

NORTHERN ETHIOPIA EMERGENCY SITUATION October 2022



Salam, 20, had to flee her hometown in the Central Zone of Tigray as clashes reached the area. She fled with her family to her fatherin-law's house in Tanqa Milash, Tigray. They live in a room with just a mattress, but at least they feel safe. Tesfay, her father-in-law, lost his animals and tools during the first months of war. © UNHCR/ Olga Sarrado Mur

Key Developments

ETHIOPIA

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 <u>said</u> "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 25 October, peace talks were officially launched between the Ethiopian government and the Tigray People's Liberation Front (TPLF) in South Africa under the auspices of the African Union.¹

On 5 October, the Ministry of Foreign Affairs (MOFA) suspended road movements from Mekelle to Semera for security reasons. 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

¹ By the time this report was published, a cessation of hostilities had been agreed upon by all parties on 2 November 2022.



of Mekelle to Addis Ababa. Another humanitarian flight also took place on 12 October. Flights were, however, suspended since that date for the rest of October.

Ethiopia Response

Eritrean refugee response

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

Despite the challenging security environment, on 27 October, the general food distribution in Alemwach settlement, **Amhara**, was finalized for the months of September and October. A total of 10,421 refugees received food rations.

The construction of the semi-permanent structure within the Dabat Health Center was finalized to improve the hospital's capacity to receive the refugee population hosted in Alemwach.

The Standardized Expanded Nutrition Survey (SENS) was completed for the refugee host communities on 21 October and continued with refugees in Alemwach settlement. This was conducted by UNHCR's health partner, Medical Teams International (MTI), the Refugee and Returnee Service (RRS) and WFP. The exercise was overseen by UNHCR and the Woreda Health Office.

In Afar, UNHCR and partner Edukans organized a workshop on 20 October, to launch the Education Cannot Wait program for refugees and host communities. The aim is to improve learning through equitable, access to quality, safe, gender sensitive and protective education for emergency affected girls, boys and children with disabilities living in camps and host communities. This first round will fund the schooling of 5,000 children, construction of 15 classrooms and 16 emergency latrines, rehabilitation of playgrounds, capacity building for teachers and GBV risk mitigation in Aysaita and Serdo.

UNHCR and other partners are supporting RRS and the regional authorities to identify and relocate Eritrean refugees who had been secondarily displaced due to the conflict, to Serdo, Semera, Logya and other locations in the region. Some 26,000 Eritrean refugees were registered in different locations in Afar prior to the conflict. Before the fighting resumed in August, RRS had registered over 2,000 refugees from Serdo and surrounding host communities who indicated a desire to relocate.

Internally Displaced Persons (IDPs) response

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. These visits indicated 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 was 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 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.



On 20 October, in Mekelle, in order to improve the protection of Internally Displaced Persons (IDPs) in the sites, UNHCR through its partner Action for the Needy Ethiopia (ANE) distributed solar lamps to 2,053 persons living in four UNHCR managed sites.

IDPs in Jara, **Amhara** region, have begun returning to their places of origin in Kobo town and Kobo Raya. As of end October, about 3,000 had spontaneously returned.² Likewise, in Zerima, about 4,000 IDPs are reported to have returned to Adi Arkay and more returns are ongoing. The local government in Debark assisted the return of 2,000 IDPs to Adi Arkay and has requested UNHCR's support in the return process. Returns are currently ongoing for IDPs in Mersa to Kobo. So far, the local government has supported the return of some 30,000 IDPs to Kobo and Kobo Raya. UNHCR has committed to transporting another 10,000 IDPs as soon as partners can establish that conditions in the areas of origin are conducive to return.

From 28 October to 1 November, UNHCR Protection and CCCM Cluster teams in **Afar**, jointly with OCHA, and other Clusters conducted a Multi-Cluster/Sector Initial Rapid Assessment (MIRA) in Barhale and Abala woredas. The aim was to identify key priority needs of IDPs to inform strategic response planning. UNHCR carried out key informant interviews with woreda authorities and focus group discussions with displaced persons at three informal IDP settlements in Berhale and Abala areas. There are urgent and critical needs to be addressed in a number of sectors including Food/Nutrition, CRIs, WASH, Health, and Livelihood.

On 17 October, UNHCR distributed solar lamps to 406 IDPs in the new site in Tebase in Debre Berhan. In addition, 30 IDP women benefitted from a training by OHCHR, UNHCR and partner the Ethiopian Evangelical Church Mekane Yesus (EECMY) on access to justice in the China and Woinshet Factory sites.

Sudan Response

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

On 24 October, the Commission for Refugees (COR) strike committee agreed to suspend the strike to allow negotiations with UNHCR to continue. UNHCR's own internal committee continues to engage with the COR committee to find a resolution to the demands and end the strike. Various humanitarian agencies nevertheless reported that lack of access to the camps for the duration of the strikes had had an impact on the refugees in terms of the absence of protection counselling and delivery of response to their protection needs, in addition to halting construction works.

Nevertheless, since then, access to the camps has been largely granted with no obstacles. Partners have prioritized the distribution of food and essential CRIs to take advantage of the access window. GBV capacity building sessions continued with women-led groups, men's group and youth-led groups in all three camps. The Danish Refugee Council (DRC) distributed dignity kits to 20 women who are all new arrivals. Food distribution took place in all camps, including for new arrivals.

On 23 October, in Kassala, UNHCR was able to access Shagarab for the WFP food distribution. Additionally, a technical team of COR and UNHCR visited Gergef transit centre for an assessment to inform improvement of the centre as it continues to prepare for possible large numbers of new arrivals from Eritrea. UNHCR also visited Babikri, Tunaydbah, and Um Rakuba with no access problems during the week of 17 October.

Since 9 October, no new suspected cases of monkeypox have been detected. COR in Gedaref confirmed that all restrictions linked to the monkeypox outbreak in Tunaydbah and Um Rakuba camps have ended. Movements in and out of the camps have resumed as normal. Despite no new suspected cases of monkeypox, preparedness measures remain in place. In Tunaydbah, repair works for the isolation facility operated by partner

² As of 9 November, all 8,500 IDPs in Jara site had returned to their homes, including some 3,430 who were provided with transportation, with others moving by their own means.



ALIGHT have been completed. Additionally, MSF operates 4 isolation beds in the hospital. These are prioritized for confirmed cases of monkeypox and those with complications. At the same time, risk communication and community engagement activities in the camps continue, including awareness raising and community sensitization activities through partners. UNHCR is also in the final stages of developing IEC materials translated into Amharic and Tigrinya. Moreover, after a suspension of the COR strikes, soap distribution resumes this week in Um Rakuba camp. Soap distribution in Tunaydbah and Babikri were already conducted previously.

KENYA

NEW ARRIVALS AND BORDER DYNAMICS

Kakuma and Kalobeyei: Kakuma and Kalobeyei continued to receive new arrivals from Ethiopia due to the ongoing humanitarian crisis in the country. Drought is also driving a significant number of Ethiopians to Kakuma camp and Kalobeyei settlement as the new arrivals seek access to food and better services. Over the reporting period, 4 Ethiopians were received at Kakuma Reception Centre. They entered Kenya through Moyale border to Nairobi then to Kakuma, citing the reason for flight as political instability in the country. At present, a total of 52 Ethiopian individuals reside in the Kakuma and Kalobeyei RCs (34 in Kakuma and 18 in Kalobeyei).

Daadab: During the month of October, UNHCR's legal partner, the Refugee Consortium of Kenya (RCK), conducted border monitoring and reported the arrival of 90 Ethiopian individuals (44 males, 46 females) into the country through the El Wak and Mandera border points. Sixty-seven (67) individuals reported to have arrived in Kenya in search of economic opportunities – predominantly casual labour – while 23 were asylum-seekers. Since the beginning of the year, 558 Ethiopians have been recorded to have crossed into the country through the Mwingi, Mandera, El Wak and Wajir border areas.

SOMALIA

NEW ARRIVALS AND BORDER DYNAMICS

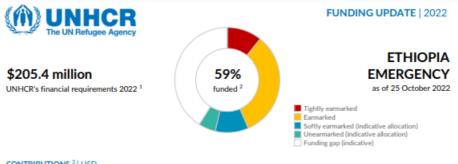
UNHCR through its partner, Legal Clinic, continued to conduct border monitoring activities along Somalia's various entry and exit points. During the months of October, in Dollow, UNHCR recorded some 207 individuals outgoing towards Ethiopia and 369 individuals entering Somalia. Most of those entering Somalia cited various reasons for their movement, including insecurity, drought, lack of livelihood opportunities, family reunification and seeking humanitarian assistance. Likewise, in Belethawa, for the same reporting period, there were 143 individuals crossing over to Kenya and 190 individuals entering Somalia. Those who were entering Somalia were returning to seek humanitarian assistance.

SOUTH SUDAN

NTR



Funding Overview



CONTRIBUTIONS 3 | USD

	Unearmarked	Softly earmarked	Earmarked	Tightly earmarked	Total
Japan	-	82,075	6,000,000	1,500,000	7,582,075
Italy	-	-	-	3,570,192	3,570,192
Education Cannot Wait	-	-	-	1,513,645	1,513,645
United Arab Emirates	-	-	-	904,018	904,018
Band Aid	-	-	-	611,247	611,247
UNO-Fluechtlingshilfe	-	538,221	-	-	538,221
Country-Based Pooled Funds	-	-	-	500,000	500,000
European Union	-	-	-	489,744	489,744
Republic of Korea	-	-	400,000	-	400,000
CERF	-	-	-	237,264	237,264
Spain	-	-	-	38,900	38,900
Other private donors	-	189,153	-	-	189,153
Sub-total	-	809,449	6,400,000	9,365,010	16,574,459
Indicative allocation of funds and adjustments	10,748,770	20,184,299	60,899,493	12,667,770	104,500,332
Total	10,748,770	20,993,748	67,299,493	22,032,780	121,074,791

Methodology: Unearmarked funding is allocated and reallocated multiple times during the year to allow UNHCR to fund prioritised activities. This funding update includes an indicative allocation of funds so as to accurately represent the resources available for the country. The contributions earmarked for Ethiopia Emergency shown above are combined with an indicative allocation of the softly earmarked and unearmarked contributions listed below. This allocation respects different levels of earmarking. Adjustments relate to programme support costs and carry-over.

OTHER SOFTLY EARMARKED CONTRIBUTIONS⁴ USD

United States of America 295.7 million | Canada 12.4 million | Private donors Australia 9.4 million | Private donors USA 7.7 million Sweden 5.8 million | Private donors Germany 5.3 million | Switzerland 3.6 million | Republic of Korea 2.9 million | Netherlands 2.4 million | France 2.2 million

Iceland | IGAD | Japan | Luxembourg | Norway | Spain | UN Programme on HIV/AIDS | Private donors

UNEARMARKED CONTRIBUTIONS 5 | USD

Sweden 99.3 million | Norway 72.5 million | Private donors Spain 56.9 million | Private donors Japan 40.9 million | United Kingdom 40.1 million | Netherlands 37.2 million | Denmark 35.6 million | Private donors Republic of Korea 28.6 million | Germany 27 million | Private donors USA 26.2 million | Japan 21.7 million | France 18.5 million | Switzerland 18.4 million | Private donors Italy 16 million | Belgium 11.9 million | Ireland 11.8 million | Private donors Canada 11.8 million | Private donors Sweden 11.4 million | Italy 10 million

Algeria | Armenia | Australia | Austria | Azerbaijan | Bulgaria | Canada | Costa Rica | Estonia | Finland | Iceland | Kuwait | Liechtenstein | Lithuania | Luxembourg | Monaco | Montenegro | Morocco | New Zealand | Peru | Philippines | Portugal | Qatar | Republic of Korea | Saudi Arabia | Singapore | Thailand | Türkiye | Uruguay | Private donors

1. The financial requirements of the Ethiopia Emergency include require ents in Djibouti, Ethiopia, Kenya, Somalia, South Sudan and Sudan

The percentage funded (59%) and total funding amount (\$121,074,791) are indicative based on the methodology described above. This leaves an indicative funding gap of \$84,347,097 representing 41% of the financial requirements.

584,347,097 representing 41% of the financial requirements.
3. Contributions to the Ethiopia Emergency are shown by the samarking modality as defined in the Grand Bargain.
4. Due to their earmarking at a related region, sub-region, country or theme, the other softly earmarked contributions listed are those which can potentially be used for the Ethiopia Emergency. Where a donor has contributed \$2 million or more, the total amount of the contributions is shown.
5. Contributions on its use, unemamiked funding allows UNHCR critical flexibility in how best to reach retugees and other populations of concern who are in the greatest need and at the greatest risk. Where a donor has contributed \$10 million or more, the total amount of the contribution is shown.

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