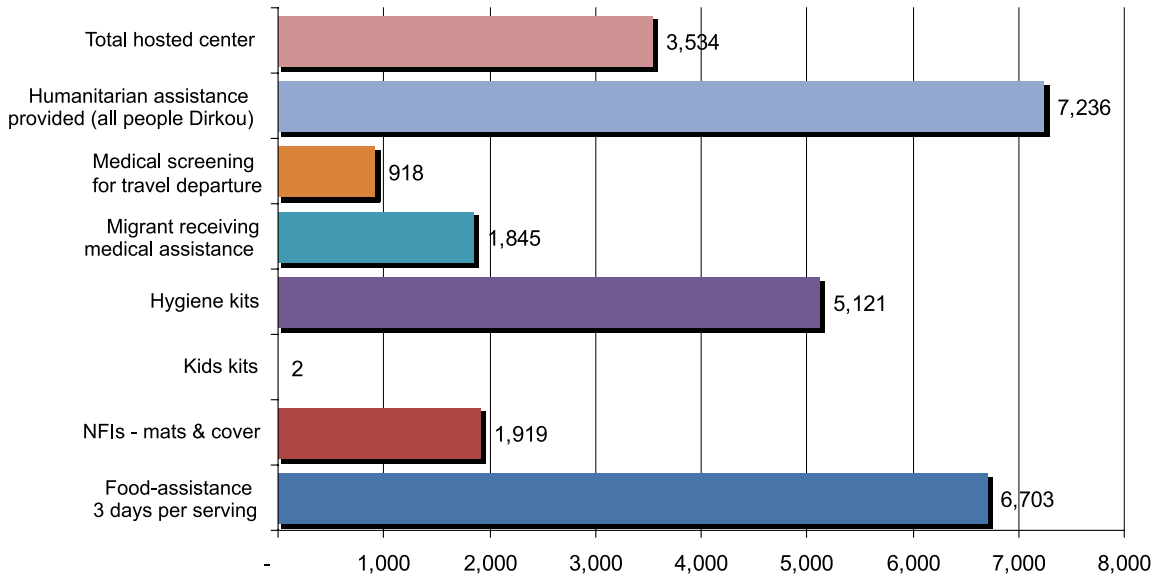


Figure 20: Evacuation from Misratah and Benghazi

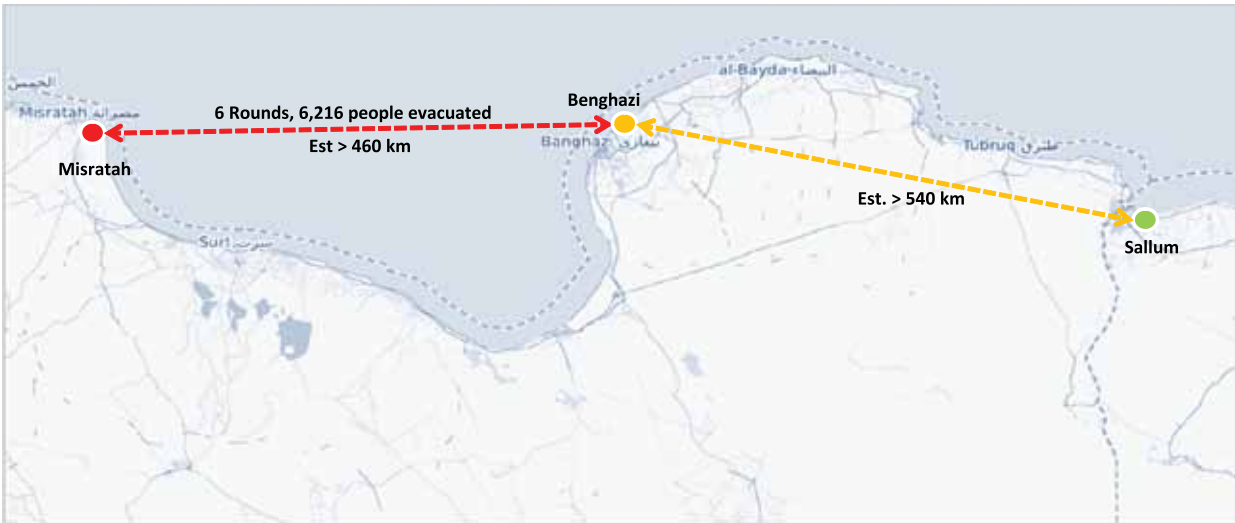


Figure 21: Tripoli map

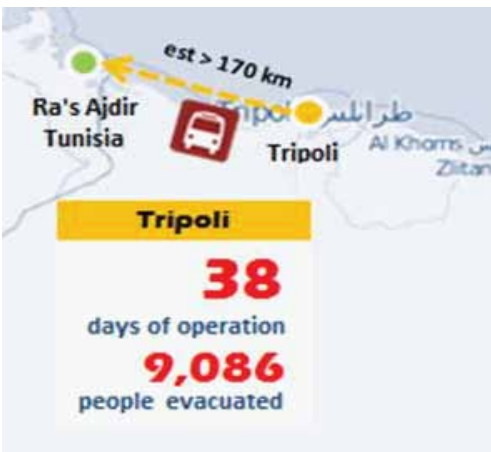


Figure 22: Misratah map



Figure 23: Benghazi map



IV. PERSONAL STORIES

Zahidul

Zahidul from Pabna, Bangladesh had gone to the Libyan Arab Jamahiriya in search of a better life and to send back money to his struggling family of seven brothers and five sisters. He went to Misratah in 2008 to work at a painting company and earned around 275 dinars (USD 231) per month. When the crisis began, Zahidul immediately contacted the Bangladesh embassy, which advised him to wait for the crisis to die down. As the crisis escalated, he contacted the Foreign Minister's Office in Dhaka and then saw action being taken by the Bangladesh mission in the Libyan Arab Jamahiriya. At the border, he received assistance from IOM, UNHCR and the International Red Cross. On 4 March, Zahidul had his flight to Dhaka, where he was received by IOM staff at the airport and assisted through the immigration channel. He is grateful that the Government of Bangladesh arranged for his onward transportation. Zahidul is currently unemployed and hopes the government and international organizations will help him and thousands like him who had contributed to the country's economy from abroad.

Ousman

For Ousman, a Chadian migrant worker in the city of Benghazi, life in the Libyan Arab Jamahiriya suddenly changed in late February. "Many people started fighting. People were burning the police station and had guns with them," he said. Ousman was working as a translator for a French company and teaching at the International House of Benghazi. He travelled to the Libyan Arab Jamahiriya to look for work, spending one year in Benghazi before he was forced to leave. He was living in fear and thus he decided to flee, eventually making it to the southern Libyan town of Gatroun. "It was very difficult in Gatroun, and

many Chadians were trying to get transportation back to Chad. There is not any food there for the migrants and there is no good water to drink," Ousman said. He stayed in Gatroun, sleeping in the open air for two weeks before departing to Chad. He boarded a truck with 218 other passengers in mid-April and started a four-week journey from the Libyan Arab Jamahiriya to the Chadian town of Faya. "We didn't have enough food and water on the journey," Ousman said. Once he reached Faya, he was registered at the IOM registration centre, and then he departed for N'Djamena on an IOM truck. "I have family in N'Djamena and I want to study English there. I didn't finish my studies. I have a certificate, but it was left in Libya." Ousman intends to look for work in N'Djamena.



Adoum

Adoum is a 17-year-old migrant worker from Faya. He returned to Faya after spending three months working on a farm in the Libyan Arab Jamahiriya to earn money. "I left Libya because of

the war,” Adoum said. As he was in the Libyan Arab Jamahiriya for only three months, he said that he did not save much money. Adoum returned to Chad with only the clothes on his back and a mat. “Some will come meet you in the house and give you the time to leave – if they come back and you are [still] there, maybe they will beat you or do something wrong to you.” Adoum describes the same route from Benghazi through the Libyan towns of Sebah and Gatroun, before continuing south into Chad. This is the route for returnees arriving in the town of Faya. The 10-day journey by road across the desert was also a challenge for Adoum and the other 84 migrants on his truck. Adoum says that they did not have much food, but they packed enough from the Libyan Arab Jamahiriya for the journey. “We did not have enough water on the trip,” said Adoum. Unfortunately, three other passengers, all young men, died on the trip due to dehydration. Adoum has reached his home town of Faya. When asked what he intended to do now that he is home, he responded, “I will try to join those who are working in the mine near Faya. They are digging for salt. If they hire me, I will work there to make some money.”



Victor

Victor is a 20-year old Nigerian. He was one of the 47 lucky survivors of the shipwreck on 7 April 2011 that resulted in almost 250 fatalities. Having

lost his family, he arrived alone and desperate on Italian soil. Victor was just a teenager when he left Nigeria since he had no more relatives residing there. He moved to the Libyan Arab Jamahiriya and got married. He worked as a football player for a famous junior team. Unfortunately, during the civil war, Victor lost his wife; he thought that the only way to give his two-year old baby a better life was to flee the country.

Victor boarded a boat with 300 other people trying to reach Italy; the trip ended in a shipwreck that claimed the life of his baby. Victor and the other migrants were taken to Loran Base, where they received medical treatment, along with food, water and shelter. Currently, Victor is in a centre in Bari, where he is learning Italian and starting to play football again. He hopes to stay in Italy and get hired by a football club.

Babul

Babul is a Bangladeshi migrant who travelled to the Libyan Arab Jamahiriya on 5 May to work at a building construction company. He had worked very hard to accumulate 220,000 Bangladeshi taka (USD 3,055) for travel and a two-year contract with the company. He used to send BDT 20,000 every month to support his mother, two brothers and five sisters. However, by the end of February, amidst the violence, Babul crossed to the Egyptian border. There, he lived with thousands of other destitute Bangladeshis in the worst of conditions. He had no access to food and water and slept on the road at night. Some days, he would survive only on a biscuit and little water. Finally, after weeks of struggle and almost giving up hope, Babul was contacted by IOM officials, who arranged flights, documentation and subsequent travel back to Bangladesh. In Dhaka, he was greeted by IOM staff and assisted until he boarded his bus and travelled back home to his family. He says he is truly indebted to IOM for its timely assistance, but he also hopes that IOM will collaborate with the government on initiatives to help him and others like him get back on their feet.

Bashar and Fatima

Bashar is a Nigerien migrant who has been working in the Libyan Arab Jamahiriya for over three years. Despite their undocumented residential status, Bashar said he was able to support his family and live well until the crisis. On 28 February, after having his home raided, Bashar gathered his family and fled. He first hid his family in the bush and returned to town looking for a vehicle. After eight perilous days of journey, his family reached the IOM transit centre in Dirkou, Niger. Bashar's daughter was suffering from diarrhoea and dehydration on arrival. His wife, Fatima, then

nine-months pregnant, was in a greatly weakened state, while Bashar himself was on the verge of depression. IOM immediately provided them with both medical and psychosocial assistance. As their onward journey was still long and difficult, the family stayed at the centre until the delivery of the baby. On 23 March, Fatima gave birth in Dirkou; on 2 April, Bashar, Fatima and their two children left the centre in Dirkou for Agadez, joyful to be alive, healthy and with a new member of the family in tow. However, they were concerned and saddened by having lost their livelihood and they worried about having to rebuild everything.



V. FINANCIALS

Figure 24: Financial contributions received, as of 31 May 2011

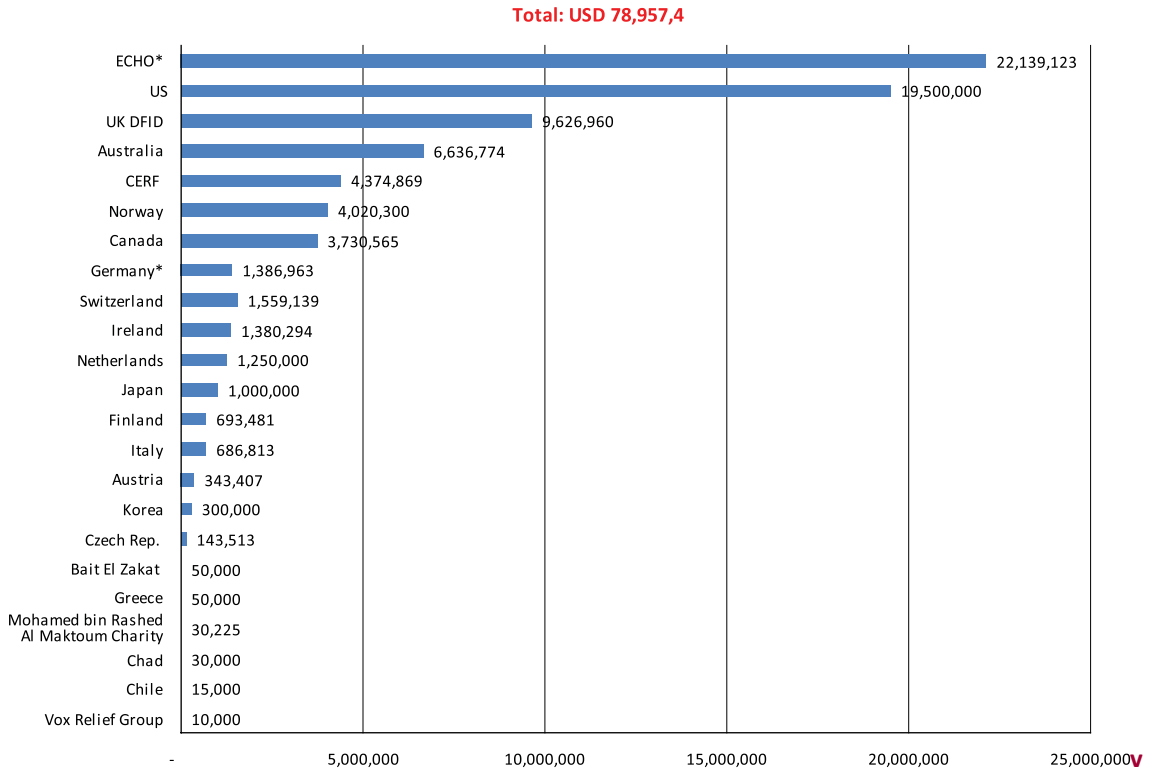


Figure 25: In-kind contributions received, as of 31 May 2011

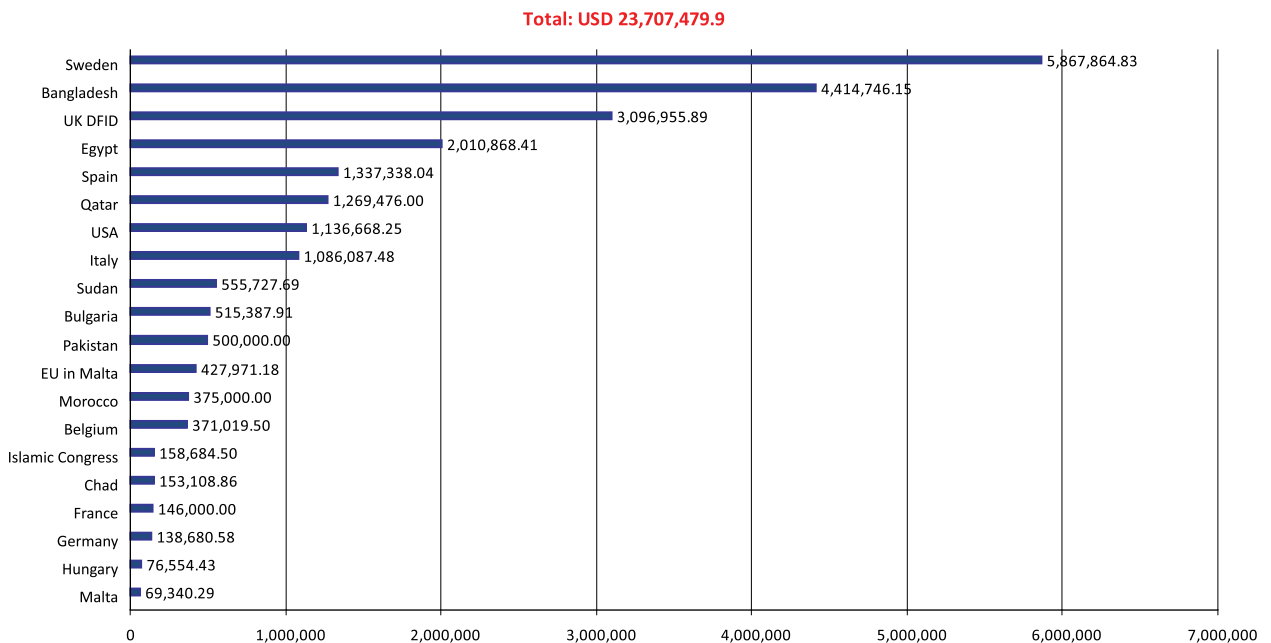
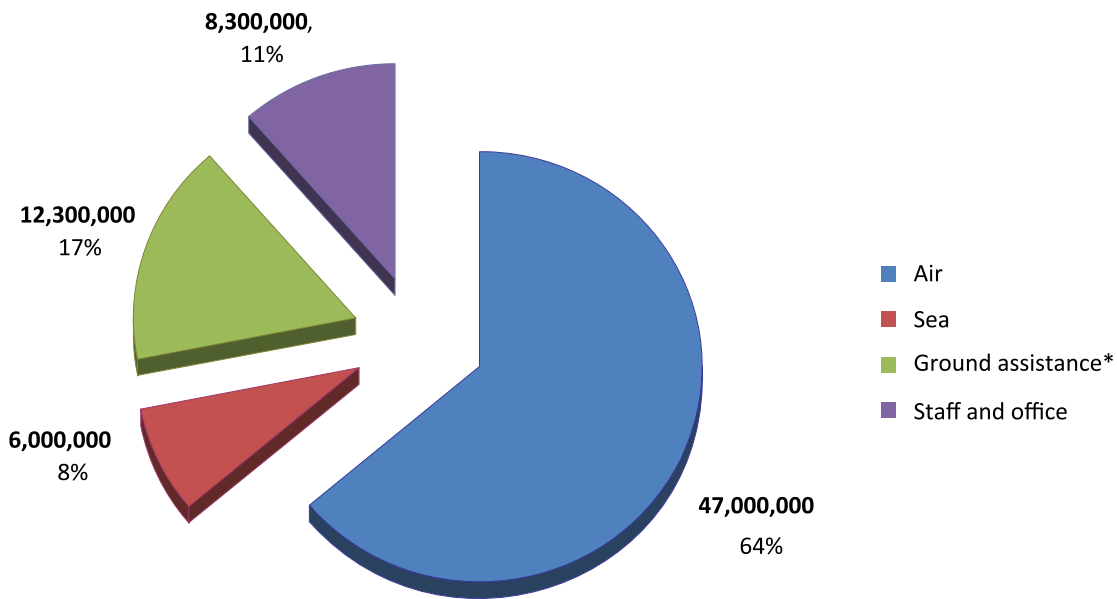


Figure 26: Estimated expenditures, as of 31 May 2011

Total: USD 73,600,00





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