Humanitarian needs persist in the wake of Storm Daniel, which struck northeast Libya in September and resulted in the collapse of two dams upstream from the coastal city of Derna.

Preexisting challenges, including partial functionality in hospitals and primary healthcare (PHC) facilities—marked by shortages in medicines and staffing, damage to infrastructure and inadequate equipment—have been further intensified.¹ Almost 45,000 people have been displaced by the floods in northeastern Libya, with more than half of these internally displaced persons (IDPs) residing in privately rented accommodations, which is a financial burden for many.²

Contaminated water sources and insufficient hygiene and sanitation facilities increase the risk of water-borne diseases, such as acute watery diarrhea and cholera, and vector-borne diseases, such as typhoid, dengue, malaria and yellow fever. The damage to boreholes, water pipes, and the water and sewerage system is significant, requiring extensive long-term reconstruction. Compromised water quality has led to nearly 10,000 cases of diarrheal diseases since the onset of the floods, highlighting the urgent need for increased water-quality testing.³

There also is a growing demand for mental health and psychosocial support (MHPSS) services in affected communities. The national MHPSS hotline, supported by International Medical Corps, receives calls reporting concerns such as overwhelming stress, persistent low moods, disrupted sleep patterns and increased anxiety. These issues primarily stem from the ongoing uncertainty surrounding the recovery from this disaster.

International Medical Corps Response

Health

International Medical Corps has deployed eight Type 1 Emergency Medical Teams (EMTs), strategically distributed among three fixed locations and five mobile units. To date, our teams have completed 8,190 outpatient consultations (4,805 women, 3,385 men) in the flood-affected areas. We operate two fixed EMTs at Dar Alsalam and Yousef Aborhil primary healthcare (PHC) centers in Derna, while another is stationed at the General Hospital of Sousa. In Misrata, two mobile teams have focused on delivering vital health services, addressing prevalent conditions such as hypertension and upper respiratory-tract infections across eight health facilities. A separate mobile team is operating at the Shuhada Algurgof PHC facility in Derna. From December 5–9, we deployed a new mobile team in Benghazi and evaluated Ali Masoud PHC, Barga PHC, Bersus PHC and Deryana PHC.

Following the completion of the rapid health needs assessment, on December 6 our mobile team in Albayda began providing emergency and essential health services at three health facilities and one IDP settlement. These facilities include Albayda Polyclinic No. 3, 4 and 7, along with the Belgrai Hotel, currently serving as a shelter for 60 IDPs from Derna. In collaboration with health authorities, on December 13 International Medical Corps’ health team has initiated daily visits to provide medical services, including general health consultations, nursing services and community awareness sessions at Ali Masoud (Benina) PHC in Benghazi.

Throughout December, our community health workers facilitated 49 awareness sessions across all supported locations, engaging 212 participants (126 female, 86 male) from the community. The sessions covered such topics as personal hygiene, post-traumatic symptoms and coping strategies, national vaccination protocols and school health. The community’s response to these sessions was notably positive, with a high level of engagement. Many community members expressed interest in extending the scope of topics covered, with a particular emphasis on broader general health subjects and mental health issues, especially those related to child behavior.

Mental Health and Psychosocial Support (MHPSS)

International Medical Corps remains committed to aiding the national helpline by providing mental health counselors. Since the hotline’s inception, our counselors have managed 1,984 calls, delivering MHPSS services for 218 of them (the remaining calls primarily involved inquiries about our services). These services encompassed such elements as psychological first aid (PFA), stress management, counseling, emotional support and psychoeducation. Notably, 67% of the callers were women, and 33% were men. Half the callers originated from directly impacted regions, including Derna, Al Bayda and Benghazi. The remaining callers consisted of IDPs situated in Tripoli and its environs.

Water, Sanitation and Hygiene (WASH)

International Medical Corps is purchasing 11,000 6-liter bottles of drinking water for distribution in Derna, and will begin delivering 84,000 liters per day through water trucking to the Alsahil area in Derna by the last week of December.

We also are addressing the widespread occurrence of water-borne diseases in Derna, distributing 1,200 disinfection kits to people affected by these diseases, and launching a comprehensive hygiene-promotion awareness campaign comprising 146 sessions that have reached 365 people (114 women, 251 men). The sessions are designed to disseminate crucial information on such topics as the causes and symptoms of acute watery diarrhea, prevention awareness, safe water-storage practices and water treatment methods.

Gender-Based Violence (GBV)

Our GBV team carried out six awareness-raising activities in Derna and Benghazi, engaging 90 people from communities affected by flooding. The sessions addressed various topics, with a particular focus on the psychosocial health and well-being of women and girls. In addition, International Medical Corps’ team in Benghazi collaborated with the Al Rawnak local organization to mark World AIDS Day. During this collaboration, we conducted an awareness session emphasizing the social stigma and the profound impact of HIV/AIDS on the lives of women and girls.

In observance of the 16 Days of Activism Against Gender-Based Violence campaign, International Medical Corps collaborated with the Tawasul Center and World Food Program to conduct a joint orientation session for community leaders in Tripoli representing both migrant and local communities, aiming at enhancing access to lifesaving interventions for community members. The session provided a thorough examination of the fundamental concepts of GBV, as well as existing interventions and referral mechanisms to facilitate improved communication between community members and the Tawasul Center.