

NORTHERN ETHIOPIA EMERGENCY SITUATION

12 October 2022

ETHIOPIA

Recent developments

The overall security situation in **Tigray** remains highly volatile with continuous air raids and shelling, resulting in civilian casualties. Significant new displacements have been observed in Mekelle operating areas with 4,000 IDPs reported in Adigrat by the local authorities. In the past week, due to the shelling in Sheraro, 70 refugees who were previously living in Shimelba moved to Shire and have requested UNHCR to transfer them to the camps in Mai Tsebri. In **Amhara**, the situation is calm on certain fronts, however, fighting has been reported in North Wollo at the border with Tigray region. A government led return exercise has commenced where some 81,000 IDPs who were displaced in Mersa are being assisted to return to their places of origin. In **Afar**, the overall security situation remains fluid and unpredictable. UN movements are still restricted in Megale, Barhale, Dallol and Koneba woredas. Semera and Logia administrative authorities have imposed a night-time curfew in both locations.

The African-Union mediated peace talks between the Ethiopian government and the Tigray regional government scheduled to take place in South Africa on 8 October were postponed. According to [reports](#), “logistical issues were partly to blame for the delay” and that “the format of the talks had not been agreed upon.” No new date has been set for the resumption of the talks.

On 10 October, Ethiopia’s President Sahle-Work Zewde reportedly “reaffirmed commitment of the Government of Ethiopia to peaceful resolution of the conflict in the northern part of the country.” Speaking in Parliament, the President [said](#) “Government of Ethiopia is still committed to peaceful resolution of the conflict in the north through the AU-led negotiation. But the Government will take corrective measures if the other side is not ready for peaceful alternatives.”

On 5 October, the Ministry of Foreign Affairs (MOFA) suspended road movements from Mekelle to Semera for security reasons. No further details were shared. However, MOFA informed UN agencies that UNHAS flights would be able to resume allowing staff rotation from Mekelle to Addis Ababa. UNHAS flights successfully resumed on 8 October with 35 UN and INGO staff, including 9 UNHCR personnel, departing from Mekelle to Addis Ababa. Rotation flights continued on 10 October with UNHCR’s Principal Situation Coordinator flying into Mekelle and 8 UNHCR staff flying out of Mekelle to Addis Ababa. Another humanitarian flight also took place on 12 October.

UNHCR response

In **Tigray**, humanitarian relief efforts are hampered due to continued airstrikes in different areas of the region leading sometimes to suspension of services and activities.

Despite the challenging security environment, between 26-28 September, WFP supported by local authorities and refugee leaders conducted the general food distribution for the month of October in Mai Aini and Adi Harush refugee camps (following the distribution for the month of September carried out 23-24 September).

In Mekelle, UNHCR and IOM conducted a Camp Coordination and Camp Management (CCCM) training from 4-6 October for over 25 new partners and government officials from Tigray Regional Bureaux. Camp management, Humanitarian Principles, Protection Risks Monitoring, Coordination and Information Management, Governance and Community Participation were among the training modules.

Between 16-30 September, UNHCR’s protection partner Innovative Humanitarian Solutions (IHS) conducted home visits across IDP sites in Shire, Adwa and Endabaguna providing counselling services to 1,738 IDPs. The recently released findings of these visits indicate that there are critical shortages of food and shelter, as well as lack of hygiene and sanitation supplies.

IHS identified and registered 2,840 IDPs, including 975 women, with different levels of disabilities (visual, hearing, physical and mental illness) across IDP sites in Shire, Axum and Adwa. Their special needs are mobility aid (cane, wheelchair, elbow crutch, axillary crutch, prosthesis/orthotics, artificial limb), hearing aids, medical treatment and reconstructive surgery.

A Protection Desk has been set up in Endabaguna. IHS started psycho-social support and referrals of IDPs to other agencies for further support based on their needs. In Selekleka, IDPs were also referred to International Rescue Committee (IRC) and the Centre for Victims of Torture (CVT) mobile health teams. In total some 80 IDPs including 25 women received medication, nutritional and mental health and psychosocial support services in the past weeks. In Adwa, awareness raising sessions on how to prevent malaria and other seasonal outbreaks reached more than 2,700 IDPs. A total of 655 IDPs, including 61 women, were trained on how to identify and register persons with specific needs.

SUDAN

The number of new arrivals into Eastern Sudan (Gedaref, Blue Nile, Kasala) continues to remain low. Nevertheless, emergency preparedness measures, such as border monitoring and the prepositioning of emergency relief items, remain in place in case of a potential influx.

Recent developments

The strike of Commissioner for Refugees (COR) staff Gedaref continues to pose significant access challenges for UNHCR and partners. The strike is not consistent nationwide, with locations either not observing any strike, allowing limited access to camps, or restricting access. On 11 October, the UNHCR Head of Sub-Office (HoSO) Gedaref met with representatives from COR, the strike committee and refugee leaders in Um Rakuba to identify potential solutions. The HoSO explained that UNHCR's Representative had met with the COR Commissioner in Khartoum and has created an internal committee to look at addressing the short-term demands of the strike committee, particularly with regards to salaries, work environment and medical insurance.

As of 9 October, a total of 226 cases of suspected or confirmed monkeypox have been recorded in Tunaydbah (202 suspected cases, 3 confirmed) and Um Rakuba camps (21 suspected cases). Of the total number, 128 are children below the age of 5 (over 56% of cases).

UNHCR response

On 11 October, UNHCR met with the Director General of the State Ministry of Health (SMoH) to discuss the monkeypox response in the camps and host communities as well as the long-term plan for the inclusion of refugees in the national health system, in line with the Global Compact on Refugees. As part of the monkeypox response, it was agreed that UNHCR and SMoH would sign a memorandum of understanding to work closely with WHO and other health partners to conduct infection prevention and control activities in the camps as well as host communities; to construct isolation centres in the host communities and equip them with basic medical devices and supplies; and to conduct an assessment of the local hospitals (in Doka and Fao) aimed at their rehabilitation. In addition, authorities of Mafaza locality have agreed to the expansion of the isolation centre in Tunaydbah. UNHCR's site planning team, together with representatives from SMoH, will visit Tunaydbah on 16 October to begin this work.

On 10 October, UNHCR participated in a meeting with representatives from the federal and state Ministry of Health (FMoH and SMoH), COR and Humanitarian Aid Commission (HAC) regarding the monkeypox situation. UNHCR managed to persuade MoH representatives that placing all suspected cases in isolation facilities, which had been previously requested by MoH and the Wali (Governor), is not a suitable approach from an operational as well as technical perspective because not all the suspected cases have the monkeypox disease, as proven by several negative test results and expert examination. It was, therefore, agreed that only the confirmed and highly suspected/complicated cases would be admitted to isolation facilities in the camps.

The MoH reiterated the need for UNHCR and partners to increase the capacity of local hospitals and support the establishment of isolation facilities for host communities in the different localities and the setting-up of Rapid Response Teams. In response, UNHCR emphasized the importance of prioritizing needs and interventions, particularly those directly linked to the monkeypox response and requested the MoH to put together a list of urgent needs with an associated budget for the consideration of UNHCR and other partners.

Furthermore, it was agreed that a delegation from the selected committee (MoH, WHO, UNHCR, UNICEF and COR) would conduct an assessment of local hospitals for rehabilitation efforts. In the meantime, UNHCR advocated for continued referral of refugees to the Gedaref hospital for secondary care.

Contacts

Joyce Wayua Munyao-Mbithi, Senior Donor Relations Officer, Regional Bureau for the East, Horn of Africa and Great Lakes, Nairobi - munyao@unhcr.org

Kabami Kalumiya, Reporting Officer, Regional Bureau for the East, Horn of Africa and Great Lakes, Nairobi - kalumiya@unhcr.org