On September 10, Storm Daniel hit Libya, unleashing powerful winds with speeds of up to 80 km/h (50 mph) and heavy rainfall. The following day, the formidable force of the storm caused the collapse of two dams located upstream from the coastal city of Derna, resulting in the confirmed loss of 4,265 lives. According to the regional emergency committee’s report, 25% of Derna is submerged or destroyed. Despite the efforts of search-and-rescue teams in locating 452 survivors, more than 8,500 people remain missing.

The catastrophe is straining Libya’s healthcare system. According to the World Health Organization, 63% of hospitals and 52% of primary health facilities in the affected area are partially functional or non-functional. And there is a deficiency of medicines necessary for the treatment of chronic diseases. Most health risks for flood survivors are related to contaminated water sources and inadequate hygiene and sanitation facilities. These conditions heighten the risk of disease outbreaks, such as water-borne diseases, including acute watery diarrhea and cholera, and vector-borne diseases, including typhoid, dengue, malaria and yellow fever. The healthcare infrastructure has suffered substantial damage, requiring urgent deployment of emergency medical assistance and body bags for burials.

The floods have displaced more than 40,000 people in Derna, with 30,000-35,000 currently residing in overcrowded camps and settlements in and around Derna governorate, where they have limited access to clean water and sanitation. Furthermore, there is a pressing need for mental health and

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**FAST FACTS**

- More than 4,000 people are reported dead, while more than 8,000 people are missing and tens of thousands displaced.
- In the affected area, 63% of hospitals and 52% of primary health centers are partially functional or non-functional.
- The worst-affected areas are the cities of Derna and Sousa, along with the neighboring towns of Al Bayada and Al Makhalli.
- Needs for WASH, healthcare and mental health services are critical in flood-affected areas.

**OUR FOOTPRINT**

- International Medical Corps was the first international humanitarian organization in Libya after conflict began in 2011, and has since been providing critical health, nutrition, protection, mental health and psychosocial support (MHPSS), and water, sanitation, and hygiene (WASH) services.

**OUR RESPONSE**

- We have two EMT Type 1 Fixed facilities operational in Derna.
- PPE has been delivered to Derna and distributed to aid the search-and-rescue efforts.
- Non-food items, including blankets, wheelchairs, crutches and cooking sets, are on their way to Benghazi this week to distribute to vulnerable households.

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psychosocial support (MPHSS) services in affected communities to address issues related to loss, anxiety, depression and post-traumatic stress disorder. These services should encompass a spectrum of care, from psychological first aid to specialized psychiatric care for deeply traumatized people.

**International Medical Corps Response**

**Health**

International Medical Corps now has two EMT Type 1 fixed facilities operating in Derna, providing primary healthcare services to flood-affected communities: Dar Alsalam PHCC in West Derna and Ehrir Kwesah in East Derna. More than 400 patients have been seen; 30% have been children under 12. Our team conducted an information dissemination campaign for displaced people to make them aware of our healthcare services. Our team also distributed PPE to search-and-rescue teams and Libya Red Crescent workers. In Sousa, International Medical Corps received permission from the Libyan Ministry of Health (MoH) to establish its third EMT Type 1 fixed facility. We are currently assessing the selected site. This should be finalized in the coming days.

**MHPSS**

International Medical Corps signed an agreement with the Libyan National Centre for Disease Control and Citizen Service Center to run the national mental health hotline and recruited staff to operate it. The hotline became operational on Monday, October 2. We are recruiting additional MHPSS staff for the supported health facilities and mobile teams to be able to provide much-needed counseling services.

**WASH**

International Medical Corps is finalizing assessment activities to begin a water, sanitation and hygiene (WASH) response in health facilities, with community-based activities focused on infection and prevention control. Hygiene kits have been procured and pre-positioned, ready to be distributed to vulnerable households in the affected areas this week. International Medical Corps will also receive water modules—containing equipment to set up water networks that can serve up to 5,000 people each—and water bladders in the coming weeks. With these supplies, we plan to rehabilitate and/or build water networks to ensure clean water is available in communities and at health facilities.

**Non-food Items**

International Medical Corps established a partnership to receive non-food items, such as blankets, wheelchairs, crutches, cooking sets, toys for children and other requested items. These items will arrive in Benghazi this week for distribution to vulnerable households in flood-affected communities.

**Operational Capacity**

We have scaled up our response, recruiting 19 local staff members in the last two weeks to support flood response efforts. Additionally, International Medical Corps staff will arrive in the country this week to provide further technical support to the Health, WASH and MHPSS sectors. A warehouse has been sourced in Benghazi to increase our capacity to receive and distribute items and scale up quickly.

**Coordination**

Thematic working groups by UN agencies have been reactivated. International Medical Corps is coordinating with all working groups, including Health, Protection and WASH, to ensure a collaborative response with other stakeholders. The first EMT coordination group was held this week. International Medical Corps presented and provided guidance to other actors providing EMT responses.