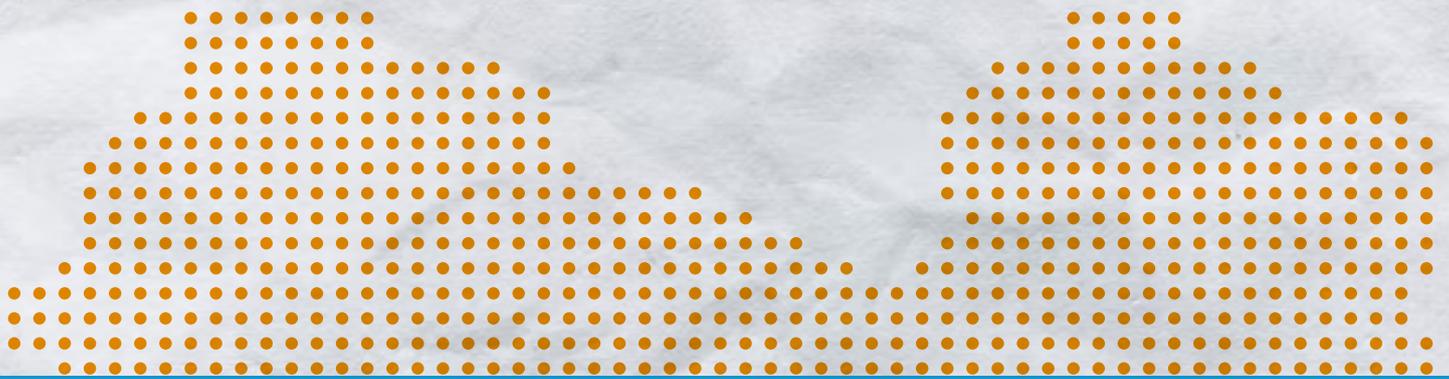


Libya Flood Response

Flash appeal



880,000

People affected by the storm



440,000

Women affected



230,000

Women of reproductive age in need of humanitarian assistance



40,000

Displaced people*



24,000

Pregnant women in need of essential sexual and reproductive health services



2,625

Pregnant women expected to give birth in the next month



SITUATION OVERVIEW



Heavy rains, caused by Storm Daniel, swept through Libya's northeastern region on Sunday, 10 September, resulting in flash floods, the collapse of two dams near Derna and overflowing rivers in five provinces (Benghazi, Al Marj, Al Jabal Al Akhdhar, Derna and Tobruq). According to [OCHA Humanitarian Update](#), more than 4,255 people are presumed dead and more than 8,540 people were still missing 2 weeks after the disaster and 40,000 are displaced. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in collaboration with humanitarian partners in support of the national government, launched a [Libya Response Flash Appeal](#)¹ for a 3 month period. More than 880,000 people in the five aforementioned provinces, including 440,000 women, were affected by the disaster with more than 40,000 displaced people. The cities of Derna, Battah, Soussa, Al Marj, Taknis, Al Bayda, Shahat, AlBayadah, Tolmeita, Tokra, Al Abyar and Bersis are among the hardest-hit areas where

schools and hotels are used for shelter. Telecommunication and electricity outages combined with road cuts have rendered access to information extremely challenging.

Both the **Foreign Affairs Committee of the Libyan House of Representatives** and the **Presidential Council** have requested international assistance.

UNFPA estimates that up to 230,000 of the people in need of humanitarian assistance are women and girls of reproductive age (15-49 years old) among whom an estimated **24,000** women are pregnant and in need of essential **sexual and reproductive health (SRH)** services including basic and comprehensive emergency obstetric and neonatal care (B/CEmONC) services. Around **2,625** pregnant women among the people in need of humanitarian assistance are expected to give birth in the next month.²

Meanwhile, an increased number of **women are in need of protection** as women and girls are on the move, displaced in temporary shelters and deprived of basic needs.

GBV was already a critical issue for women and girls in Libya prior to this crisis. At the beginning of 2023, according to the [Libya Humanitarian Overview 2023](#), an estimated 300,000 people needed humanitarian assistance. Before the disaster, this affected area had already suffered years of conflict, political instability and insecurity and a deteriorated socio-economic situation. With the interruption of basic service and continuing displacement, the number of people in need is likely to increase.

¹ <https://reliefweb.int/report/libya/libya-flood-response-flash-appeal-september-2023>

² UNFPA estimates are based on the Minimum Initial Service Package (MISP) calculator.

HUMANITARIAN NEEDS AND INITIAL UNFPA RESPONSE

HUMANITARIAN NEEDS

Derna is the most affected area. The heavy rainfall combined with the breach of two dams released 30 million cubic meters of water into central Derna, destroying vital infrastructure and countless homes. Affected neighborhoods in Derna also hosted several healthcare facilities, serving as essential hubs for residents seeking medical care. The disruption of city-wide access to healthcare, combined with potential damage to sewage networks and sanitation facilities, poses a significant risk of infectious disease outbreaks. Satellite imagery analysis indicates that over 2,200 buildings were destroyed in Derna. Roads in the affected areas are progressively reopening, allowing access to more locations.

Initially, **half of the population in Derna** (100,000 people) is assessed to be in dire need of humanitarian assistance. According to the last [DTM flash update](#), more than 16,000 people are currently displaced in Derna and surrounding areas. As of 27 September, only four search-and-rescue (SAR) and three emergency medical teams (EMT) were continuing their operations in Derna while 17 international teams demobilized as chances to find survivors are narrowing. The SAR teams were able to save 452 people in the first week after the disaster.

Several areas in **Al Jabal Akhdar** were heavily affected by the floods with more than 9,000 displaced people. The cities of Al Bayda, Shahat and Sousse remained were heavily damaged by the floods. The central warehouse for the Eastern Region located in Al Bayda was flooded and medical consumables and supplies were damaged affecting an estimated 1.9 million people living in the Eastern region including 500,000 women of reproductive age.

In **Al Marj**, the cities of Al Baydah, Tokra, Talmitha and Takens in Al Marj province were severely affected by the disaster. As per the DTM, more than 5,000 people were displaced because of the floods.

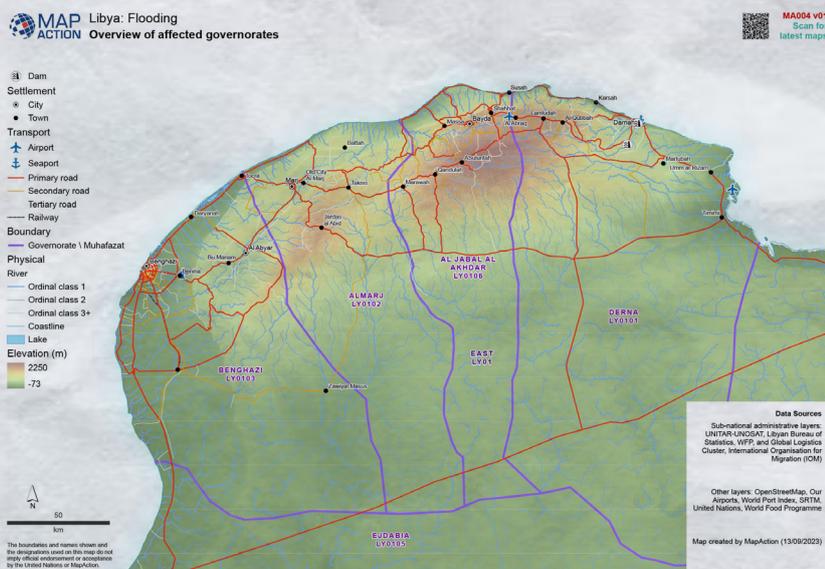
In **Benghazi**, the effect of the storm was limited to IDP camps, and families living at the seaside with limited damages to infrastructures. Nineteen schools are hosting IDPS and the number of displaced people exceeds 3,000.

While the scale of the needs in **Tobruk** is lower than in the other four areas, the shortage in medical supplies and the electricity cuts pose serious risks to the population including women.

Table 1: UNFPA estimated women in need of humanitarian assistance.

| Affected areas | People in Need | Women in need of assistance | Women of Reproductive Age | Women giving birth in the next month |
|---------------------|----------------|-----------------------------|---------------------------|--------------------------------------|
| Al Jabal Al Akhdhar | 258,611 | 128,776 | 67,239 | 768 |
| Al Marj | 305,214 | 151,983 | 79,356 | 906 |
| Benghazi | 214,699 | 106,910 | 55,822 | 638 |
| Derna | 99,475 | 49,534 | 25,864 | 295 |
| Tobruk | 5,938 | 2,957 | 1,544 | 18 |
| Grand Total | 883,937 | 440,160 | 229,824 | 2,625 |

In **Benghazi**, IDP shelters require regular reproductive health services and referrals to Benghazi Medical Center (BMC) and Al Jalaa Hospital. BMC provides an average of 250 C-sections per month in normal circumstances as it is the main referral hospital for the whole eastern region together with Al Jalaa Hospital. With half of the Health Facilities in the Eastern region are dysfunctional³, and the needs for CEmONC services are expected to intensify with higher needs for medical supplies, consumables and referral services from primary health care (PHC) facilities to BMC and Al Jalaa.



The only remaining structurally intact health facility in Derna lacks medical doctors, medicines, and fuel for generators. There is **no functional maternity** facility in the city. The city is connected to Benghazi through only one road, and it takes **up to 8 hours** for a pregnant woman to reach Benghazi Medical Center for EmONC.

In **Derna, Al Marj and Al Jabal Al Akhdhar, GBV prevention and response services** and supplies are absent, and women are further exposed to violence due to continuous power outages and displacement.

Access to **GBV prevention and response services** in Derna - and across the Eastern region - is severely curtailed by the road blockages, destruction of health care centers and hospitals. Displaced women now residing in the schools (especially those from the Tawerghan community) have been in continuous displacement for the past 9 years and are in dire need for emergency reproductive health and mental health services. However, mobile social workers teams who could provide psychosocial first aid and referrals to specialized services are lacking in the shelters. In addition, community mobilization and awareness creation strategies on GBV aimed at prevention, stigma reduction and improved access to services, are missing.

The coordination of GBV case management and referral pathways needs to be localized in the context of the Eastern region to enhance effective response, reduce duplication, ensure standards are met, and to increase accountability to affected populations. A previously existing national GBV helpline was suspended by the Government of Libya in March 2023, limiting GBV survivors' access to counseling services. UNFPA is currently working with the Ministry of Social Affairs to reactivate the helpline to provide MHPSS services. There are no post-rape kits available in **Benghazi**, impacting the provision of clinical management of rape (CMR).

³ WHO Situation Update number 3: East Coast Daniel Storm, 14 September 2023.

ONGOING RESPONSE

A massive wave of support continues to flow from all parts of Libya in response to the crisis. Both authorities, in the East and the West, have established crisis response committees. **The Ministry of Health (MOH)** has formed an emergency cell in **Al Hawari General Hospital in Benghazi**. An emergency room was also set up in **Derna**. **The authorities in the area** focus their response on two mantikas: Al Jabal Al Akhdhar and Derna (The most affected). These two areas were divided into 5 zones for relief operations: South Al Jabal, The middle of Al Jabal, the coastal side of Al Jabal, Western Derna and Eastern Derna.

The **MOH provided 20 trucks (40ft each) of medicines and medical supplies** to some of the affected health facilities in the East: Al Jalaa hospital (Benghazi), Al Bayda General Hospital, Al Henya rural hospital (Al Jabal Al Akhdhar), Soussa General Hospital, Um Errazem Hospital (Shahat), Omar Al Mokhtar Hospital (Tobruq), Al Qubba Hospital (Derna), and Takens city hospital (Al Marj).

Al Wahda hospital in Southwestern **Derna** was affected by the storm and a field hospital was set up in the area to maintain emergency care provision. The MoH has also dispatched **5 field hospitals, 200 medical workers** and **120 ambulances** to maintain services in affected areas and facilitate referrals. **The National Center for Disease Control (NCDC)** deployed two mobile medical units to **Al Bayda Hospital and is monitoring incidence of communicable diseases**.

UNFPA INITIAL RESPONSE

Since 10 September, UNFPA has been closely coordinating with the Emergency Cell to identify critical issues and mobilize its resources in support of the aid operation. UNFPA has participated in the **first rapid interagency mission to Derna (15-16 September)** and is contributing to the **inter-agency Multi-Sector Initial Rapid Assessment (MIRA)**, coordinating, and collaborating with the authorities, UN agencies and other humanitarian stakeholders to build on the existing relief efforts and strengthen them.

In collaboration with the Health Emergency Cell in Benghazi, UNFPA has conducted **rapid assessments of the health facilities** in Derna, Shahat, Gandula, Qasr Libya, Al Bayadah, Taknis. Ongoing assessment to 5 additional health facilities. These **15 health facilities**, identified jointly by UNFPA and MoH, are affected by the floods and in need of rehabilitation, restructuring and reactivation to provide essential Emergency Obstetric and Newborn Care (EmONC).



In addition to the assessments, UNFPA and its partners have delivered the following assistance during the first two weeks following the disaster:

Gender-based violence

- UNFPA distributed dignity kits and provided GBV case management to **155 displaced women** following the floods.
- UNFPA provided **MHPSS services to 60 affected women** through individual sessions facilitated by psychologists in the Women and Girls Safe Space in Benghazi.
- Through the joint Rapid Response Mechanism (RRM) with UNICEF, WFP and IOM, UNFPA provided **dignity kits to 274 displaced families (1,723 individuals)** in Benghazi and Al Marj.



- The GBV sub-working group is activated and initiated GBV service mapping and **coordination function**.
- UNFPA has initiated a procurement of 4,000 Dignity kits adding to the initial 1,000 Dignity kits being distributed to affected populations.
- Eleven PSS mobile teams are being deployed to Derna, Al Jabal Al Akhdhar (Soussa, Al Baydah) and Benghazi over the next 2 weeks.

Sexual and reproductive health

- UNFPA deployed **03 mobile medical teams** to 5 health facilities in **Derna, Shahat** and **Soussa** (Shahat Polyclinic, Shahat General Hospital, Sheha hospital in Derna, Al Wahda OBGYN clinic in Derna and Soussa General Hospital). Two additional mobile clinics are scheduled for deployment to Taknis and Al Qubba. As of **27 Sept 2023**, the mobile medical teams provided maternal and child health services and referral to specialized healthcare **to 203 people in Shahat, 74 in Soussa, and 156 in Derna** (including 8 normal deliveries and 6 C-sections);
- UNFPA is supporting ambulance services as well for referral of complicated pregnancies to **Al Baydah Central Hospital**;
- UNFPA is in the process of deploying 60 Libyan Mental Health specialists that received trainings over the last year with UNFPA support on MHPSS. These specialists will be integrated into the mobile medical teams as soon as the setting in the health facilities is ready for confidential and ethical MHPSS sessions. Referral cases will be done to the Psychiatric hospital in Benghazi.
- In collaboration with the **Primary Health Care Institute** and **University Omar Al Mokhtar**, UNFPA distributed **100 mama kits** to pregnant and lactating displaced women in IDP settings in **Al Baydah**. An additional **Four hundred mama kits** are being dispatched to IDP settlements.
- UNFPA is shipping **20 metric tons** of medical supplies and consumables for Basic and Comprehensive Emergency Obstetric and Newborn care (EmONC).

UNFPA RESPONSE STRATEGY & PRIORITIES

SEXUAL AND REPRODUCTIVE HEALTH

- 1- Procurement and distribution of life-saving medicines and supplies** including for safe and clean deliveries, management of complicated pregnancies and child births, performing C-sections and blood transfusion, and responding to the health needs of women survivors.
- 2- Mental Health and Psychosocial Support (MHPSS):** UNFPA is deploying mental health specialists among the roster of Libyan health service providers trained by UNFPA on MHPSS over the last year. The specialists will be integrated into the mobile medical teams and provide basic and specialized mental health services. They work in coordination with the first line psychosocial workers and General Practitioners and refer cases that require hospitalization to Benghazi Psychiatric Hospital.
- 3- Deployment of community health workers (CHWs)** to identify high risk pregnancies, provide reproductive health (RH) related information, education and counseling and distribute clean delivery supplies for visibly pregnant women in IDP sites and the host communities that were critically impacted by the disaster.
- 4- Deployment of mobile medical teams** - composed of Obstetricians/ gynecologists, pediatricians, general practitioners, nurses and midwives - to provide Basic Emergency Obstetric and Newborn Care (BEmONC) services, Antenatal care (ANC), Postnatal care (PNC), referrals to comprehensive emergency obstetric care and other RH services. The clinics will be deployed in collaboration with the Emergency Room of the MoH and the Primary Health Care Institute (PHCI), Al Safwa Organization and the Libyan Red Crescent.
- 5- Supporting the functionality of existing CEmONC facilities** including maintaining power supplies and access to clean water, as well as supporting lifesaving facilities such as blood banks, operating theaters and critical care units for obstetric and newborn emergencies.
- 6- Supporting the active referral of obstetric emergencies, and other reproductive health emergencies** through equipping and supporting ambulances and covering transportation and treatment costs through cash-based interventions to visibly pregnant women in need of assistance.
- 7- Refresher training on lifesaving obstetric care and Minimum Initial Service Package on Reproductive Health (MISP) in Emergencies,** focusing on midwives and first line health care providers.



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GENDER-BASED VIOLENCE

1- Establishment of temporary and semi-permanent Women and Girls Safe Spaces (WGSS) in IDP-hosting areas and ensuring continued support to the existing WGSSs to provide essential GBV prevention and response services, including case management, individual and group-based psychosocial support, referrals, and information on GBV.

2- Distribution of Dignity Kits - as part of GBV risk mitigation - to affected women and girls of reproductive age, combined with raising awareness on GBV, PSEA and available response services and sensitization on menstrual hygiene. Individual DK distribution is carried out by mobile social worker teams and in the WGSS.

3- Rapid Response Mechanism (RRM). The multisectoral and multiagency RRM package for displaced households and individuals covers the needs under four sectors (Shelter/ NFI, WASH, Food Security and Protection). Being part of the RRM, UNFPA will distribute core relief items to the displaced populations in collaboration with IOM, UNICEF, and WFP.

4- Deploy Mobile social worker teams to provide mental health and psycho-social support (**MHPSS**) to women and girls in IDPs settlements and disaster-affected areas. The mobile teams represent the first line for women to request assistance and get support, counseling, and referral to WGSS and specialized care.

5- Provide refresher training to GBV first line responders to provide GBV case management, mental health and psychosocial support, to ensure GBV survivors have continued access to services despite physical services being interrupted by the conflict.

6- Establish and expand Women Social Services Hotline in collaboration with **the Ministry of Social Affairs** to provide high quality, multi-sectoral response to women inquiries and needs including on violence against women in line with international standards and best practices.

7- Coordinate the GBV response, as the GBV working group chair in the affected area; roll out safety audits to identify GBV risk factors and mitigation measures; map and circulate up-to-date GBV referral pathways to facilitate the safe referral of GBV survivors; train GBV actors on GBV in Emergencies to develop emergency response plans for the affected states; GBV mainstreaming with other humanitarian sectors to prevent GBV.

8- Strengthen the role and capacity of community-based protection networks at IDP gathering sites and other affected areas to provide psychological first aid and referrals while ensuring the creation of a community awareness strategy on GBV aimed at GBV prevention, stigma reduction and improved access to services.

9- Prevention of Sexual Exploitation and Abuse (PSEA). Conduct community outreach raising awareness on GBV and PSEA, access to lifesaving and time-sensitive services, and SEA reporting mechanisms.



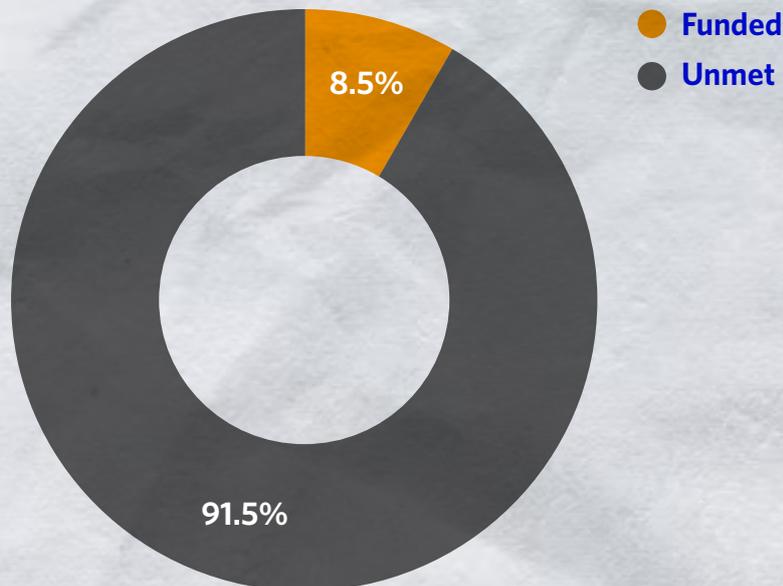
FUNDING NEEDS

Table 1: UNFPA Funding Needs for the period 14 September 2023 to 30 June 2024 (09 months)

| | GBV Response (US\$) | SRH Response (US\$) | Total (US\$) |
|------------------------------------|---------------------|---------------------|------------------|
| Requirement | 6,094,900 | 4,489,359 | 10,584,259 |
| Pledges and Contributions** | 574,920 | 325,080 | 900,000 |
| Funding Gap | 5,519,980 | 4,164,279 | 9,684,259 |

** UNFPA Emergency Fund: 500,000 USD
CERF: 400,000 USD.

UNFPA Flash Appeal



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