Effects of the September storm that caused the collapse of two dams upstream from the coastal city of Derna are still being felt in Libya, with limited functionality in hospitals and primary healthcare (PHC) facilities exacerbating existing challenges—including a scarcity of health experts, medications and supplies—and damage to essential infrastructure. Health services continue to be disrupted due to the unstable supply of medication, suboptimal warehouse conditions and access disruptions in the medication supply chain caused by flooding.

Almost 45,000 people remain displaced two months after the devastating flood, with health services identified as the primary need of internally displaced persons (IDPs) in Derna and Almarj. The health risks confronting flood survivors are substantial due to contaminated water sources and insufficient hygiene and sanitation facilities. These circumstances increase the probability of water-borne diseases, such as acute watery diarrhea and cholera, along with vector-borne diseases, such as typhoid, dengue, malaria and yellow fever.

Moreover, there is an increasing need for mental health and psychosocial support (MHPSS) services within affected communities. Those calling the national MHPSS hotline have been expressing concerns that include overwhelming stress, persistent low moods, disrupted sleep patterns, heightened stress levels, and increased anxiety, largely attributed to the ongoing uncertainty around recovery from this disaster.

International Medical Corps Response

Health

International Medical Corps has established six Emergency Medical Teams (EMT) Type 1: three are in fixed locations, and three are mobile. Of the three fixed EMTs, two are in primary healthcare centers in Derna (Dar Alsalam and Yousef Aborhil Primary Healthcare Centers), and one is in Sousa (in General Hospital). One of the mobile teams is providing services at Shuhadaa Alurgurf health facility in Alfatayeh Muhalla in Derna, to help deal with the shortage of medical staff

there and to help them treat IDPs living nearby. In response to the increased number of IDPs from Derna arriving in Misrata, International Medical Corps deployed two additional mobile teams to Misrata on November 15. So far, the teams have provided health services to 4,318 people (2,542 women, 1,776 men). Identified morbidities include acute and chronic conditions such as hypertension, and upper respiratory tract infections in children and adults.

The mobile team in Derna organized two health-awareness sessions led by a community health worker (CHW). The first session was delivered to the students of Ajyal Al Ghad Elementary School, with topics including personal hygiene and the importance of a healthy diet in boosting the body's immunity against illnesses. The second session took place at the Shuhadaa Algurgef health facility and addressed topics related to post-traumatic stress disorders, such as anxiety and stress, as well as preventive measures for mental health disorders and coping strategies for associated challenges.

International Medical Corps also distributed essential medications and non-food items to health facilities and entities in Derna and Sousa, including 15 wheelchairs, 50 crutches, 84 mattresses, 1,947 diapers and essential medicines.

Mental Health and Psychosocial Support (MHPSS)

International Medical Corps continues to support the national helpline with mental health counsellors, who have handled 436 calls since the hotline’s launch, providing 131 with MHPSS services, including psychological first aid (PFA), stress management, counselling, emotional support and psychoeducation. Roughly two-thirds of the callers were women and one-third were men, with almost 60% of callers from directly affected areas, including Derna, Al Bayda, Benghazi and Tobruk. Other callers were IDPs in Tripoli and the surrounding areas.

International Medical Corps coordinates with all thematic working groups, including health, protection, WASH, GBV and MHPSS. This collaborative approach ensures a cohesive and effective response with other stakeholders. On November 13, International Medical Corps participated in the MHPSS Thematic Working Group meeting, led by WHO. We will collaborate with local partners and the newly established National Mental Health and Psychological Support Authority under the Ministry of Health to coordinate future MHPSS activities.

Water, Sanitation and Hygiene (WASH)

In coordination with other international non-governmental organizations (ACTED and ASARYA) and local authorities, International Medical Corps has identified the locations in Derna city most in need of water access. Assahil is one of the most affected areas, and due to the high level of need, International Medical Corps, ASARYA and ACTED have agreed to divide it into three zones for better response and coordination, with the support of UNICEF. International Medical Corps has assessed Zone 1 to identify the number of families in need of emergency water through water trucking, and has identified 800 households needing support.

International Medical Corps also has assessed six health facilities and their needs for providing safe and adequate water, water storage and rehabilitated sanitation systems.

International Medical Corps plans to conduct a hygiene campaign promoting disinfection kits from UNICEF to prevent acute watery diarrhea cases in the health facilities we support in Derna. Distribution of the kits started on November 20.

Gender-Based Violence (GBV)

International Medical Corps is in the final stage of recruiting for outreach and social workers to lead the GBV prevention and response activities in Derna and Misrata, who will be on board in late November. Our social worker and community engagement and outreach assistant have been onboarded in Benghazi to carry out community-based GBV activities.

International Medical Corps teams have started conducting mapping of civil society organizations in of Derna and Benghazi to gain a broad understanding of local capacity and available resources, and to identify and engage with relevant local partners that can contribute to the overall effectiveness and sustainability of programs in these regions. This collaborative approach will ensure that the psychosocial support and other services provided to affected populations are well-coordinated and aligned with existing resources and expertise within the community.