

Ethiopia Situation Update #16

14 December 2020

Highlights

- **Individual registration** began in Um Raquba.
- **Over 50,000 Ethiopians** have crossed into Sudan to take refuge.
- **16,102 refugees** from Hamdayet, Abdrafi, and Village 8 relocated to Um Raquba; relocation in ongoing.

REGISTERED ARRIVALS

50,339*

Individuals since 4 November 2020, based on preliminary registration.

* 35,411 at Hamdayet, 13,311 at Lugdi, 915 at Abdrafi, and 702 in Blue Nile border points.



Genat Hafte Hasgedam, a refugee from Humera, Ethiopia, goes through the registration process with her son at Um Rakuba camp in Al Qadarif state, Sudan.

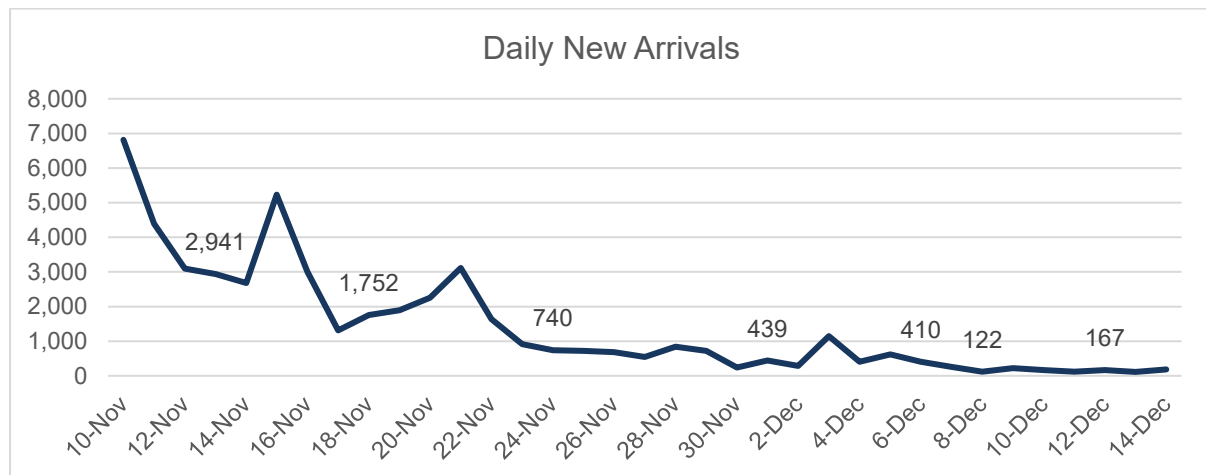
Situation overview

Since early November, military confrontations between the federal and regional forces in Ethiopia's Tigray region, which border both Sudan and Eritrea, have led more and more people to flee the region seeking safety in neighbouring Sudan. Prior to the Ethiopian emergency, East Sudan received 4,000 new arrivals this year, mostly from Eritrea. The significant and rapid pace of the refugee influx requires UNHCR and its operational partners to continuously mobilise resources and ramp up services to respond to the urgent needs of refugees, as well as to support and capacitate the Government of Sudan (GoS) in its response to the growing demand in humanitarian assistance.

New arrivals

The UN's Refugee Agency (UNHCR) and Sudan's Government Commissioner for Refugees (COR) are registering new arrivals from Ethiopia crossing the border into Sudan, increasing the total number of arrivals to 50,339. COR, who is responsible for the preliminary registration at the transit centres, continued registering new arrivals at the household level, while UNHCR is registering new arrivals in Hamdayet and Um Raquba using its electronic registration and case management system (ProGres v4 reception module) at household level.

New arrivals continue to live in the market area in Hamdayet while others are hosted by communities in nearby villages, or in the pre-existing housing units in Village 8. To mitigate potential health and security risks, UNHCR and partners are relocating refugees to Um Raquba. While refugees prefer to stay close to the border, authorities have communicated that the relocation from the area is a matter of priority.



Response

UNHCR and COR continued relocating refugees to the Um Raquba camp in Gedaref state. As of Monday evening, 13,622 refugees were **relocated** from Hamdayet, 920 from Abdrafi, and 1,560 from Village 8. Before boarding busses, American Relief for the Horn of Africa (ARAHA) served breakfast and provided packed lunch for the journey, while the World Food Programme (WFP) provided high energy biscuits. UNHCR provided face masks, dignity kits, and drinking water to all passengers and drivers.

COVID-19 temperature screenings are in place at the entry point in Hamdayet for new arrivals. UNHCR is distributing soaps and masks to new arrivals at Hamdayet and Village 8 transit centres. In Hamdayet 365 COVID-19 test were done. There are no suspected cases. In Um Raquba, masks were distributed at the registration points.

Sudanese Red Crescent Society (SRCS), with the support of the International Committee of the red Cross (ICRC), is facilitating **family tracing and reunification** in Sudan and across the border, setting up a free call service. In total, 1,699 calls were made in Hamdayet, 507 in Village 8, and 824 in Um Raquba.

In **Hamdayet**, Muslim Aid is cooking hot meals for new arrivals, with the support of WFP. To ensure access to water, Cooperazione Internazionale (COOPI) is trucking between 44,000 to 50,000 litres of chlorinated water per day, benefiting around 5,650 people every day, with UNHCR conducting daily water quality control. Concern volunteers and Sudan Vision are conducting solid waste management and hygiene promotion campaign, through daily engagement of workers the refugee community around the transit centre compound, registration sites, clinics, and water points. WHH constructed 14 lantern post by the latrines and shower rooms.

Two clinics are currently available, through which SRCS, the State Ministry of Health (SMoH), and Sudan Family Planning Association (SFPA) are providing health services, including 956 medical consultations (prevalence of diarrheal diseases, respiratory tract infections and malaria), provision of drugs (incl. anti-malaria and vaccines), laboratory test, and nutritional screenings and treatments for 35 children. Furthermore, the Sudanese Organization for Research and Development (SORO) mobile clinic, with the support of the United Nations Population Fund (UNFPA), conducted 418 medical consultations, including 169 neo-maternal services, 45 clean delivery kits, family planning services to 46 women, and sexually transmitted infections treatment for seven persons. SORO counsellor also held 31 psychological first aid sessions providing basic mental health support.

The UNHCR protection help desk, with the support of SRCS volunteers, continued to identify persons with specific needs (PSN) and referred 166 people to specialised services. UNHCR and refugee volunteers, supported by SRCS, continue to conduct awareness campaigns in the market areas of Hamdayet about the importance of registration, particularly in relation to accessing protection and relief services as refugees. A UNHCR child protection desk is screening and identifying unaccompanied and separated children (UASC) and other vulnerable children, who are received, counselled, and referred as necessary. Rapid Best Interest assessments (BIA) were conducted for seven UASC, who were placed in care arrangements. A rapid protection assessment was conducted to obtain a snapshot of the current situation on the ground through focus group discussions (FGD) and observations.

The main findings showed that the current conflict in the Tigray region is the main reason for flight and most journeys lasted between three to six days on foot, taking various routes. Participants confirmed that they prefer to remain in Hamdayet so that they can be reunited with family members.

In **Village 8**, WFP distributed dry-food rations to an additional 1,118 refugees. UNHCR and Médecins Sans Frontières (MSF) are trucking water, with water chlorination and latrine rehabilitation conducted by MSF. To improve access to health services, MSF is supporting an emergency clinic, run by a group of refugee health staff from Ethiopia, and conducted 224 medical consultations. A prevalence of diarrheal diseases, respiratory tract infections and malaria was noted. SMoH conducted a total of 5,035 nutrition screenings of children under five years old, out of which 408 were identified and treated with moderate acute malnutrition and 26 with severe acute malnutrition. 322 pregnant and lactating women were also screened, 258 of which were provided treatment. SFPA also provided reproductive health services to the refugees, including the provision of HIV medicines. SMoH, with the United Nations Children's Fund (UNICEF) support, vaccinated 6 new-borns against measles and 8 pregnant women against tetanus.

UNHCR protection help desk identified, referred, and provided information to 39 PSN on legal and sexual and gender based violence (SGBV) issues, rights and obligations of refugees in country of asylum, and the registration process with PSN, including UASC, pregnant and lactating women, elderly, and persons with disabilities. UNHCR and refugee volunteers, supported by SRCS, are conducting awareness campaigns in Village 8 about the importance of registration and relocation, particularly in relation to accessing protection and relief services as refugees. The State Council Child Welfare (SCCW), supported by UNICEF, identified 238 UASC, and will provide them with social support.

In **Um Raquba**, Muslim Aid is preparing two hot meals per day, using food and kitchen utensils provided by WFP, who is also providing commodities. UNHCR through COR and SRCS are distributing shelter and non-food items. UNHCR is water trucking 89,200 litres of water, using water containers provided by UNICEF. The SMOH, with the support of WHO, is conducting daily water quality control. Mercy Corps (MC) continues to support a SMOH Primary Health Care Clinic (PHCC) within the perimeter of the camp with staffing, pharmaceuticals and basic equipment. MSF is also running a health facility and provided medicines and medical supplies to the site. Ascend UK set up a clinic and provides laboratory tests and conducts hygiene promotion campaigns.

The Norwegian Refugee Council (NRC) is operating two primary schools from grade 1 to 8 with students from 6 to 13 years old. The schools operate in two shifts, using an informal curriculum. A total of 673 tents were distributed and pitched by SRCS and 103 by Humanitarian Relief Foundation (IHH). Additional land has been approved by local authorities, and 120 family plots have been demarcated. Two registration centres were established.

UNHCR protection desk at the reception centre, with the support of SRCS volunteers, provides new arrivals with a safe space to raise their protection concerns and referred PSN to specialised services, including UASC, elderly, persons with serious medical conditions, and women at risk. Save the Children International's (SCI) mobile child friendly space reached 376 children (172 girls, 204 boys); activities include drama, drawing, singing, and sports. SCI provided support for 90 USAC cases (23 girls, 67 boys). SCI distributed 26 dignity kits provided by ZOA and UNFPA. SCI also conducted a community mobilisation meeting with community leaders, women, and active youth to establish a child protection network. Globa Aid Hand (GAH), with the support of UNFPA, set up two tents for the Women Centre.

Interagency coordination

In Sudan, the Refugee Working Group (RWG) in East Sudan is the main coordination forum for the emergency response based in Gedaref, while the Refugee Consultation Forum (RCF) provides coordination at national level. The first RWG meeting took place since the relocation of coordination to Gedaref. An inter-agency field mission to Tunaydbah was scheduled to move forward with the establishment of the site.

Urgent needs

There is urgent need to improve and extend nutrition and food assistance services to all sites, with rising numbers of new arrivals, current meal provision of both hot and cold foods cannot meet the increasing needs. Due to the increase in use of the water station in the nearby community and the

damages it has incurred, local authorities have reduced UNHCR's water trucking capacity to one water tank (out of two previously) to be refilled four times per day. This is adding additional strain on refugees in Village 8 and alternatives to water trucking needs to be found and implemented immediately to ensure refugees have sustainable access to water. Access to latrines and waste management also remains a challenge. Shortages in health staff, medicines and medical supplies (incl. uninterrupted access to TB, diabetic, and HIV medicines and referrals), as well as laboratory diagnostic tests, beds and ambulances, are hindering the ability of health partners to respond to the increasing needs and cases in need of referrals, especially in Village 8. Considering the overcrowded conditions across all sites, mass awareness and information campaigns to promote COVID-19 prevention measures, isolation centre, and health and hygiene practices are required, as well as on the importance of registration, as UNHCR noticed that some refugees living in Hamdayet town or hosted by the host communities did not present themselves for registration.

Refugees are asking for support with Family Tracing and Reunification, as many have been separated during the start of the conflict and have not been able to get in contact since. As more UASC approach the desk, there is a need to expand temporary group care arrangements in the new communal shelters, currently being constructed, until family-based care can be found. NFI, shelter, clothing, and specialised psychosocial support should also be prioritised for foster families to ensure the children are safely accommodated and receive the care they need. Additional child friendly spaces in Village 8 and Hamdayet are also needed. All sites also require further improvements to allow UNHCR and partner staff to carry out their duties (i.e. space, chairs, tables, equipment). Furthermore, an increasing number of persons with disabilities have approached the protection desk, requesting services, such as hearing aid, crutches or cash assistance, currently unavailable at any sites.

Meanwhile, at the transit centres and border points, gaps remain in all sectors, from water (incl. chlorine tablets), sanitation (incl. latrines, drainage, and waste management) and hygiene (incl. shower rooms and handwashing facilities) to health facilities (incl. reproductive health, ambulance, solar power, and isolation centre), food (incl. quality and variety) and shelter (incl. emergency shelters). Fuel shortages, limited numbers of vehicles and limited road access are also posing a challenge to the relocation of the new arrivals as well as the provision of supplies to the different sites. Travelling from Hamdayet transit centre to Um Raquba alone takes approximately 12-13 hours by road, whereas accessing Village 8 requires travellers to cross a river with only a small ferry available. This has resulted in hour-long waiting times. UNHCR is working to scale up its transportation capacity to decongest the transit centre.

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